

Michigan Department of Health and Human Services

**State Fiscal Year 2023
External Quality Review
Encounter Data Validation
Aggregate Report
*for Waiver Agencies***

February 2024



Table of Contents

1. Executive Summary	1-1
Introduction	1-1
Methods	1-1
Information Systems Review Findings	1-2
Recommendations	1-2
Administrative Profile Findings	1-3
Recommendations	1-4
2. Overview and Methodology	2-1
Overview	2-1
Methodology.....	2-2
Information Systems Review	2-2
Administrative Profile	2-3
3. Information Systems Review Findings	3-1
Encounter Data Sources and Systems	3-1
Claims/Encounter Data Flow	3-1
IS Infrastructure.....	3-3
Collection, Use, and Submission of Provider Data	3-6
Collection, Use, and Submission of Enrollment Data.....	3-7
Payment Structures of Encounter Data.....	3-7
Bundle Payment Structures	3-8
TPL Data	3-8
Zero-Paid Claims.....	3-8
Services From Providers With Waiver Agencies Under Capitation Arrangement	3-9
Encounter Data Quality Monitoring.....	3-9
Encounter Data Collected by the Waiver Agencies' Subcontractors.....	3-9
Encounter Data Quality Monitoring by the Waiver Agencies	3-13
Feedback From MDHHS.....	3-13
Challenges and Changes Noted by the Waiver Agencies	3-14
4. Administrative Profile Results and Findings	4-1
Encounter Data Summary.....	4-1
Member Composition.....	4-3
Encounter Data Completeness.....	4-5
Monthly Encounter Volume by Service Month	4-5
Monthly Encounter Volume per 1,000 Member Months by Service Month	4-6
Payment Amounts Per Member Per Month	4-8
Percentage of Duplicate Encounters.....	4-9
Encounter Data Timeliness.....	4-11
Lag Between Waiver Agency Payment Date and Submission to MDHHS	4-11
Encounter Data Lag Triangles.....	4-13
Field-Level Completeness and Accuracy	4-13

Encounter Referential Integrity	4-15
Member Enrollment	4-18
5. Discussion	5-1
Conclusions	5-1
Information Systems Review Conclusions.....	5-1
Administrative Profile Conclusions	5-2
Recommendations	5-3
Information Systems Review	5-3
Administrative Profile	5-4
Study Limitations	5-4
Information Systems Review	5-4
Administrative Profile	5-4
Appendix A. Waiver Agencies Included in This Report	A-1
Appendix B. Blank Questionnaire for MDHHS.....	B-1
Appendix C. Blank Questionnaire for Waiver Agencies.....	C-1
Appendix D. Results for A&D Home Health Care	D-1
Appendix E. Results for Area Agency on Aging 1-B	E-1
Appendix F. Results for Area Agency on Aging of Northwest Michigan	F-1
Appendix G. Results for Area Agency on Aging of Western Michigan.....	G-1
Appendix H. Results for Detroit Area Agency on Aging	H-1
Appendix I. Results for Easterseals/MORC	I-1
Appendix J. Results for Milestone Senior Services	J-1
Appendix K. Results for Northern Health Care Management.....	K-1
Appendix L. Results for Region 3B Area Agency on Aging/Carewell Services	L-1
Appendix M. Results for Region IV Area Agency on Aging	M-1
Appendix N. Results for Region VII Area Agency on Aging.....	N-1
Appendix O. Results for Region 9 Northeast MI Community Service Agency	O-1
Appendix P. Results for Reliance Community Care Partners	P-1
Appendix Q. Results for Senior Resources.....	Q-1
Appendix R. Results for The Information Center	R-1
Appendix S. Results for The Senior Alliance	S-1
Appendix T. Results for Tri-County Office on Aging	T-1
Appendix U. Results for UPCAP Care Management, Inc.	U-1
Appendix V. Results for Valley Area Agency on Aging.....	V-1
Appendix W. Results for WellWise Services Area Agency on Aging	W-1

1. Executive Summary

Introduction

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Michigan Department of Health and Human Services (MDHHS) requires its contracted Medicaid managed care entities (MCEs) and waiver agencies to submit high-quality encounter data. During state fiscal year (SFY) 2023, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study.

Methods

In alignment with Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health Insurance Program] Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),¹⁻¹ HSAG conducted the following two core evaluation activities for the EDV study:

- Information systems (IS) review—assessment of MDHHS' and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which MDHHS' and the MCEs'/waiver agencies' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's [Managed Care Plan's] Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of MDHHS' electronic encounter data completeness, timeliness, and accuracy. The goal of this activity is to evaluate the extent to which the encounter data in MDHHS' data warehouse are complete, accurate, and submitted by the MCEs and waiver agencies in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

HSAG conducted the EDV study for 47 MCEs/waiver agencies. This report, however, will present results and findings for the waiver agencies¹⁻² under the MI Choice Waiver Program.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>. Accessed on: Feb 24, 2023.

¹⁻² Refer to Appendix A for a list of waiver agencies included in this report. Please note that HSAG included waiver agency names within this report as provided by MDHHS upon implementation of the activity. MDHHS notified HSAG on January 10, 2024, that UPCAP Care Management, Inc. is now UPCAP Services, Inc.

Information Systems Review Findings

The IS review provided self-reported qualitative information from all 20 waiver agencies regarding the encounter data process. The questionnaire responses showed that the waiver agencies and/or their subcontractors have the capability to collect, process, and transmit claims and encounter data to MDHHS that align with established quality specifications. Center for Information Management, Inc. (CIM) managed encounter processes for 18 waiver agencies, while two other waiver agencies handled their own. Compass, WellSky Human Services (WellSky), and MemberCore were the primary electronic health record (EHR) systems for the waiver agencies. Across the board, these systems and associated data warehouses were crucial for adaptable data review processes, promptly addressing quality concerns raised by MDHHS.

The range and variety of data quality checks applied to the data collected by the waiver agencies and/or their subcontractors differed among the entities. The implementation of claim volume submission encounter data quality checks varied among waiver agencies, with only three agencies actively conducting this check. Conversely, field-level completeness and validity quality checks were generally performed by most agencies, except for a few. MDHHS utilized timeliness reports for monitoring, but only three agencies or their subcontractors incorporated this check into their encounter processes. Notably, two of the waiver agencies reported conducting assessments to align payment fields in claims with financial reports for all subcontractor data.

The waiver agencies are contractually responsible for all encounter data, encompassing data managed by subcontractors. Most waiver agencies did not store subcontractor's data sent to MDHHS, with a few exceptions that also reviewed encounters before and/or after submission. Others emphasized pre-submission quality checks, with technical-level checks revealed during rejections. Notably, one of the waiver agencies indicated that it conducted modifications on subcontractor's data exclusively before MDHHS submission.

While the waiver agencies largely fulfilled the requirement of submitting complete, timely, and accurate data, there existed areas for enhancement (see the Recommendations section). According to the questionnaire responses, the main aspect needing improvement pertained to the diverse methods of encounter data monitoring used by the waiver agencies, which varied in scope and depth.

Recommendations

To improve the quality of encounter data submissions from the waiver agencies, HSAG offers the following recommendations to assist MDHHS and the waiver agencies in addressing opportunities for improvement:

- All but one (i.e., **Area Agency on Aging of Northwest Michigan**) of the 18 waiver agencies where CIM manages encounter data processes did not store the subcontractor encounter data. HSAG recommends that these waiver agencies consider storing the subcontractor encounter data for data quality, accurate claims processing, analysis, and overall healthcare management.

- **Reliance Community Care Partners** performed modifications on encounters before sending them to MDHHS; collaboration with MDHHS is recommended to ensure these modifications do not require data to be returned to providers.
- All but one (i.e., **Area Agency on Aging of Northwest Michigan**) of the 18 waiver agencies where CIM manages encounter data processes did not indicate conducting claim volume submission and timeliness checks. As such, HSAG recommends that these waiver agencies consider building or enhancing their monitoring reports for CIM-collected encounters to comprehensively assess encounter volume submission and timeliness.
- **Reliance Community Care Partners** highlighted a distinction from Compass users—the waiver agency submits the entire encounter with all line items, whereas Compass submits each line as a separate encounter. This resulted in a seemingly lower encounter volume for **Reliance Community Care Partners** compared to Compass users. HSAG recommends collaboration with MDHHS to ascertain the preferred reporting format for these encounters.
- HSAG recommends continued collaboration between MDHHS and the waiver agencies to address challenges highlighted in the agencies' responses noted in Table 3-8, such as insufficient response files for rejection research and Community Health Automated Medicaid Processing System (CHAMPS) lacking detailed information. Typical challenges arise when CHAMPS requirements change, unintentionally affecting the agencies' processes.

Administrative Profile Findings

The administrative profile analyzes MDHHS' encounter data for completeness, timeliness, and accuracy by evaluating the data across multiple metrics and using supplemental data (e.g., member enrollment and demographic data, and provider data). Results of these analyses can help indicate the reliability of MDHHS' data to be used in subsequent analyses, such as rate setting and performance measure calculations.

Overall, the data were largely complete, timely, and accurate for each waiver agency. The all waiver agency rate was around 25,000 encounters per 1,000 MM, with a range from 2,500 encounters per 1,000 MM (**Reliance Community Care Partners**) to 35,000 encounters per 1,000 MM (**Easterseals/MORC**). This translates to waiver agency members utilizing services around 25 times per month or nearly once per day. However, **Reliance Community Care Partners** was the only waiver agency to submit encounters that spanned multiple days, whereas other waiver agencies submitted one encounter per day of service. This caused **Reliance Community Care Partners** to have fewer unique encounters, which lowered the number of encounters per 1,000 MM compared to other waiver agencies. When evaluating the payment amounts per member per month (PMPM), all waiver agencies were about equal to the all waiver agency rate around \$2,500 PMPM, with few exceptions: **Detroit Area Agency on Aging** and **UPCAP Care Management, Inc.** were slightly below the all waiver agency rate, whereas **Agency on Aging of Northwest Michigan** and **Tri-County Office on Aging** were slightly above.

The timeliness evaluation of the MDHHS data also suggested that waiver agencies mostly submitted data in a timely manner to MDHHS after the waiver agency payment date. All but three waiver agencies

(**Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners**) had over 99 percent of encounters submitted to MDHHS within 90 days from payment in professional encounters. Within 90 days, **Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners** each had 50.2 percent, 87.0 percent, and 79.3 percent of encounters submitted to MDHHS within 90 days, respectively. To reach at least 99 percent of encounters submitted to MDHHS, it took 270 days, 300 days, and over 360 days for **Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners**, respectively.

Additionally, waiver agencies displayed complete and accurate encounter data, with all expected data elements populated at least 99.9 percent of the time. Additionally, all data elements that were populated and expected to have high rates of validity were at least 99.9 percent valid or higher. Finally, the referential integrity results between the professional encounters and enrollment data and between the professional encounters and provider data were high. Across all waiver agencies, 99.1 percent of members in the encounter file were identified in the enrollment data, and 100 percent of providers in the encounter file were identified in the provider data. Combined, these findings indicate that these files can be linked together via the member identification (ID) and the provider National Provider Identifier (NPI) with high rates of integrity.

Overall, MDHHS' encounter data were largely complete, timely, and accurate. Although there are some areas that MDHHS can work with the waiver agencies on improving (see Recommendations section), the high levels of completeness, timeliness, and accuracy suggest that the encounter data can be used in subsequent analyses with a high degree of reliability.

Recommendations

To improve the quality of encounter data submissions from the waiver agencies, HSAG offers the following recommendations to assist MDHHS and the waiver agencies in addressing opportunities for improvement:

- **Area Agency on Aging 1-B** and **Reliance Community Care Partners** should evaluate the delay between submitting professional encounters to MDHHS after payment. Timely data are crucial to subsequent analyses and if data are not submitted in a timely manner, then subsequent analyses may not include complete information and results may not reflect accurate encounter volume.
- **Northern Health Care Management** had a substantial drop in encounters between August 2022 and September 2022. Additional analyses should be performed to evaluate the root cause of this occurrence to address this issue and maintain timely access to care.
- **Region 9 Northeast MI Community Service Agency** had a substantial drop in its amount paid PMPM from May 2022 to the end of the study period. Additional analyses should be performed to evaluate the root cause of this occurrence to best determine the next course of action.

2. Overview and Methodology

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, MDHHS must ensure that each of its contracted MCEs and waiver agencies maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs and waiver agencies to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs and waiver agencies to submit high-quality encounter data. MDHHS relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During SFY 2023, MDHHS contracted with HSAG to conduct an EDV study. In alignment with CMS EQR Protocol 5, HSAG conducted the following two core evaluation activities for the EDV study:

- IS review—assessment of MDHHS' and the MCEs'/waiver agencies' information systems and processes. The goal of this activity is to examine the extent to which MDHHS' and the MCEs'/waiver agencies' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's Capability in CMS EQR Protocol 5.
- Administrative profile—analysis of MDHHS' electronic encounter data completeness, timeliness, and accuracy. The goal of this activity is to evaluate the extent to which the encounter data in MDHHS' data warehouse are complete, accurate, and submitted by the MCEs/waiver agencies in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS EQR Protocol 5.

HSAG conducted the EDV study for 47 MCEs/waiver agencies. Table 2-1 displays the programs, MCEs/waiver agencies, and number of MCEs/waiver agencies included in the EDV study. This report, however, will present results and findings for the waiver agencies²⁻³ under the MI Choice Waiver Program.

²⁻³ Refer to Appendix A for a list of waiver agencies included in this report.

Table 2-1—Michigan Medicaid Managed Care Programs

Program	MCE/Waiver Agency Type	Number of MCEs/Waiver Agencies
Comprehensive Health Care Program	Medicaid health plans (MHPs)	9
Healthy Kids Dental Program	Dental health plans (DHPs)	2
MI Health Link Program	Integrated care organizations (ICOs)	6
Behavioral Health Managed Care Program	Prepaid inpatient health plans (PIHPs)	10
MI Choice Waiver Program	Waiver agencies	20

Methodology

Information Systems Review

The IS review seeks to define how each participant in the encounter data process collects and processes encounter data such that the data flow from the waiver agencies to MDHHS is understood. The IS review is key to understanding whether the IS infrastructures are likely to produce complete and accurate encounter data. To ensure the collection of critical information, HSAG employed a three-stage review process that included a document review, development and fielding of a customized encounter data assessment, and follow-up with key staff members.

Stage 1—Document Review

HSAG initiated the IS review with a thorough desk review of existing documents related to encounter data initiatives/validation activities currently put forth by MDHHS. Documents requested for review included data dictionaries, process flow charts, data system diagrams, encounter system edits, sample rejection reports, work group meeting minutes, and MDHHS' current encounter data submission requirements, among others. The information obtained from this review was important for developing the targeted questionnaire to address important topics of interest to MDHHS.

Stage 2—Development and Fielding of Customized Encounter Data Assessment

To conduct a customized encounter data assessment, HSAG first evaluated each waiver agencies' most recent Information Systems Capabilities Assessment (ISCA) to assess whether the information was complete and up to date. HSAG developed a questionnaire customized in collaboration with MDHHS to gather information and specific procedures for data processing, personnel, and data acquisition capabilities. Where applicable, this assessment also included a review of supplemental documentation regarding other data systems, including enrollment and provider data. Lastly, this review included specific topics of interest to MDHHS. For example, the reviews included questions regarding how the waiver agencies ensure their vendors are submitting complete and accurate encounter data in a timely manner.

The questionnaire for MDHHS had similar domains; however, it focused on MDHHS' data exchange with the waiver agencies.

Since the encounter data submission requirements and processes for each program may be different, HSAG sent a waiver agency-specific questionnaire to each waiver agency to collect information for each program. Additionally, since there were 20 waiver agencies included in the study, HSAG distributed the questionnaire via an online tool to streamline collection of the responses.

Stage 3—Key Informant Interviews

After reviewing the completed assessments, HSAG followed up with key MDHHS and waiver agency information technology (IT) personnel to clarify any questions from the questionnaire responses.

Overall, the IS reviews allowed HSAG to document current processes and develop a thematic process map identifying critical factors that impact the submission of quality encounter data. From this analysis, HSAG was able to provide actionable recommendations to the waiver agencies regarding the existing encounter data systems on areas for improvement or enhancement.

Administrative Profile

The administrative profile, or analysis, of the State's encounter data is essential to gauging the general completeness, timeliness, and accuracy of encounter data, as well as whether encounter data are sufficiently robust for other uses, such as performance measure calculation. The degree of the waiver agencies' data file completeness across the waiver agencies provides insight into the quality of MDHHS' overall encounter data system and represents the basis for establishing confidence in subsequent analytical and rate setting activities.

HSAG assessed the final paid encounters with service dates from October 1, 2021, through September 30, 2022, and extracted from MDHHS' data warehouse on or before March 31, 2023. In addition, the EDV study used member demographic/eligibility/enrollment data and provider data to evaluate the validity of key data elements in the encounter data. HSAG submitted a data submission requirements document to notify MDHHS of the required data needed for the study. The data submission requirements document was based on the study objectives and data elements evaluated in this study. It included a brief description of the study, criteria for data extraction, required data elements, and information regarding the submission of the requested files. In addition, to assist MDHHS in preparing the requested data files, HSAG performed the following two actions:

- HSAG initially requested a set of test files from MDHHS before MDHHS extracted the complete set of data. The test data were smaller in size (e.g., encounters for one month) and allowed HSAG to detect any data extraction issues before the full data extract was submitted. In addition, the test data helped HSAG prepare for the analyses in advance while waiting to receive the complete data.
- After submitting the draft data submission requirements document to MDHHS, HSAG scheduled a meeting with MDHHS to review the document to ensure that all questions related to data preparation

and extraction were addressed. Afterward, HSAG submitted the final version of the data submission requirements document to MDHHS for review/approval.

Once HSAG received the data files from MDHHS, HSAG conducted a preliminary file review to ensure that the submitted data were adequate to conduct the evaluation. The preliminary file review included the following basic checks:

- Data extraction—extracted based on the data requirements document.
- Percentage present—required data fields were present in the file and had values in those fields.
- Percentage of valid values—the values were as expected (e.g., valid International Classification Diseases, Tenth Revision [ICD-10] codes in the diagnosis field).

Based on the preliminary file review results, HSAG followed up with MDHHS to resubmit data, as needed.

Once the final data had been received and processed, HSAG conducted a series of analyses for metrics listed in the sections below. In general, HSAG calculated rates for each metric by encounter type (i.e., 837 Professional [837P]) and waiver agency. However, when the results indicated a data quality issue(s), HSAG conducted an additional investigation to determine whether the issue was for a specific category of service (e.g., nursing services, chore services), provider type (e.g., community transportation vendor), or subpopulation. HSAG documented all noteworthy findings in this aggregate report.

Encounter Data Completeness

HSAG evaluated encounter data completeness through the following metrics:

- Monthly encounter volume (i.e., visits) by service month (i.e., the month when services occur or the last date of service [DOS]): If the number of members remains stable and there are no major changes to members' medical needs, the monthly visit/service counts should have minimal variation. A low count for any month indicates incomplete data. Of note, instead of the claim number, HSAG evaluated the encounter volume based on a unique visit key. For example, for an office visit, the visit key is based on the member ID, rendering provider NPI, and date of service.
- Monthly encounter volume (i.e., visits) per 1,000 member months (MM) by service month: Compared to the metric above, this metric normalized the visit/service counts by the member counts. Of note, HSAG calculated the member counts by month for each waiver agency based on the member enrollment data extracted by MDHHS.
- Paid amount PMPM by service month: This metric will help MDHHS determine whether the encounter data were complete from a payment perspective. Of note, HSAG used the detail paid amount to calculate this metric.
- Percentage of duplicate encounters: HSAG determined the detailed methodology (e.g., data elements and criteria) for defining duplicates after reviewing the encounter data extracted for the study and documented the method in the final report. This metric will allow MDHHS to assess the number of potential duplicate encounters in MDHHS' database.

Encounter Data Timeliness

HSAG evaluated encounter data timeliness through the following metrics:

- Percentage of encounters received by MDHHS within 360 days from the waiver agency payment date, in 30-day increments. This metric will allow MDHHS to evaluate the extent to which the waiver agencies are in compliance with MDHHS' encounter data timeliness requirements.
- Claims lag triangle to illustrate the percentage of encounters received by MDHHS within two calendar months, three months, etc., from the service month. This metric will allow MDHHS to evaluate how soon it may use the encounter data in the data warehouse for activities such as performance measure calculation and utilization statistics.

Field-Level Completeness and Accuracy

HSAG evaluated whether the data elements in the final paid encounters were complete and accurate through the two study indicators described in Table 2-2 for the key data elements listed in Table 2-3. In addition, Table 2-2 shows the criteria HSAG used to evaluate the validity of each data element. These criteria are based on standard reference code sets or referential integrity checks against member or provider data.

Table 2-2—Study Indicators for Percent Present and Percent Valid

Study Indicator	Denominator	Numerator
Percent Present: Percentage of records with values present for a specific key data element.	Total number of final paid encounter records based on the level of evaluation noted in Table 2-3 (i.e., at either the header or detail line level) with dates of service in the study period.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table 2-3.
Percent Valid: Percentage of records with values valid for a specific key data element.	Number of records with values present for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table 2-3.	Number of records with values valid for a specific key data element based on the level of evaluation (i.e., at either the header or detail line level) noted in Table 2-3. The criteria for validity are listed in Table 2-3.

Table 2-3—Key Data Elements for Percent Present and Percent Valid

Key Data Element	837P Encounters	Criteria for Validity
Member ID ^H	√	<ul style="list-style-type: none"> • In member file • Enrolled in a specific waiver agency on the date of service • Member date of birth is on or before date of service

Key Data Element	837P Encounters	Criteria for Validity
Header Service From Date ^H	√	<ul style="list-style-type: none"> Header Service From Date ≤ Header Service To Date Header Service From Date ≤ Paid Date
Header Service To Date ^H	√	<ul style="list-style-type: none"> Header Service To Date ≥ Header Service From Date Header Service To Date ≤ Paid Date
Detail Service From Date ^D	√	<ul style="list-style-type: none"> Detail Service From Date ≤ Detail Service To Date Detail Service From Date ≤ Paid Date
Detail Service To Date ^D	√	<ul style="list-style-type: none"> Detail Service To Date ≥ Detail Service From Date Detail Service To Date ≤ Paid Date
Billing Provider NPI ^H	√	<ul style="list-style-type: none"> In provider data when service occurred Meets Luhn formula requirements
Rendering Provider NPI ^H	√	<ul style="list-style-type: none"> In provider data when service occurred Meets Luhn formula requirements
Referring Provider NPI ^H	√	<ul style="list-style-type: none"> In provider data when service occurred Meets Luhn formula requirements
Rendering Provider Taxonomy Code ^H	√	<ul style="list-style-type: none"> In standard taxonomy code set Matches the value in provider data
Primary Diagnosis Codes ^H	√	<ul style="list-style-type: none"> In national ICD-10-Clinical Modification (CM) diagnosis code sets for the correct code year (e.g., in 2022, code set for services that occurred between October 1, 2021, and September 30, 2022)
Secondary Diagnosis Codes ^H	√	<ul style="list-style-type: none"> In national ICD-10-CM diagnosis code sets for the correct code year
Current Procedural Terminology (CPT)/ Healthcare Common Procedure Coding System (HCPCS) Codes ^D	√	<ul style="list-style-type: none"> In national CPT/HCPCS code sets for the correct code year (e.g., in 2022, code set for services that occurred in 2022) AND satisfies CMS' Procedure-to-Procedure edits
National Drug Codes (NDCs) ^D	√	<ul style="list-style-type: none"> In national NDC code sets
Submit Date ^D	√	<ul style="list-style-type: none"> Waiver Agency Submission Date (i.e., the date when Waiver Agency submits encounters to MDHHS) ≥ Waiver Agency Paid Date
Waiver Agency Paid Date ^D	√	<ul style="list-style-type: none"> Waiver Agency Paid Date ≥ Detail Service To Date
Header Paid Amount ^H	√	<ul style="list-style-type: none"> Header Paid Amount equal to sum of the Detail Paid Amount
Detail Paid Amount ^D	√	<ul style="list-style-type: none"> Zero or positive

Key Data Element	837P Encounters	Criteria for Validity
Header TPL Paid Amount ^H	√	<ul style="list-style-type: none"> Header TPL Paid Amount equal to sum of the Detail TPL Paid Amount
Detail TPL Paid Amount ^D	√	<ul style="list-style-type: none"> Zero or positive

^H Conduct evaluation at the header level

^D Conduct evaluation at the detail level

Encounter Data Referential Integrity

HSAG evaluated if data sources could be joined with each other based on whether a unique identifier (e.g., unique member ID, unique provider NPI) was present in both data sources (i.e., unique member IDs that are in both the encounter and member enrollment files). If an encounter contained more than one NPI (e.g., rendering provider NPI and billing provider NPI on a professional encounter), HSAG included both unique NPIs in the analysis. Table 2-4 lists the study indicators that HSAG calculated.

Table 2-4—Key Indicators of Referential Integrity

Data Source	Indicator
Medical Encounters vs Member Enrollment	<ul style="list-style-type: none"> Direction 1: Percentage of Members With a Medical Encounter Who Were Also in the Enrollment File Direction 2: Percentage of Members in the Enrollment File With a Medical Encounter
Medical Encounters vs Provider File	<ul style="list-style-type: none"> Direction 1: Percentage of Providers in the Medical Encounter File Who Were Also in the Provider File Direction 2: Percentage of Providers in the Provider File Who Were Also in the Medical Encounter File

Encounter Data Logic

Based on the likely use of the encounter data in future analytic activities (e.g., performance measure development/calculation), HSAG developed a logic-based check to ensure the encounter data could appropriately support additional activities.

- Continuous member enrollment to identify the length of time members were continuously enrolled during the measurement year. This assessment provides insight into how well encounter data may be used to support future analyses, such as Healthcare Effectiveness Data and Information Set (HEDIS[®])²⁻⁴ performance measure calculations. For instance, many measures require members be enrolled for the full measurement year, allowing only one gap of up to 45 days.

²⁻⁴ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

3. Information Systems Review Findings

Representatives from all 20 waiver agencies completed an MDHHS-approved questionnaire supplied by HSAG. HSAG identified follow-up questions based on the waiver agencies' original questionnaire responses, and the waiver agencies responded to these waiver agency-specific questions. To support their questionnaire responses, the waiver agencies submitted a wide range of documents with varying formats and levels of detail. MDHHS also completed its state-specific questionnaire. For more details regarding the questionnaires provided to MDHHS and the waiver agencies, please refer to Appendix B and Appendix C, respectively.

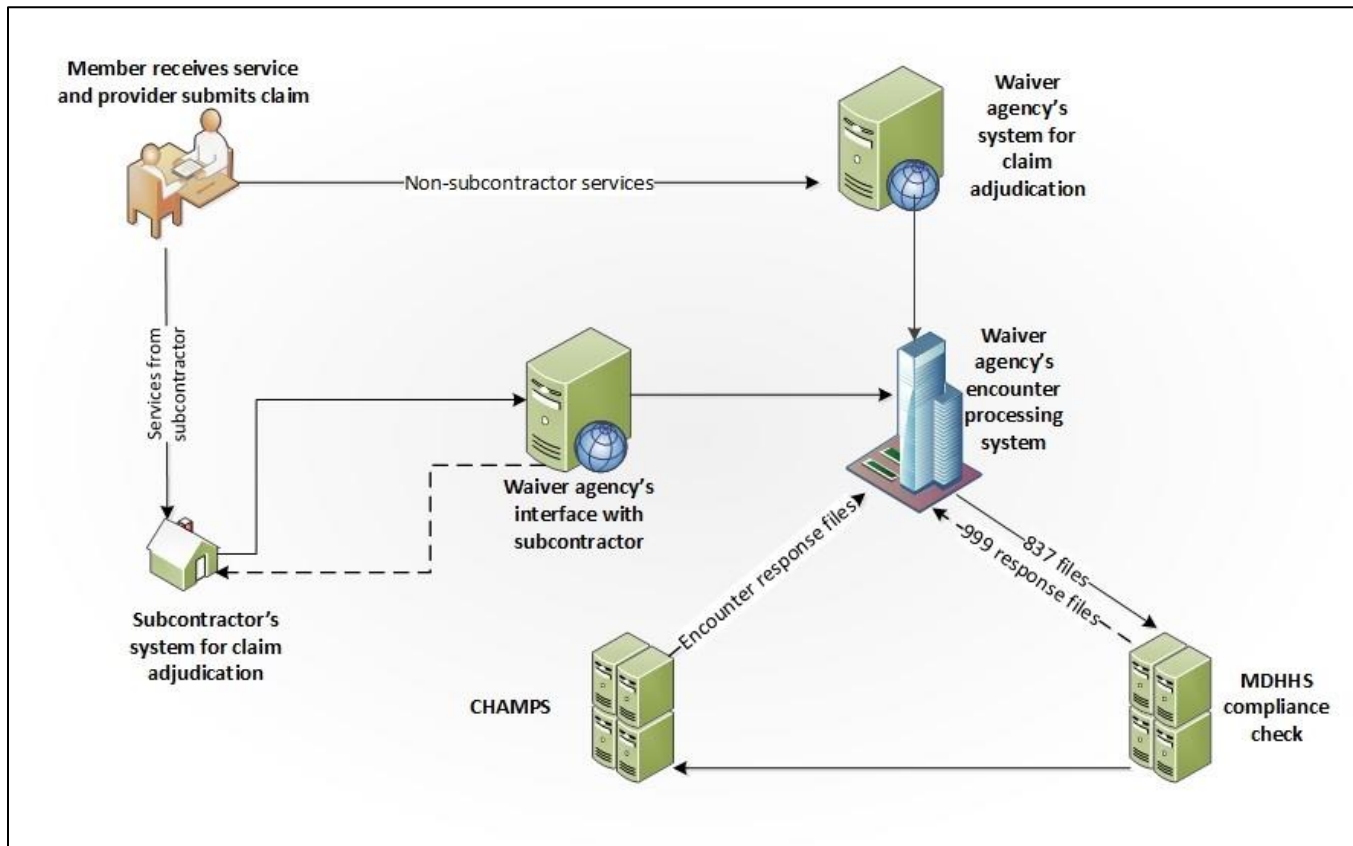
Encounter Data Sources and Systems

This report section provides an overview of the data sources utilized in the claims data to encounter data cycle. It also outlines the systems employed for data processing, any systematic formatting performed before submission (if handled by a third party), and the methods employed to verify data accuracy in terms of provider and member information.

Claims/Encounter Data Flow

Figure 3-1 shows a high-level general process that outlines the path of a waiver agency's encounter data from the point when a member receives a service (or services) until MDHHS processes the encounter. Solid lines represent the main transaction paths between each process agent, while dotted lines indicate data transfer feedback loops.

Figure 3-1—Claims/Encounter Data Path From Origin Through Submission to MDHHS



The process of handling claims and encounter data involves several steps, as shown in Figure 3-1. It starts with a member receiving a healthcare service from a provider. Providers then send claims electronically or via paper to a clearinghouse that organizes and formats the claims. The claims are then processed and sent to the waiver agency's encounter data system. If a third party is involved, it sends the data to the waiver agency's system.

The waiver agency and/or their subcontractors are responsible for ensuring that the encounter data are complete, accurate, and properly formatted for timely submission to MDHHS using specific file type (i.e., 837P). The data may be submitted directly to MDHHS or through a subcontractor or vendor.

When the waiver agencies send 837P files to MDHHS, they are downloaded and run through an Electronic Data Interchange (EDI) translator for compliance checks. MDHHS generates X12 999 response files to send back to the waiver agencies. Encounters that pass the compliance checks are stored in CHAMPS and undergo additional MDHHS edits. For encounters that fail these edits, Encounter Transmission Results Report (ETRR) response files are sent back to the waiver agencies to make corrections.

Once the waiver agencies receive the response files, they review them, making any necessary corrections and resubmitting the data if needed. If a subcontractor or vendor was involved, they correct and resubmit the data to the waiver agency. This process varies based on the waiver agency's agreements with different parties such as healthcare providers, networks, and vendors. Each waiver agency has a unique process, and the following section explores their encounter data processes, focusing on factors that could lead to incomplete or inaccurate data sent to MDHHS.

IS Infrastructure

MDHHS receives 837P files either directly or indirectly from the waiver agencies, which might have been generated by the waiver agencies or their subcontractors in different formats. The waiver agencies follow various submission frequencies, including daily, weekly, monthly, or other intervals. Once claims are received, the waiver agencies use a range of software tools to manage, process, validate, and structure the encounter data files, as illustrated in Table 3-1. Based on the responses received and as shown in Table 3-1, all waiver agencies, except **Area Agency on Aging 1-B** and **Reliance Community Care Partners**, employ Compass for handling, processing, validating, and organizing the encounter data files, while the other two agencies use WellSky and MemberCore, respectively. All waiver agencies, with the exception of **Area Agency on Aging 1-B** and **Reliance Community Care Partners**, use CIM as their subcontractor for maintaining the database utilized for data input. Consequently, these agencies typically provided a unified response for each waiver agency, demonstrating consistency in their questionnaire responses. The Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels used in the EDI compliance checks included at least levels 1 through 7 for all waiver agencies managed by CIM, whereas **Area Agency on Aging 1-B** and **Reliance Community Care Partners** included only one level each (i.e., levels 1 and 4, respectively).

Table 3-1—Primary Software for Encounter Processing

Waiver Agencies	Primary Software for Claims Adjudication and Encounter Preparation	WEDI SNIP Level for 837P Encounters
AD	Compass	Levels 1 through 7
AAA1B	WellSky	Level 1
AAANWMI	Compass	Levels 1 through 7
AAAWMI	Compass	Levels 1 through 7
Detroit AAA	Compass	Levels 1 through 7
MORC	Compass	Levels 1 through 7
Senior Services	Compass	Levels 1 through 7
NHCM	Compass	Levels 1 through 7
R3BAAA	Compass	Levels 1 through 7
RIVAAA	Compass	Levels 1 through 7
Region VII	Compass	Levels 1 through 7
NEMCSA	Compass	Levels 1 through 7
Reliance	MemberCore	Level 4

Waiver Agencies	Primary Software for Claims Adjudication and Encounter Preparation	WEDI SNIP Level for 837P Encounters
Senior Resources	Compass	Levels 1 through 7
The Information Ctr	Compass	Levels 1 through 7
Senior Alliance	Compass	Levels 1 through 7
Tri-County	Compass	Levels 1 through 7
UPCAP	Compass	Levels 1 through 7
Valley AAA	Compass	Levels 1 through 7
R2AAA	Compass	Levels 1 through 7

¹ For detailed descriptions of each of the waiver agency acronyms, please refer to Appendix A.

Duplicate, Denied, and Adjusted Claims

All waiver agencies shared their processes to detect and identify duplicate claims, including the key fields used, identification timing, and how they are handled. Common fields such as member ID, service date, provider, and codes are examined. Table 3-2 shows points in the process and descriptions of common fields examined for duplication across the waiver agencies.

Table 3-2—Point in the Process and Some Common Fields Used by Waiver Agencies to Examine Claims for Duplication

Waiver Agencies	Point in the Process and Field Description
AD	Generating duplicate claims is not technically possible with the waiver agency's software. Providers do not submit electronic claims that could result in duplicates.
AAA1B	The duplicate claims review process involves checking claims to ensure they are not duplicated and adhere to service authorizations. It includes verifying if the participant was not in another care setting, reviewing monthly authorized services, checking nursing services against authorizations, identifying overlapping authorizations, and ensuring no services are provided after case closure. The outcomes involve reviewing various documents, reaching out to service coordinators or personal consultants for verification, and requesting supporting documents from vendors. If vendors fail to respond to document requests, a recoupment process is initiated, including notification, deduction from payments, and setting up payment plans if needed. This process also helps identify late billing issues.
AAANWMI	Providers submit claims using Direct Data Entry (DDE) rather than 837P files. They are restricted to one claim per day per participant in DDE. If adjustments are needed, providers contact Agency on Aging of Northwest Michigan 's biller to edit the existing claim. Community Living Support (CLS) services from multiple providers in a day are allowed, but duplicates are checked annually during audits. Audits are conducted every year for new providers and, if billing issues are found, in the following year. Multiple

Waiver Agencies	Point in the Process and Field Description
	claims for the same day with the same service code are rare, mainly occurring in self-determination services where multiple people may support a member.
AAAWMI	Generating duplicate claims is not technically possible with the waiver agency's software. Providers do not submit electronic claims that could result in duplicates.
Detroit AAA	
MORC	
Senior Services	
NHCM	
R3BAAA	
RIVAAA	
Region VII	
NEMCSA	
Reliance	The MemberCore software ensures payment for one claim date of service according to the maintained authorization by the case manager. Claim staff cannot override or change the authorization, which is a control for corporate compliance. The system has adjudication rules for auto-processing, and the authorization guides the adjudication logic.
Senior Resources	Generating duplicate claims is not technically possible with the waiver agency's software. Providers do not submit electronic claims that could result in duplicates.
The Information Ctr	
Senior Alliance	
Tri-County	
UPCAP	
Valley AAA	
R2AAA	

Nearly all (i.e., 17) of the waiver agencies indicated that denied claims are not submitted to MDHHS, while claims that occur on dates the member is ineligible for Medicaid are not necessarily submitted to MDHHS. However, each of the remaining waiver agencies described its submission practices as follows:

- Area Agency on Aging 1-B:** WellSky, the **Area Agency on Aging 1-B** electronic medical record (EMR) system, has strict rules for cost avoidance. For claims submission, providers need a valid vendor record with essential details, and participants must have necessary information and a valid diagnosis code. Claims without valid authorizations are not submitted. Denial rules include participant and vendor status checks, adherence to service date limits, and limitations on units, costs, and service amounts as per authorization. These measures ensure accurate and compliant claims processing.

- **Area Agency on Aging of Northwest Michigan:** Claims paid with funding sources other than MI Choice Waiver are not sent to MDHHS. If a claim was initially submitted to MDHHS but the funding source changes, the submitted encounter is voided. Denied or voided claims are not submitted to MDHHS. However, if a claim is adjusted, and the adjustment involves MI Choice Waiver funds, then the claim is submitted to MDHHS as an encounter. According to the contract with MDHHS, **Agency on Aging of Northwest Michigan** is obligated to submit one encounter with one unit per month for the support coordination provided to MI Choice Waiver members. The code used is T2022, defined as PMPM. Therefore, irrespective of the number of times a support coordinator interacts with a participant in a month, only one unit of that service is reported to MDHHS.
- **Reliance Community Care Partners:** All processed claims, except for those with ineligible dates submitted by providers, are sent to MDHHS. Monthly case management (T2022) submissions to MDHHS are based on case manager progress notes, emphasizing the importance of verifying case management activities before billing for T2022.

Each of the 18 waiver agencies, except for **Area Agency on Aging 1-B** and **Reliance Community Care Partners**, has a similar approach to identifying and locating encounters requiring adjustments as well as submitting those adjustments to MDHHS. The system automatically identifies and processes additional claims from providers for the same service and date. These claims are categorized as replacement or void claims by the software. The adjustment submission follows the regular encounter process, with the software evaluating if the encounters to be sent are original, replacement, or voids. **Area Agency on Aging 1-B** noted in its response that encounters requiring adjustments are identified through self-reported errors by subcontractors, internal staff identification, data mining, and review of rejections received. The adjustment process involves voiding the erroneous claims and replacing them with new claims. **Reliance Community Care Partners** indicated that it conducts monthly data mining activities to identify encounters requiring voids in the MDHHS CHAMPS system, particularly when overpayments are detected as a breach of contract, following Office of Inspector General (OIG) requirements. Adjustments, if needed, are accomplished through the 837-return file and submitted to MDHHS in the subsequent encounter file. Details of historical and current changes are stored in the MemberCore system.

Collection, Use, and Submission of Provider Data

The 18 waiver agencies with CIM as their subcontractor noted in their response that CIM maintains the waiver agency database for data input, and CIM also provides software to ensure data quality. The waiver agency adds new providers to the software upon contracting or acquiring services, and providers are enrolled in CHAMPS if required. Provider information is managed and reviewed annually by the waiver agency. All claims undergo direct data entry, requiring authorized services, provider selection, participant details, procedure, modifier, and month of service, with no additional linking necessary. **Area Agency on Aging 1-B** noted in its response that it enters and stores all provider details in WellSky, an EMR system, where WellSky is responsible for maintaining site availability, connectivity, and security. The waiver agency is currently developing a process flow for submission in WellSky. **Reliance Community Care Partners** collects all provider information during contracting, conducts

annual credentialing to ensure liability coverage, and internally performs comprehensive audits for at least 20 percent of providers each year. The data, sourced from the same software, is linked to the billing provider, and the provider portal facilitates the inclusion of necessary provider information in claims.

Collection, Use, and Submission of Enrollment Data

Similar to the provider data, the 18 waiver agencies with CIM as their subcontractor noted that CIM maintains the member enrollment database where the waiver agency inputs member data. The waiver agency adds participants to the software for pre-enrollment assessments, considering both medical and financial criteria for waiver eligibility. Once assessed, a plan is created for starting services/enrollment, and the waiver agency inputs this information into CHAMPS and the software. Any needed updates to enrollment are made in both places. Claims are directly data entered, requiring the selection of provider, participant, procedure, modifier, and month of service without additional linking. **Area Agency on Aging 1-B** noted in its response that WellSky is responsible for maintaining site availability, connectivity, and security. The waiver agency is currently developing a process flow for submission in WellSky. **Reliance Community Care Partners** does not use subcontractors for member enrollment data. The waiver agency generates a 270 file monthly, validating members on the 271 response file and the 820 capitated payment file received from MDHHS. The waiver agency finds the 271 files more helpful than the 834 eligibility file. The claims module within the EHR captures eligibility, enrollment, status, provider information, and claims in one system, ensuring data integrity and minimizing risk.

Payment Structures of Encounter Data

This section focuses on how the waiver agencies collected payment-related data and processed claims for payment. Table 3-3 shows the waiver agencies' primary pricing methodology for inpatient, outpatient, and pharmacy encounters.

Table 3-3—Primary Pricing Methodology, by Waiver Agency and Claim Type

Primary Pricing Methodology	Outpatient
Line-by-Line	AD, AAA1B, AAANWMI, AAAWMI, Detroit AAA, MORC, Senior Services, NHCM, R3BAAA, RIVAAA, Region VII, NEMCSA, Reliance, Senior Resources, The Information Ctr, Senior Alliance, Tri-County, UPCAP, Valley AAA, R2AAA
Per Diem	AAA1B
Durable Medical Equipment (DME) by Percent Billed	Reliance

Because the encounter submission did not include a payment methodology field, slight variation in pricing methodology existed among the waiver agencies. However, all 18 waiver agencies with CIM as their subcontractor exclusively employed the line-by-line method for claims payment. For **Area Agency on Aging 1-B** and **Reliance Community Care Partners**, while they both used the line-by-line method, they also employed the per diem and DME by percent billed, respectively, as part of their claim payment strategies.

Bundle Payment Structures

The waiver agencies were asked if there are any services submitted to the waiver agency under bundle payment structures. All waiver agencies indicated that they do not contract services under bundle payment structures.

TPL Data

The 18 waiver agencies with CIM as their subcontractor each indicated that TPL information is collected by the waiver agency during financial eligibility assessments. The waiver agency reviews insurance information in CHAMPS. If waiver services are covered by another insurance, they are not billed by the waiver agency. There is limited TPL data, typically only Medicare information, that were entered in the software; however, TPL is not reported in waiver encounters. **Area Agency on Aging 1-B**, in its response, noted that TPL insurance details are gathered through the interRAI Home Care Assessment during enrollment, annual reviews, and as changes occur. Subcontractors collect TPL data when cost-sharing private duty nursing services. There have been no claims requiring coordination of benefits (COB). Policy information is verified with the insurance company, and if applicable, payment details are stored in the EMR system. **Reliance Community Care Partners** coordinates with other insurance companies when MI Choice is secondary, ensuring primary insurance pays first. The waiver agency handles situations where there is a balance, paying its portion after primary coverage. If another carrier should pay first, discussions begin, and they have pursued legal avenues for recovery. Currently, TPL details are not submitted on encounters; instead, the waiver agency stores information in its EHR system. Providers must send the Explanation of Payment before any outstanding amount is considered.

Zero-Paid Claims

The 18 waiver agencies with CIM as their subcontractor indicated that they do not submit zero-paid encounters unless they were voided encounters. According to **Area Agency on Aging 1-B**, zero pay may occur due to audit takebacks, where the net payment is ultimately zero. This could involve adjustments or corrections made during audits, resulting in no net payment for the encounter. **Reliance Community Care Partners** noted that zero-paid claims arise from denied claims, either denied by EMR adjudication logic during submission or voided after submission. The denied claims are not submitted, while in the case of voided claims, an adjusted encounter is sent to MDHHS for correction.

Services From Providers With Waiver Agencies Under Capitation Arrangement

All waiver agencies noted that they do not pay providers on a capitated basis, where only MDHHS would pay capitated payments to the waiver agencies.

Encounter Data Quality Monitoring

This section evaluates how the waiver agencies monitor their encounter data quality from the following questions:

- How do the waiver agencies monitor encounter data quality for data collected by their subcontractors?
- How do the waiver agencies monitor encounter data quality for data they collect?
- How do the waiver agencies address feedback from MDHHS?
- What are the challenges or requests from the waiver agencies?

Encounter Data Collected by the Waiver Agencies' Subcontractors

Table 3-4 presents information about subcontractor involvement in encounter submission; the waiver agencies' storage, review, and modification of encounters before submission to MDHHS; and subsequent review of encounters by the waiver agencies after submission. The green dots in the table indicate a "Yes" response, and the red dots indicate a "No" response.

Table 3-4—Waiver Agency Processes for Encounters From Subcontractors

Waiver Agencies	Type of Subcontractor	Submits to MDHHS by Subcontractor	Stored by Waiver Agencies	Reviewed by Waiver Agencies Before Submission	Modified by Waiver Agencies Before Submission	Reviewed by Waiver Agencies After Submission
AD	HCBS	●	●	●	●	●
AAA1B	HCBS/NEMT	●	●	●	●	●
AAANWMI	HCBS	●	●	●	●	●
AAAWMI	HCBS	●	●	●	●	●
Detroit AAA	HCBS	●	●	●	●	●
MORC	HCBS	●	●	●	●	●
Senior Services	HCBS	●	●	●	●	●
NHCM	HCBS	●	●	●	●	●
R3BAAA	HCBS/NEMT	●	●	●	●	●
RIVAAA	HCBS	●	●	●	●	●
Region VII	HCBS	●	●	●	●	●
NEMCSA	HCBS	●	●	●	●	●
Reliance	HCBS/NEMT	●	●	●	●	●
Senior Resources	HCBS	●	●	●	●	●
The Information Ctr	HCBS	●	●	●	●	●
Senior Alliance	HCBS	●	●	●	●	●
Tri-County	HCBS	●	●	●	●	●
UPCAP	HCBS	●	●	●	●	●
Valley AAA	HCBS	●	●	●	●	●
R2AAA	HCBS	●	●	●	●	●

Key Findings: Table 3-4

- CIM facilitated the collection and processing of encounters for 18 waiver agencies, submitting them to MDHHS. However, **Area Agency on Aging 1-B** and **Reliance Community Care Partners** handled their own encounter submissions.
- While most agencies did not store data sent to MDHHS, exceptions include **Area Agency on Aging 1-B**, **Area Agency on Aging of Northwest Michigan**, and **Reliance Community Care Partners**. Additionally, **Region 3B Area Agency on Aging**, along with these three waiver agencies, reported reviewing encounters before and/or after MDHHS submission. However, several other agencies indicated that their review for quality occurred before submission, and any subsequent checks would be necessary at a technical level, becoming apparent when encounters faced rejection.
- Notably, **Reliance Community Care Partners** mentioned making modifications solely before submitting the encounter data to MDHHS.

HSAG gathered responses from the waiver agencies regarding the quality checks conducted by both their subcontractors and the waiver agencies themselves. In order to organize the waiver agencies' responses, HSAG provided standard data quality checks for them to choose from in their questionnaire responses. Table 3-5 provides a brief description of these data quality checks.

Table 3-5—Description of Data Quality Checks

Data Quality Checks	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to an entity.
Claim Volume PMPM	Evaluates the number of unique claims PMPM based on the month when the services occurred.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element.
Field-Level Validity	Evaluates whether the values for a specific data element are valid.
Timeliness	Evaluates whether the source entity submits claims in a timely manner.
Reconciliation With Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from an entity.
EDI Compliance Edits	Evaluates whether 837P files pass the EDI compliance edits.
Medical Record Review (MRR)	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

Table 3-6 presents the data quality checks conducted by either the waiver agencies or their subcontractors on the encounter data collected by the subcontractors. The “Field-Level Completeness and Validity” column included quality checks such as EDI compliance edits, field-level completeness, or field-level accuracy. The green dots in the table indicate that there are quality checks, and the red dots indicate that there are no quality checks.

Table 3-6—Data Quality Checks by the Waiver Agencies and/or Their Subcontractors

Waiver Agencies	Type of Subcontractor	Claim Volume by Submission Month/PMPM	Field-Level Completeness and Validity	Timeliness	Reconciliation With Financial Reports
AD	HCBS	●	●	●	●
AAA1B	HCBS	●	●	●	●
	NEMT	●	●	●	●
AAANWMI	HCBS	●	●	●	●
AAAWMI	HCBS	●	●	●	●
	NEMT	●	●	●	●
Detroit AAA	HCBS	●	●	●	●
MORC	HCBS	●	●	●	●
Senior Services	HCBS	●	●	●	●
NHCM	HCBS	●	●	●	●
R3BAAA	HCBS	●	●	●	●
	NEMT	●	●	●	●
RIVAAA	HCBS	●	●	●	●
Region VII	HCBS	●	●	●	●
NEMCSA	HCBS	●	●	●	●
Reliance	HCBS	●	●	●	●
	NEMT	●	●	●	●
Senior Resources	HCBS	●	●	●	●
The Information Ctr	HCBS	●	●	●	●
Senior Alliance	HCBS	●	●	●	●
Tri-County	HCBS	●	●	●	●
UPCAP	HCBS	●	●	●	●
Valley AAA	HCBS	●	●	●	●
R2AAA	HCBS	●	●	●	●

Key Findings: Table 3-6

- The claim volume submission encounter data quality check was inconsistently conducted across waiver agencies, with only three agencies (i.e., **Area Agency on Aging 1-B**, **Area Agency on Aging of Northwest Michigan**, and **Area Agency on Aging of Western Michigan**) indicating its implementation.
- In contrast, the field-level completeness and validity quality checks were generally performed by most waiver agencies, excluding **Area Agency on Aging of Western Michigan**, **Reliance Community Care Partners** (Home and Community Based Services [HCBS] encounters), and **Senior Resources**.
- MDHHS utilized the timeliness report to monitor minimum monthly requirements, but only three waiver agencies (i.e., **Area Agency on Aging 1-B**, **Area Agency on Aging of Northwest**

Michigan, and **Region 3B Area Agency on Aging**) and/or their subcontractors implemented this check on encounters.

- **Area Agency on Aging of Northwest Michigan** and **Region 3B Area Agency on Aging/Carewell Services** reported conducting an assessment of the alignment of payment fields in claims with financial reports for all subcontractor data.

Encounter Data Quality Monitoring by the Waiver Agencies

As previously mentioned, among the 18 waiver agencies relying on CIM for comprehensive management of encounter data, Compass played a pivotal role in monitoring and validating various aspects of the encounters, including field-level validity and completeness as part of the claims processing. The remaining two waiver agencies, **Area Agency on Aging 1-B** and **Reliance Community Care Partners**, indicated similar practices in terms of monitoring encounter data quality internally.

Feedback From MDHHS

As noted previously in the “Claims/Encounter Data Flow” section, upon receiving encounters from the waiver agencies, MDHHS generated a series of response files (e.g., X12 999 response files and ETRR response files) based on EDI compliance edits and additional edits applied within MDHHS’ data warehouse. MDHHS sent these files to the waiver agencies to make corrections. In general, the number of records rejected by MDHHS’ edits was higher than the number of records rejected by the EDI translator, with a few exceptions. After receiving and reviewing MDHHS’ response files, the waiver agencies were capable of making corrections for the rejected encounters and then resubmitting them to MDHHS. Based on the waiver agencies’ responses to the questionnaire, Table 3-7 displays the percentage of encounters that were initially rejected and not yet accepted by MDHHS.

Table 3-7—Percentage of Encounters Initially Rejected and Not Yet Accepted by MDHHS

Waiver Agency	HCBS	NEMT	Other
AD	0.0%	—	—
AAA1B	0.0%	0.0%	—
AAANWMI	0.0%	—	—
AAAWMI ¹	0.0%	—	—
Detroit AAA	1.2%	—	—
MORC	0.3%	—	—
Senior Services	0.2%	—	—
NHCM	0.3%	—	—
R3BAAA	0.1%	—	—
RIVAAA	0.3%	—	—
Region VII	0.1%	—	—
NEMCSA	0.0%	—	—
Reliance ²	—	—	0.8%
Senior Resources	0.0%	—	—
The Information Ctr	0.0%	—	—
Senior Alliance	0.1%	—	—
Tri-County	0.0%	—	—
UPCAP	0.1%	—	—
Valley AAA	0.2%	—	—
R2AAA	0.0%	—	—

¹Area Agency on Aging of Western Michigan did not specify whether the information provided pertains to both HCBS and non-emergency medical transportation (NEMT) encounters.

²Reliance Community Care Partners consolidated all its MI Choice Waiver encounters information and did not distinguish between HCBS and NEMT encounters.

Key Findings: Table 3-7

- Overall, each waiver agencies demonstrated low rejection rates for its encounter submissions, with rates of 1.2 percent or less.

Challenges and Changes Noted by the Waiver Agencies

The waiver agencies were asked about the challenges they encounter or anticipate when submitting encounter data to MDHHS. Responses varied among the waiver agencies across various topics.

Additionally, the waiver agencies provided feedback on any upcoming changes in their encounter submission processes. Table 3-8 displays the internal/challenges and upcoming changes noted by the waiver agencies in their responses, if any.

Table 3-8—Internal and External Challenges and Upcoming Changes

Waiver Agencies	Challenges and/or Upcoming Changes	Description
AD	External Challenge and Upcoming Change	The waiver agency faces typical challenges when CHAMPS requirements change, impacting waiver processes unintentionally. Changes beginning September 5, 2023, will affect how data are collected and stored but will not impact the encounter submission process.
AAA1B	Internal Challenge	The waiver agency faces challenges with duplicate rejections when the same service is provided by multiple vendors on the same day, and delays in receiving timely care setting changes and admission, discharge, and transfer (ADT) confirmations.
	External Challenge	Existing response files are insufficient for rejection research, and CHAMPS lacks detailed information, with no report displaying the total accepted encounter data.
	Upcoming Change	A new EMR system was implemented as of December 1, 2022, and encounter submissions from this system started in March 2023.
AAANWMI	External Challenge and Upcoming Change	The waiver agency faces typical challenges when CHAMPS requirements change, impacting waiver processes unintentionally. Changes beginning September 5, 2023, will affect how data are collected and stored but will not impact the encounter submission process.
AAAWMI		
Detroit AAA		
MORC		
Senior Services		
NHCM		
R3BAAA		
RIVAAA		
Region VII		
NEMCSA		
Reliance	Internal Challenge	The primary challenge lies in backend adjustments and resubmissions due to limited staff resources.
	External Challenge	The waiver agency believes that recent additions to validation rules will enhance the acceptance of encounter files. A distinctive practice involves submitting full claims with all line items, unlike Compass users who submit each claim line separately. Therefore, Reliance Community Care Partners' claim volume looks to be less than Compass users.
	Upcoming Change	The upcoming change involves transitioning to an automated scheduled submission triggered by marking the file ready,

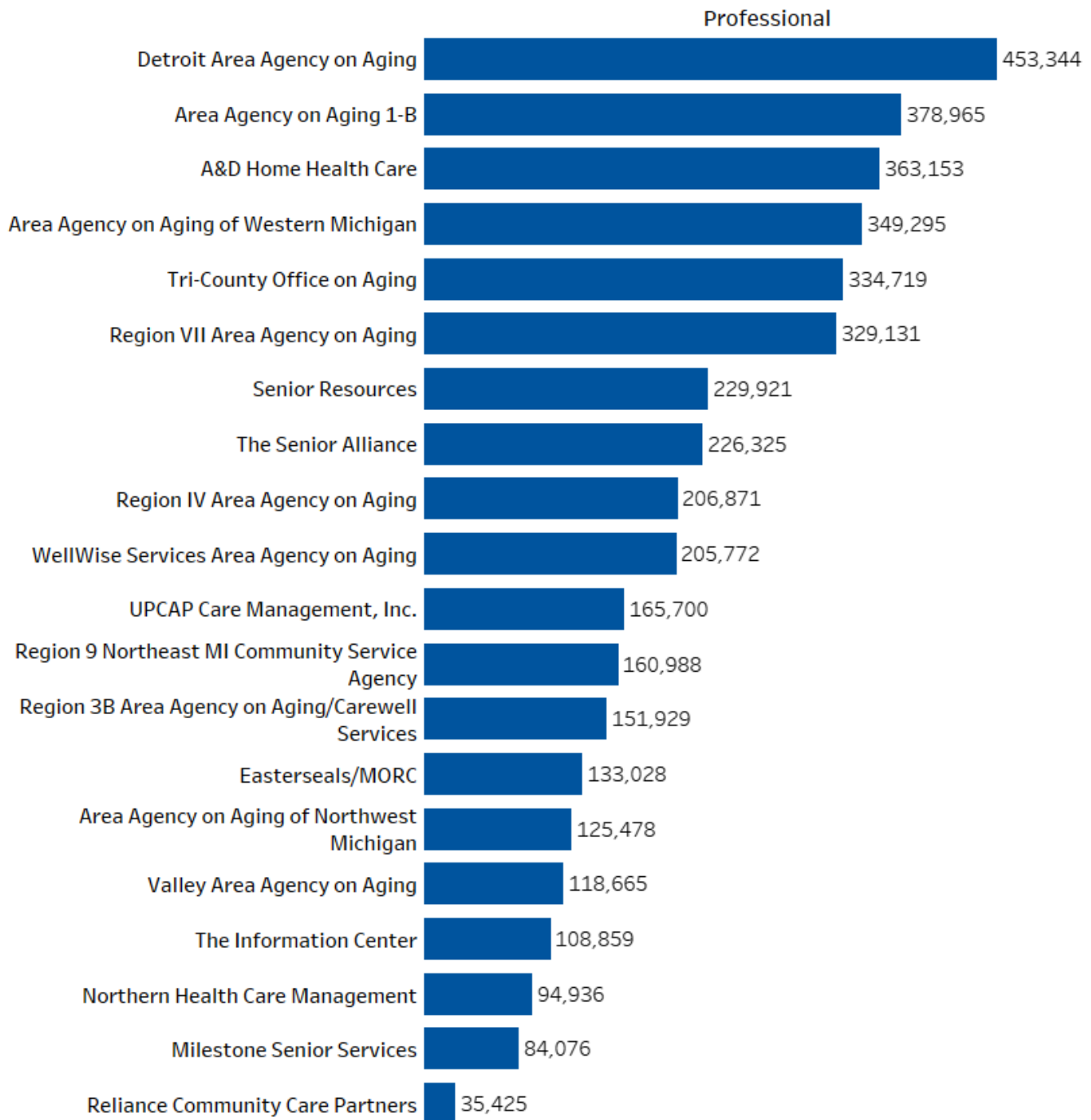
Waiver Agencies	Challenges and/or Upcoming Changes	Description
		eliminating manual uploads. Continuous study of rejections informs the implementation of necessary validation rules.
Senior Resources	External Challenge and Upcoming Change	The waiver agency faces typical challenges when CHAMPS requirements change, impacting waiver processes unintentionally. Changes beginning September 5, 2023, will affect how data are collected and stored but will not impact the encounter submission process.
The Information Ctr		
Senior Alliance		
Tri-County		
UPCAP		
Valley AAA		
R2AAA		

4. Administrative Profile Results and Findings

Encounter Data Summary

Figure 4-1 displays the total number of paid encounters by waiver agency. **Detroit Area Agency on Aging** had the largest number of paid professional encounters of the waiver agency program, with over 450,000 professional encounters. **Reliance Community Care Partners** had the lowest number of paid encounters, at slightly over 35,000 professional encounters, followed by **Milestone Senior Services**, at 84,000 professional encounters. While not displayed, **Reliance Community Care Partners** had an average of 15 lines per encounter submitted, while the other waiver agencies had, on average, one line per claim. Additionally, **Reliance Community Care Partners** was the only waiver agency to use MemberCore for handling, processing, validating, and organizing encounter data files, while other waiver agencies used either Compass or WellSky. This could explain the difference in the number of unique encounters for **Reliance Community Care Partners** compared to the other waiver agencies.

Figure 4-1—Number of Encounters by Claim Status by Waiver Agency



Member Composition

Figure 4-2 and Figure 4-3 display MDHHS waiver agency Medicaid member demographics by waiver agency. As shown in Figure 4-2, **Detroit Area Agency on Aging** had the highest number of enrolled members, with almost 1,700 enrolled members, and **Easterseals/MORC** had the lowest number of enrolled members, with just under 300 enrolled members. Seven waiver agencies had over 1,000 enrolled members, 10 waiver agencies had between 400 and 1,000 members, and three waiver agencies had less than 400 enrolled members.

Figure 4-2—Enrollment in SFY 2023 by Waiver Agency

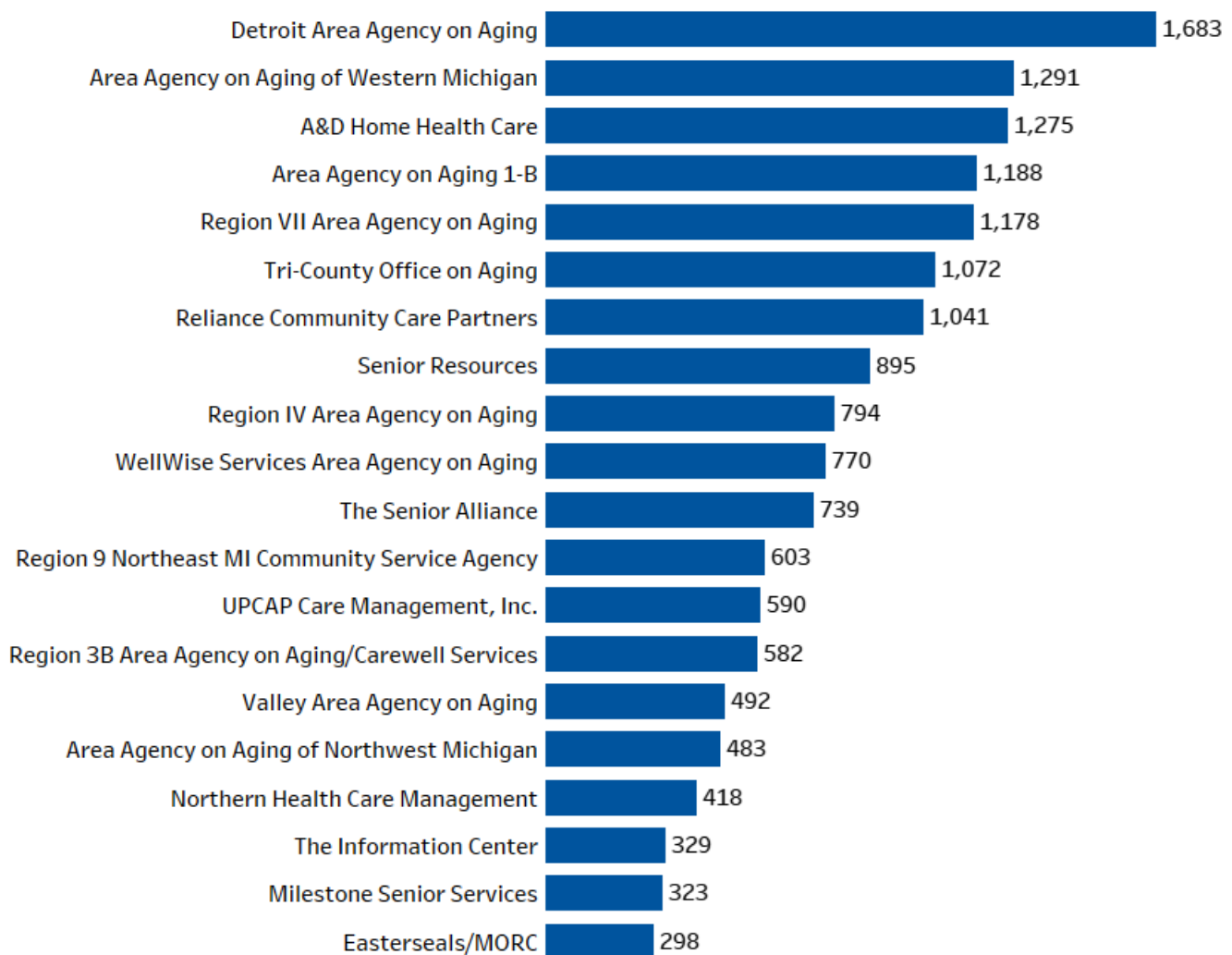
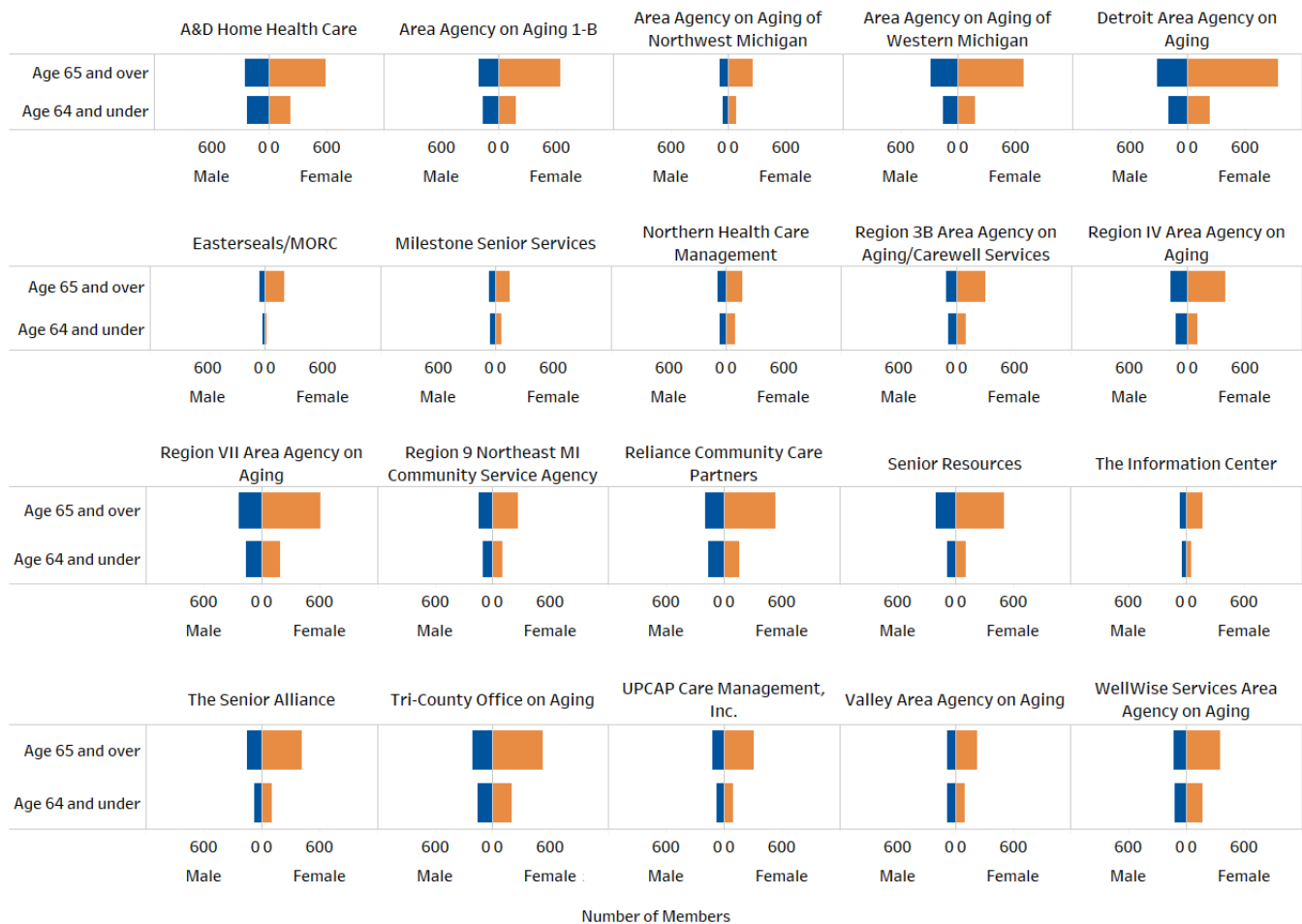


Figure 4-3 displays the age and gender distribution for each waiver agency. Across all waiver agencies, the 65 and over age category had the highest number of members. Additionally, for all waiver agencies, the number of females outweighed the number of males for each age category, where females ages 65 years and older often outweighed males three to one.

Figure 4-3—Age and Gender Distribution by Waiver Agency



Encounter Data Completeness

To validate encounter data completeness, HSAG examined encounter data volume through multiple angles across four primary metrics. HSAG stratified each of the following metrics by waiver agency:

- Monthly encounter volume (i.e., visits) by service month (i.e., the month when services occurred)
- Monthly encounter volume (i.e., visits) per 1,000 MM by service month
- Paid amount PMPM by service month
- Percentage of duplicate encounters

Monthly Encounter Volume by Service Month

Figure 4-4 displays the monthly encounter volume by service month and waiver agency for all encounters that occurred during the measurement year (i.e., October 1, 2021, through September 30, 2022). This analysis evaluates the number of encounters that occurred by the month when the service occurred. A higher number of encounters may not indicate that members are having more encounters, but may indicate a higher number of enrolled members, which would therefore increase the number of encounters. Likewise, a lower number of encounters may not indicate that members are not seeking care, but that there are fewer enrolled members.

As displayed in Figure 4-4, across the study period, each waiver agency remained relatively consistent in the number of encounters per month, with an all waiver agency rate around 15,000 encounters per month. **Detroit Area Agency on Aging** had the largest number of encounters at around 32,000 per month, whereas **Reliance Community Care Partners** had the fewest number of encounters at around 2,000 per month during the study period. As displayed in Figure 4-2, **Detroit Area Agency on Aging** had the highest number of enrolled members, which could explain **Detroit Area Agency on Aging**'s large encounter volume. However, despite **Reliance Community Care Partners** having the seventh highest count of enrolled members, they had the fewest number of encounters. As previously explained, this is likely due to how **Reliance Community Care Partners** processed encounters, submitting single encounters with multiple lines that covered multiple days. Additionally, although **Northern Health Care Management** also remained consistent in the number of encounters per month, it was the only waiver agency to undergo a substantial reduction in the number of encounters, dropping from 7,374 encounters to 1,248 encounters between August 2022 and September 2022.

Figure 4-4—Professional Encounter Volume by Service Month and Waiver Agency


Note: The grey line indicates the all waiver agency rate.

Monthly Encounter Volume per 1,000 Member Months by Service Month

Figure 4-5 displays the monthly waiver agency encounter volume per 1,000 MM by service month and waiver agency. Examining the encounter volume per 1,000 MM allows for standardization across all waiver agencies based on the number of enrolled members during each month.

As displayed in Figure 4-5, most waiver agencies were about equal to the all waiver agency rate of 25,000 encounters per 1,000 MM, indicating that members, on average, have 25 encounters per month or nearly one encounter per day. However, **Easterseals/MORC** was well above the all waiver agency rate, closer to 35,000 encounters per 1,000 MM, while **Reliance Community Care Partners** was substantially below the all waiver agency rate, around 2,500 encounters per 1,000 MM. As previously discussed, **Reliance Community Care Partners** submitted multiple lines within one unique encounter, which spanned multiple days, and this likely caused the number of encounters per 1,000 MM to be lower compared to other waiver agencies. Despite **The Information Center** having less encounters per service month compared to the all waiver agency rate, as shown in Figure 4-4, **The Information Center** had slightly more encounters per 1,000 MM than the all waiver agency rate, indicating members had

services at a slightly higher rate compared to other waiver agencies. Additionally, although **Detroit Area Agency on Aging** had a higher encounter volume compared to other waiver agencies, after adjusting for the number of enrolled members, it was about equal to the all waiver agency rate. This indicates that members enrolled with **Detroit Area Agency on Aging** had services at the same rate as other enrolled waiver agency members. Lastly, after adjusting for the number of enrolled members, **Northern Health Care Management** had a reduction in encounter volume per 1,000 MM from 22,972 to 3,888 between August 2022 and September 2022, which aligns with the encounter volume displayed in Figure 4-4.

Figure 4-5—Monthly Professional Encounter Volume per 1,000 MM by Waiver Agency



Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure 4-6 displays the monthly payment amounts PMPM by service month and waiver agency. Examining the paid amount PMPM allows for standardization across all waiver agencies based on the number of enrolled members during each month. Since payment amounts were documented at the detail level, HSAG performed this calculation using detail payment amounts.

As displayed in Figure 4-6, most waiver agencies had generally consistent monthly payment amounts PMPM amounts throughout the measurement year. Generally, waiver agencies were about equal to the all waiver agency rate, around \$2,500 PMPM. However, **UPCAP Care Management, Inc.** was slightly lower than the all waiver agency rate, closer to \$2,000 PMPM. As shown in Figure 4-5, **Reliance Community Care Partners** had a lower volume per 1,000 MM when compared to the all agency rate; however, they were aligned with the all waiver agency rate payment amounts PMPM. This indicates that although **Reliance Community Care Partners** processes and submits their encounters with multiple lines per encounter, the payment amounts per line were consistent with other waiver agencies PMPM. Interestingly, although **Region 9 Northeast MI Community Service Agency** was aligned with the all waiver agency rate between October 2021 and April 2022, in May 2022, their amount paid PMPM dropped from \$2,629 to \$2,069.

Figure 4-6—Professional Encounters Paid Amount PMPM by Waiver Agency



Percentage of Duplicate Encounters

Duplicate encounters may enter the system for a variety of reasons, such as encounters submitted multiple times to rectify an issue for payment. While most performance metrics used by the State, its waiver agencies, and its external quality review organization are robust to the presence of duplicate encounters,⁴⁻⁵ identification and appropriate handling of duplicate encounters is crucial for accurate financial and actuarial calculations. HSAG assessed the percentage of records that were identified as duplicates across the fields presented in Table 4-1.

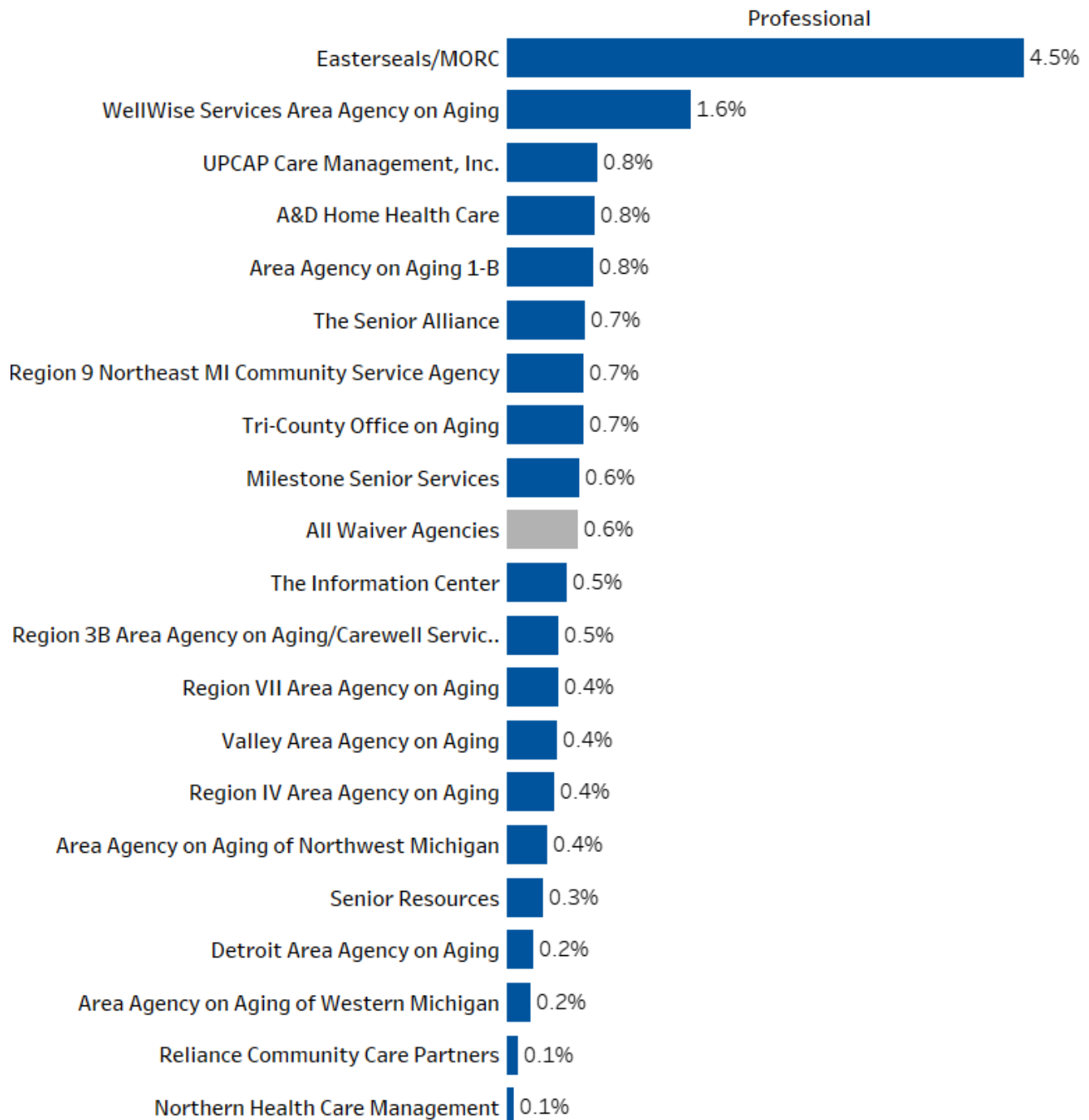
Table 4-1—Fields Used to Identify Duplicate Encounters

Key Data Element	Professional Encounters (837P)
Member ID	✓
Header Service From Date	✓
Header Service To Date	✓
Line Number	✓
Primary Diagnosis Code	✓
CPT/HCPCS/CDT Code	✓
CPT/HCPCS Modifier Codes	✓
Billing Provider NPI	✓
Rendering Provider NPI	✓

For this analysis, the original claim in a series of duplicates was not counted as a duplicate. For example, if three encounters were identified as duplicates (i.e., the values of all fields in Table 4-1 matched), then the number of duplicates counted was two, as one was counted for the original claim leaving two duplicates remaining.

Figure 4-7 displays the percentage of duplicate encounters for each waiver agency and the aggregate result for all waiver agencies. Across all waiver agencies, 0.6 percent of all professional encounters were identified as a duplicate. **Northern Health Care Management** and **Reliance Community Care Partners** had the lowest percentage of duplicate encounters (0.1 percent), whereas **Easterseals/MORC** had the highest (4.5 percent). The remaining waiver agencies had a percentage of duplicates ranging from 0.2 percent to 1.6 percent.

⁴⁻⁵ For example, many HEDIS performance measures count whether or not members had a particular service rather than the number of services. Utilization measures that *do* count the number of services typically count multiple claims for the same service on the same day as a single service, thereby effectively removing duplicate claims.

Figure 4-7—Percentage of Duplicate Encounters by Waiver Agency


Encounter Data Timeliness

To validate encounter data timeliness, HSAG examined encounter data volume through multiple angles across two primary metrics. HSAG stratified each of the following metrics by waiver agency:

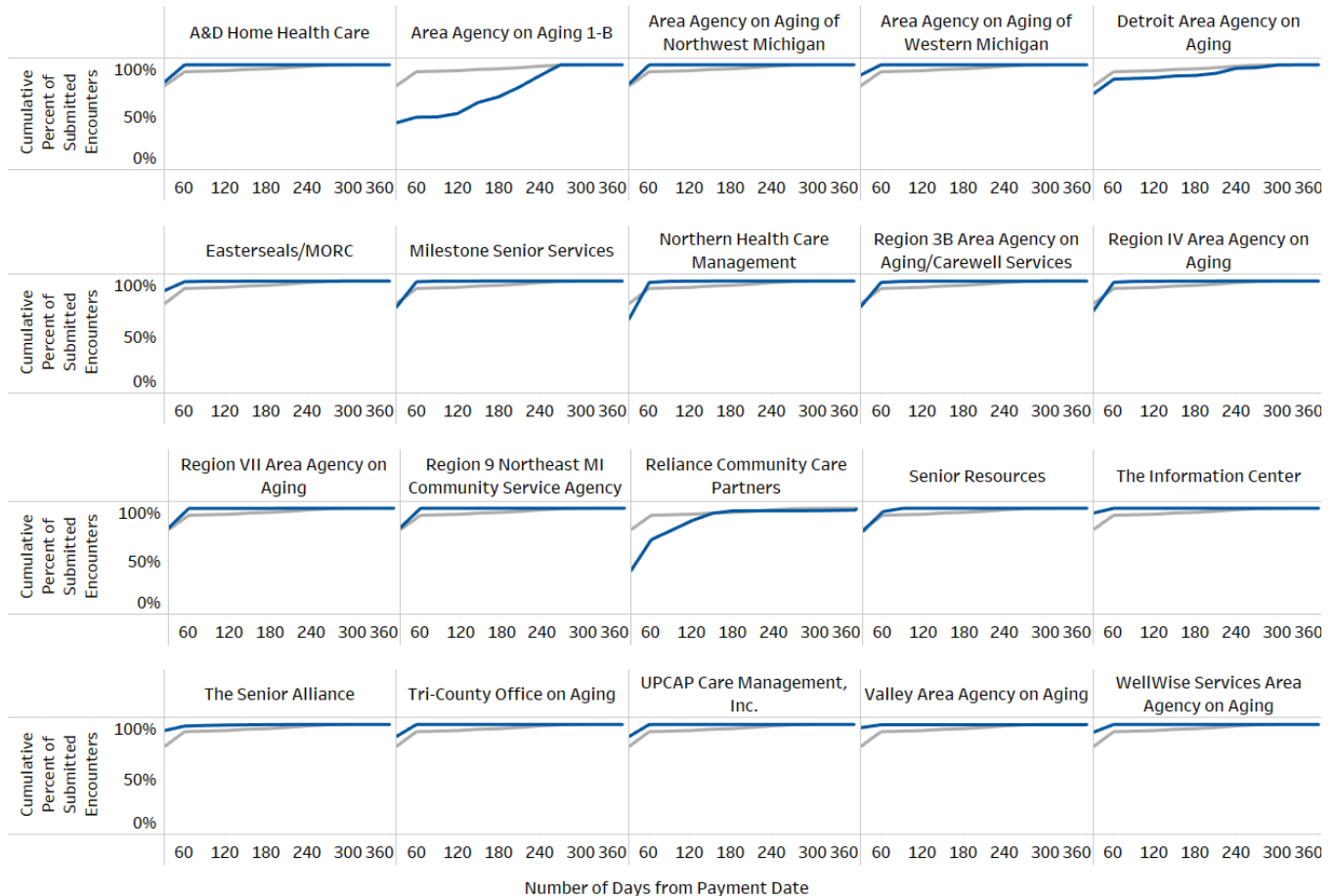
- Percentage of encounters received by MDHHS within 360 days from the waiver agency payment date, in 30-day increments.
- Claims lag triangle to illustrate the percentage of encounters received by MDHHS two months, three months, etc., from the service month. For conciseness, lag triangles are presented for each waiver agency in appendices D through W.

Lag Between Waiver Agency Payment Date and Submission to MDHHS

Figure 4-8 shows the cumulative percentage of professional encounters submitted to MDHHS within 360 days, by waiver agency payment date, in 30-day increments, for each waiver agency. Encounters where the submission date was prior to the payment date were not included in the cumulative percentage since the amount of time between payment date and submission date would be a negative value. Additionally, encounters were not included in the cumulative percentage if either the payment date or the submission date were missing since the amount of time between the two dates could not be calculated. If a waiver agency had any encounters that fell into either criterion, the cumulative percentage would not equal 100 percent. For example, if a waiver agency had 5 percent of encounters where the submission date occurred prior to the payment date and 3 percent of encounters that were missing either date field, then the cumulative percentage would reach a max of 92 percent (i.e., a total of 8 percent of encounters were not included in the analysis). For any categories of service where a waiver agency had any encounters that fell into one of the two criteria, a table is displayed to indicate the percentage of encounters that were not included. Waiver agency-specific results can be found in appendices D through W.

Within 30 days of payment, **Reliance Community Care Partners** and **Area Agency on Aging 1-B** had the lowest percentage of encounters submitted (40.8 percent and 44.6 percent, respectively) and **Valley Area Agency on Aging** had the highest (97.0 percent). Generally, most waiver agencies followed the all waiver agency rate and had over 99 percent of encounters submitted within 60 days. However, **Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners** each had a substantial lag between payment date and submission date, taking over 270 days, 300 days, and after 360 days to reach over 99 percent of encounters submitted after the payment date. As displayed in Table 4-2, only **Reliance Community Care Partners** had encounters excluded from this analysis, with 0.5 percent missing either a payment date or submission date.

Figure 4-8—Cumulative Percentage of Professional Encounters Submitted to MDHHS From Waiver Agency Payment Date by Waiver Agency



Note: The grey line indicates the all waiver agency rate.

Table 4-2—Completeness of Professional Encounters by Waiver Agency

Waiver Agency	Submitted Prior to Paid Date	Missing Paid or Submission Date
A&D Home Health Care	0.0%	0.0%
Area Agency on Aging 1-B	0.0%	0.0%
Area Agency on Aging of Northwest Michigan	0.0%	0.0%
Area Agency on Aging of Western Michigan	0.0%	0.0%
Detroit Area Agency on Aging	0.0%	0.0%
Easterseals/MORC	0.0%	0.0%
Milestone Senior Services	0.0%	0.0%
Northern Health Care Management	0.0%	0.0%
Region 3B Area Agency on Aging/Carewell Services	0.0%	0.0%

Waiver Agency	Submitted Prior to Paid Date	Missing Paid or Submission Date
Region IV Area Agency on Aging	0.0%	0.0%
Region VII Area Agency on Aging	0.0%	0.0%
Region 9 Northeast MI Community Service Agency	0.0%	0.0%
Reliance Community Care Partners	0.0%	0.5%
Senior Resources	0.0%	0.0%
The Information Center	0.0%	0.0%
The Senior Alliance	0.0%	0.0%
Tri-County Office on Aging	0.0%	0.0%
UPCAP Care Management, Inc.	0.0%	0.0%
Valley Area Agency on Aging	0.0%	0.0%
WellWise Services Area Agency on Aging	0.0%	0.0%

Encounter Data Lag Triangles

To fully assess encounter data completeness and identify any patterns or idiosyncrasies in data submission, HSAG examined lag triangles, which relate the month of service to the month of submission to MDHHS. Separate lag triangles were created for each waiver agency and category of service, and full results for each waiver agency are presented in appendices D through W. These results can be used to provide additional details pertaining to data completeness, encounter volume, and encounters PMPM.

Field-Level Completeness and Accuracy

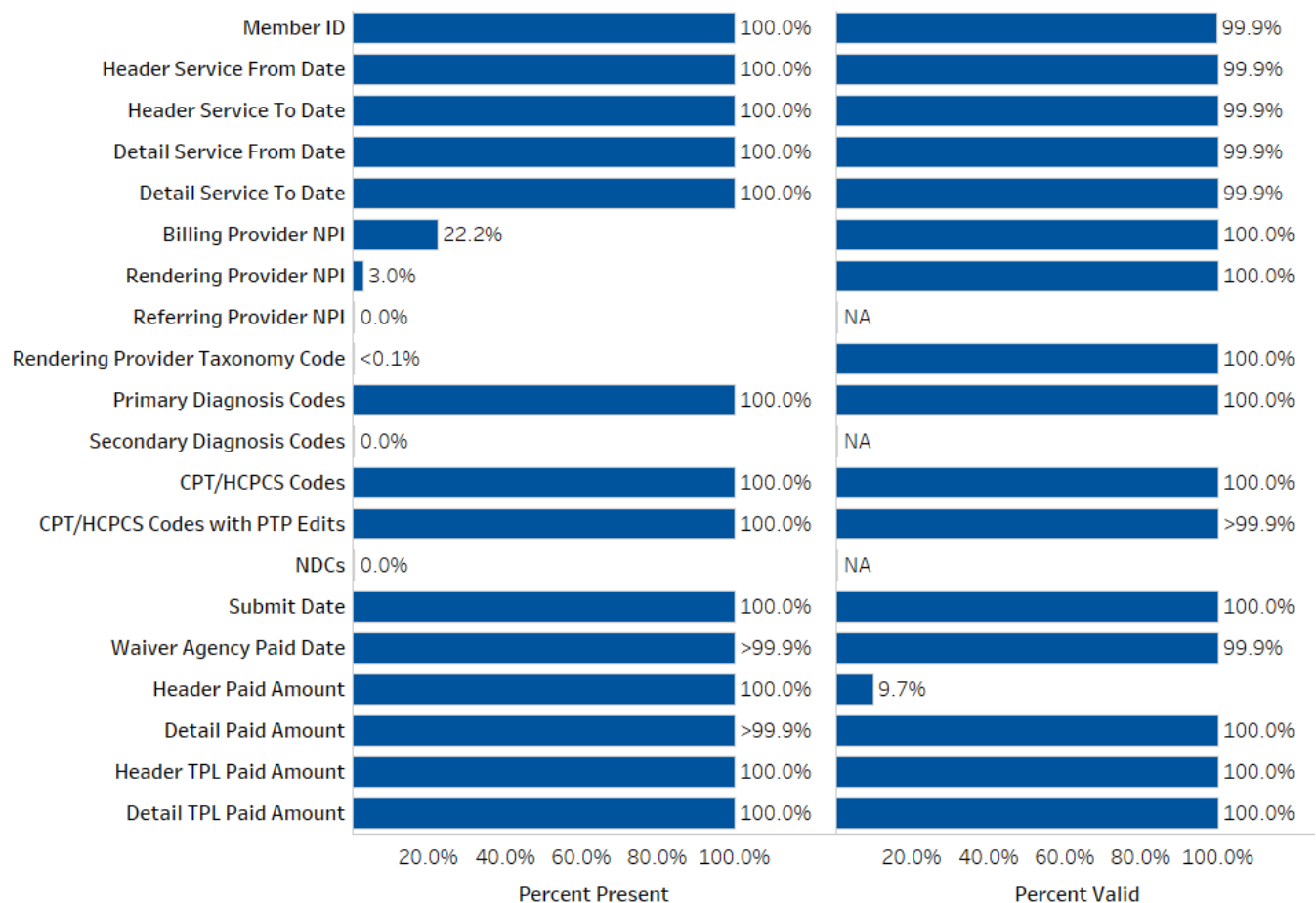
HSAG evaluated whether the data elements in the final paid encounters are complete and accurate through the two study indicators described in Table 2-2 for the key data elements listed in Table 2-3. In addition, Table 2-3 shows the criteria HSAG used to evaluate the validity for each data element. These criteria are based on standard reference code sets.

Figure 4-9 provides the percentage of encounters that are present and contain valid values for key data elements across all waiver agencies. Waiver agency-specific results are shown in each waiver agency-specific appendix. Percent present was calculated only for fields that were applicable to appropriate claim types (e.g., calculations exclude diagnosis codes from pharmacy encounters or attending provider from professional encounters). Similarly, percent valid was only calculated for fields in which values were populated. For instance, Figure 4-9 shows 22.2 percent of all waiver agency professional encounters contained a billing provider NPI, but 100 percent of those contained valid values. However, CPT/HCPCS codes with Procedure-to-Procedure (PTP) edits only apply to a subset of encounters. In this measure, the percent present are the number of present and valid values before applying the PTP edits. For example, since PTP edits can only be applied to valid CPT/HCPCS codes for the applicable subset of the

data, the percent present displays the CPT/HCPCS codes which are valid (i.e., the CPT/HCPCS code is in a reference database) for the applicable subset of the data. The percent valid for this measure indicates the percentage of CPT codes that are present and valid via the reference database that also pass the PTP edit criteria.

Figure 4-9 shows the aggregate result for all waiver agencies for the percent present and percent valid values of key data elements for professional encounters. Nearly three quarters (14 of 20) of the key data elements were greater than 99.9 percent present. Although Referring Provider NPI, Secondary Diagnosis Codes, and NDCs were not present in the data, these data elements, along with Billing Provider NPI and Rendering Provider NPI, are not expected to be present 100 percent of the time. Additionally, almost all key professional encounter data elements that were present had a validity rate of 99.9 percent or greater. Although Header Paid Amount was valid 9.7 percent of the time, MDHHS does not expect all header payment amounts to meet the validity requirements outlined in Table 2-3; therefore, these results are expected.

Figure 4-9—Key Professional Encounter Data Elements—All Waiver Agencies



Encounter Referential Integrity

Referential integrity is critical for conducting many analyses involving claims/encounter data, as key identifiers are often joined across multiple tables. For instance, member enrollment data must be joined with encounter data when calculating HEDIS performance measures to ensure members meet continuous enrollment criteria. Likewise, provider data must be joined with encounter data to identify visits with specific provider types (e.g., primary care provider [PCP]).

HSAG examined a bidirectional referential integrity across the files and key identifiers outlined in Table 4-3.

Table 4-3—Referential Integrity Checks

Field	File 1	File 2
Member ID	Medical Encounters	Enrollment
Member ID	Enrollment	Medical Encounters
Provider NPI	Medical Encounters	Provider
Provider NPI	Provider	Medical Encounters

Figure 4-10 and Figure 4-11 display the referential integrity results by waiver agency. In each figure, the direction 1 results compare the encounter data to the source file, either the enrollment file or the provider file. Since all member IDs and provider NPIs are expected to be in these files, respectively, the direction 1 results are expected to be 100 percent. The direction 2 results look at the reverse of direction 1, comparing the percentage of members in the enrollment data or providers in the provider file who were in the encounter data. Since it is not expected that all members will have an encounter or that all contracted providers actively provide services to Medicaid members, these results are expected to be lower. Across all figures, a medical encounter is defined as a professional encounter.

Figure 4-10 displays the referential integrity for member ID between the enrollment and the medical encounter files for each waiver agency and the aggregate result for all waiver agencies. In direction 1, the percentage of members with a medical encounter who were also in the enrollment file, all waiver agencies had a referential integrity of 99.1 percent. When examining the reverse, 99.6 percent of enrolled members had a professional medical encounter.

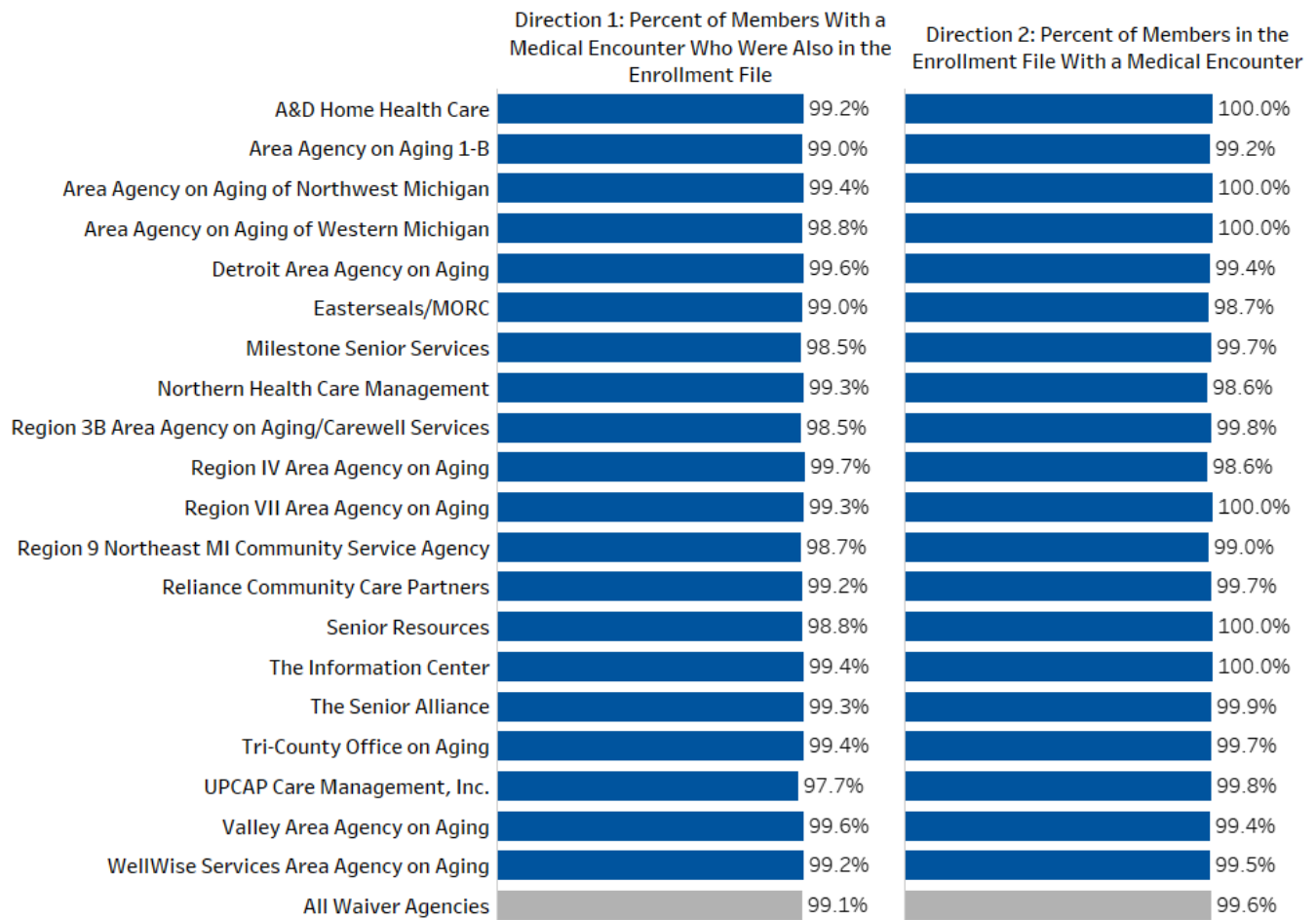
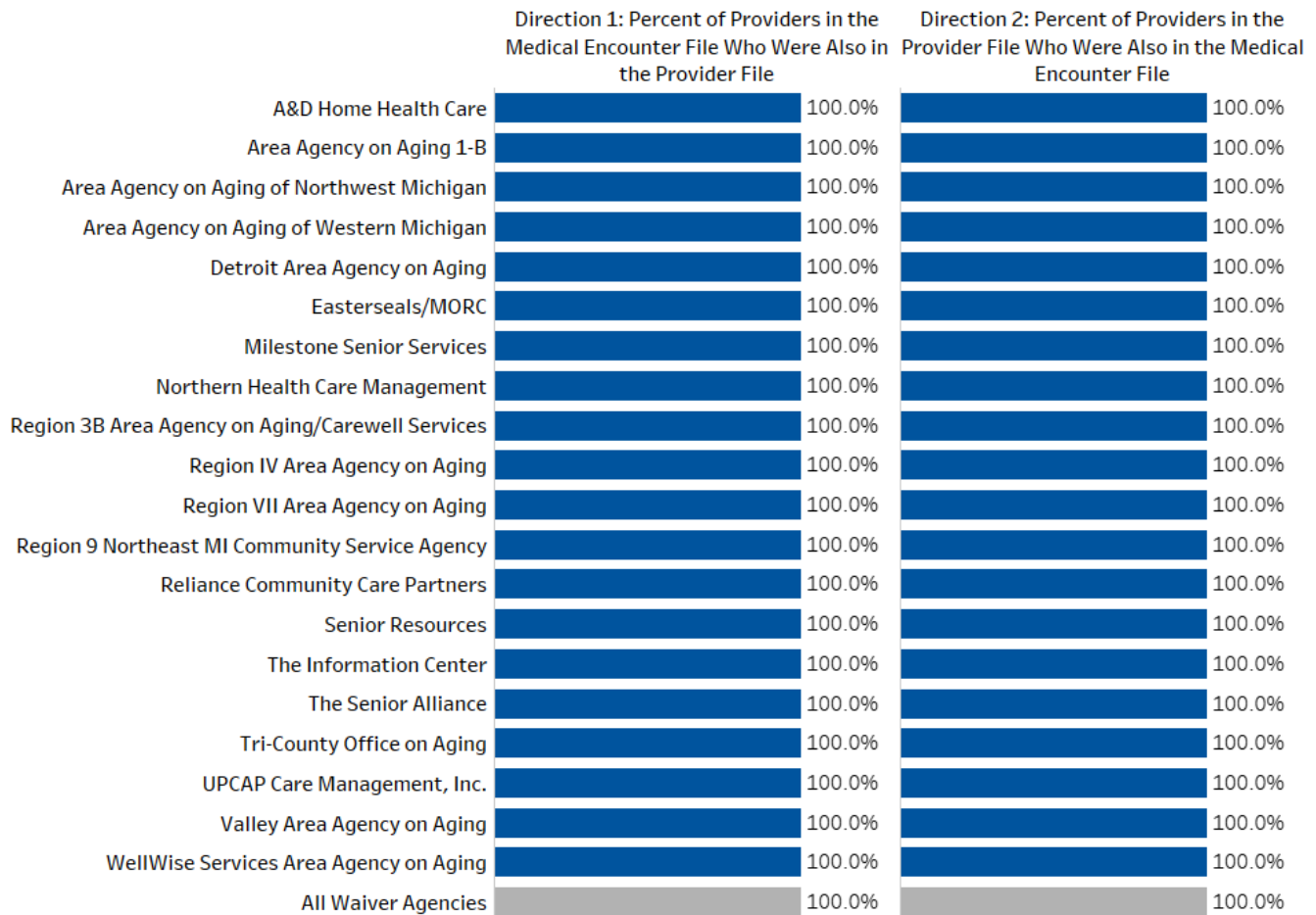
Figure 4-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files


Figure 4-11 displays the referential integrity comparing the providers in the medical encounter file to the provider file. Across all waiver agencies, 100 percent of identified providers in the medical encounter file were also in the provider file. Likewise, 100 percent of identified providers in the provider file were also in the encounter file. This indicates that all waiver agency contracted providers provided services to enrolled waiver agency members.

Figure 4-11—Referential Integrity Comparison Between Medical Encounter and Provider Files

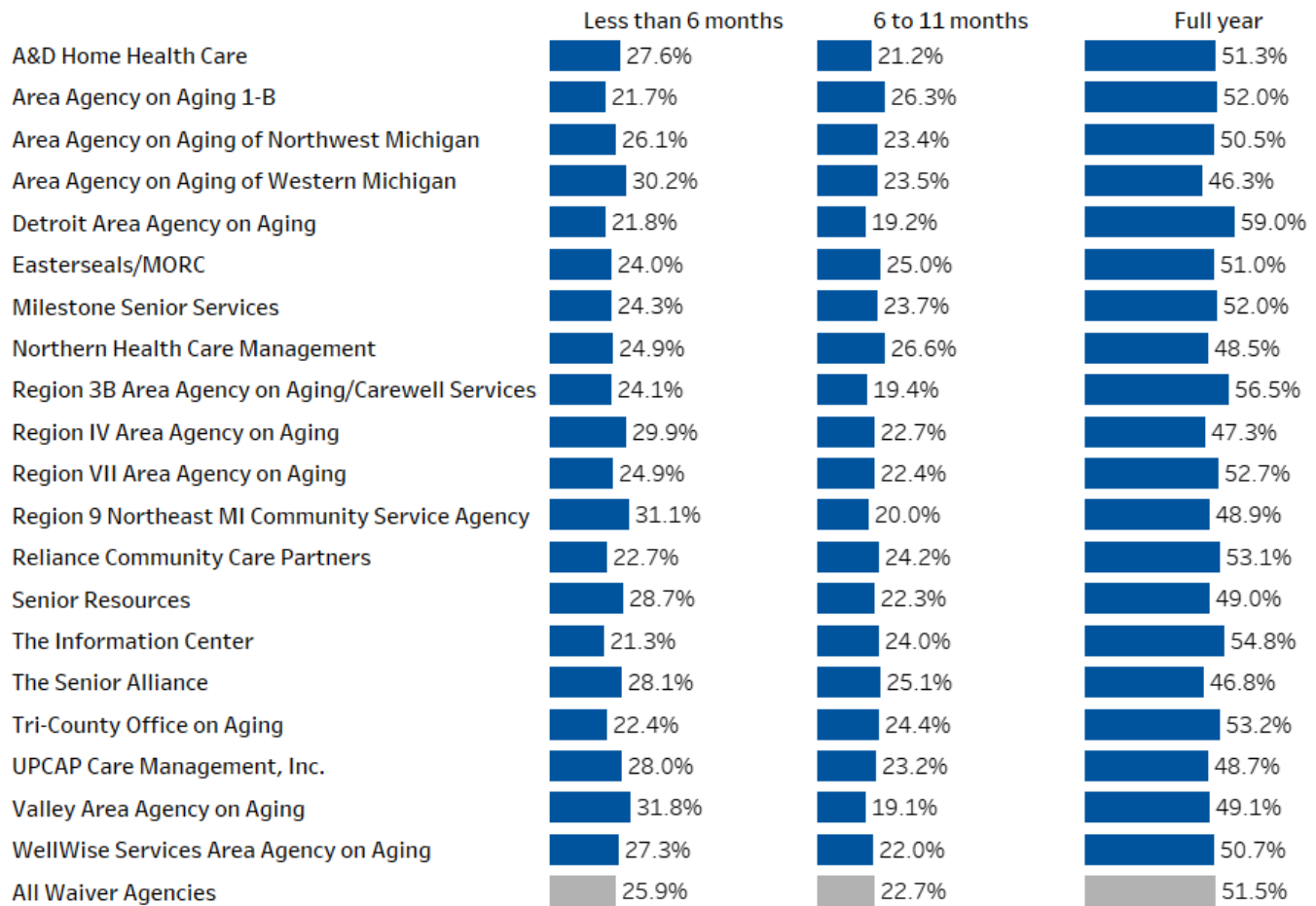


Encounter Data Logic

Additional logic checks were conducted to assess member characteristics pertaining to encounter prevalence and enrollment. This assessment provides insights into how well encounter data may be used to support future analyses such as HEDIS performance measure calculations. For instance, many measures require members be enrolled for the full measurement year, allowing only one gap of up to 45 days.

Member Enrollment

As part of its assessment of the MDHHS waiver agency Medicaid population, HSAG examined enrollment continuity among the waiver agencies to assess the stability of Medicaid membership over time. Figure 4-12 illustrates the percentage of members continuously enrolled in SFY 2023, those enrolled for a total of six to 11 months, and those enrolled for a total of fewer than six months. Roughly 50 percent of all members across the waiver agencies were enrolled for 12 consecutive months throughout the measurement year. Nearly 23 percent of members were consecutively enrolled for between six to 11 months, whereas close to 26 percent of members were consecutively enrolled for less than six months across all waiver agencies. **Detroit Area Agency on Aging** had the most members who were enrolled for 12 consecutive months throughout the measurement year (59.0 percent), **Northern Health Care Management** had the most members who were enrolled for a total of six to 11 months throughout the measurement year (26.6 percent), and **Valley Area Agency on Aging** had the most members who were enrolled for fewer than six months (31.8 percent).

Figure 4-12—Percentage of MDHHS Waiver Agency Medicaid Members Who Were Continuously Enrolled


Conclusions

Overall, MDHHS' encounter data should continue to support analyses using encounter data such as performance measure calculation and rate setting. Data were largely complete, valid, and reliable. While HSAG identified some gaps and data concerns, this should not preclude the State from conducting further analyses given adequate assessment of encounters prior to analysis.

Information Systems Review Conclusions

The IS review provided self-reported qualitative information from all 20 waiver agencies regarding the encounter data process. The questionnaire responses showed that the waiver agencies and/or their subcontractors have the capability to collect, process, and transmit claims and encounter data to MDHHS that align with established quality specifications. CIM managed encounter processes for 18 waiver agencies, but **Area Agency on Aging 1-B** and **Reliance Community Care Partners** handled their own. Compass was the primary EHR for 18 agencies, while **Area Agency on Aging 1-B** and **Reliance Community Care Partners** used WellSky and MemberCore, respectively. Across the board, these systems and associated data warehouses were crucial for adaptable data review processes, promptly addressing quality concerns raised by MDHHS.

The range and variety of data quality checks applied to the data collected by the waiver agencies and/or their subcontractors differed among the entities. The implementation of claim volume submission encounter data quality checks varied among waiver agencies, with only three agencies (i.e., **Agency on Aging of Northwest Michigan**, **Area Agency on Aging 1-B**, and **Area Agency on Aging of Western Michigan**) actively conducting this check. Conversely, field-level completeness and validity quality checks were generally performed by most agencies, except for a few. MDHHS utilized timeliness reports for monitoring, but only three agencies (i.e., **Agency on Aging of Northwest Michigan**, **Area Agency on Aging 1-B**, and **Region 3B Area Agency on Aging/Carewell Services**) or their subcontractors incorporated this check into their encounter processes. Notably, **Agency on Aging of Northwest Michigan** and **Region 3B Area Agency on Aging/Carewell Services** reported conducting assessments to align payment fields in claims with financial reports for all subcontractor data.

The waiver agencies are contractually responsible for all encounter data, encompassing data managed by subcontractors. Most waiver agencies did not store subcontractor's data sent to MDHHS, while a few, including **Agency on Aging of Northwest Michigan**, **Area Agency on Aging 1-B**, and **Reliance Community Care Partners**, reviewed encounters before and/or after submission. **Region 3B Area Agency on Aging/Carewell Services** along with three waiver agencies reviewed submissions before and/or after MDHHS submission. Others emphasized pre-submission quality checks, with technical-level checks revealed during rejections. Notably, **Reliance Community Care Partners** conducted modifications to encounter data exclusively before MDHHS submission.

While the waiver agencies largely fulfilled the requirement of submitting complete, timely, and accurate data, there existed areas for enhancement (see the Recommendations section). According to the questionnaire responses, the main aspect needing improvement pertained to the diverse methods of encounter data monitoring used by the waiver agencies, which varied in scope and depth.

Administrative Profile Conclusions

The administrative profile analyzes MDHHS' encounter data for completeness, timeliness, and accuracy by evaluating the data across multiple metrics and using supplemental data (e.g., member enrollment and demographic data, and provider data). Results of these analyses can help indicate the reliability of MDHHS' data to be used in subsequent analyses, such as rate setting and performance measure calculations.

Overall, the data were largely complete, timely, and accurate for each waiver agency. The all waiver agency rate was around 25,000 encounters per 1,000 MM, with a range from 2,500 encounters per 1,000 MM (**Reliance Community Care Partners**) to 35,000 encounters per 1,000 MM (**Easterseals/MORC**). This translates to waiver agency members utilizing services around 25 times per month or around once per day. **Reliance Community Care Partners** was the only waiver agency to use MemberCore for handling, processing, validating, and organizing encounter files, and submitted encounters that spanned multiple days, whereas other waiver agencies submitted one encounter per day of service. Since **Reliance Community Care Partners** had fewer unique encounters, the count of encounters per 1,000 MM was lower compared to other waiver agencies. However, when evaluating the payment amounts PMPM, all waiver agencies were about equal to the all waiver agency rate around \$2,500 PMPM, with few exceptions: **Detroit Area Agency on Aging** and **UPCAP Care Management, Inc.** were slightly below the all waiver agency rate, whereas **Agency on Aging of Northwest Michigan** and **Tri-County Office on Aging** were slightly above. Finally, although most waiver agencies had low rates of duplicative encounters identified, **Easterseals/MORC** was well above the all waiver agency rate of 0.6 percent, at 4.5 percent of encounters identified as duplicative. All other waiver agencies had 1.6 percent or less of encounters identified as duplicative.

The timeliness evaluation of the MDHHS data also suggested that waiver agencies mostly submitted data in a timely manner to MDHHS after the waiver agency payment date. All but three waiver agencies (**Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners**) had over 99 percent of encounters submitted to MDHHS within 90 days from payment in professional encounters. Within 90 days, **Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners** each had 50.2 percent, 87.0 percent, and 79.3 percent of encounters submitted to MDHHS within 90 days, respectively. To reach at least 99 percent of encounters submitted to MDHHS, it took 270 days, 300 days, and over 360 days for **Area Agency on Aging 1-B**, **Detroit Area Agency on Aging**, and **Reliance Community Care Partners**, respectively.

Additionally, waiver agencies displayed complete and accurate encounter data, with all expected data elements populated at least 99.9 percent of the time. Additionally, all data elements that were populated were at least 99.9 percent valid or higher, except for Header Paid Amount, which was valid 9.7 percent of the time. However, MDHHS does not expect all header payment amounts to meet the validity

requirements outlined in Table 2-3; therefore, these results are expected. Finally, the referential integrity results between the professional encounters and enrollment data and between the professional encounters and provider data were high. Across all waiver agencies, 99.1 percent of members in the encounter file were identified in the enrollment data, and 100 percent of providers in the encounter file were identified in the provider data. Combined, these findings indicate that these files can be linked together via the member ID and the provider NPI with high rates of integrity.

Overall, MDHHS' encounter data were largely complete, timely, and accurate. Although there are some areas that MDHHS can work with the waiver agencies on improving (see Recommendations section), the high levels of completeness, timeliness, and accuracy suggest that the encounter data can be used in subsequent analyses with a high degree of reliability.

Recommendations

Information Systems Review

To improve the quality of encounter data submissions from the waiver agencies, HSAG offers the following recommendations to assist MDHHS and the waiver agencies in addressing opportunities for improvement:

- All but one (i.e., **Agency on Aging of Northwest Michigan**) of the 18 waiver agencies where CIM manages encounter data processes, did not store the subcontractor's encounter data. HSAG recommends that these waiver agencies consider storing the subcontractor encounter data for data quality, accurate claims processing, analysis, and overall healthcare management.
- **Reliance Community Care Partners** performed modifications on encounters before sending them to MDHHS; collaboration with MDHHS is recommended to ensure these modifications do not require data to be returned to providers.
- All but one (i.e., **Agency on Aging of Northwest Michigan**) of the 18 waiver agencies where CIM manages encounter data processes did not indicate conducting claim volume submission and timeliness checks. As such, HSAG recommends that these waiver agencies consider building or enhancing their monitoring reports for CIM-collected encounters to comprehensively assess encounter volume submission and timeliness.
- **Reliance Community Care Partners** highlighted a distinction from Compass users—the waiver agency submits the entire encounter with all line items, whereas Compass submits each line as a separate encounter. This resulted in a seemingly lower encounter volume for **Reliance Community Care Partners** compared to Compass users. HSAG recommends collaboration with MDHHS to ascertain the preferred reporting format for these encounters.
- HSAG recommends continued collaboration between MDHHS and the waiver agencies to address challenges highlighted in the agencies' responses noted in Table 3-8, such as insufficient response files for rejection research and CHAMPS lacking detailed information. Typical challenges arise when CHAMPS requirements change, unintentionally affecting the agencies' processes.

Administrative Profile

To improve the quality of encounter data submissions from the waiver agencies, HSAG offers the following recommendations to assist MDHHS and the waiver agencies in addressing opportunities for improvement:

- **Area Agency on Aging 1-B** and **Reliance Community Care Partners** should evaluate the delay between submitting professional encounters to MDHHS after payment. Timely data are crucial to subsequent analyses and if data are not submitted in a timely manner, then subsequent analyses may not include complete information and results may not reflect accurate encounter volume.
- **Northern Health Care Management** had a substantial drop in encounters between August 2022 and September 2022. Additional analyses should be performed to evaluate the root cause of this occurrence to address this issue and maintain timely access to care.
- **Region 9 Northeast MI Community Service Agency** had a substantial drop in its amount paid PMPM from May 2022 to the end of the study period. Additional analyses should be performed to evaluate the root cause of this occurrence to best determine the next course of action.

Study Limitations

Information Systems Review

When evaluating the findings outlined in the IS review section, it is important to understand the limitations to the execution of the EDV study:

- The information from MDHHS' and the waiver agencies' questionnaire responses was self-reported, and HSAG did not validate the responses for accuracy.
- The findings from this assessment were based on questionnaire responses submitted to HSAG in mid-May 2023. As such, findings may not reflect system or process changes implemented after May 2023.

Administrative Profile

The list below displays study limitations for the reader to consider:

- The impact of the coronavirus disease 2019 (COVID-19) public health emergency (PHE) on the data is unclear. Members may have changed how frequently they accessed care from providers, which could have had an impact on the encounter volume trends. Additionally, it is unclear how the COVID-19 PHE directly affected the trends explored in institutional encounters.
- The findings from the administrative profile were associated with encounters with dates of service between October 1, 2021, and September 30, 2022. As such, results may not reflect the current quality of MDHHS' encounter data or changes implemented since the data extraction.
- Reference tables that HSAG utilized to determine valid values for certain data elements may differ from the reference tables MDHHS utilizes for its data warehouse edits. As a result, the percentage of valid values may not exactly reflect what would be captured through MDHHS' data warehouse edits.

Appendix A. Waiver Agencies Included in This Report

Table A-1 presents the names, abbreviations, and IDs for the waiver agencies associated with the MI Choice Waiver Program included in this report for the EDV study.

Table A-1—Waiver Agencies Included in the Study

Name	Abbreviation	ID
A&D Home Health Care	AD	7059419
Area Agency on Aging 1-B	AAA1-B	7059408
Area Agency on Aging of Northwest Michigan	AAANWMI	7059412
Area Agency on Aging of Western Michigan	AAAWMI	7059426
Detroit Area Agency on Aging	Detroit AAA	7059406
Easterseals/MORC	MORC	7059425
Milestone Senior Services	Senior Services	7059417
Northern Health Care Management	NHCM	7059422
Region 3B Area Agency on Aging/Carewell Services	R3BAAA	7059409
Region IV Area Agency on Aging	RIVAAA	7059410
Region VII Area Agency on Aging	Region VII	7059413
Region 9 Northeast MI Community Service Agency	NEMCSA	7059421
Reliance Community Care Partners	Reliance	7059420
Senior Resources	Senior Resources	7059427
The Information Center	The Information Ctr	7059416
The Senior Alliance	Senior Alliance	7059415
Tri-County Office on Aging	Tri-County	7059418
UPCAP Care Management, Inc.	UPCAP	7059424
Valley Area Agency on Aging	Valley AAA	7059411
WellWise Services Area Agency on Aging	R2AAA	7059407

Appendix B. Blank Questionnaire for MDHHS



SFY 2023 Encounter Data Validation Questionnaire for MDHHS

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Michigan Department of Health and Human Services (MDHHS) must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollment for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that it is a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs to submit high-quality encounter data. MDHHS relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During state fiscal year (SFY) 2023, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5)¹, HSAG will conduct the following activities for the EDV study:

1. Information systems (IS) review—assessment of MDHHS' and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which MDHHS' and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5.
2. Administrative profile—analysis of MDHHS' electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the encounter data in MDHHS' encounter data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in the CMS EQR Protocol 5.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 5 Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*. Protocol 5, February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>



EDV QUESTIONNAIRE FOR MDHHS

This document pertains to the IS review activity. In general, the IS review will include an evaluation of the MCEs' processes for collecting, maintaining, and submitting encounter data to MDHHS and on the strengths and limitations of the MCEs' information systems in promoting and maintaining quality encounter data. Similarly, HSAG will also evaluate MDHHS' processes for collecting and managing the MCE-submitted encounter data. In alignment with Activity 1: Review State Requirements in the CMS EQR Protocol 5, HSAG has developed the following EDV focused questionnaire to gather information regarding MDHHS' information systems and data processing procedures. This IS review will enable HSAG to understand how various systems interact to determine whether such interactions have an impact on MDHHS' ability to receive and maintain complete and accurate data.

HSAG will conduct the EDV study for 47 MCEs. Table 1 displays the programs, MCE types, and number of MCEs² included in the study.

Table 1—Michigan Medicaid Managed Programs

Program	MCE Type	Number of MCEs
Comprehensive Health Care Program (CHCP)	Medicaid Health Plans (MHPs)	9
Healthy Kids Dental Program	Prepaid Ambulatory Health Plans (PAHPs)	2
MI Health Link Program	Integrated Care Organizations (ICOs)	6
Behavioral Health Managed Care Program	Prepaid Inpatient Health Plans (PIHPs)	10
MI Choice Waiver Program	Waiver Agencies	20

General Instructions

HSAG developed the following questionnaire to gather both general information and specific procedures for data processing, personnel, and data acquisition capabilities. The questionnaire is divided into the following four domains:

Section A: *Encounter Data Sources and Systems*

Section B: *Data Exchange Policies and Procedures*

Section C: *Management of Encounter Data: Collection, Storage, and Processing*

Section D: *Encounter Data Quality Monitoring and Reporting*

² Refer to Appendix A for a list of MCEs included in this study.



EDV QUESTIONNAIRE FOR MDHHS

Please provide comprehensive answers to the questions in each section of the questionnaire and attach supporting documentation (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data, etc.), where applicable. If different staff members within MDHHS are responsible for different aspects of the processes, please distribute multiple copies of the questionnaire and ensure that each group provides answers to the applicable questions in each section. **Responses do not need to be merged into a single final version; uploading multiple sections and documents is acceptable.**

Upon receiving answers to the questionnaire and additional documentation, HSAG's EDV team may conduct additional follow-up with MDHHS via email or conference calls.

Submission of Questionnaire and Documentation

1. MDHHS should upload the completed questionnaire and supporting documentation electronically to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in MDHHS' root folder *MI EQRO/MI MDHHS/*
2. Please contact Brittani Alley via e-mail at BAiley@hsag.com for assistance with access to HSAG's SAFE site.
3. HSAG requests that MDHHS upload the completed questionnaire, and any attachments, to HSAG's SAFE site no later than **May 9, 2023**. Upon completion of upload, please notify Krithiga Gopi via e-mail at KGopi@hsag.com.
4. Please provide the descriptions for the acronyms used in your responses in the table below or spell them out when using the acronyms for the first time.

[illegible]

Acronym	Description



EDV QUESTIONNAIRE FOR MDHHS

SFY 2023 Encounter Data Validation—MDHHS Focused Questionnaire

Section A: Encounter Data Sources and Systems

Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename(s) in your response. In the case of file(s)/document(s) that have already been submitted to HSAG, please provide the filename(s) that are applicable to the question. It is not required to resubmit the file(s).

- Describe the process flows and system architecture used to import, process, and store encounter data submitted by the MCEs. Please submit any supporting documentation available including, but not limited to, information system schemas, processing diagrams, and file/table layouts. If the process differs by encounter type (e.g., medical, vision, pharmacy), provide separate updates for each encounter type and scenario. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Claim Type	Process Flow	Supporting Document
837 Professional	After MCEs upload 837 professional files to the sFTP site, MDHHS downloads them daily and then passes them through the EDI translator for compliance checks and generates X12 999 response files to the MCEs. Encounters passing the EDI compliance checks are saved in CHAMPS and then go through additional MDHHS edits. Any records failing the edits are flagged with a pending status in the data warehouse and also saved in the response files for the MCEs to submit corrections.	Encounter_Process.docx
837 Professional		
837 Institutional		
837 Dental		
Pharmacy		
<insert claim type>		

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2. Using the table below, list and describe the function and role of any organizational units responsible for processing and monitoring encounters. *Note: The table can be expanded if additional rows are required.*

	Department	Function/ Role	# of Staff
1			
2			
3			
4			
5			

3. Describe all system/processing edits conducted on incoming encounters prior to accepting/loading the data into MDHHS' final database for MDHHS' end-users. For example, please provide details on the encounter data interchange (EDI) compliance edits and the state-specific edits, or how MDHHS assesses whether the encounter is for the appropriate program (e.g., MHP versus ICO).

4. How does MDHHS process data exceptions? For example, when an encounter is not in a valid format, contains invalid values, or includes erroneous field logic, describe the processes (manual or automatic) used to process the submission.

5. Does MDHHS provide any type of response file or feedback to the MCEs submitting the encounters?
- ☐ Yes (If yes, please describe the process used to provide feedback to the MCEs including any process flows and report layouts.)
- ☐ No

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EDV QUESTIONNAIRE FOR MDHHS


6. Please describe in the table below the process used by the MCEs to resubmit updated, modified, or corrected encounters. Provide any documentation or policies and procedures related to the resubmission of encounter files or records.

Question	Response
6a. How are updated records flagged in MDHHS' system?	
6b. Are the original encounters stored in the encounter data system or deleted?	
6c. Provide details on how replacement transactions are processed when target transaction is in active failed validation status.	

7. The following questions address the collection, use, and maintenance of provider data and member enrollment data.

Provider Data	
7a. Outline the path MDHHS' Medicaid provider data follow from collection to maintenance.	
7b. Describe MDHHS' procedures for overseeing and ensuring the completeness of provider data.	
7c. Describe MDHHS' procedures for overseeing and ensuring the accuracy of provider data.	
7d. Describe the process for cross-checking encounters with provider data (e.g., list any procedures for reconciling differences between provider information submitted on the encounter and MDHHS' provider data).	
7e. Describe how MDHHS uses provider data submitted by the MCEs to conduct evaluations on the encounter data, if applicable.	

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EDV QUESTIONNAIRE FOR MDHHS

Member Enrollment data	
7f. Outline the path MDHHS' Medicaid enrollment data follow from collection to maintenance.	
7g. Describe MDHHS' procedures for overseeing and ensuring the completeness of enrollment data.	
7h. Describe MDHHS' procedures for overseeing and ensuring the accuracy of enrollment data.	
7i. How often is Medicaid enrollment information updated for MDHHS and the MCEs?	
7j. Describe the process for crosschecking encounters with enrollment data (e.g., list any procedures for reconciling differences between member information submitted on the encounter and MDHHS' member enrollment data).	

Encounter Data Validation Study
State of Michigan

—Final Copy—

Page 8
MI SFY2023_EDV_Questionnaire for MDHHS_F1_0323

Section B: Data Exchange Policies and Procedures

Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename in your response. In the case of file(s)/document(s) that have already been submitted to HSAG, please provide the filename(s) that are applicable to the question. It is not required to resubmit the file(s).

1. Please describe the data exchange process between the MCEs and MDHHS. Include details outlining the organizational and operational policies and procedures related to the MCEs' encounter data submissions. Provide copies of all policies and procedures, manuals, file specifications, etc., that outline the procedures that govern the transmission of data between the MCEs and MDHHS.

2. Are Medicaid encounters audited regularly?

☐ Yes (If yes, please provide MDHHS' policy regarding Medicaid encounter audits and the audit frequency.)
 ☐ No



EDV QUESTIONNAIRE FOR MDHHS

3. Describe the process MDHHS has in place to ensure that updates to MDHHS' requirements for data submission are implemented and communicated to each MCE. Please provide any documentation, if available.

4. Describe the testing policies and processes MDHHS has in place when MCEs have any major changes affecting the encounter data (e.g., a new subcontractor or a new software). Please provide any documentation, if available, to describe the testing process from the time when the MCE notifies MDHHS of the change to the time when MDHHS approves the MCE to submit the encounter data to the production environment.

5. Describe in the table below how information systems failure affects encounters and the measures taken to prevent failure.

Question	Response
5a. Describe how the loss of Medicaid encounters and other related data is prevented when systems fail.	
5b. How frequently are system back-ups performed?	
5c. How are the back-ups tested to make sure the back-ups are functional?	
5d. How often are back-ups tested for functionality?	
5e. How is Medicaid data corruption prevented when there is a system failure or program error?	
5f. Describe the controls used to ensure all data entered in the system are fully accounted for (e.g., batch control sheets)?	

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Section C: Management of Encounter Data: Collection, Storage, and Processing

Contact person for this section
(Name and Title)

Contact Information
(Phone Number and E-mail)

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename in your response. In the case of file(s)/document(s) that have already been submitted to HSAG, please provide the filename(s) that are applicable to the question. It is not required to resubmit the file(s).

1. Please attach a flowchart outlining the structure of your complete management information systems. Provide any documentation regarding data integration policies and procedures.

2. For each database described in Question 1, please highlight all internal and external data inputs and processes. Identify any processes in place that modify the data as it moves from one database to another.

Input Data	Output Data	Processes that Modify Data

3. Describe in the table below the procedure for consolidating Medicaid claims/encounter, member, and provider data for reporting (whether it is a relational database or file extracts).

Question	Response
3a. How many different data sources are merged to create reports?	

Question	Response
3b. What control processes are in place to ensure data merges are accurate and complete?	
3c. What control processes are in place to ensure that no extraneous data are captured (e.g., lack of specificity in patient identifiers may lead to inclusion of non-eligible members or double counting)?	

4. Describe the algorithms used to check the reasonableness of data integrated for purposes of reporting or creating data marts.

5. Do your current system documentation and file layouts clearly delineate derived and non-derived data fields?
- ☐ Yes (If yes, please describe the fields that are derived and the point in the encounter data process at which they are created. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*)
- ☐ No

Derived Field	Point in Process When Field is Calculated	Algorithm for Calculating the Field
<i>Final_Ind indicating final adjudicated encounters</i>	<i>Created when applying MDHHS-specific edits</i>	<i>The most recently submitted records based on the unique claim identifier from MCEs</i>

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6. Describe the policies and procedures used to identify duplicate or missing records in the MCEs' regular encounter submissions.

Question	Response
6a. List policies and procedures used to identify duplicates.	
6b. When duplicates are identified, how are the affected records processed and what information is returned to the MCEs?	
6c. List policies and procedures used to identify missing records.	
6d. When missing records are identified, what information is returned to the MCEs?	


7. During the processing of the MCEs' encounter data submissions, describe the modifications or reformatting using specific data field names and specific examples (e.g., zeros are added to the beginning of values in any specific field to pad the results to a length of a specific number of characters). *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Field Name	Modifications/ Reformatting (include examples)	Encounter Types Affected (e.g., All, Pharmacy, Medical)
Rendering Provider NPI	When the rendering provider NPI is missing, fill in with billing provider NPI.	837P

8. Explain the code and/or field mapping processes performed during data processing and provide reference table(s) and/or source of the reference table(s), as appropriate. How often are each of the reference table(s) updated? Monthly, quarterly, annually, never, etc.? *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Field	Description of Mapping	Source of Reference Table	Frequency of Updating Reference Table
Rendering Provider NPI	Map to reference table	Provider enrollment file	Quarterly

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EDV QUESTIONNAIRE FOR MDHHS

Field	Description of Mapping	Source of Reference Table	Frequency of Updating Reference Table

9. Describe the documentation used to train staff within MDHHS regarding MDHHS' information systems and encounter data processing protocols.

Encounter Data Validation Study
State of Michigan

—Final Copy—

Page 14
MI SFY2023_EDV_Questionnaire for MDHHS_F3_0323



Section D: Encounter Data Quality Monitoring and Reporting

Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename in your response. In the case of file(s)/document(s) that have already been submitted to HSAG, please provide the filename(s) that are applicable to the question. It is not required to resubmit the file(s).

- Describe how MDHHS monitors encounter data submitted by the MCEs for accuracy, completeness, and timeliness. Please include metrics in place including defined error thresholds and standards. If regular reports are used, submit a recent report example.

Measure	Description	Metrics
Accuracy		
Completeness		
Timeliness		

- Does MDHHS have performance standards, beyond what is described in the MCE contract requirements, in place regarding the submission, accuracy, and timeliness of encounter data?

☐ Yes (If yes, provide documentation of the performance standards and describe how the performance standards are communicated to the MCEs.)
 ☐ No

3. Are the MCEs required to submit reports on encounter data submission activities (e.g., submission statistics) to MDHHS?
- ☐ Yes (If yes, please describe the reporting process and submit a recent example of these reports for each MCE and other applicable documents.)
- ☐ No

4. Does MDHHS use a specific format to provide feedback to the MCEs on their submissions?
- ☐ Yes (If yes, please describe the files used to provide feedback to the MCEs.)
- ☐ No

5. What is the average percentage of encounters (by MCE) submitted to MDHHS that get rejected by MDHHS? *Note: The first row of the table is provided as an example. The table can be expanded if additional columns are required.*

MCE Type	MCE	Professional	Institutional	Dental	Pharmacy
MHP	Aetna Better Health of Michigan	5%	10%	7%	3%

6. Describe how data in MDHHS' encounter data system/data warehouse are used (e.g., rate-setting, HEDIS reporting, etc.)

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Encounter Data Validation Study
State of Michigan

Page 16
MI SFY2023_EDV_Questionnaire for MDHHS_F3_0323



EDV QUESTIONNAIRE FOR MDHHS

7. Please answer the questions in the table below regarding MDHHS' collection of capitated encounters (e.g., encounters submitted by the MCEs' capitated providers/provider groups) from its MCEs.

Question	Response
7a. What are MDHHS' requirements for submitting pricing information on capitated encounters?	
7b. Does MDHHS monitor capitated encounters for unallowable services? If YES, describe the type of reporting that is available.	
7c. If NO, does MDHHS maintain a list of allowable/unallowable services? If MDHHS maintains a list of allowable/unallowable services, please provide supporting document(s).	

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EDV QUESTIONNAIRE FOR MDHHS

Attestation Statement

I hereby certify that I have reviewed the information entered on this questionnaire and that, to the best of my knowledge, the information is complete and accurate as of the date below.

Signature of responsible individual

Date

Print name and title



Appendix A: Managed Care Entities Included in the Study

Table A-1 presents the programs, MCE types, MCE names and abbreviations for the MCEs included in the EDV study.

Table A-1—Medicaid Managed Care Programs and MCEs Included in the Study

Program	MCE Type	MCE Name	MCE Abbreviation
CHCP	MHPs	Aetna Better Health of Michigan	AET
		Blue Cross Complete of Michigan	BCC
		HAP Empowered Health Plan, Inc.	HAP
		McLaren Health Plan	MCL
		Meridian Health Plan of Michigan	MER
		Molina Healthcare of Michigan	MOL
		Priority Health Choice	PRI
		UnitedHealthcare Community Plan	UNI
		Upper Peninsula Health Plan	UPP
Healthy Kids Dental Program	PAHPs	Blue Cross Complete of Michigan	BCBSM
		Delta Dental of Michigan	DDMI
MI Health Link Program	ICOs/PIHPs	Aetna Better Health Premier Plan	Aetna
		AmeriHealth Caritas VIP Care Plus	AmeriHealth
		HAP Empowered	HAP
		MeridianComplete	Meridian
		Molina Dual Options MI Health Link	Molina
		Upper Peninsula Health Plan MI Health Link	UPHP
Behavioral Health Managed Care Program	PIHPs	NorthCare Network	NCN
		Northern Michigan Regional Entity (NMRE)	NMRE
		Lakeshore Regional Entity	LRE
		Southwest Michigan Behavioral Health	SWMBH
		Mid-State Health Network	MSHN
		Community Mental Health Partnership of Southeast Michigan	CMHPSM
		Detroit Wayne Integrated Health Network	DWIHN
		Oakland Community Health Network	OCHN
		Macomb County Community Mental Health	MCCMH
		Region 10 PIHP	Region 10 PIHP

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Encounter Data Validation Study
State of Michigan

Page A-1

MI SFY2023_EDV_Questionnaire for MDHHS_F3_0323

Program	MCE Type	MCE Name	MCE Abbreviation
MI Choice Waiver Program	Waiver Agencies	A&D Home Health Care	AD
		Area Agency on Aging 1B	AAA1B
		Area Agency on Aging of Northwest Michigan	AAANWMI
		Area Agency on Aging of Western Michigan	AAAWMI
		Detroit Area Agency on Aging	Detroit AAA
		easterseals MORC	MORC
		Region 9 Area Agency on Aging/ Northeast MI Community Service Agency	NEMCSA
		Northern Health Care Management	NHCM
		Region 2 Area Agency on Aging	R2AAA
		Region 3B Area Agency on Aging/Carewell Services	R3BAAA
		Region IV Area Agency on Aging	RIVAAA
		Region VII Area Agency on Aging	Region VII
		Reliance Community Care Partners	Reliance
		Senior Resources	Senior Resources
		Milestone Senior Services	Senior Services
		Tri-County Office on Aging	Tri-County
		The Information Center	The Information Ctr
		The Senior Alliance	Senior Alliance
		Upper Peninsula Commission for Area Progress (UPCAP)	UPCAP
		Valley Area Agency on Aging	Valley AAA

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Encounter Data Validation Study
State of Michigan

Page A-2
MI SFY2023_EDV_Questionnaire for MDHHS_F1_0323

Appendix C. Blank Questionnaire for Waiver Agencies



SFY 2023 Encounter Data Validation Questionnaire for Waiver Agencies

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, the Michigan Department of Health and Human Services (MDHHS) must ensure that each of its contracted Medicaid managed care entities (MCEs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollment for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs to ensure that it is a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs to submit high-quality encounter data. MDHHS relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During state fiscal year (SFY) 2023, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) study. In alignment with the Centers for Medicare & Medicaid Services (CMS) External Quality Review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5)¹, HSAG will conduct the following activities for the EDV study:

- Information systems (IS) review—assessment of MDHHS' and the MCEs' information systems and processes. The goal of this activity is to examine the extent to which MDHHS' and the MCEs' IS infrastructures are likely to collect and process complete and accurate encounter data. This activity corresponds to Activity 1: Review State Requirements and Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5.
- Administrative profile—analysis of MDHHS' electronic encounter data completeness, accuracy, and timeliness. The goal of this activity is to evaluate the extent to which the encounter data in MDHHS' encounter data warehouse are complete, accurate, and submitted by the MCEs in a timely manner for encounters with dates of service from October 1, 2021, through September 30, 2022. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in the CMS EQR Protocol 5.

¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *EQR Protocol 5 Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*. Protocol 5. February 2023. Available at: <https://www.medicare.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>

This document pertains to the IS review activity. In general, the IS review will include an evaluation of the MCEs' processes for collecting, maintaining, and submitting encounter data to MDHHS and on the strengths and limitations of the MCEs' information systems in promoting and maintaining quality encounter data. Similarly, HSAG will also evaluate MDHHS' processes for collecting and managing the MCE-submitted encounter data. In alignment with Activity 2: Review the MCP's Capability in the CMS EQR Protocol 5, HSAG has developed the following EDV focused questionnaire to gather information regarding each MCE's information systems and data processing procedures. The IS review will enable HSAG to understand how various systems interact to determine whether such interactions have an impact on the MCEs' ability to submit complete and accurate data.

HSAG will conduct the EDV study for 47 MCEs. Table 1 displays the programs, MCE types, and number of MCEs² included in the study.

Table 1—Michigan Medicaid Managed Programs

Program	MCE Type	Number of MCEs
Comprehensive Health Care Program (CHCP)	Medicaid Health Plans (MHPs)	9
Healthy Kids Dental Program	Prepaid Ambulatory Health Plans (PAHPs)	2
MI Health Link Program	Integrated Care Organizations (ICOs)	6
Behavioral Health Managed Care Program	Prepaid Inpatient Health Plans (PIHPs)	10
MI Choice Waiver Program	Waiver Agencies	20

This questionnaire pertains to the Waiver Agencies associated with the MI Choice Waiver Program.

General Instructions

HSAG developed the following questionnaire customized in collaboration with MDHHS to gather both general information and specific procedures for data processing, personnel, and data acquisition capabilities. The questionnaire is divided into the following four domains:

- **Section A:** Encounter Data Sources and Systems
- **Section B:** Payment Structures of Encounter Data
- **Section C:** Encounter Data Quality Monitoring by Subcontractors
- **Section D:** Encounter Data Quality Monitoring by the Waiver Agencies

² Refer to Appendix A for a list of MCEs included in this study.



EDV QUESTIONNAIRE FOR WAIVER AGENCIES

Each participating agency must complete all sections of the following questionnaire, providing comprehensive answers to the questions and attaching supporting documentation (e.g., policies and procedures, data layouts, data flow diagrams, sample reports, sample data, etc.), where applicable. Please provide responses specific to procedures related to the processing of MDHHS claims and encounters. If different staff members within your agency are responsible for different aspects of the processes, please distribute multiple copies of the questionnaire and ensure that each group provides answers to the applicable questions in each section.

Upon evaluating answers to the questionnaire and additional documentation, HSAG's EDV team may conduct additional follow-up with the agencies via email or conference calls.

Submission of Questionnaire and Documentation

- HSAG requests that the agencies complete the questionnaires no later than **May 9, 2023**. Upon completion of questionnaire, please notify Krithiga Gopi via e-mail at KGopi@hsag.com.
- Please provide the descriptions for the acronyms used in your responses in the table below or spell them out when using the acronyms for the first time.

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Encounter Data Validation Study
State of Michigan

Page 3
MI SFY2023_EDV_Questionnaire for Waiver Agencies F1_0423

Acronym	Description

SFY 2023 Encounter Data Validation Waiver Agency Questionnaire

Section A: Encounter Data Sources and Systems

Waiver Agency Name	
Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If your agency uses the same data system for multiple clients or lines of business, please limit your responses to specific procedures related to the processing of MDHHS' claims and encounters. If supplemental files or supporting documents are provided, please note the filename(s) in your response.

This section provides an overview regarding the data sources and systems for your agency's claims/encounter data.

- Using the table below and data flow diagrams (i.e., supporting documents listed in the last column), outline the path your agency's encounter data follow from the time a member receives a service(s) until the encounter is submitted to MDHHS and your agency processes MDHHS' feedback. If the data path differs by or within a claim type, provide a separate list or data flow diagram for each claim type and scenario. Be sure to identify any subcontractors responsible for processing the data and the associated processes with the subcontractors. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Total number of subcontractors: Choose an item.

Data Source ¹	Data Flow	Supporting Document
Paper Claims	All paper claims are received via mail. Paper claims are date stamped upon receipt and scanned with optical character recognition (OCR) software and converted to 837 files for electronic processing. The remaining process is the same as the claims in electronic format.	<insert file name>
Home and Community Based Services (HCBS)		

Data Source ¹	Data Flow	Supporting Document
Non-Emergency Medical Transportation (NEMT)		
<Other ² >		
¹ These sources represent claims/encounter submissions from the rendering provider to your agency or subcontractor.		
² This includes any entity delegated to collect, process, and submit claims/encounters on the waiver agency's behalf.		

2. For each key data source (i.e., all data your agency receives that are included in the encounter data submissions to MDHHS), provide a description of the files received, the frequency of receipt, and the approximate percentage of claims submitted by capitated versus fee-for-service (FFS) providers. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source ¹	Description of Data Received (Including Format)	Frequency	Approximate Percentage of Claims from Capitated Providers
Pharmacy	We receive point of service claims submitted by retail pharmacies from our subcontractor, Express Scripts. Files are submitted using the NCPDP D.0 format.	Weekly	30%
HCBS		Choose an item.	
NEMT		Choose an item.	
<Other ² >		Choose an item.	
¹ These sources represent claims/encounter submissions from the rendering provider to your agency or subcontractor.			
² This includes any entity delegated to collect, process, and submit claims/encounters on the waiver agency's behalf.			

3. For each key data source, provide a description of the software used to receive data, validate data, prepare outbound encounters for submission to MDHHS, and frequency for submission. *Note: The first section of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Source ¹	Software Used to Receive Data	Software Used to Validate Data	Software Used to Generate Encounters for MDHHS	Frequency for Submission to MDHHS
Paper claims	Convert to 837 <i>format</i> through an optical character recognition (OCR) software by <insert name>	Facets	Encounter Data Manager	Weekly
HCBS				Choose an item.
NEMT				Choose an item.
<Other ² >				Choose an item.

¹ These sources represent claims/encounter submissions from the rendering provider to your agency or subcontractor.

² This includes any entity delegated to collect, process, and submit claims/encounters on the waiver agency's behalf.

4. For encounters submitted to MDHHS through 837 professional and institutional formats, please describe the software used for the Electronic Data Interchange (EDI) compliance checks and the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels that are used in the EDI compliance checks.

Data Source ¹	Software for EDI Compliance Check	WEDI SNIP Level
Vision claims		Levels 1 and 2
HCBS		
NEMT		
<Other ² >		

¹ These sources represent claims/encounter submissions from the rendering provider to your agency or subcontractor.

² This includes any entity delegated to collect, process, and submit claims/encounters on the waiver agency's behalf.

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5. Please specify the modifications, reformatting or changes made to the claims/encounter data to accommodate MDHHS' encounter data submission standards. Describe the modifications or reformatting using specific data field names and examples. If a subcontractor prepares the encounter data submission for your agency, please specify the modifications made by the subcontractor and additional modifications made by the agency separately. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Type	Field	Modification Details	Modification Made By
Home Delivery Claims	Provider ID	Zeros are added to the beginning of values in the Provider ID field to pad the results to a standard length of characters (e.g., 00003126).	Agency

6. Please specify how your agency prepares/enriches data elements that are not on the claims from providers but required by MDHHS. Describe the source of the data and process to create these data elements. If a subcontractor prepares the encounter data submission for your agency, please specify the modifications made by the subcontractor and additional modifications made by the agency separately. *Note: The first row of the table is provided as an example. The table can be expanded if additional rows are required.*

Data Type	Field	Source Data and Creation Process	Modification Made By
Professional Claims	VBP Indicator	Check whether the encounter is for value-based payments (VBP) by linking with reference table via data fields variable 1, variable 2, and variable 3.	Agency

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7. Describe the process to identify duplicate claims. Provide details on the fields used to identify duplicates, where in the process the duplicates are identified and how they are handled.

8. Describe the types of claims/encounters that are not submitted to MDHHS (e.g., paid, denied, voided, adjusted claims, or a specific service provided to members).

9. Describe the process to submit denied or partially denied claims/encounters to MDHHS. List measures taken to ensure that denied claims/encounters do not include paid service lines.

10. Using the following table, describe the process to submit adjustments/replacement/void/corrections (collectively referred to as adjustments) to encounters that have previously been submitted to MDHHS.

Question	Response
10a. What is the process to identify encounters for which adjustments are required?	
10b. Describe the process to submit adjustments.	
10c. How long does it take from identification to re-submission for encounters needing adjustments?	

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Question	Response
10d. If adjustments are not submitted, describe why these encounters were not submitted.	

11. The following questions address the collection, use, and submission of provider data and member enrollment data.

Provider Data	
11a. Provider data collected and maintained by?	<input type="checkbox"/> By the agency <input type="checkbox"/> By a subcontractor <input type="checkbox"/> Both
11b. List name of subcontractor and type of provider data maintained (e.g., Subcontractor X maintains provider data for vision services)	
11c. List subcontractor's responsibilities in collecting and maintaining the data	
11d. Describe flow of provider data from collection to maintenance including processes associated with the subcontractor	
11e. Describe the process for linking provider data to claims/encounters including any procedures for reconciling differences between data submitted on the claim/encounter and your provider data	
Member Enrollment data	
11f. Data maintained by?	<input type="checkbox"/> By the agency <input type="checkbox"/> By a subcontractor <input type="checkbox"/> Both
11g. List subcontractor's responsibilities in maintaining the member enrollment data	
11h. Describe flow of member enrollment data from collection to maintenance including processes associated with the subcontractor	
11i. Describe the process for linking member enrollment data to claims/encounters including any procedures for reconciling differences between data submitted on the claim/encounter and your member enrollment data	

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Section B: Payment Structures of Encounter Data

Waiver Agency Name	
Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename in your response.

- How are claims paid (e.g., percent of billed, line-by-line, case rate, etc.)? If different methods exist, please add to the table below and then list them by percentage of claim dollars for each payment type.

Payment Type	Outpatient/Home-Based
Percent of Billed	
Line-by-line	
Per-diem	
Variable Per Diem	
Capitation	
Other (Please describe)	
Other (Please describe)	
Total	100%

- Are any services submitted to the agency under a bundled-payment structures? If so, what services are submitted for a bundled-payment? For example, if delivery services are considered a bundled payment, please specify whether encounters on both delivery and all prenatal/postpartum services are collected and submitted to MDHHS by your agency.

3. Describe in the table below the process for collecting coordination of benefits (COB)/third party liability (TPL) data and submitting encounters with TPL and TPL payments. Provide separate responses for different types of claims including pharmacy encounters.

Question	Response
3a. How is other insurance data collected? Are your agency's subcontractors required to collect other insurance data?	
3b. How are claims processed with TPL, including the scenario when other insurance is submitted after the initial claim processing?	
3c. What source data is used to verify the accuracy of the TPL information? Where does your agency store payment information and the source data? How is TPL information populated onto encounters submitted to MDHHS?	
3d. What are the measures taken to ensure accuracy of the TPL payment amount?	

4. Describe in the table below the process to capture, monitor accuracy, and submit zero-pay claims to MDHHS.

Question	Response
4a. Describe scenarios creating zero-pay amounts for your agency (e.g., full payment by TPL, denied claims/claim lines, services under capitated arrangement).	
4b. How are zero-pay claims reflected in the encounter data to MDHHS?	
4c. Are zero-pay claims for capitated providers processed and submitted to MDHHS? If so, describe how the completeness and accuracy of the claims are assessed.	

5. Describe the process for submitting payment information on capitated encounters (e.g., encounters for services paid to providers per member per month by your agency or subcontractor).

Section C: Encounter Data Quality Monitoring by Subcontractors

Waiver Agency Name	
Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff members use an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If supplemental files or supporting documents are provided, please note the filename in your response.

This section focuses on the quality checks **performed by your agency's subcontractors** (not by your agency). Please answer the following questions for each subcontractor that submits claims/encounter data to your agency. Currently, the HCBS and NEMT subcontractors are listed in this section. **If your agency has other subcontractors that are not listed, please add a new question after Question 2 based on the questions for the subcontractor listed.** To help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks. If the checks from the drop-down list are not appropriate for your entity, please choose "Other" and then include the details in the "Description" column.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume per Member per Month (PMPM)	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your entity in a timely manner.
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your entity.

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Data Quality Checks in Drop-Down List	Description
EDI Compliance Edits	Evaluates whether 837 professional and 837 institutional files pass the EDI compliance edits. Please describe the Workgroup for Electronic Data Interchange Strategic National Implementation Process (WEDI SNIP) levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

1. Does your HCBS subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your agency?
- ☐ Yes
- ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
- ☐ Don't know (If you don't know, please provide an explanation in the box below.)
- ☐ Not applicable. Our agency does not have a HCBS subcontractor

Click or tap here to enter text.

If Yes, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: You can select from the drop-down list. The grey shaded row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
<i>Claim Volume PMPM</i>	<i>Calculate number of claims PMPM</i>	<i>Quarterly</i>	<i>Monitoring_2022Q1.pdf</i>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

2. Does your NEMT subcontractor perform data quality checks and validation on the claims/encounter data before it submits to your agency?
- ☐ Yes
- ☐ No (If No, please provide an explanation why the quality checks were not performed in the box below.)
- ☐ Don't know (If you don't know, please provide an explanation in the box below.)

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☐ Not applicable. Our agency does not have a NEMT subcontractor

Click or tap here to enter text.

If Yes, list the specific checks and validation the subcontractor performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: You can select from the drop-down list. The grey shaded row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
<i>Claim Volume PMPM</i>	<i>Calculate number of claims PMPM</i>	<i>Quarterly</i>	<i>Monitoring_2022Q1.pdf</i>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

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SECTION D: ENCOUNTER DATA QUALITY MONITORING BY WAIVER AGENCIES

Waiver Agency Name	
Contact person for this section (Name and Title)	
Contact Information (Phone Number and E-mail)	

Please note that if your staff uses an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination. If your agency uses the same data system for multiple clients or lines of business, please limit your responses to specific procedures related to the processing of MDHHS' claims and encounters. If supplemental files or supporting documents are provided, please note the filename(s) in your response.

This section focuses on the quality checks **performed by your agency** regarding the claims/encounter data in your agency's data warehouse, as well as claims/encounter data submitted to MDHHS. Currently, HCBS and NEMT subcontractors are listed in this section. **If your agency has other subcontractors that are not listed, please add a new question after Question 2 based on the questions for the subcontractor listed.** Lastly, to help organize the responses, this section includes some standard data quality checks in the drop-down list. The table below shows a brief description for these checks. If the checks from the drop-down list are not appropriate for your agency, please choose "Other" and then include the details in the "Description" column.

Data Quality Checks in Drop-Down List	Description
Claim Volume by Submission Month	Evaluates the number of unique claims based on the month when the claims were submitted to your entity. Please describe the specifications for the counts and any stratifications you may use.
Claim Volume PMPM	Evaluates the number of unique claims per member per month based on the month when the services occurred. Please describe the specifications for the counts and any stratifications you may use.
Field-Level Completeness	Evaluates whether there are any missing and/or extra values for a specific data element. Please provide a list of variables and specifications for the evaluation.
Field-Level Validity	Evaluates whether the values for a specific data element are valid. Please provide a list of variables and specifications for the evaluation.
Timeliness	Evaluates whether the source entity submits claims to your agency in a timely manner.

Data Quality Checks in Drop-Down List	Description
Reconciliation with Financial Reports	Evaluates whether the payment fields in the claims align with the financial reports from your agency.
EDI Compliance Edits	Evaluates whether 837 professional and 837 institutional files pass the EDI compliance edits. Please describe the WEDI SNIP levels that are used in the EDI compliance checks.
Medical Record Review	Evaluates whether some of the data elements in the claims are complete and accurate when comparing to the medical records.

- Upon receiving claims/encounter files from your subcontractors, please use the table below to indicate the following for each subcontractor:
 - Column 2: Does subcontractor submit encounter files to MDHHS?
 - Column 3: Does your agency store the claims/encounter files from subcontractors in your data warehouse?
 - Column 4: Does your agency perform any quality checks on the claims/encounter files from subcontractors **before** submitting them to MDHHS? If not, please provide an explanation why the quality checks are not performed in the second box below.
 - Column 5: Does your agency modify the claims/encounter files from subcontractors **before** submitting them to MDHHS?
 - Column 6: Does your agency perform any quality checks on the claims/encounter data from subcontractors **after** submitting them to MDHHS?

Subcontractor	Submits to MDHHS by Subcontractor	Stored by Agency	Reviewed by Agency Before Submission	Modified by Agency Before Submission	Reviewed by Agency After Submission
Pharmacy	Yes	Yes	No	No	Yes
HCBS	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
NEMT	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.
<Other>	Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

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Subcontractor	Explanation Why Claims/Encounter Data are Not Reviewed by Agency Before Submission to MDHHS
Pharmacy	Agency is satisfied with the quality checks that the subcontractor has in place.
HCBS	
NEMT	
<Other>	

2. If your agency performs quality checks on the claims/encounter data from a **HCBS** subcontractor, please list the specific checks and validation your agency performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: You can select from the drop-down list. The grey shaded row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	Calculate number of claims PMPM	Quarterly	Monitoring_2022Q1.pdf
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

3. If your agency performs quality checks on the claims/encounter data from a **NEMT** subcontractor, please list the specific checks and validation your agency performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: You can select from the drop-down list. The grey shaded row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
Claim Volume PMPM	Calculate number of claims PMPM	Quarterly	Monitoring_2022Q1.pdf
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

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4. Does your agency perform any quality checks on the claims/encounter data that are stored in your data warehouse but **NOT** submitted by the subcontractors?

☐ Yes

☐ No (If No, please provide an explanation why the quality checks are not performed in the box below.)

☐ Don't know (If you don't know, please provide an explanation in the box below.)

Click or tap here to enter text.

If Yes, please list the specific checks and validation your agency performs on the data, describe them briefly, provide the frequency of the checks/validation, and provide example reports to support the listed quality checks. *Note: You can select from the drop-down list. The grey shaded row in the table is provided as an example. The table can be expanded if additional rows are required.*

Data Quality Checks	Description	Frequency	Supporting Documents
<i>Claim Volume PMPM</i>	<i>Calculate number of claims PMPM</i>	<i>Quarterly</i>	<i>Monitoring_2022Q1.pdf</i>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>
Choose an item.	Click or tap here to enter text.	Choose an item.	<insert file name>

5. Please describe how your agency ensures that the National Correct Coding Initiative (NCCI) edits have been applied to the encounter data submitted to MDHHS.

6. Using the table below, please identify which transaction response files are used to support your encounter data submission activities and how the responses are tracked in your data system. If the transaction response files are used to support encounter data submission activities ("YES"), describe how the data are used in the last column and whether the transaction responses are stored in your agency's data system. If the transaction responses are not used to support encounter data submission activities ("NO"), explain the reason why in the last column and whether the transaction responses

are stored in your agency's data system. *Note: The table can be expanded if additional rows are required.*

Transaction Response	Used to Support Encounter Data Submission?	Explanation of Transaction Response Use and Storage in your Agency's Data System
277	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

7. List the number of encounters submitted, initially denied, initially denied but later accepted on resubmission, and initially denied but not accepted yet as of the date when the responses are prepared. Please stratify the counts by claim/encounter type.

Claim/Encounter Type	Submitted	Initially Denied Due to MDHHS' EDI Translator	Initially Denied Due to Additional MDHHS Specific Edits	Initially Denied, Accepted on Resubmission	Initially Denied, Not Yet Accepted
HCBS					
NEMT					
<Other>					

8. What are the top five reasons for the initial denials by MDHHS for each claim/encounter type?

Claim/Encounter	Reason 1	Reason 2	Reason 3	Reason 4	Reason 5
HCBS					
NEMT					
<Other>					

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EDV QUESTIONNAIRE FOR WAIVER AGENCIES

9. Describe your agency's process for reconciling files rejected by MDHHS' EDI translator, including key policies and procedures for the identification, correction, and subsequent resubmission of encounters to MDHHS.

10. Describe your agency's process for reconciling transactions that fail additional state-specific edits, including key policies and procedures for the identification, correction, and subsequent resubmission of these encounters to MDHHS.

11. Describe how data in your agency's encounter data system/data warehouse are used (e.g., rate-setting, HEDIS reporting, etc.)

12. What internal challenges do you face in submitting encounter data to MDHHS?

13. What external challenges do you face in submitting encounter data to MDHHS? For example, are there challenges with MDHHS' EDI translator or the Community Health Automated Medicaid Processing System (CHAMPS).



EDV QUESTIONNAIRE FOR WAIVER AGENCIES

14. What changes in processes or additional resources and support from MDHHS would you find most helpful in overcoming your challenges with successfully submitting encounter data to MDHHS?

15. Do you have any upcoming changes to your encounter submission process that may impact your answers to the questions above? If yes, what changes are expected and when are they likely to become effective?



EDV QUESTIONNAIRE FOR WAIVER AGENCIES

Attestation Statement

I hereby certify that I have reviewed the information entered on this questionnaire and that, to the best of my knowledge, the information is complete and accurate as of the date below.

Signature of CEO or responsible individual

Date

Print name and title

Appendix A: Managed Care Entities Included in the Study

Table A-1 presents the programs, MCE types, MCE names and abbreviations for the MCEs included in the EDV study.

Table A-1—Medicaid Managed Care Programs and MCEs Included in the Study

Program	MCE Type	MCE Name	MCE Abbreviation
CHCP	MHPs	Aetna Better Health of Michigan	AET
		Blue Cross Complete of Michigan	BCC
		HAP Empowered Health Plan, Inc.	HAP
		McLaren Health Plan	MCL
		Meridian Health Plan of Michigan	MER
		Molina Healthcare of Michigan	MOL
		Priority Health Choice	PRI
		UnitedHealthcare Community Plan	UNI
		Upper Peninsula Health Plan	UPP
Healthy Kids Dental Program	PAHPs	Blue Cross Blue Shield of Michigan Healthy Kids Dental	BCBSM
		Delta Dental of Michigan	DDMI
MI Health Link Program	ICOs/PIHPs	Aetna Better Health Premier Plan	Aetna
		AmeriHealth Caritas VIP Care Plus	AmeriHealth
		HAP Empowered	HAP
		MeridianComplete	Meridian
		Molina Dual Options MI Health Link	Molina
		Upper Peninsula Health Plan MI Health Link	UPHP
Behavioral Health Managed Care Program	PIHPs	NorthCare Network	NCN
		Northern Michigan Regional Entity (NMRE)	NMRE
		Lakeshore Regional Entity	LRE
		Southwest Michigan Behavioral Health	SWMBH
		Mid-State Health Network	MSHN
		Community Mental Health Partnership of Southeast Michigan	CMHPSM
		Detroit Wayne Integrated Health Network	DWIHN
		Oakland Community Health Network	OCHN
		Macomb County Community Mental Health	MCCMH

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Program	MCE Type	MCE Name	MCE Abbreviation
		Region 10 PIHP	Region 10 PIHP
MI Choice Waiver Program	Waiver Agencies	A&D Home Health Care	AD
		Area Agency on Aging 1- B	AAA1B
		Area Agency on Aging of Northwest Michigan	AAANWMI
		Area Agency on Aging of Western Michigan	AAAWMI
		Detroit Area Agency on Aging	Detroit AAA
		easterseals MORC	MORC
		Region 9 Area Agency on Aging/ Northeast MI Community Service Agency	NEMCSA
		Northern Health Care Management	NHCM
		Region 2 Area Agency on Aging	R2AAA
		Region 3B Area Agency on Aging/Carewell Services	R3BAAA
		Region IV Area Agency on Aging	RIVAAA
		Region VII Area Agency on Aging	Region VII
		Reliance Community Care Partners	Reliance
		Senior Resources	Senior Resources
		Milestone Senior Services	Senior Services
		Tri-County Office on Aging	Tri-County
		The Information Center	The Information Ctr
		The Senior Alliance	Senior Alliance
		Upper Peninsula Commission for Area Progress (UPCAP)	UPCAP
		Valley Area Agency on Aging	Valley AAA

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Appendix D. Results for A&D Home Health Care

Appendix D contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **A&D Home Health Care**.

IS Review Findings

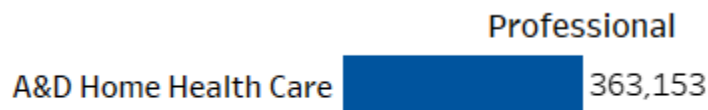
Please refer to Section 3: Information Systems Review Findings for **A&D Home Health Care**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure D-1 displays the number of encounters.

Figure D-1—Number of Paid Encounters—A&D Home Health Care



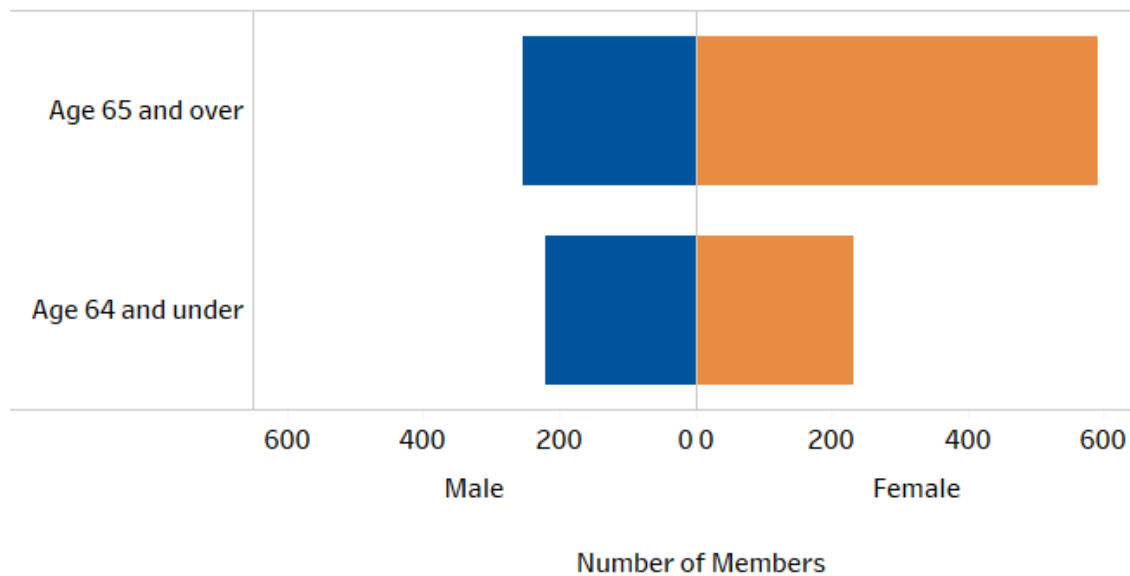
Member Composition

Figure D-2 and Figure D-3 display member demographics.

Figure D-2—Enrollment in SFY 2023—A&D Home Health Care



Figure D-3—Age and Gender Distribution—A&D Home Health Care

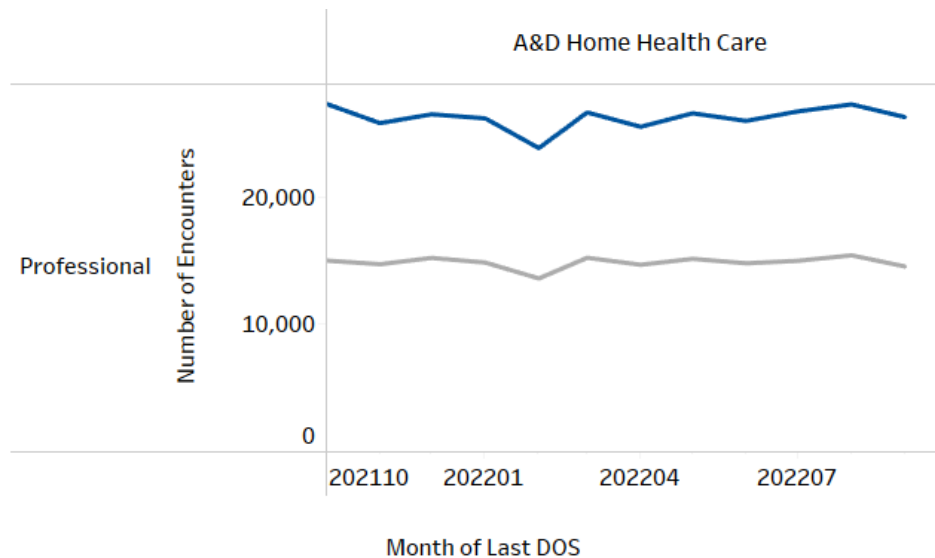


Encounter Data Completeness

Encounter Volume by Service Month

Figure D-4 displays the monthly encounter volume by service month.

Figure D-4—Encounter Volume by Service Month—A&D Home Health Care

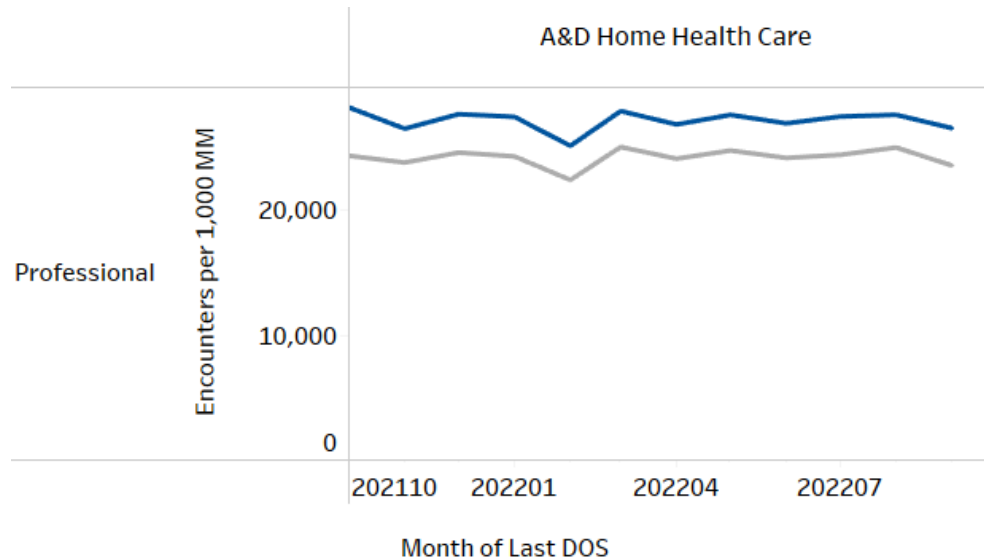


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure D-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure D-5—Encounter Volume per 1,000 MM—A&D Home Health Care

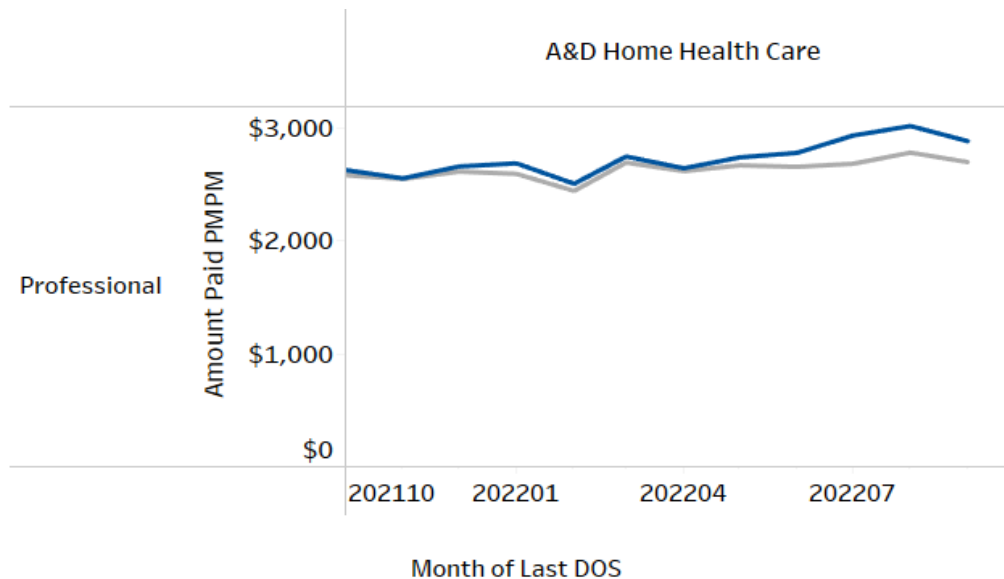


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure D-6 displays the monthly payment amounts PMPM by service month.

Figure D-6—Paid Amount PMPM—A&D Home Health Care

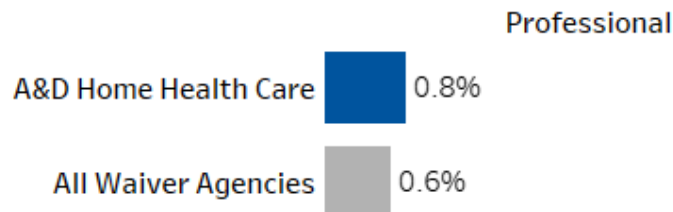


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure D-7 displays the percentage of duplicate encounters.

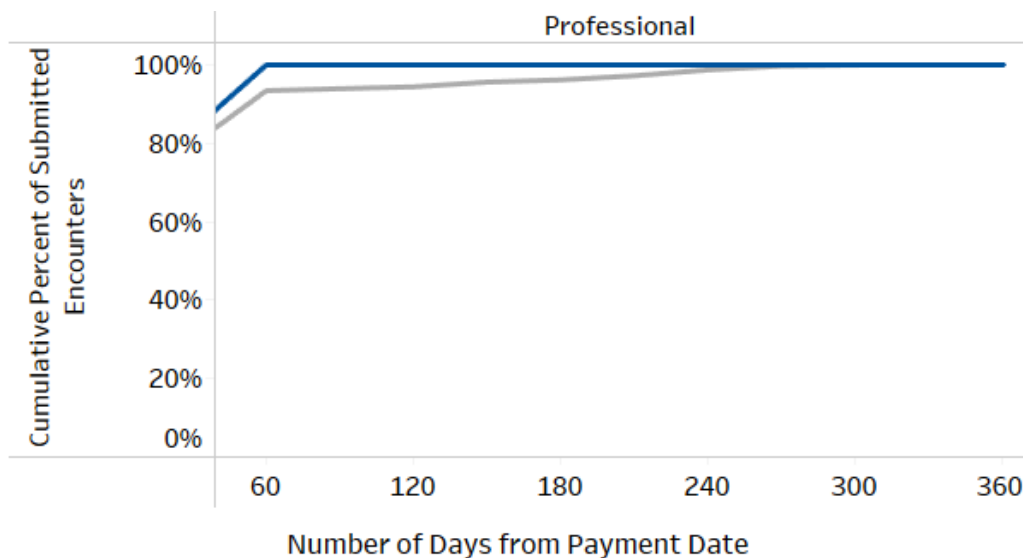
Figure D-7—Percentage of Duplicate Encounters—A&D Home Health Care



Encounter Data Timeliness

Figure D-8 and Table D-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure D-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—A&D Home Health Care



Note: The grey line indicates the all waiver agency rate.

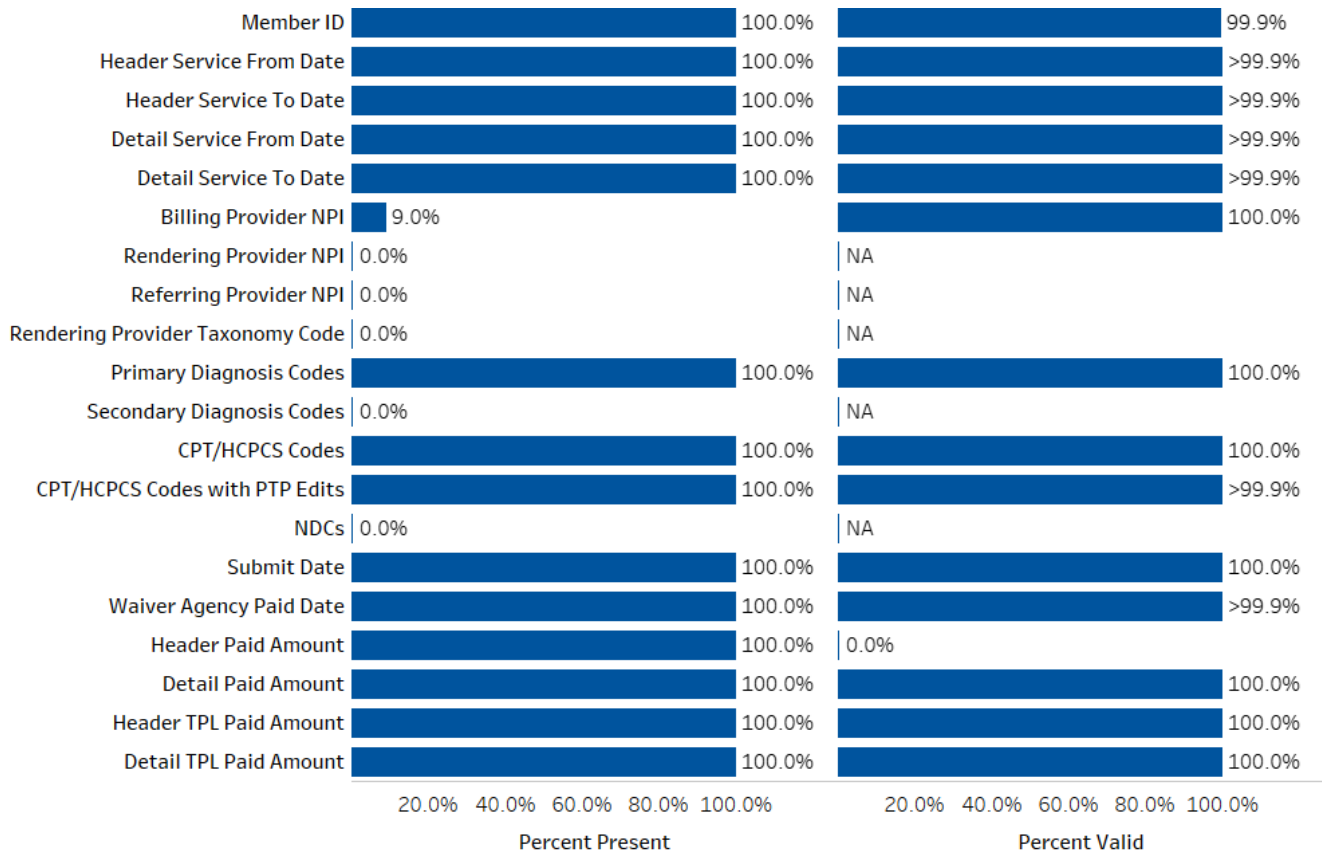
Table D-1—Completeness of Encounters—A&D Home Health Care

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	83.4%
Submitted Within 60 Days	>99.9%
Submitted Within 90 Days	100.0%
Submitted Within 120 Days	100.0%
Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure D-9 provides the percentage of encounters that are present and contain valid values for key data elements.

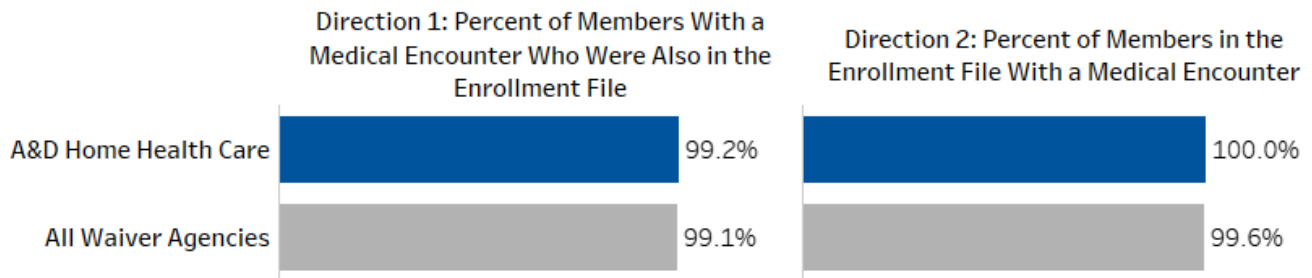
Figure D-9—Key Professional Encounter Data Elements—A&D Home Health Care



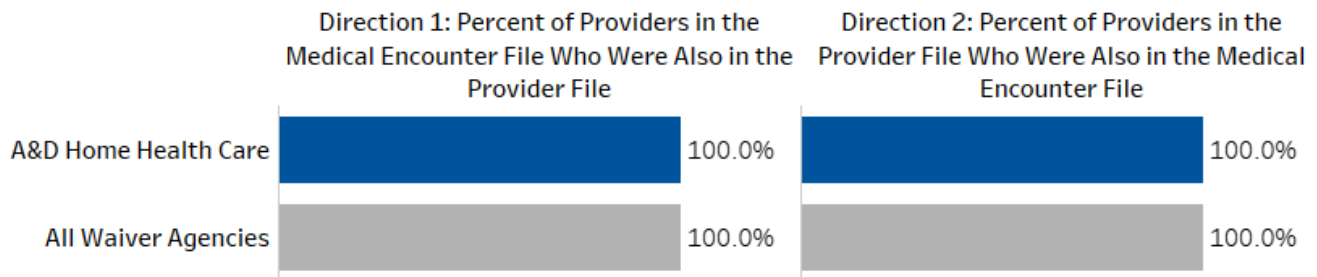
Encounter Data Referential Integrity

Figure D-10 and Figure D-11 display the referential integrity results.

**Figure D-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
A&D Home Health Care**



**Figure D-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
A&D Home Health Care**

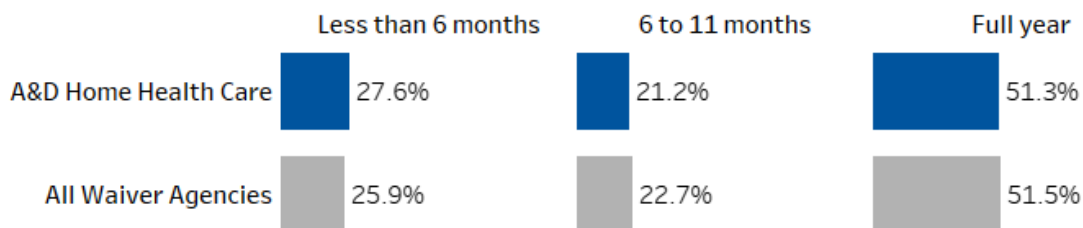


Encounter Data Logic

Member Enrollment

Figure D-12 displays the percentage of members who were continuously enrolled.

Figure D-12—Percentage of Members Who Were Continuously Enrolled—A&D Home Health Care



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **A&D Home Health Care**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: A&D Home Health Care demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: A&D Home Health Care indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **A&D Home Health Care**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **A&D Home Health Care**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: A&D Home Health Care reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **A&D Home Health Care** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **A&D Home Health Care** should consider enhancing its data management practices. HSAG recommends that **A&D Home Health Care** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: A&D Home Health Care submitted professional encounters in a timely manner from the payment date, with greater than 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most key data elements for **A&D Home Health Care** were populated at high rates, and the majority of data elements were over 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 9.0 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **A&D Home Health Care** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table D-2 presents the member composition.

Table D-2—Age and Gender Distribution—A&D Home Health Care

Age Category	Number of Females	Number of Males
Age 64 and under	232	222
Age 65 and over	592	253
Total	824	475

Encounter Data Completeness

Encounter Volume by Service Month

Table D-3 displays the encounter volume by service month.

Table D-3—Encounter Volume: Professional Encounters—A&D Home Health Care

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	27,285	965	28,274.6
November 2021	25,770	970	26,567.0
December 2021	26,461	954	27,736.9
January 2022	26,143	950	27,518.9
February 2022	23,809	945	25,194.7
March 2022	26,610	951	27,981.1
April 2022	25,483	947	26,909.2
May 2022	26,541	959	27,675.7
June 2022	25,944	961	26,996.9
July 2022	26,691	969	27,544.9
August 2022	27,239	984	27,681.9
September 2022	26,241	986	26,613.6

Payment Amounts Per Member Per Month

Table D-4 displays the monthly payment amounts PMPM by service month.

Table D-4—Paid Amount PMPM: Professional Encounters—A&D Home Health Care

Month of Service	Number of MM	Paid Amount PMPM
October 2021	965	\$2,627.65
November 2021	970	\$2,554.00
December 2021	954	\$2,659.11
January 2022	950	\$2,687.15
February 2022	945	\$2,506.11
March 2022	951	\$2,747.74
April 2022	947	\$2,643.36
May 2022	959	\$2,739.49
June 2022	961	\$2,779.76
July 2022	969	\$2,932.83
August 2022	984	\$3,017.57
September 2022	986	\$2,882.41

Percentage of Duplicate Encounters

Table D-5 displays the percentage of duplicate encounters.

Table D-5—Percentage of Duplicate Encounters—A&D Home Health Care

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	2,775	0.8%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table D-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table D-6—Encounter Data Lag Triangle: Professional Encounters—A&D Home Health Care

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	7,266	0	0										7,266
202201	23,465	14,988	670	0									39,123
202202	107	13,916	14,378	0	0								28,401
202203	1	11	14,835	29,247	5,427	0							49,521
202204	3	245	285	494	19,431	8,735	0						29,193
202205	1	1	0	19	2,504	20,135	12,865	0					35,525
202206	12	8	55	10	8	1,647	12,544	13,412	0				27,696
202207	1	0	0	1	11	19	3,616	11,784	10,791	0			26,223
202208	0	0	0	0	0	0	0	0	0	0	0		0
202209	49	77	81	76	100	182	132	5,301	19,439	29,600	18,964	0	74,001
202210	0	1	0	0	0	0	0	1	3	1,045	8,557	24,616	34,223
202211	1	2	4	3	2	4	5	3	4	3	3,953	1,739	5,723
202212	0	0	0	0	0	0	0	0	0	0	1	3,815	3,816
202301	51	50	51	52	50	58	43	36	38	45	31	72	577
202302	73	70	12	27	7	24	55	3	16	0	0	4	291
202303	0	0	0	0	0	0	0	0	0	0	2	6	8
202304	0	0	22	24	24	26	25	25	24	26	27	30	253
Total	31,030	29,369	30,393	29,953	27,564	30,830	29,285	30,565	30,315	30,719	31,535	30,282	361,840
MM	965	970	954	950	945	951	947	959	961	969	984	986	11,541
PMPM	32.16	30.28	31.86	31.53	29.17	32.42	30.92	31.87	31.55	31.70	32.05	30.71	31.35

Field-Level Completeness and Accuracy

Table D-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table D-7—Key Encounter Data Elements: Professional Encounters—A&D Home Health Care

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	363,153	363,153	100.0%	363,153	362,704	99.9%
Header Service From Date	363,153	363,153	100.0%	363,153	363,101	>99.9%
Header Service To Date	363,153	363,153	100.0%	363,153	363,101	>99.9%
Detail Service From Date	363,153	363,153	100.0%	363,153	363,101	>99.9%
Detail Service To Date	363,153	363,153	100.0%	363,153	363,101	>99.9%
Billing Provider NPI	363,153	32,650	9.0%	32,650	32,650	100.0%
Rendering Provider NPI	363,153	0	0.0%	0	0	NA
Referring Provider NPI	363,153	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	363,153	0	0.0%	0	0	NA
Primary Diagnosis Codes	363,153	363,153	100.0%	363,153	363,153	100.0%
Secondary Diagnosis Codes	363,153	0	0.0%	0	0	NA
CPT/HCPCS Codes	363,153	363,153	100.0%	363,153	363,153	100.0%
CPT/HCPCS Codes with PTP Edits	363,153	363,153	100.0%	363,153	363,131	>99.9%
NDCs	363,153	0	0.0%	0	0	NA
Submit Date	363,153	363,153	100.0%	363,153	363,153	100.0%
Waiver Agency Paid Date	363,153	363,153	100.0%	363,153	363,101	>99.9%
Header Paid Amount	363,153	363,153	100.0%	363,153	0	0.0%
Detail Paid Amount	363,153	363,153	100.0%	363,153	363,153	100.0%
Header TPL Paid Amount	363,153	363,153	100.0%	363,153	363,153	100.0%
Detail TPL Paid Amount	363,153	363,153	100.0%	363,153	363,153	100.0%

Appendix E. Results for Area Agency on Aging 1-B

Appendix E contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for [Area Agency on Aging 1-B](#).

IS Review Findings

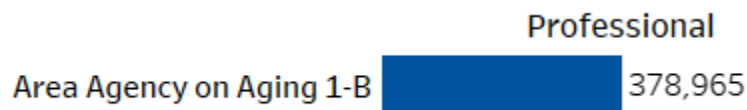
Please refer to Section 3: Information Systems Review Findings for [Area Agency on Aging 1-B](#)'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure E-1 displays the number of encounters.

Figure E-1—Number of Paid Encounters—Area Agency on Aging 1-B



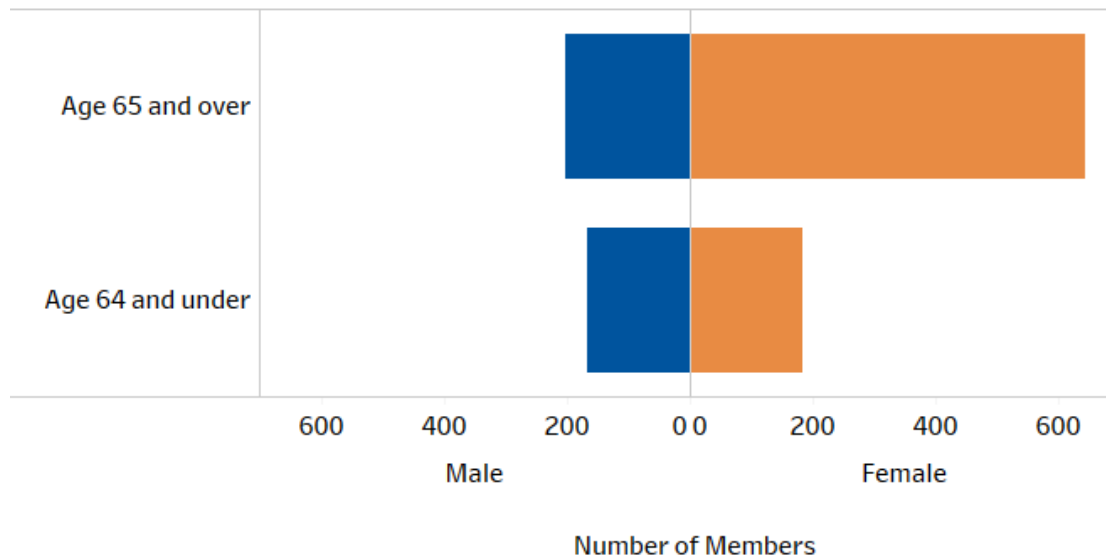
Member Composition

Figure E-2 and Figure E-3 display member demographics.

Figure E-2—Enrollment in SFY 2023—Area Agency on Aging 1-B



Figure E-3—Age and Gender Distribution—Area Agency on Aging 1-B

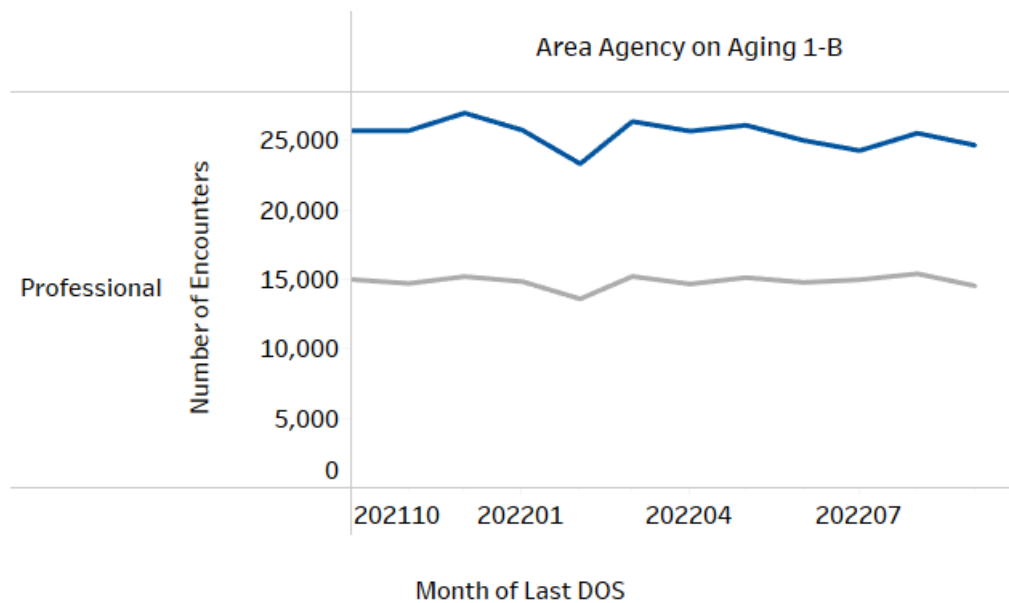


Encounter Data Completeness

Encounter Volume by Service Month

Figure E-4 displays the monthly encounter volume by service month.

Figure E-4—Encounter Volume by Service Month—Area Agency on Aging 1-B

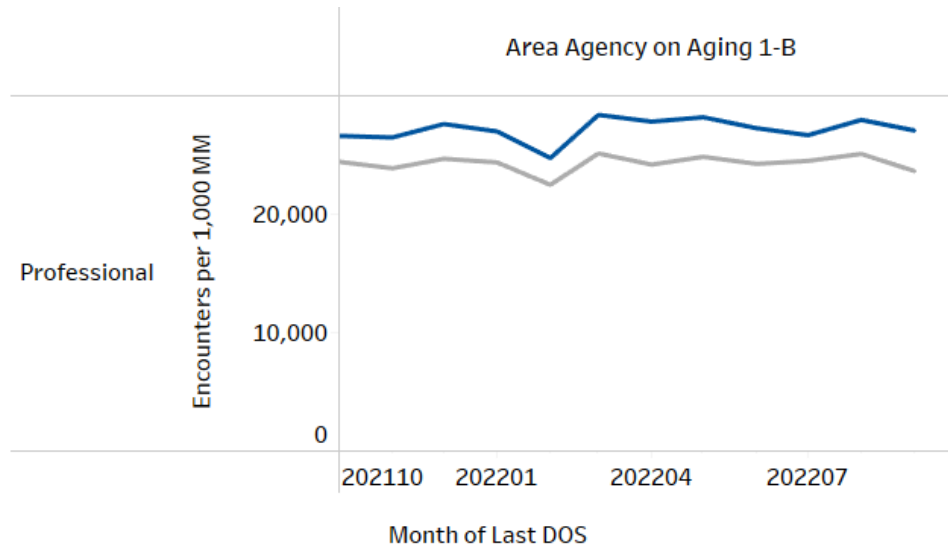


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure E-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure E-5—Encounter Volume per 1,000 MM—Area Agency on Aging 1-B

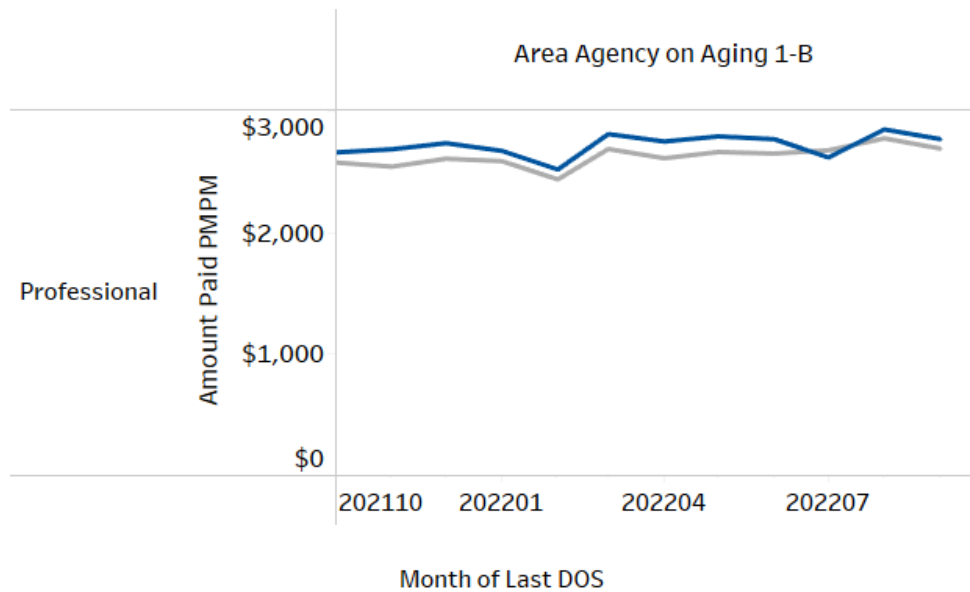


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure E-6 displays the monthly payment amounts PMPM by service month.

Figure E-6—Paid Amount PMPM—Area Agency on Aging 1-B

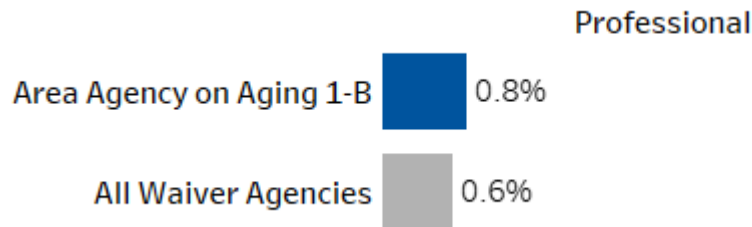


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure E-7 displays the percentage of duplicate encounters.

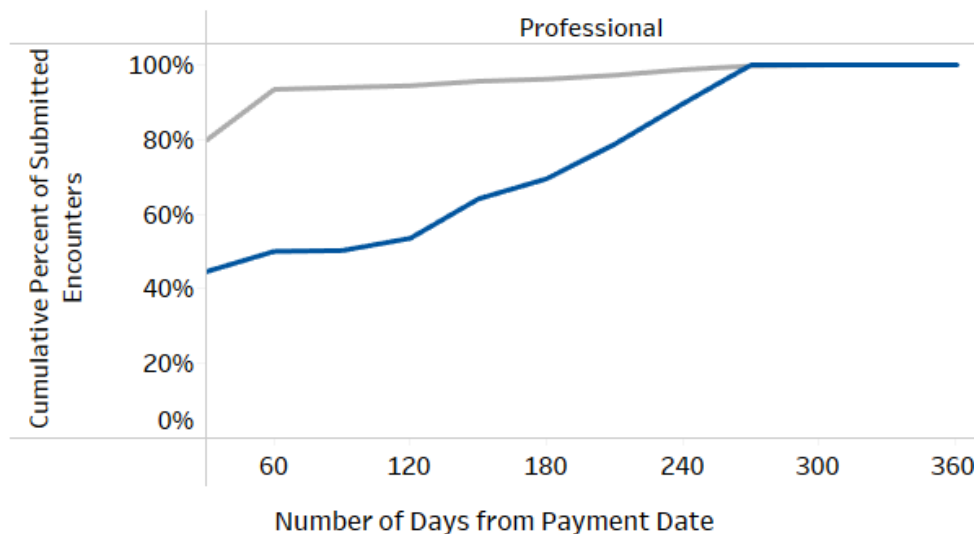
Figure E-7—Percentage of Duplicate Encounters—Area Agency on Aging 1-B



Encounter Data Timeliness

Figure E-8 and Table E-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure E-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Area Agency on Aging 1-B



Note: The grey line indicates the all waiver agency rate.

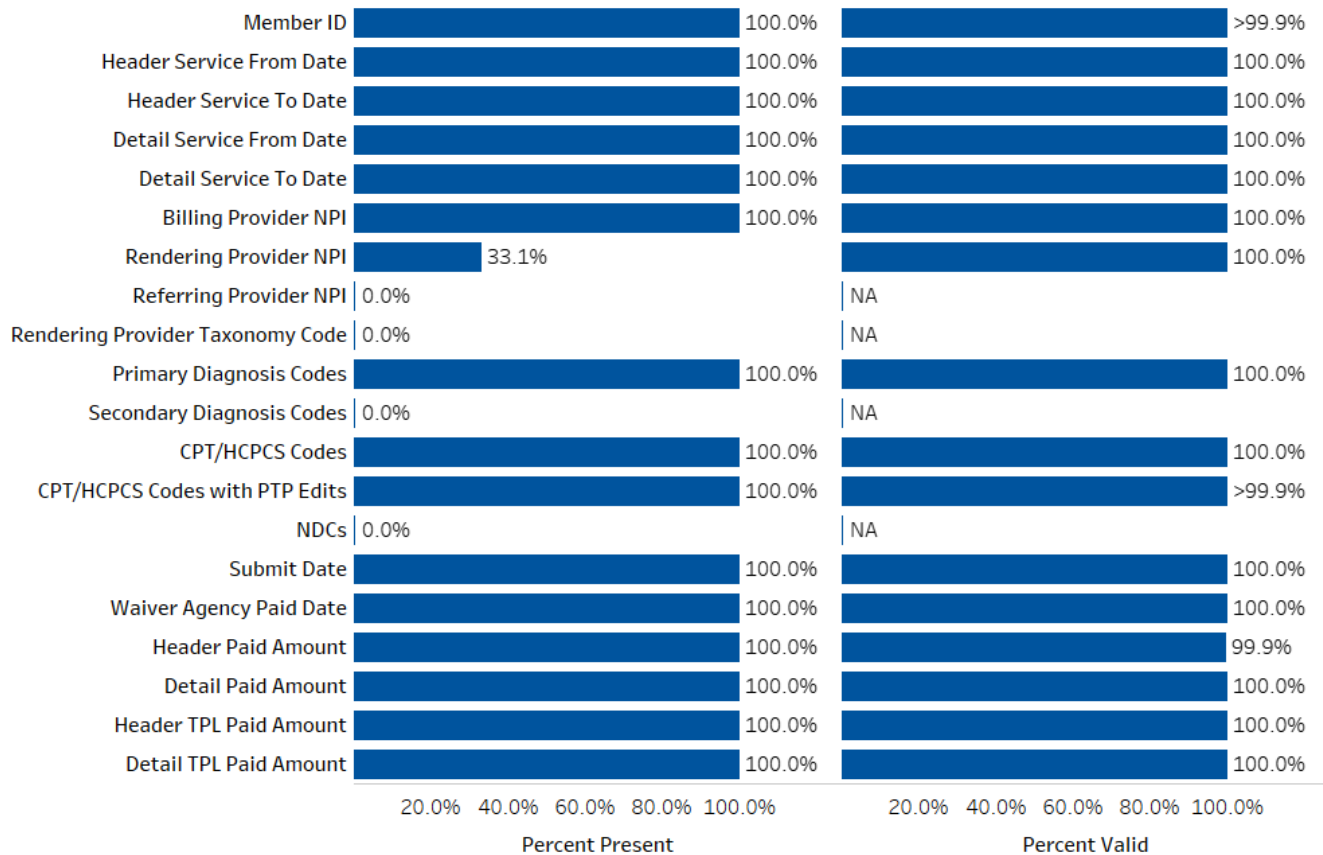
Table E-1—Completeness of Encounters—Area Agency on Aging 1-B

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	44.6%
Submitted Within 60 Days	50.0%
Submitted Within 90 Days	50.2%
Submitted Within 120 Days	53.5%
Submitted Within 150 Days	64.1%
Submitted Within 180 Days	69.5%
Submitted Within 210 Days	78.7%
Submitted Within 240 Days	89.6%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure E-9 provides the percentage of encounters that are present and contain valid values for key data elements.

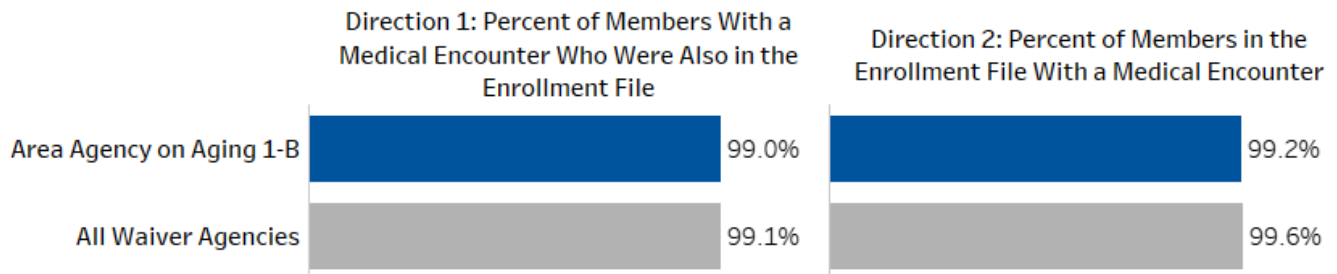
Figure E-9—Key Professional Encounter Data Elements—Area Agency on Aging 1-B



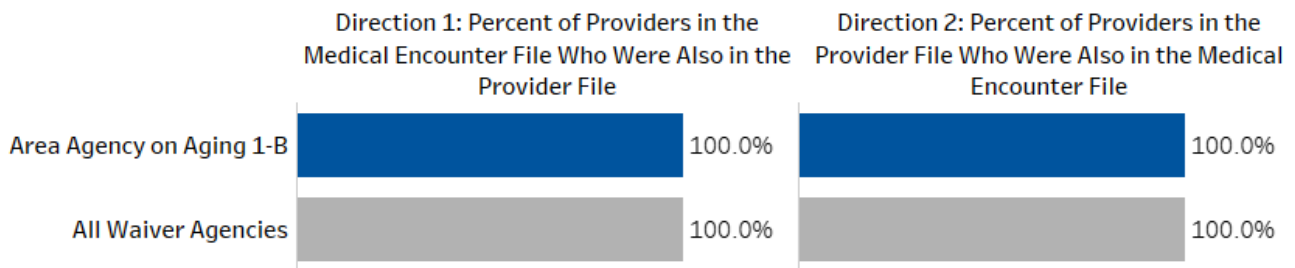
Encounter Data Referential Integrity

Figure E-10 and Figure E-11 display the referential integrity results.

**Figure E-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Area Agency on Aging 1-B**



**Figure E-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Area Agency on Aging 1-B**

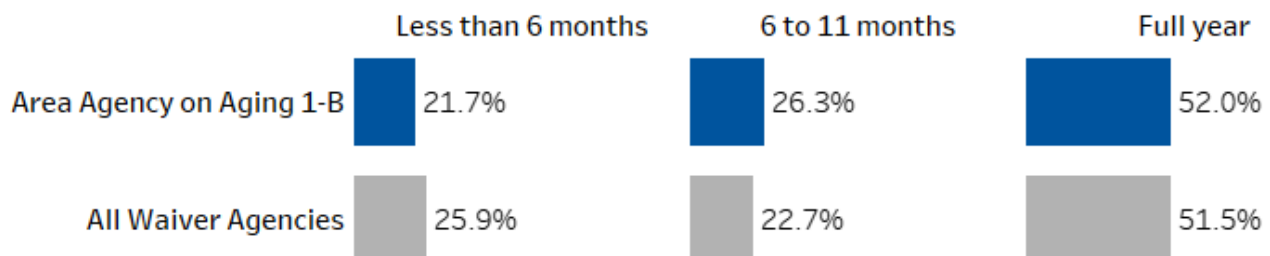


Encounter Data Logic

Member Enrollment

Figure E-12 displays the percentage of members who were continuously enrolled.

Figure E-12—Percentage of Members Who Were Continuously Enrolled—Area Agency on Aging 1-B



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Area Agency on Aging 1-B**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Area Agency on Aging 1-B demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Strength #2: Area Agency on Aging 1-B has a robust system dedicated to monitoring encounter data submissions, designed to ensure the accuracy, completeness, and timely submission of encounter data to MDHHS.

Opportunities for Improvement

Weakness #1: None were identified.

Why the weakness exists: Not applicable.

Recommendation: None were identified.

Administrative Profile Conclusions

Strengths

Strength #1: Across all professional encounters, all key data elements for **Area Agency on Aging 1-B** were populated at high rates, and the majority of data elements were over 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Area Agency on Aging 1-B did not submit professional encounters timely, where 50 percent of professional encounters were submitted within 60 days of payment, and not reaching greater than 99.9 percent of professional encounters submitted until within 270 days of payment.

Why the weakness exists: The timely submission of encounters is crucial to guarantee that conducted analyses include comprehensive data. Failure to submit encounters in a timely manner may lead to incomplete analyses and inaccurate results.

Recommendation: Area Agency on Aging 1-B should monitor its encounter data submission to MDHHS to ensure encounters are submitted after payment.

Weakness #2: Although not required to be populated, 33.1 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: Area Agency on Aging 1-B should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table E-2 presents the member composition.

Table E-2—Age and Gender Distribution—Area Agency on Aging 1-B

Age Category	Number of Females	Number of Males
Age 64 and under	185	167
Age 65 and over	645	201
Total	830	368

Encounter Data Completeness

Encounter Volume by Service Month

Table E-3 displays the encounter volume by service month.

Table E-3—Encounter Volume: Professional Encounters—Area Agency on Aging 1-B

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	25,707	967	26,584.3
November 2021	25,711	972	26,451.6
December 2021	26,980	978	27,586.9
January 2022	25,747	955	26,960.2

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
February 2022	23,324	944	24,707.6
March 2022	26,372	930	28,357.0
April 2022	25,678	924	27,790.0
May 2022	26,100	927	28,155.3
June 2022	25,003	918	27,236.4
July 2022	24,273	911	26,644.3
August 2022	25,531	914	27,933.3
September 2022	24,659	912	27,038.4

Payment Amounts Per Member Per Month

Table E-4 displays the monthly payment amounts PMPM by service month.

Table E-4—Paid Amount PMPM: Professional Encounters—Area Agency on Aging 1-B

Month of Service	Number of MM	Paid Amount PMPM
October 2021	967	\$2,665.88
November 2021	972	\$2,691.87
December 2021	978	\$2,741.88
January 2022	955	\$2,678.46
February 2022	944	\$2,524.67
March 2022	930	\$2,817.03
April 2022	924	\$2,755.94
May 2022	927	\$2,798.01
June 2022	918	\$2,774.79
July 2022	911	\$2,624.27
August 2022	914	\$2,855.21
September 2022	912	\$2,775.95

Percentage of Duplicate Encounters

Table E-5 displays the percentage of duplicate encounters.

Table E-5—Percentage of Duplicate Encounters—Area Agency on Aging 1-B

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	2,859	0.8%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table E-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table E-6—Encounter Data Lag Triangle: Professional Encounters—Area Agency on Aging 1-B

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	402												402
202111	10,278	660											10,938
202112	717	11,922	204										12,843
202201	16,032	16,183	30,005	1,063									63,283
202202	2,527	1,472	2,135	28,554	1,667								36,355
202203	175	135	166	985	25,578	1,549							28,588
202204	1,016	578	469	405	997	29,894	1,046						34,405
202205	290	269	36	90	57	432	1,321	0					2,495
202206	0	0	0	0	10	40	0	205	0				255
202207	0	0	0	0	0	0	0	0	108	0			108
202208	0	0	0	0	0	0	0	0	1	14	0		15
202209	0	0	0	0	0	0	0	0	0	0	11	0	11
202210	0	0	0	0	0	0	0	0	0	0	0	0	0
202211	0	0	0	0	0	0	0	0	0	0	1	0	1
202212	0	0	0	0	0	0	0	0	0	0	0	0	0
202301	90	326	176	194	194	453	28,688	10,364	969	2,399	1,964	2,329	48,146
202302	705	515	464	602	524	493	892	21,600	29,892	27,604	29,501	28,118	140,910
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	32,232	32,060	33,655	31,893	29,027	32,861	31,947	32,169	30,970	30,017	31,477	30,447	378,755
MM	967	972	978	955	944	930	924	927	918	911	914	912	11,252
PMPM	33.33	32.98	34.41	33.40	30.75	35.33	34.57	34.70	33.74	32.95	34.44	33.38	33.66

Field-Level Completeness and Accuracy

Table E-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table E-7—Key Encounter Data Elements: Professional Encounters—Area Agency on Aging 1-B

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	378,965	378,965	100.0%	378,965	378,784	>99.9%
Header Service From Date	378,965	378,965	100.0%	378,965	378,965	100.0%
Header Service To Date	378,965	378,965	100.0%	378,965	378,965	100.0%
Detail Service From Date	378,965	378,965	100.0%	378,965	378,965	100.0%
Detail Service To Date	378,965	378,965	100.0%	378,965	378,965	100.0%
Billing Provider NPI	378,965	378,965	100.0%	378,965	378,965	100.0%
Rendering Provider NPI	378,965	125,290	33.1%	125,290	125,290	100.0%
Referring Provider NPI	378,965	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	378,965	0	0.0%	0	0	NA
Primary Diagnosis Codes	378,965	378,965	100.0%	378,965	378,965	100.0%
Secondary Diagnosis Codes	378,965	0	0.0%	0	0	NA
CPT/HCPCS Codes	378,965	378,965	100.0%	378,965	378,965	100.0%
CPT/HCPCS Codes with PTP Edits	378,965	378,965	100.0%	378,965	378,957	>99.9%
NDCs	378,965	0	0.0%	0	0	NA
Submit Date	378,965	378,965	100.0%	378,965	378,965	100.0%
Waiver Agency Paid Date	378,965	378,965	100.0%	378,965	378,965	100.0%
Header Paid Amount	378,965	378,965	100.0%	378,965	378,476	99.9%
Detail Paid Amount	378,965	378,965	100.0%	378,965	378,965	100.0%
Header TPL Paid Amount	378,965	378,965	100.0%	378,965	378,965	100.0%
Detail TPL Paid Amount	378,965	378,965	100.0%	378,965	378,965	100.0%

Appendix F. Results for Area Agency on Aging of Northwest Michigan

Appendix F contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Area Agency on Aging of Northwest Michigan**.

IS Review Findings

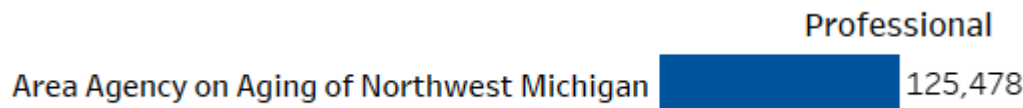
Please refer to Section 3: Information Systems Review Findings for **Area Agency on Aging of Northwest Michigan**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure F-1 displays the number of encounters.

Figure F-1—Number of Paid Encounters—Area Agency on Aging of Northwest Michigan



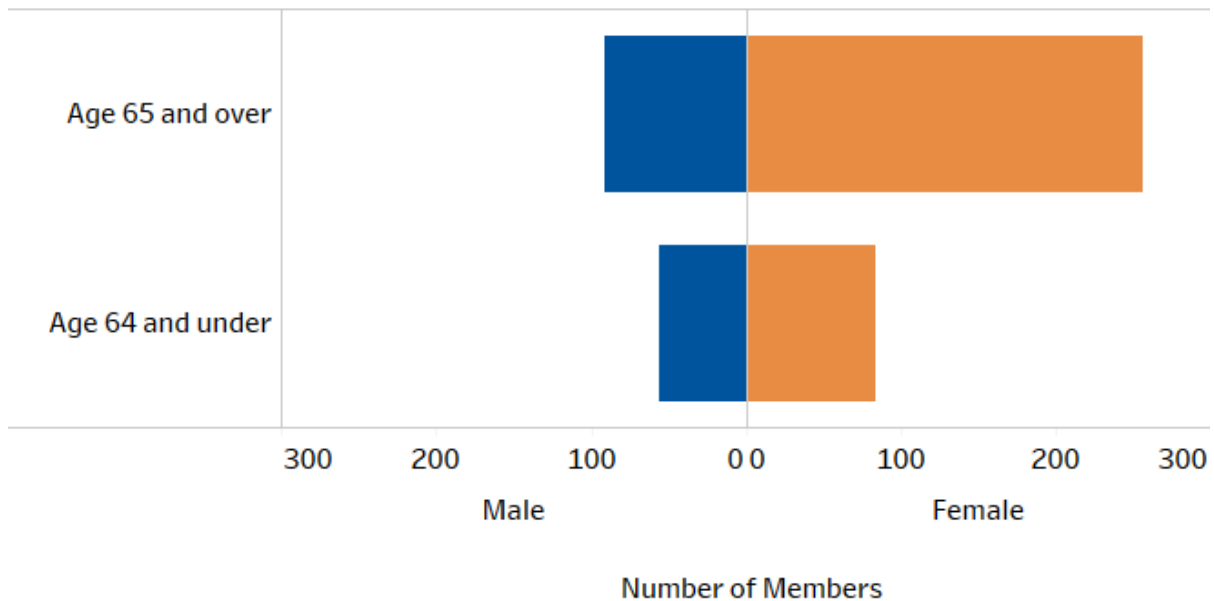
Member Composition

Figure F-2 and Figure F-3 display member demographics.

Figure F-2—Enrollment in SFY 2023—Area Agency on Aging of Northwest Michigan



Figure F-3—Age and Gender Distribution—Area Agency on Aging of Northwest Michigan

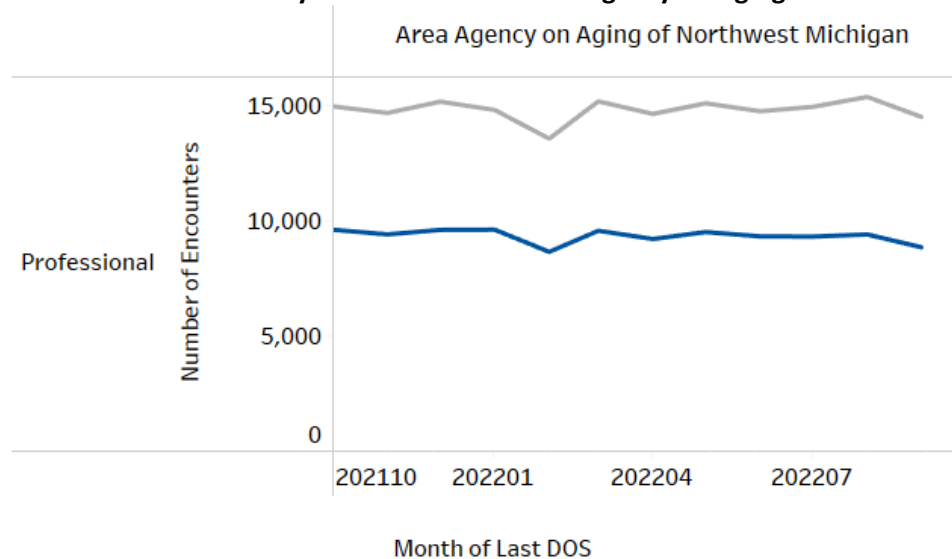


Encounter Data Completeness

Encounter Volume by Service Month

Figure F-4 displays the monthly encounter volume by service month.

Figure F-4—Encounter Volume by Service Month—Area Agency on Aging of Northwest Michigan

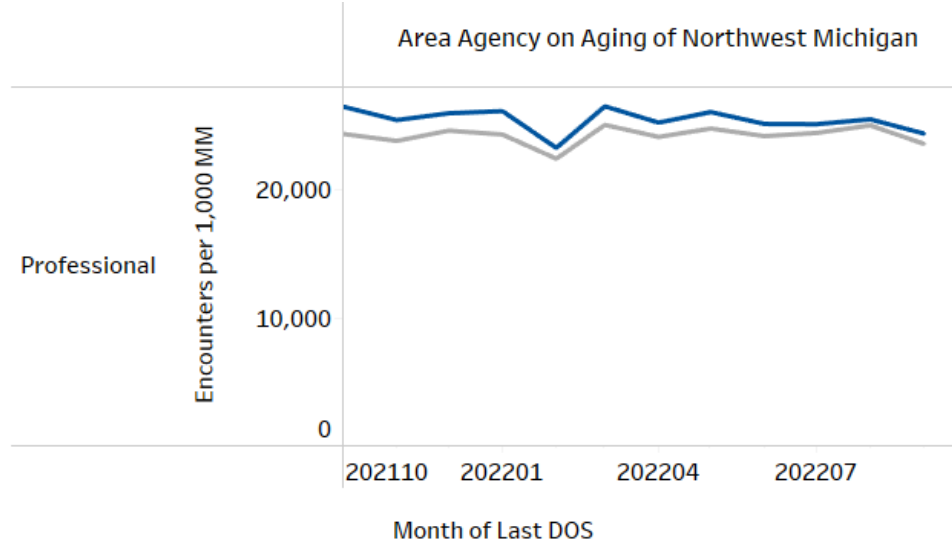


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure F-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure F-5—Encounter Volume per 1,000 MM—Area Agency on Aging of Northwest Michigan

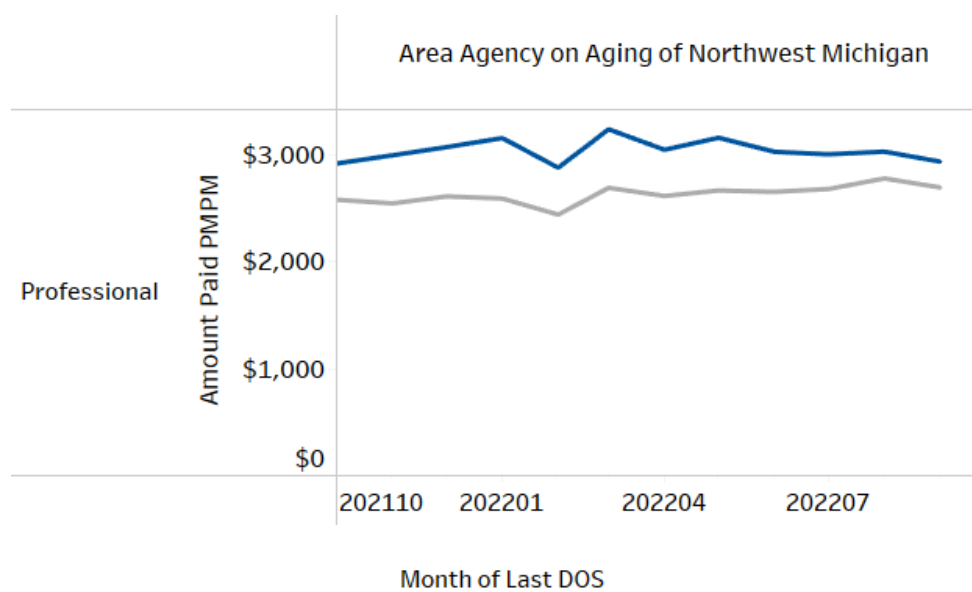


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure F-6 displays the monthly payment amounts PMPM by service month.

Figure F-6—Paid Amount PMPM—Area Agency on Aging of Northwest Michigan

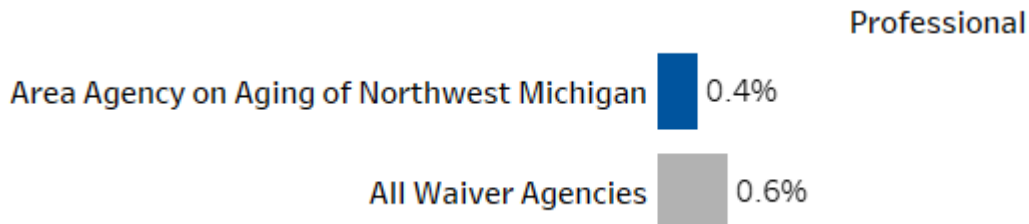


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure F-7 displays the percentage of duplicate encounters.

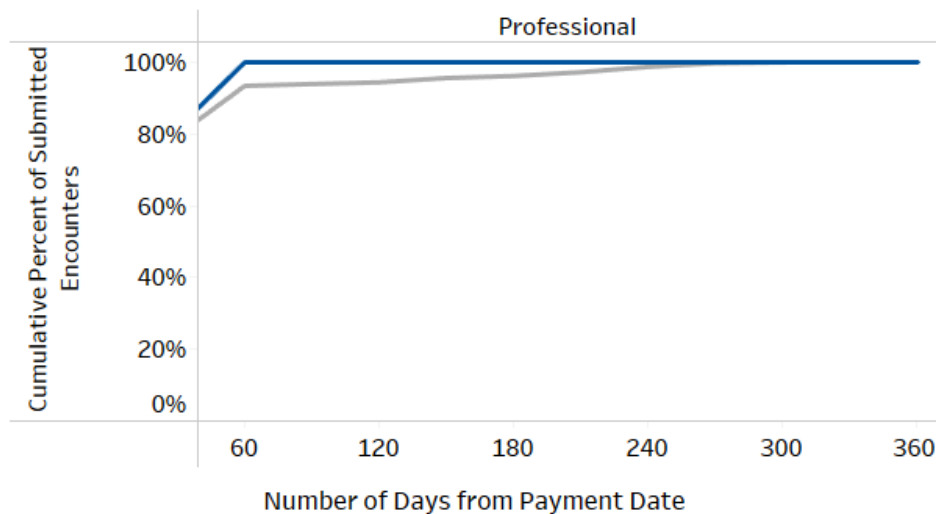
Figure F-7—Percentage of Duplicate Encounters—Area Agency on Aging of Northwest Michigan



Encounter Data Timeliness

Figure F-8 and Table F-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure F-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Area Agency on Aging of Northwest Michigan



Note: The grey line indicates the all waiver agency rate.

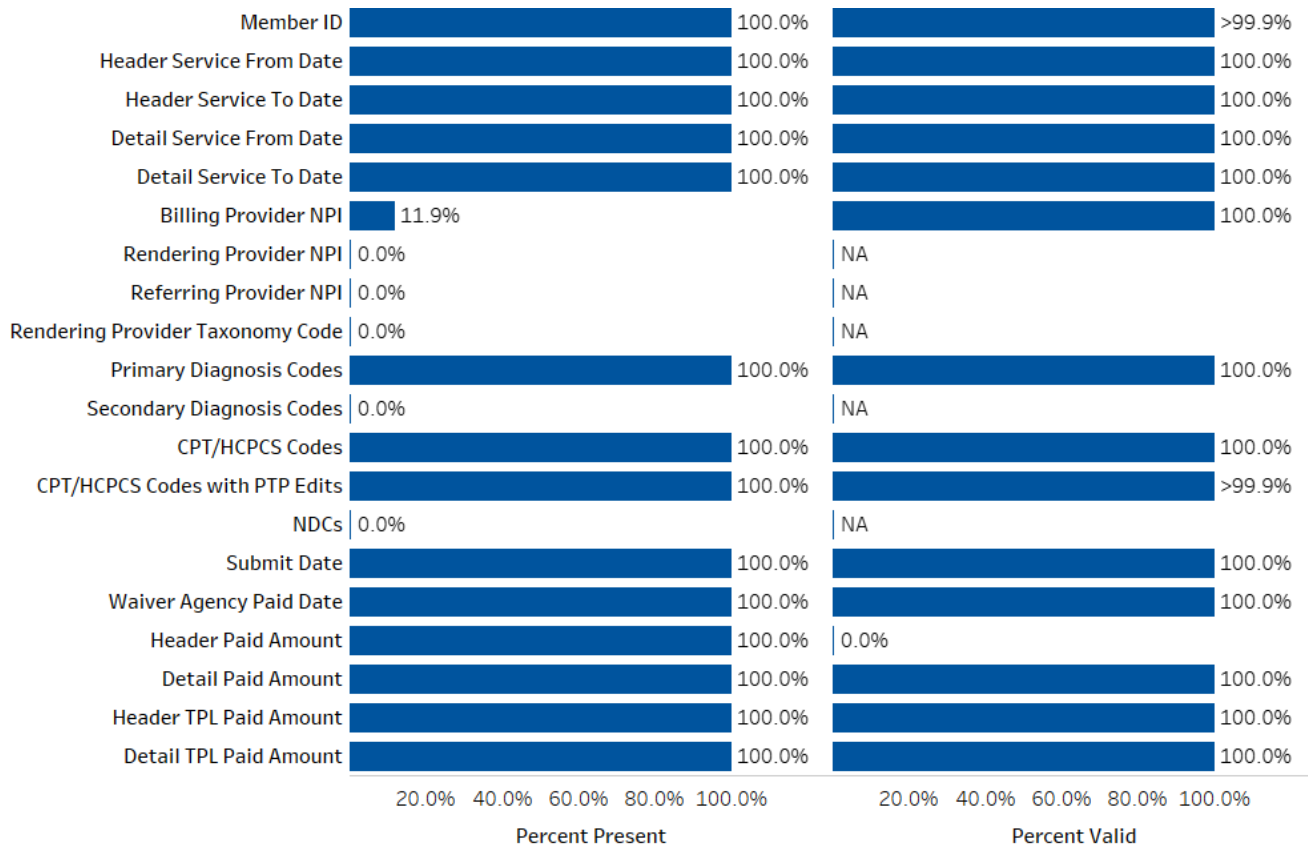
Table F-1—Completeness of Encounters—Area Agency on Aging of Northwest Michigan

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	81.6%
Submitted Within 60 Days	>99.9%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	>99.9%
Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure F-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure F-9—Key Professional Encounter Data Elements—Area Agency on Aging of Northwest Michigan



Encounter Data Referential Integrity

Figure F-10 and Figure F-11 display the referential integrity results.

Figure F-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Area Agency on Aging of Northwest Michigan

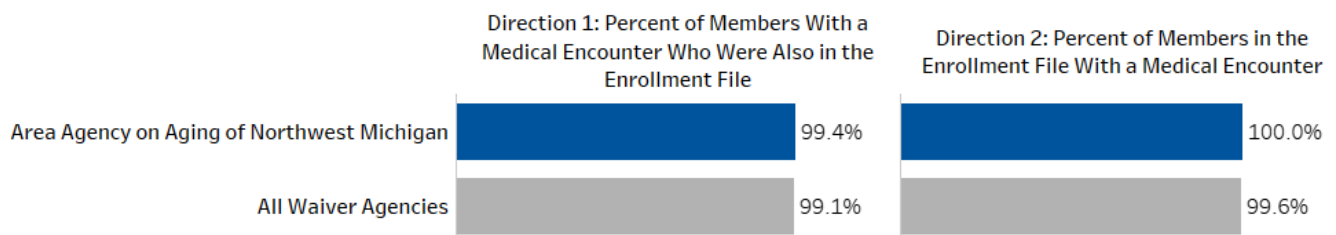
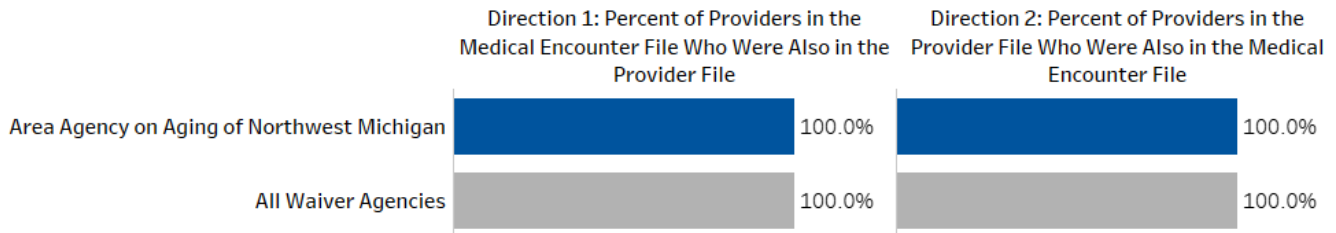


Figure F-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Area Agency on Aging of Northwest Michigan

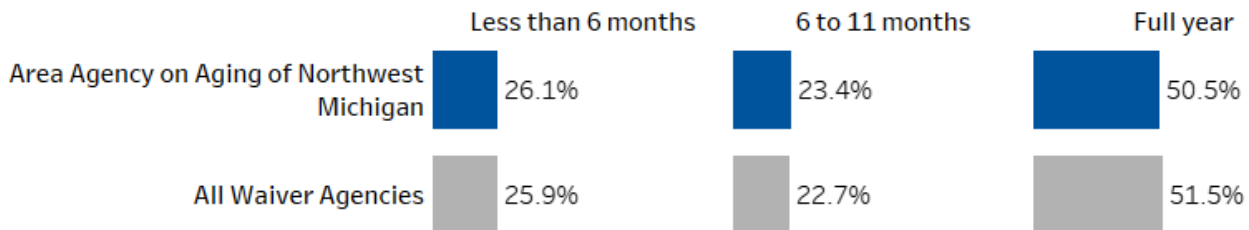


Encounter Data Logic

Member Enrollment

Figure F-12 displays the percentage of members who were continuously enrolled.

Figure F-12—Percentage of Members Who Were Continuously Enrolled—Area Agency on Aging of Northwest Michigan



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Area Agency on Aging of Northwest Michigan**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Area Agency on Aging of Northwest Michigan demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Strength #2: Area Agency on Aging of Northwest Michigan has a robust system dedicated to monitoring encounter data submissions, designed to ensure the accuracy, completeness, and timely submission of encounter data to MDHHS.

Opportunities for Improvement

Weakness #1: None were identified.

Why the weakness exists: Not applicable.

Recommendation: None were identified.

Administrative Profile Conclusions

Strengths

Strength #1: Area Agency on Aging of Northwest Michigan submitted professional encounters in a timely manner from the payment date, with greater than 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most key data elements for **Area Agency on Aging of Northwest Michigan** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 11.9 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Area Agency on Aging of Northwest Michigan** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table F-2 presents the member composition.

Table F-2—Age and Gender Distribution—Area Agency on Aging of Northwest Michigan

Age Category	Number of Females	Number of Males
Age 64 and under	83	56
Age 65 and over	257	91
Total	340	147

Encounter Data Completeness

Encounter Volume by Service Month

Table F-3 displays the encounter volume by service month.

Table F-3—Encounter Volume: Professional Encounters—Area Agency on Aging of Northwest Michigan

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	9,631	363	26,531.7
November 2021	9,428	370	25,481.1
December 2021	9,625	370	26,013.5
January 2022	9,635	368	26,182.1
February 2022	8,669	372	23,303.8
March 2022	9,587	361	26,556.8
April 2022	9,228	365	25,282.2
May 2022	9,530	365	26,109.6
June 2022	9,342	371	25,180.6
July 2022	9,334	371	25,159.0
August 2022	9,424	369	25,539.3
September 2022	8,865	363	24,421.5

Payment Amounts Per Member Per Month

Table F-4 displays the monthly payment amounts PMPM by service month.

Table F-4—Paid Amount PMPM: Professional Encounters—Area Agency on Aging of Northwest Michigan

Month of Service	Number of MM	Paid Amount PMPM
October 2021	363	\$2,921.60
November 2021	370	\$2,998.44
December 2021	370	\$3,074.76
January 2022	368	\$3,159.93
February 2022	372	\$2,882.00
March 2022	361	\$3,242.02
April 2022	365	\$3,050.25
May 2022	365	\$3,162.63
June 2022	371	\$3,031.23
July 2022	371	\$3,007.62
August 2022	369	\$3,032.75
September 2022	363	\$2,939.07

Percentage of Duplicate Encounters

Table F-5 displays the percentage of duplicate encounters.

Table F-5—Percentage of Duplicate Encounters—Area Agency on Aging of Northwest Michigan

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	446	0.4%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table F-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table F-6—Encounter Data Lag Triangle: Professional Encounters—Area Agency on Aging of Northwest Michigan

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	388												388
202111	3,156	361											3,517
202112	467	1,451	381										2,299
202201	1,704	3,632	883	0									6,219
202202	4,967	4,948	9,240	8,642	398								28,195
202203	52	50	119	1,893	6,799	389							9,302
202204	8	10	5	151	2,254	5,607	355						8,390
202205	33	38	54	5	151	4,396	7,498	396					12,571
202206	0	2	0	2	9	210	2,258	8,060	400				10,941
202207	0	0	0	0	0	30	147	2,036	8,241	408			10,862
202208	75	65	47	31	29	46	68	134	1,750	9,621	411		12,277
202209	1	0	0	0	0	0	0	3	63	328	7,275	362	8,032
202210	0	0	0	0	0	0	0	0	0	0	0	0	0
202211	0	10	3	5	4	7	3	3	6	51	2,839	9,537	12,468
202212	0	0	0	0	0	0	0	0	0	0	7	10	17
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	0	0	0	0	0	0	0	0
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	10,851	10,567	10,732	10,729	9,644	10,685	10,329	10,632	10,460	10,408	10,532	9,909	125,478
MM	363	370	370	368	372	361	365	365	371	371	369	363	4,408
PMPM	29.89	28.56	29.01	29.15	25.92	29.60	28.30	29.13	28.19	28.05	28.54	27.30	28.47

Field-Level Completeness and Accuracy

Table F-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table F-7—Key Encounter Data Elements: Professional Encounters—Area Agency on Aging of Northwest Michigan

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	125,478	125,478	100.0%	125,478	125,427	>99.9%
Header Service From Date	125,478	125,478	100.0%	125,478	125,478	100.0%
Header Service To Date	125,478	125,478	100.0%	125,478	125,478	100.0%
Detail Service From Date	125,478	125,478	100.0%	125,478	125,478	100.0%
Detail Service To Date	125,478	125,478	100.0%	125,478	125,478	100.0%
Billing Provider NPI	125,478	14,889	11.9%	14,889	14,889	100.0%
Rendering Provider NPI	125,478	0	0.0%	0	0	NA
Referring Provider NPI	125,478	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	125,478	0	0.0%	0	0	NA
Primary Diagnosis Codes	125,478	125,478	100.0%	125,478	125,478	100.0%
Secondary Diagnosis Codes	125,478	0	0.0%	0	0	NA
CPT/HCPCS Codes	125,478	125,478	100.0%	125,478	125,478	100.0%
CPT/HCPCS Codes with PTP Edits	125,478	125,478	100.0%	125,478	125,476	>99.9%
NDCs	125,478	0	0.0%	0	0	NA
Submit Date	125,478	125,478	100.0%	125,478	125,478	100.0%
Waiver Agency Paid Date	125,478	125,478	100.0%	125,478	125,478	100.0%
Header Paid Amount	125,478	125,478	100.0%	125,478	0	0.0%
Detail Paid Amount	125,478	125,478	100.0%	125,478	125,478	100.0%
Header TPL Paid Amount	125,478	125,478	100.0%	125,478	125,478	100.0%
Detail TPL Paid Amount	125,478	125,478	100.0%	125,478	125,478	100.0%

Appendix G. Results for Area Agency on Aging of Western Michigan

Appendix G contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Area Agency on Aging of Western Michigan**.

IS Review Findings

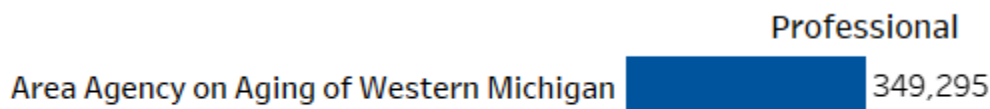
Please refer to Section 3: Information Systems Review Findings for **Area Agency on Aging of Western Michigan**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure G-1 displays the number of encounters.

Figure G-1—Number of Paid Encounters—Area Agency on Aging of Western Michigan



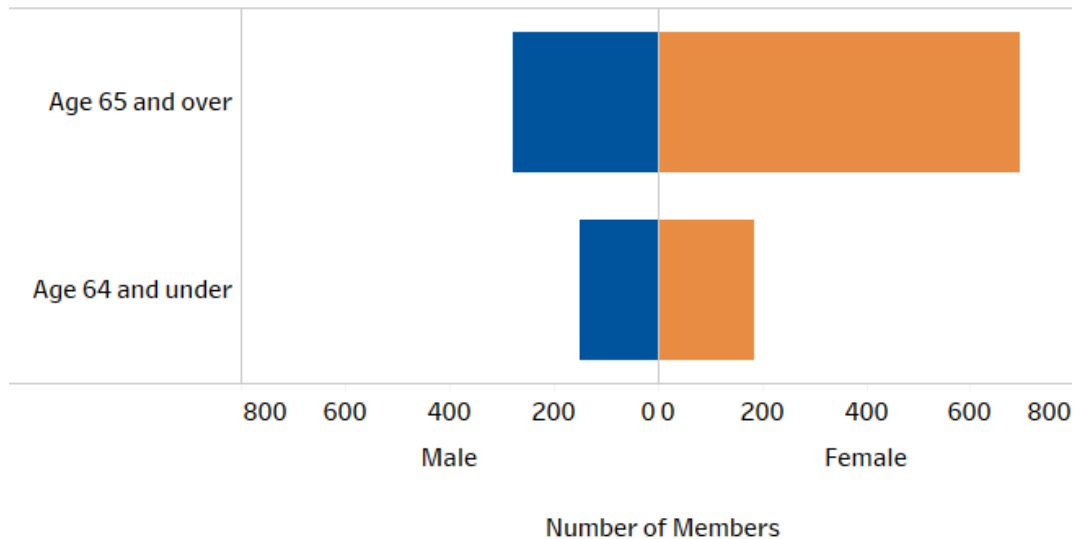
Member Composition

Figure G-2 and Figure G-3 display member demographics.

Figure G-2—Enrollment in SFY 2023—Area Agency on Aging of Western Michigan



Figure G-3—Age and Gender Distribution—Area Agency on Aging of Western Michigan

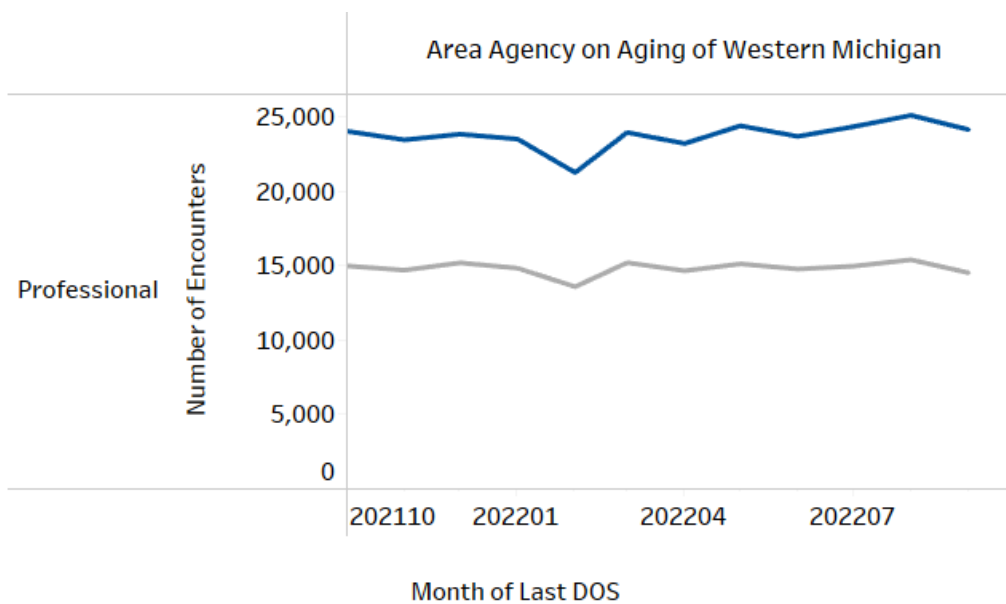


Encounter Data Completeness

Encounter Volume by Service Month

Figure G-4 displays the monthly encounter volume by service month.

Figure G-4—Encounter Volume by Service Month—Area Agency on Aging of Western Michigan

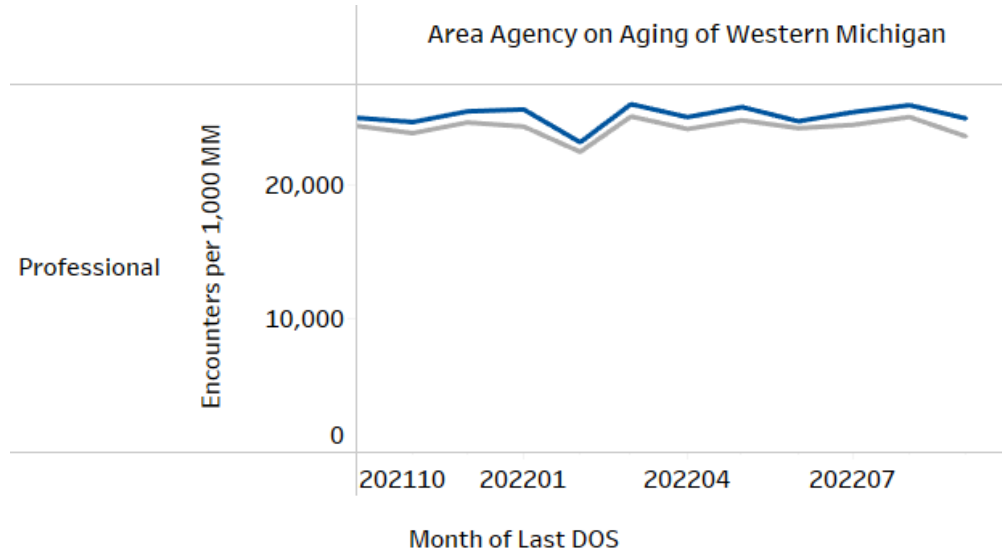


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure G-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure G-5—Encounter Volume per 1,000 MM—Area Agency on Aging of Western Michigan

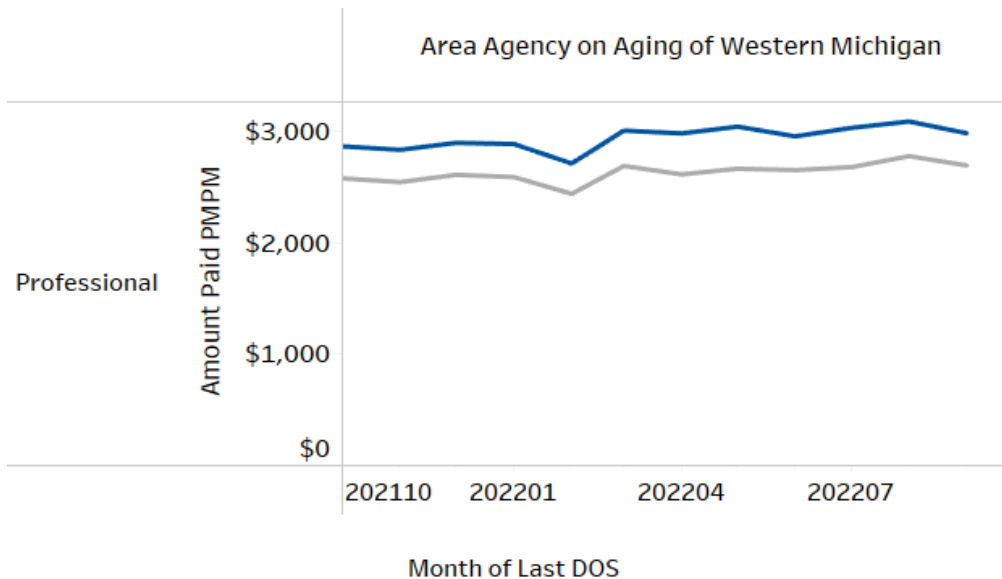


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure G-6 displays the monthly payment amounts PMPM by service month.

Figure G-6—Paid Amount PMPM—Area Agency on Aging of Western Michigan

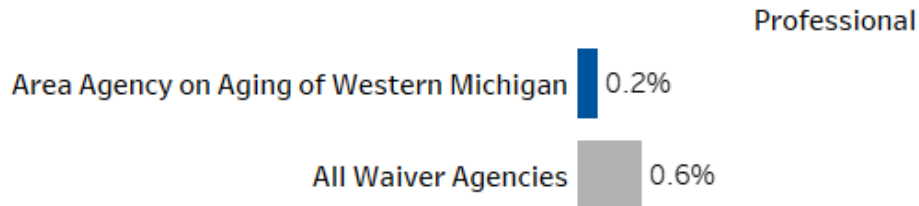


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure G-7 displays the percentage of duplicate encounters.

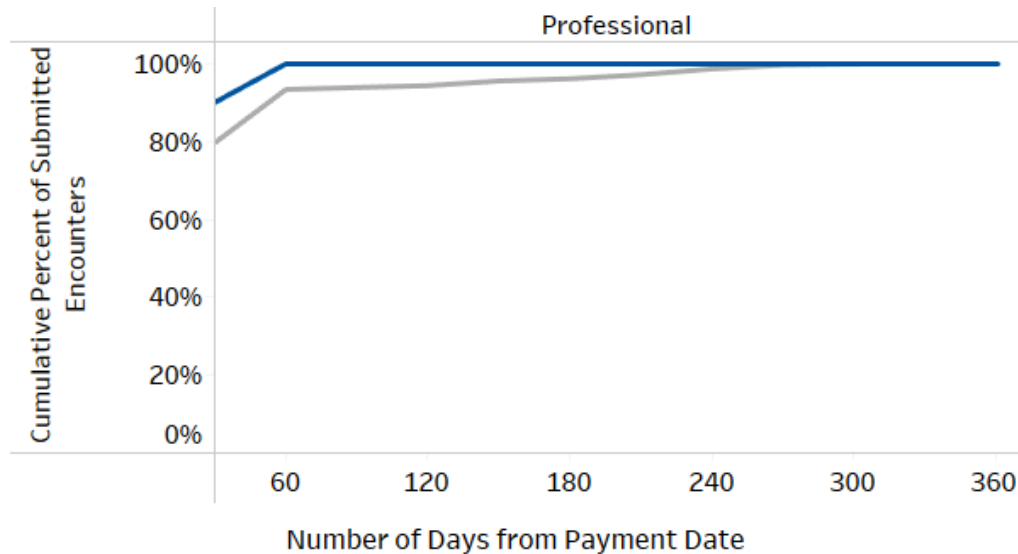
Figure G-7—Percentage of Duplicate Encounters—Area Agency on Aging of Western Michigan



Encounter Data Timeliness

Figure G-8 and Table G-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure G-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Area Agency on Aging of Western Michigan



Note: The grey line indicates the all waiver agency rate.

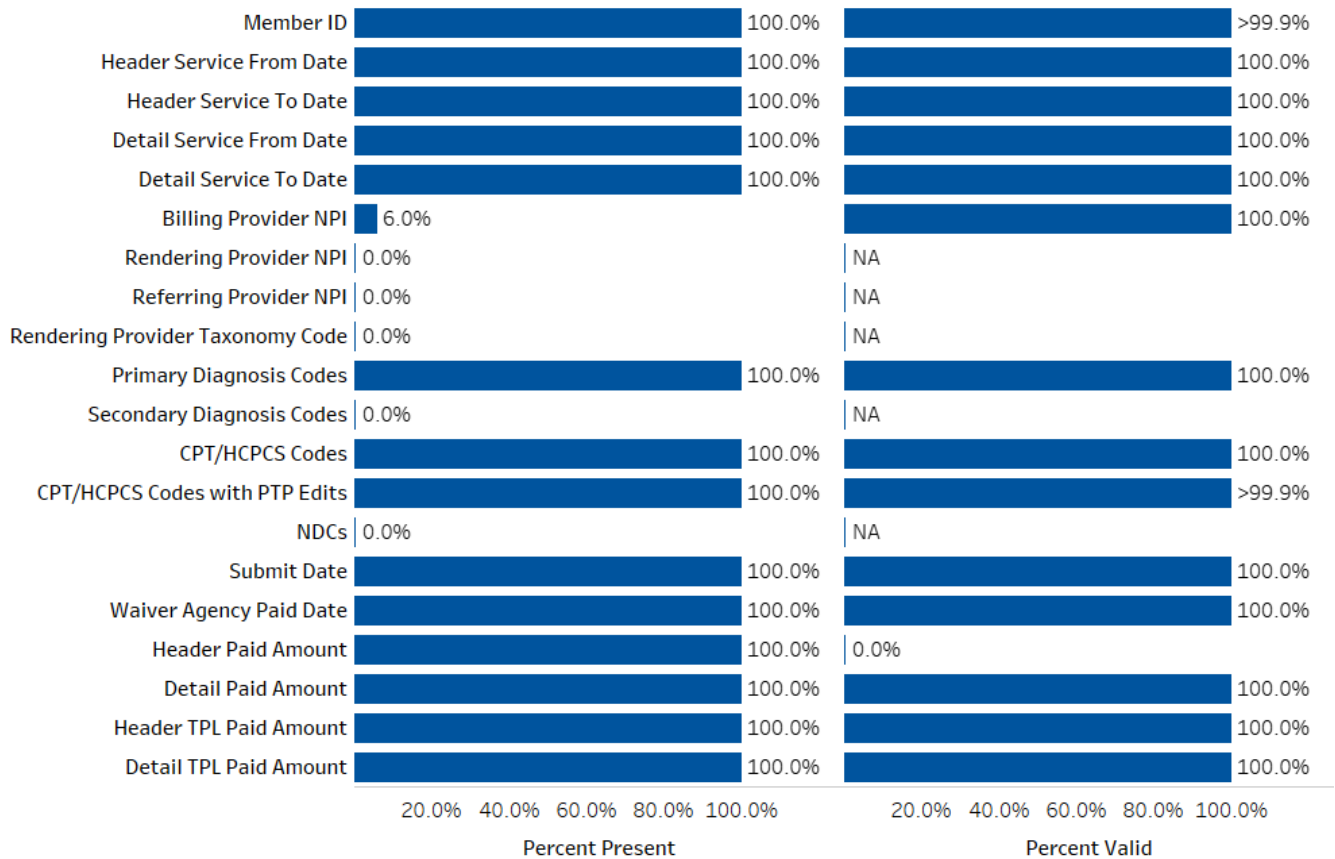
Table G-1—Completeness of Encounters—Area Agency on Aging of Western Michigan

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	90.1%
Submitted Within 60 Days	>99.9%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	>99.9%
Submitted Within 150 Days	>99.9%
Submitted Within 180 Days	>99.9%
Submitted Within 210 Days	>99.9%
Submitted Within 240 Days	>99.9%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	>99.9%
Submitted Within 330 Days	>99.9%
Submitted Within 360 Days	>99.9%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure G-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure G-9—Key Professional Encounter Data Elements—Area Agency on Aging of Western Michigan



Encounter Data Referential Integrity

Figure G-10 and Figure G-11 display the referential integrity results.

Figure G-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Area Agency on Aging of Western Michigan

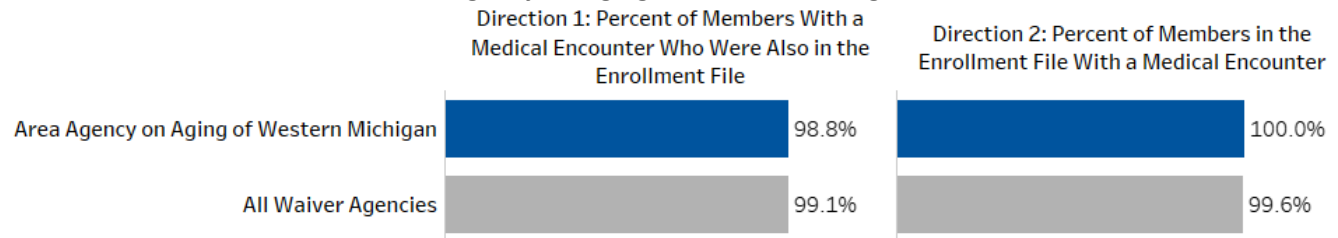
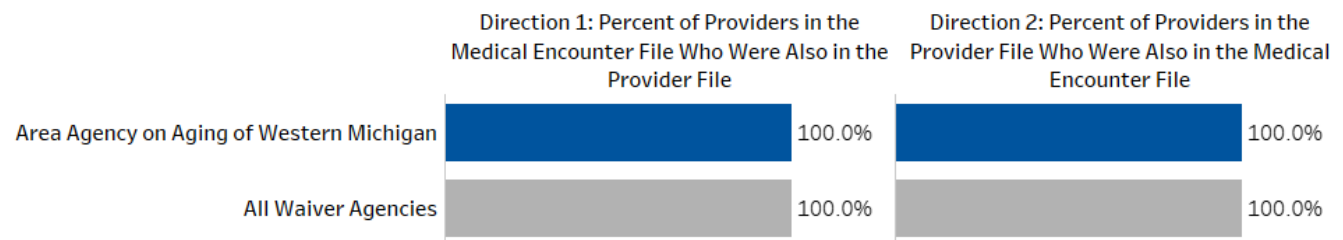


Figure G-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Area Agency on Aging of Western Michigan

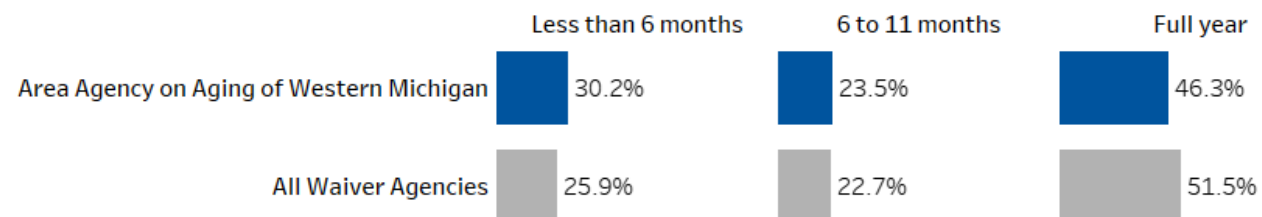


Encounter Data Logic

Member Enrollment

Figure G-12 displays the percentage of members who were continuously enrolled.

Figure G-12—Percentage of Members Who Were Continuously Enrolled—Area Agency on Aging of Western Michigan



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Area Agency on Aging of Western Michigan**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Area Agency on Aging of Western Michigan demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Area Agency on Aging of Western Michigan indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Area Agency on Aging of Western Michigan**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Area Agency on Aging of Western Michigan**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Area Agency on Aging of Western Michigan did not indicate conducting timeliness checks for its HCBS and NEMT encounters and no field-level completeness and validity quality checks for its NEMT encounters.

Why the weakness exists: **Area Agency on Aging of Western Michigan** showed a gap in its monitoring practices by lacking timeliness checks for both HCBS and NEMT encounters. While claim volume and field-level completeness checks were conducted for HCBS encounters, the absence of timeliness checks poses a risk to ensuring compliance with submission deadlines.

Recommendation: To address this weakness, it is recommended that **Area Agency on Aging of Western Michigan** implement a standardized process for timeliness checks on both HCBS and NEMT encounters. This involves establishing automated monitoring systems capable of tracking submission dates, generating alerts for any delays, and generating reports to provide insights into the timeliness of

encounter submissions. Periodic reviews and adjustments of timeliness quality checks based on performance data and changes in regulations or contractual requirements should be considered to enhance the monitoring process.

Administrative Profile Conclusions

Strengths

Strength #1: Area Agency on Aging of Western Michigan submitted professional encounters in a timely manner from the payment date, with greater than 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, all key data elements for **Area Agency on Aging of Western Michigan** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 6.0 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Area Agency on Aging of Western Michigan** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table G-2 presents the member composition.

Table G-2—Age and Gender Distribution—Area Agency on Aging of Western Michigan

Age Category	Number of Females	Number of Males
Age 64 and under	185	149
Age 65 and over	697	278
Total	882	427

Encounter Data Completeness

Encounter Volume by Service Month

Table G-3 displays the encounter volume by service month.

Table G-3—Encounter Volume: Professional Encounters—Area Agency on Aging of Western Michigan

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	24,051	962	25,001.0
November 2021	23,471	951	24,680.3
December 2021	23,851	936	25,481.8
January 2022	23,523	918	25,624.2
February 2022	21,271	918	23,171.0
March 2022	23,966	921	26,021.7
April 2022	23,223	927	25,051.8
May 2022	24,414	946	25,807.6
June 2022	23,704	958	24,743.2
July 2022	24,358	958	25,425.9
August 2022	25,117	968	25,947.3
September 2022	24,157	968	24,955.6

Payment Amounts Per Member Per Month

Table G-4 displays the monthly payment amounts PMPM by service month.

Table G-4—Paid Amount PMPM: Professional Encounters—Area Agency on Aging of Western Michigan

Month of Service	Number of MM	Paid Amount PMPM
October 2021	962	\$2,869.97
November 2021	951	\$2,838.62
December 2021	936	\$2,901.34
January 2022	918	\$2,890.90
February 2022	918	\$2,716.04
March 2022	921	\$3,011.48
April 2022	927	\$2,986.39
May 2022	946	\$3,047.11
June 2022	958	\$2,959.94
July 2022	958	\$3,035.95
August 2022	968	\$3,093.45
September 2022	968	\$2,987.43

Percentage of Duplicate Encounters

Table G-5 displays the percentage of duplicate encounters.

Table G-5—Percentage of Duplicate Encounters—Area Agency on Aging of Western Michigan

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	709	0.2%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table G-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table G-6—Encounter Data Lag Triangle: Professional Encounters—Area Agency on Aging of Western Michigan

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	17,740	4,223	0										21,963
202201	7,617	17,613	4,710	0									29,940
202202	3,057	5,989	15,994	10,013	0								35,053
202203	8	2	7,194	6,643	3,029	0							16,876
202204	26	44	104	10,280	15,100	2,503	0						28,057
202205	607	2	155	227	6,749	21,675	146	0					29,561
202206	388	0	0	125	161	3,847	21,704	2,171	0				28,396
202207	93	1,058	1,022	1,009	78	167	5,475	17,672	4,129	0			30,703
202208	3	3	3	3	945	70	97	8,512	13,116	794	0		23,546
202209	0	0	0	16	5	944	1	151	10,324	16,569	6	0	28,016
202210	5	5	5	7	1	0	967	1,097	1,364	9,709	18,063	1,067	32,290
202211	0	0	0	0	0	1	0	199	168	2,641	11,930	17,804	32,743
202212	11	0	1	0	0	0	0	0	0	54	870	5,168	6,104
202301	2	2	3	3	4	5	5	4	8	11	9	3,488	3,544
202302	0	0	25	31	28	31	30	34	30	32	33	2,127	2,401
202303	0	0	0	0	0	0	0	0	0	0	1	0	1
202304	4	1	0	0	0	0	0	0	30	0	0	2	37
Total	29,561	28,942	29,216	28,357	26,100	29,243	28,425	29,840	29,169	29,810	30,912	29,656	349,231
MM	962	951	936	918	918	921	927	946	958	958	968	968	11,331
PMPM	30.73	30.43	31.21	30.89	28.43	31.75	30.66	31.54	30.45	31.12	31.93	30.64	30.82

Field-Level Completeness and Accuracy

Table G-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table G-7—Key Encounter Data Elements: Professional Encounters—Area Agency on Aging of Western Michigan

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	349,295	349,295	100.0%	349,295	349,133	>99.9%
Header Service From Date	349,295	349,295	100.0%	349,295	349,295	100.0%
Header Service To Date	349,295	349,295	100.0%	349,295	349,295	100.0%
Detail Service From Date	349,295	349,295	100.0%	349,295	349,295	100.0%
Detail Service To Date	349,295	349,295	100.0%	349,295	349,295	100.0%
Billing Provider NPI	349,295	20,885	6.0%	20,885	20,885	100.0%
Rendering Provider NPI	349,295	0	0.0%	0	0	NA
Referring Provider NPI	349,295	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	349,295	0	0.0%	0	0	NA
Primary Diagnosis Codes	349,295	349,295	100.0%	349,295	349,295	100.0%
Secondary Diagnosis Codes	349,295	0	0.0%	0	0	NA
CPT/HCPCS Codes	349,295	349,295	100.0%	349,295	349,295	100.0%
CPT/HCPCS Codes with PTP Edits	349,295	349,295	100.0%	349,295	349,255	>99.9%
NDCs	349,295	0	0.0%	0	0	NA
Submit Date	349,295	349,295	100.0%	349,295	349,295	100.0%
Waiver Agency Paid Date	349,295	349,295	100.0%	349,295	349,295	100.0%
Header Paid Amount	349,295	349,295	100.0%	349,295	0	0.0%
Detail Paid Amount	349,295	349,295	100.0%	349,295	349,295	100.0%
Header TPL Paid Amount	349,295	349,295	100.0%	349,295	349,295	100.0%
Detail TPL Paid Amount	349,295	349,295	100.0%	349,295	349,295	100.0%

Appendix H. Results for Detroit Area Agency on Aging

Appendix H contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Detroit Area Agency on Aging**.

IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **Detroit Area Agency on Aging**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure H-1 displays the number of encounters.

Figure H-1—Number of Paid Encounters—Detroit Area Agency on Aging



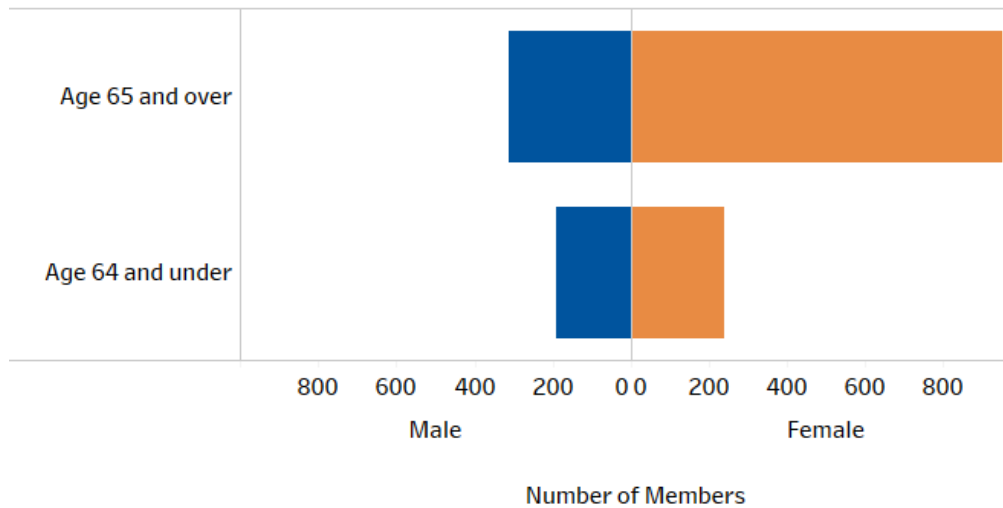
Member Composition

Figure H-2 and Figure H-3 display member demographics.

Figure H-2—Enrollment in SFY 2023—Detroit Area Agency on Aging



Figure H-3—Age and Gender Distribution—Detroit Area Agency on Aging

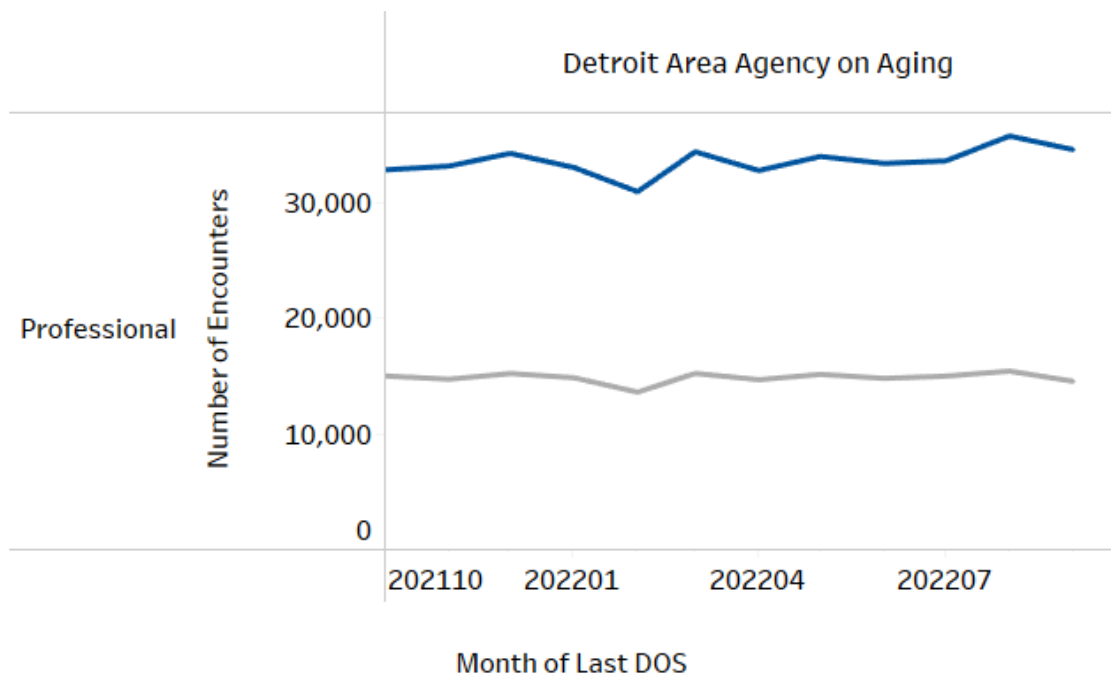


Encounter Data Completeness

Encounter Volume by Service Month

Figure H-4 displays the monthly encounter volume by service month.

Figure H-4—Encounter Volume by Service Month—Detroit Area Agency on Aging

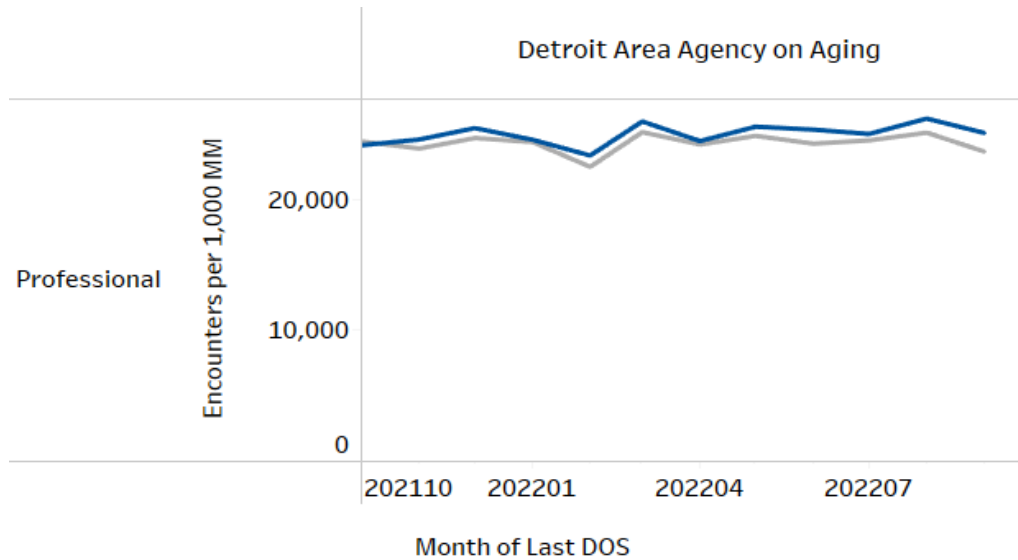


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure H-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure H-5—Encounter Volume per 1,000 MM—Detroit Area Agency on Aging

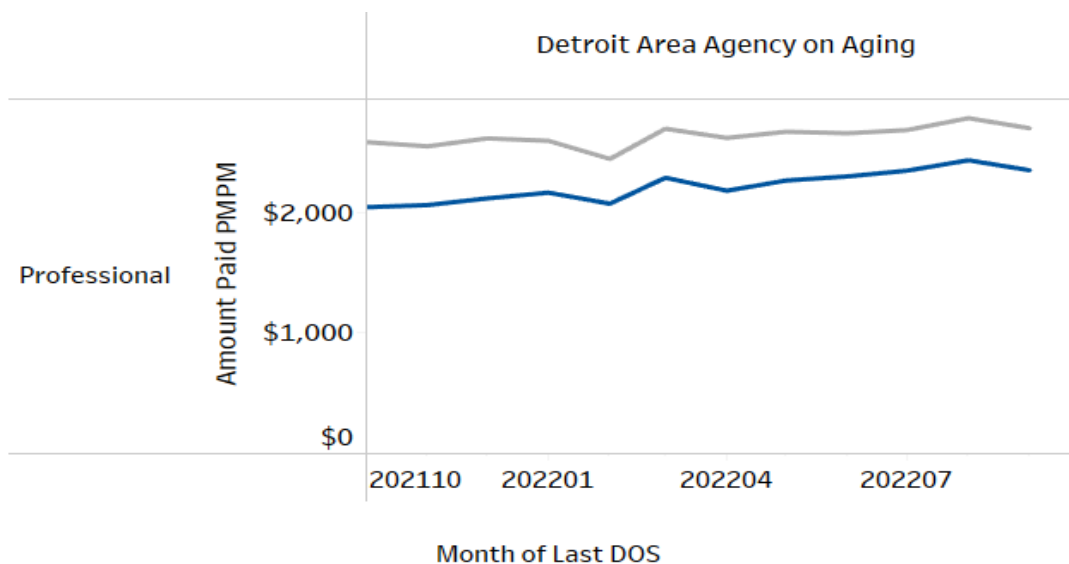


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure H-6 displays the monthly payment amounts PMPM by service month.

Figure H-6—Paid Amount PMPM—Detroit Area Agency on Aging

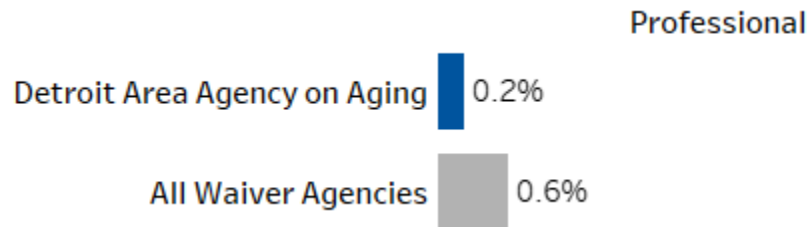


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure H-7 displays the percentage of duplicate encounters.

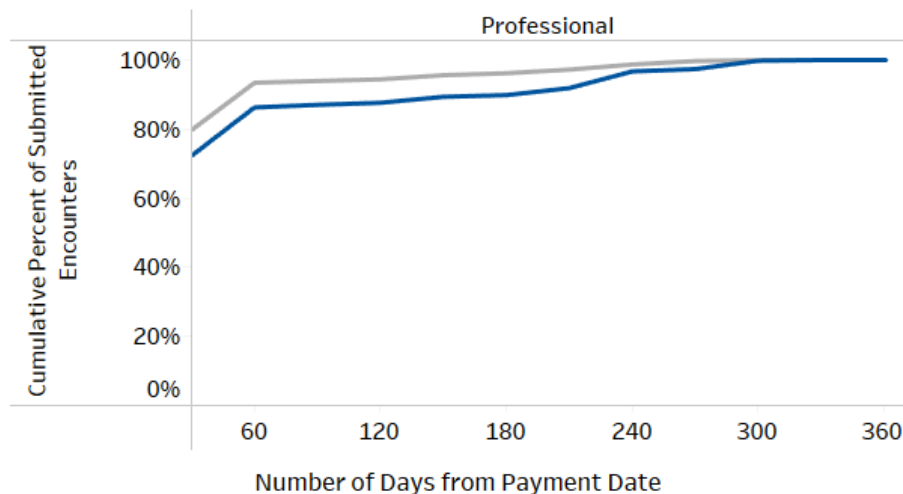
Figure H-7—Percentage of Duplicate Encounters—Detroit Area Agency on Aging



Encounter Data Timeliness

Figure H-8 and Table H-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure H-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Detroit Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

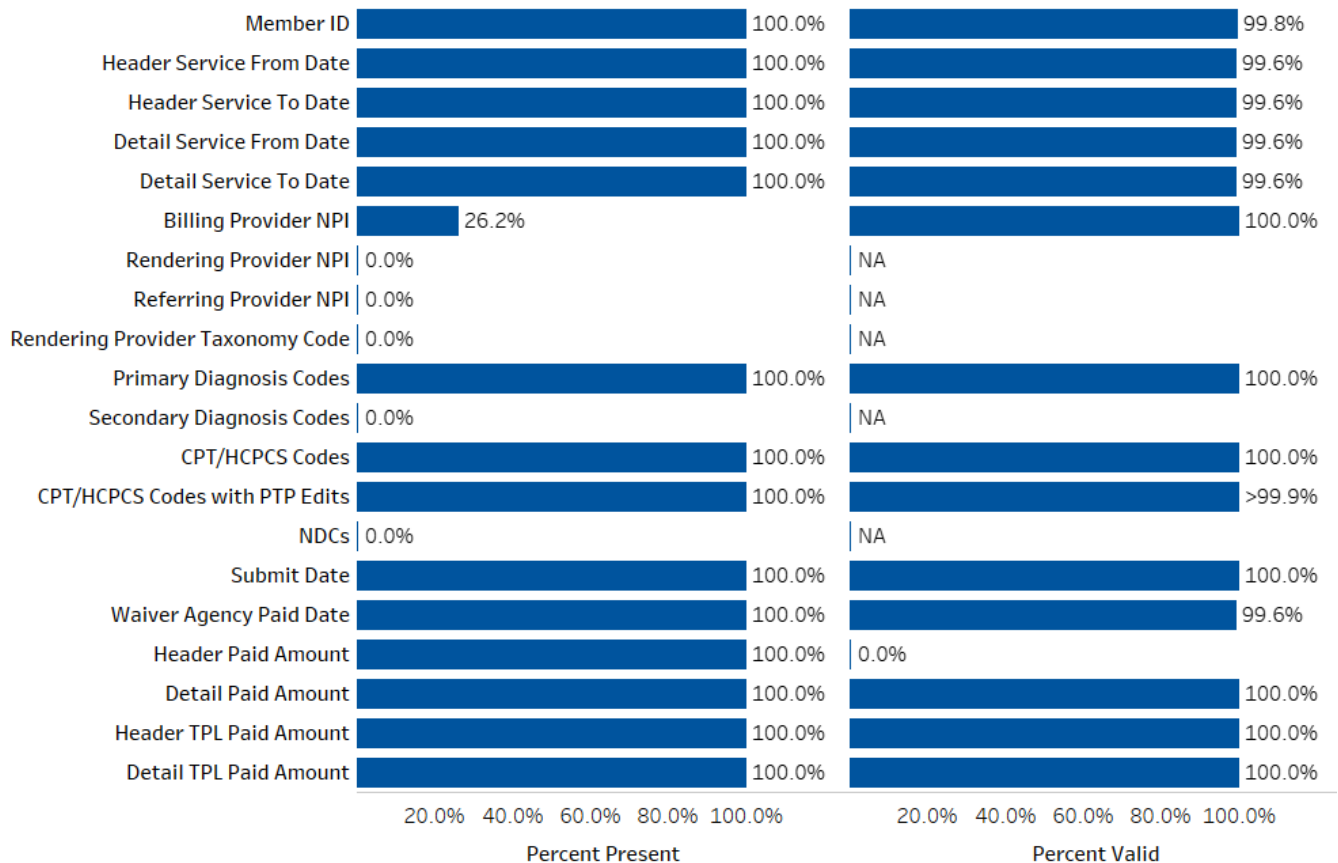
Table H-1—Completeness of Encounters—Detroit Area Agency on Aging

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	72.3%
Submitted Within 60 Days	86.3%
Submitted Within 90 Days	87.0%
Submitted Within 120 Days	87.6%
Submitted Within 150 Days	89.3%
Submitted Within 180 Days	89.8%
Submitted Within 210 Days	91.9%
Submitted Within 240 Days	96.7%
Submitted Within 270 Days	97.4%
Submitted Within 300 Days	99.8%
Submitted Within 330 Days	>99.9%
Submitted Within 360 Days	>99.9%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure H-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure H-9—Key Professional Encounter Data Elements—Detroit Area Agency on Aging



Encounter Data Referential Integrity

Figure H-10 and Figure H-10 display the referential integrity results.

Figure H-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Detroit Area Agency on Aging

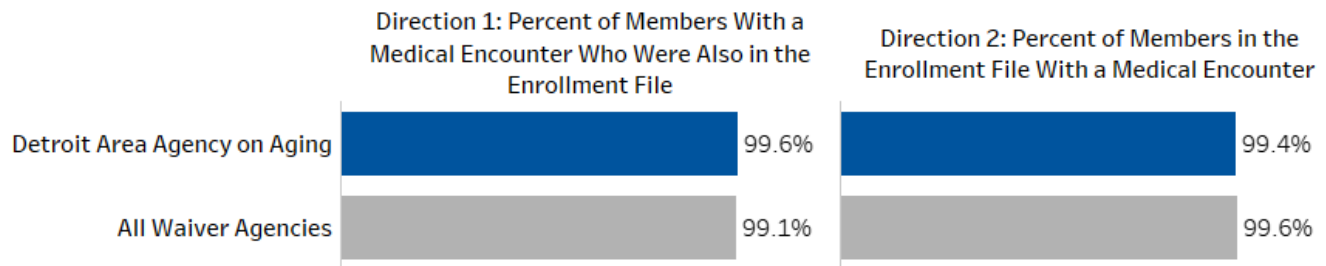
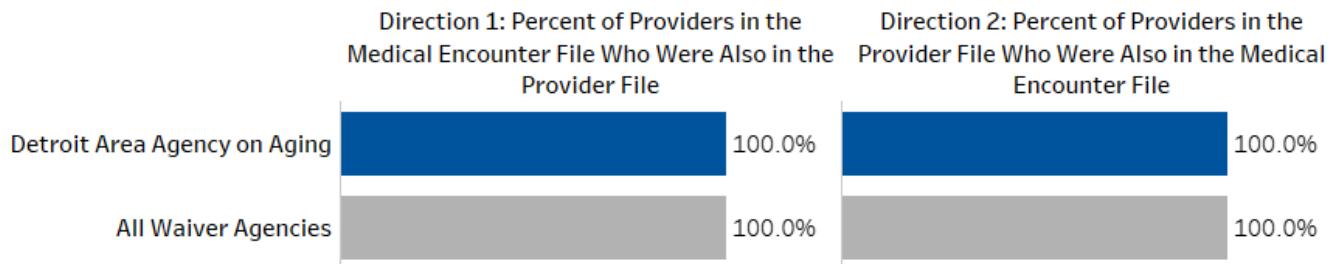


Figure H-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Detroit Area Agency on Aging

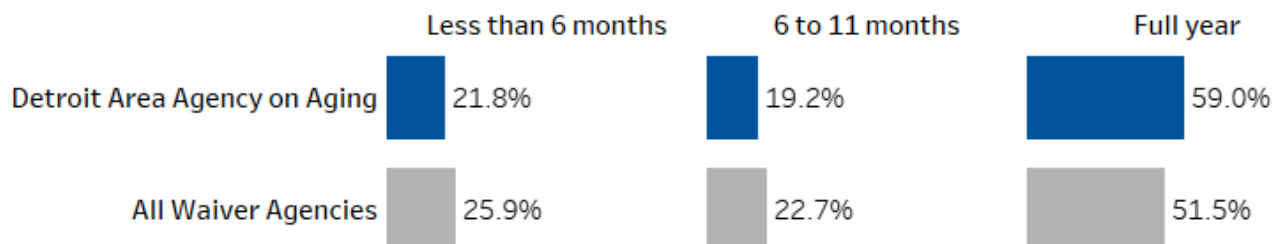


Encounter Data Logic

Member Enrollment

Figure H-12 displays the percentage of members who were continuously enrolled.

Figure H-12—Percentage of Members Who Were Continuously Enrolled—Detroit Area Agency on Aging



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Detroit Area Agency on Aging**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Detroit Area Agency on Aging demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Detroit Area Agency on Aging indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Detroit Area Agency on Aging**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Detroit Area Agency on Aging**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Detroit Area Agency on Aging reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Detroit Area Agency on Aging** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Detroit Area Agency on Aging** should consider enhancing its data management practices. HSAG recommends that **Detroit Area Agency on Aging** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Across all professional encounters, most of the key data elements for **Detroit Area Agency on Aging** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Detroit Area Agency on Aging did not submit professional encounters timely, where 86.3 percent of professional encounters were submitted within 60 days of payment, and not reaching greater than 99 percent of encounters submitted until within 300 days of payment.

Why the weakness exists: The timely submission of encounters is crucial to guarantee that conducted analyses include comprehensive data. Failure to submit encounters in a timely manner may lead to incomplete analyses and inaccurate results.

Recommendation: **Detroit Area Agency on Aging** should monitor its encounter data submission to MDHHS to ensure encounters are submitted after payment.

Weakness #2: Although not required to be populated, 26.2 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Detroit Area Agency on Aging** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table H-2 presents the member composition.

Table H-2—Age and Gender Distribution—Detroit Area Agency on Aging

Age Category	Number of Females	Number of Males
Age 64 and under	241	193
Age 65 and over	954	314
Total	1,195	507

Encounter Data Completeness

Encounter Volume by Service Month

Table H-3 displays the encounter volume by service month.

Table H-3—Encounter Volume: Professional Encounters—Detroit Area Agency on Aging

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	32,782	1,360	24,104.4
November 2021	33,104	1,349	24,539.7
December 2021	34,206	1,346	25,413.1
January 2022	32,987	1,345	24,525.7
February 2022	30,899	1,325	23,320.0
March 2022	34,344	1,325	25,920.0
April 2022	32,727	1,340	24,423.1
May 2022	33,941	1,330	25,519.5
June 2022	33,339	1,318	25,295.1
July 2022	33,554	1,344	24,965.8
August 2022	35,704	1,366	26,137.6
September 2022	34,529	1,379	25,039.2

Payment Amounts Per Member Per Month

Table H-4 displays the monthly payment amounts PMPM by service month.

Table H-4—Paid Amount PMPM: Professional Encounters—Detroit Area Agency on Aging

Month of Service	Number of MM	Paid Amount PMPM
October 2021	1,360	\$2,043.46
November 2021	1,349	\$2,061.02
December 2021	1,346	\$2,116.37
January 2022	1,345	\$2,163.96
February 2022	1,325	\$2,072.29
March 2022	1,325	\$2,287.73
April 2022	1,340	\$2,179.88
May 2022	1,330	\$2,264.79
June 2022	1,318	\$2,298.73
July 2022	1,344	\$2,346.13
August 2022	1,366	\$2,432.47
September 2022	1,379	\$2,349.26

Percentage of Duplicate Encounters

Table H-5 displays the percentage of duplicate encounters.

Table H-5—Percentage of Duplicate Encounters—Detroit Area Agency on Aging

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	1,032	0.2%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table H-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table H-6—Encounter Data Lag Triangle: Professional Encounters—Detroit Area Agency on Aging

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	19,056	0											19,056
202112	1,327	0	0										1,327
202201	5,838	33,917	0	0									39,755
202202	48	688	34,544	0	0								35,280
202203	41	216	1,692	15,690	24,187	0							41,826
202204	0	0	31	10	659	29,740	0						30,440
202205	2	15	49	7	94	2,414	28,190	0					30,771
202206	0	0	0	22	74	180	5,234	28,815	0				34,325
202207	0	1	1	32	1	37	293	5,971	26,464	0			32,800
202208	10,213	1,920	1,683	124	385	489	462	423	7,612	19,132	0		42,443
202209	448	463	515	21,023	9,236	5,702	2,191	2,037	2,333	16,292	0	0	60,240
202210	147	112	123	192	208	268	364	620	743	1,584	39,027	29,636	73,024
202211	16	19	14	20	28	48	146	246	622	622	913	8,580	11,274
202212	6	7	4	7	17	5	6	13	7	15	63	254	404
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	1	1	1	17	35	48	70	173
202303	0	0	0	0	0	0	0	0	1	0	0	44	45
202304	0	0	0	0	0	0	0	0	0	0	11	23	34
Total	37,142	37,358	38,656	37,127	34,889	38,884	36,887	38,126	37,799	37,680	40,062	38,607	453,217
MM	1,360	1,349	1,346	1,345	1,325	1,325	1,340	1,330	1,318	1,344	1,366	1,379	16,127
PMPM	27.31	27.69	28.72	27.60	26.33	29.35	27.53	28.67	28.68	28.04	29.33	28.00	28.10

Field-Level Completeness and Accuracy

Table H-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table H-7—Key Encounter Data Elements: Professional Encounters—Detroit Area Agency on Aging

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	453,344	453,344	100.0%	453,344	452,485	99.8%
Header Service From Date	453,344	453,344	100.0%	453,344	451,349	99.6%
Header Service To Date	453,344	453,344	100.0%	453,344	451,349	99.6%
Detail Service From Date	453,344	453,344	100.0%	453,344	451,349	99.6%
Detail Service To Date	453,344	453,344	100.0%	453,344	451,349	99.6%
Billing Provider NPI	453,344	118,573	26.2%	118,573	118,573	100.0%
Rendering Provider NPI	453,344	0	0.0%	0	0	NA
Referring Provider NPI	453,344	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	453,344	0	0.0%	0	0	NA
Primary Diagnosis Codes	453,344	453,344	100.0%	453,344	453,344	100.0%
Secondary Diagnosis Codes	453,344	0	0.0%	0	0	NA
CPT/HCPCS Codes	453,344	453,344	100.0%	453,344	453,344	100.0%
CPT/HCPCS Codes with PTP Edits	453,344	453,344	100.0%	453,344	453,330	>99.9%
NDCs	453,344	0	0.0%	0	0	NA
Submit Date	453,344	453,344	100.0%	453,344	453,344	100.0%
Waiver Agency Paid Date	453,344	453,344	100.0%	453,344	451,349	99.6%
Header Paid Amount	453,344	453,344	100.0%	453,344	0	0.0%
Detail Paid Amount	453,344	453,344	100.0%	453,344	453,344	100.0%
Header TPL Paid Amount	453,344	453,344	100.0%	453,344	453,344	100.0%
Detail TPL Paid Amount	453,344	453,344	100.0%	453,344	453,344	100.0%

Appendix I. Results for Easterseals/MORC

Appendix I contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Easterseals/MORC**.

IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **Easterseals/MORC**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure I-1 displays the number of encounters.

Figure I-1—Number of Paid Encounters—Easterseals/MORC



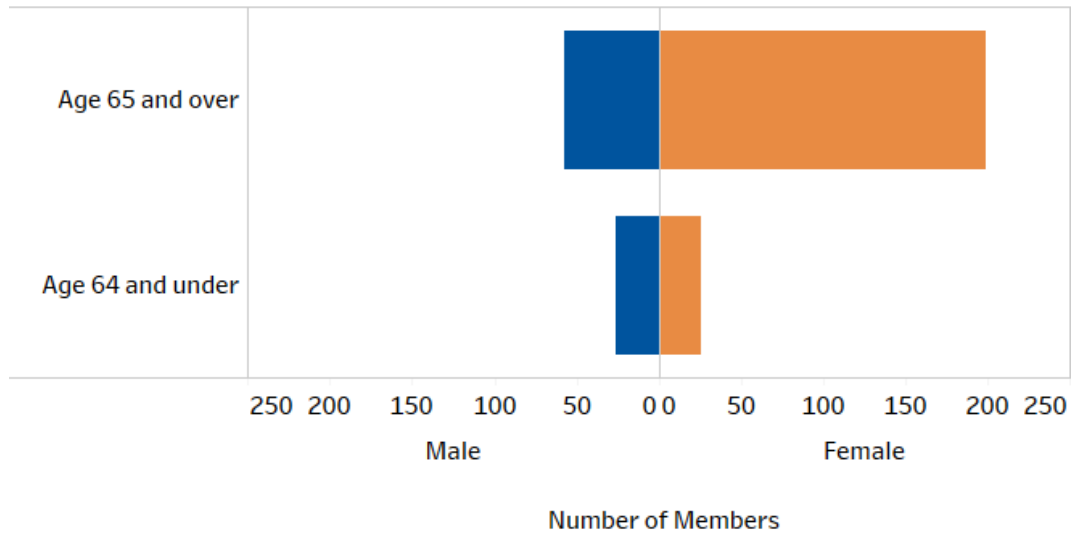
Member Composition

Figure I-2 and Figure I-3 display member demographics.

Figure I-2—Enrollment in SFY 2023—Easterseals/MORC



Figure I-3—Age and Gender Distribution—Easterseals/MORC

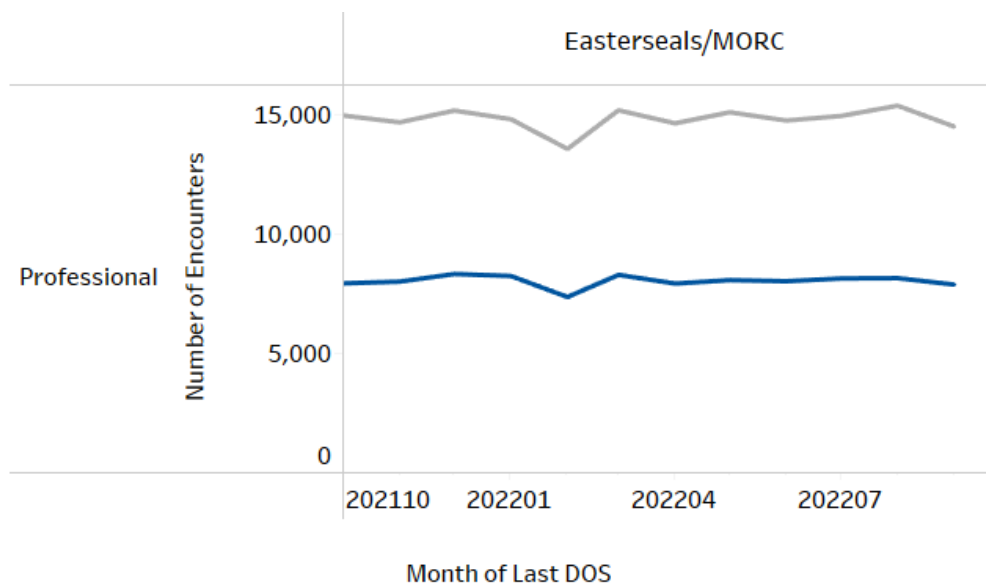


Encounter Data Completeness

Encounter Volume by Service Month

Figure I-4 displays the monthly encounter volume by service month.

Figure I-4—Encounter Volume by Service Month—Easterseals/MORC

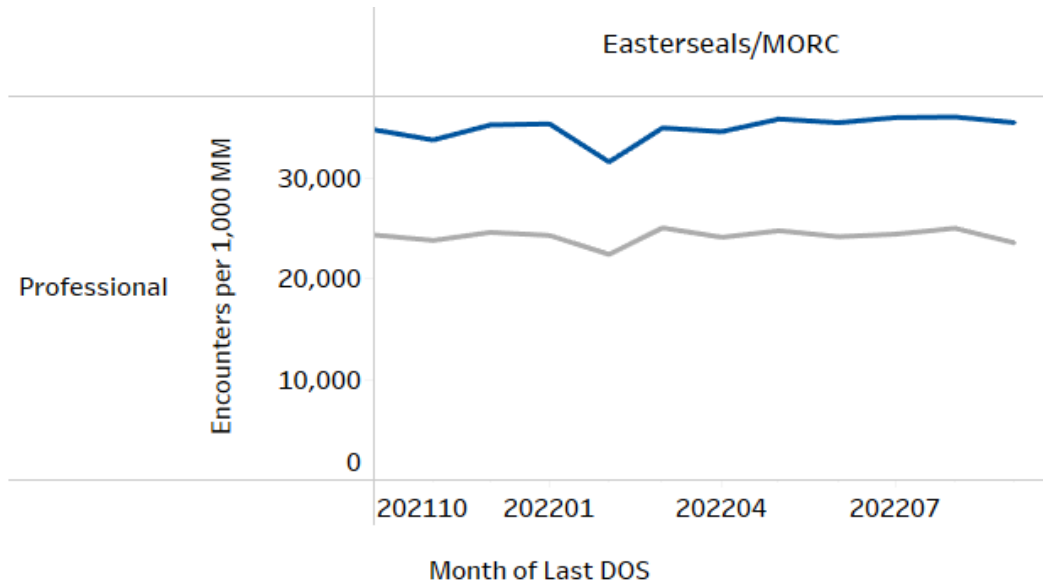


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure I-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure I-5—Encounter Volume per 1,000 MM—Easterseals/MORC

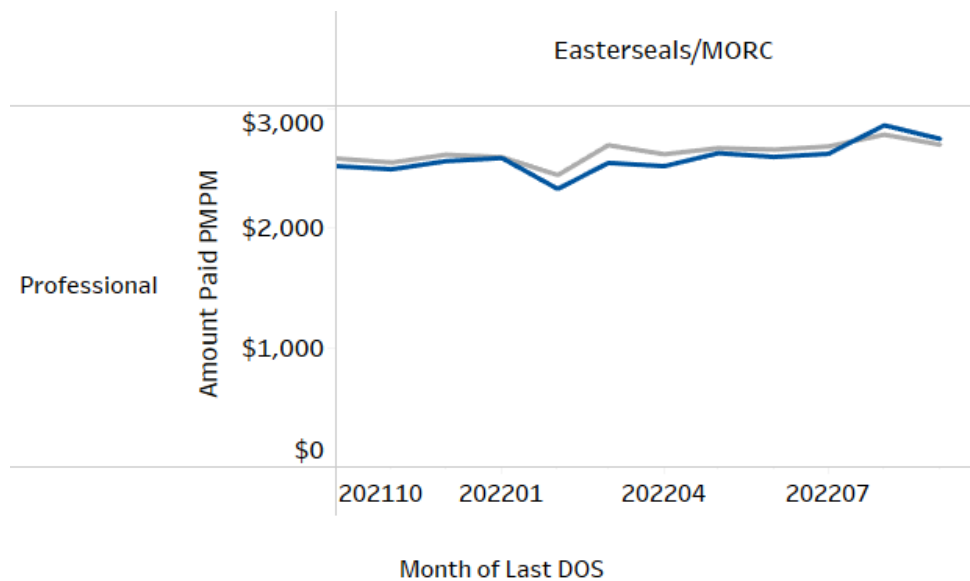


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure I-6 displays the monthly payment amounts PMPM by service month.

Figure I-6—Paid Amount PMPM—Easterseals/MORC

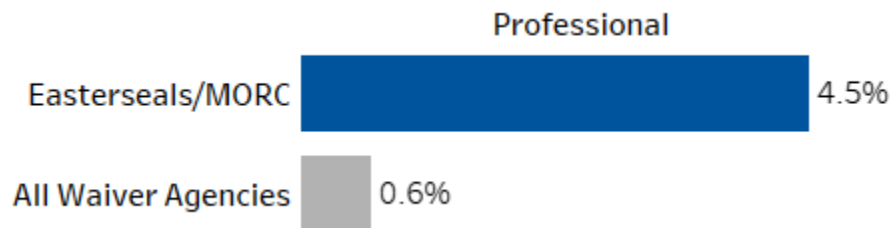


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure I-7 displays the percentage of duplicate encounters.

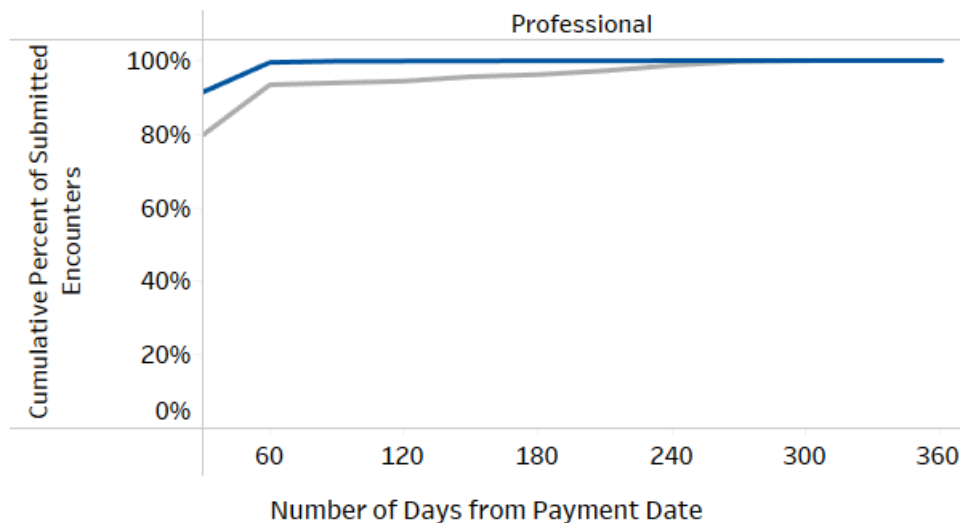
Figure I-7—Percentage of Duplicate Encounters—Easterseals/MORC



Encounter Data Timeliness

Figure I-8 and Table I-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure I-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Easterseals/MORC



Note: The grey line indicates the all waiver agency rate.

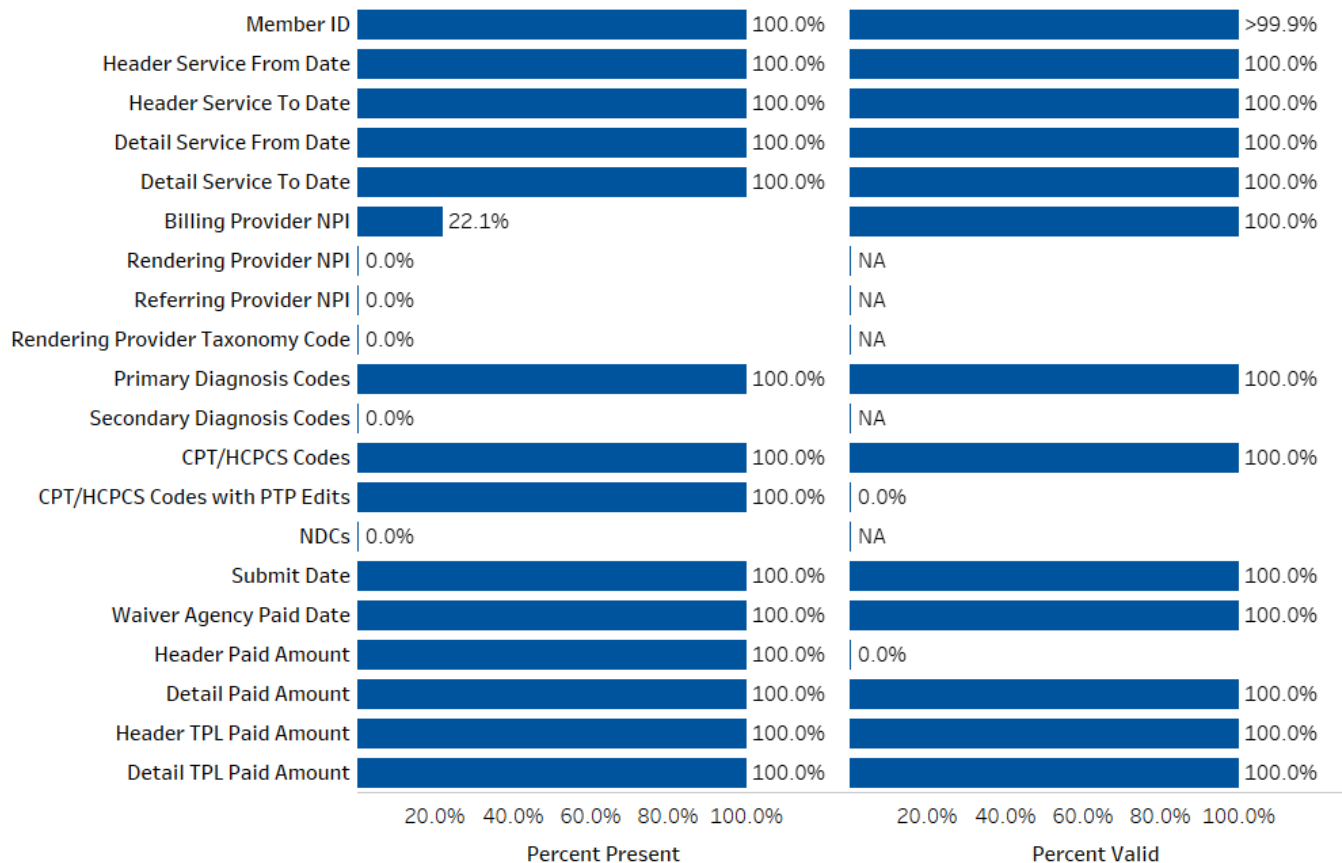
Table I-1—Completeness of Encounters—Easterseals/MORC

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	91.4%
Submitted Within 60 Days	99.5%
Submitted Within 90 Days	99.8%
Submitted Within 120 Days	99.8%
Submitted Within 150 Days	99.9%
Submitted Within 180 Days	99.9%
Submitted Within 210 Days	99.9%
Submitted Within 240 Days	>99.9%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	>99.9%
Submitted Within 330 Days	>99.9%
Submitted Within 360 Days	>99.9%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure I-9 provides the percentage of encounters that are present and contain valid values for key data elements.

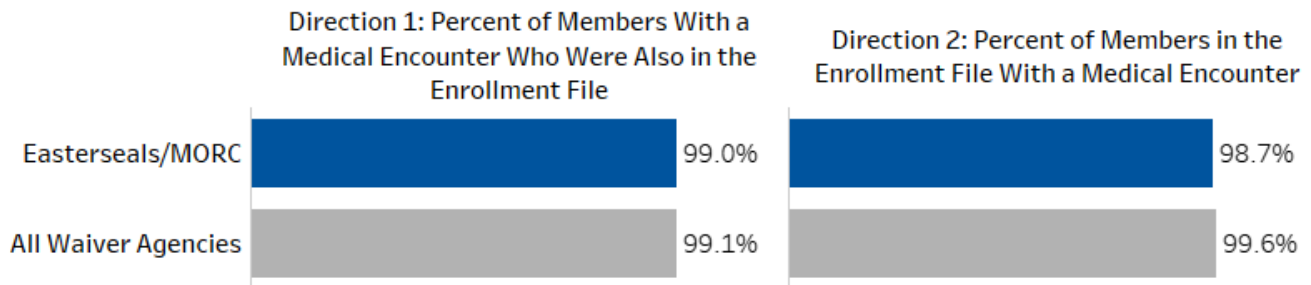
Figure I-9—Key Professional Encounter Data Elements—Easterseals/MORC



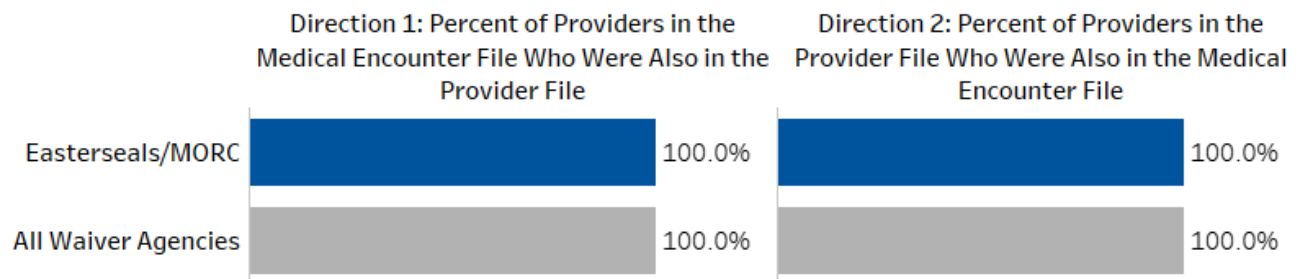
Encounter Data Referential Integrity

Figure I-10 and Figure I-11 display the referential integrity results.

**Figure I-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Easterseals/MORC**



**Figure I-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Easterseals/MORC**

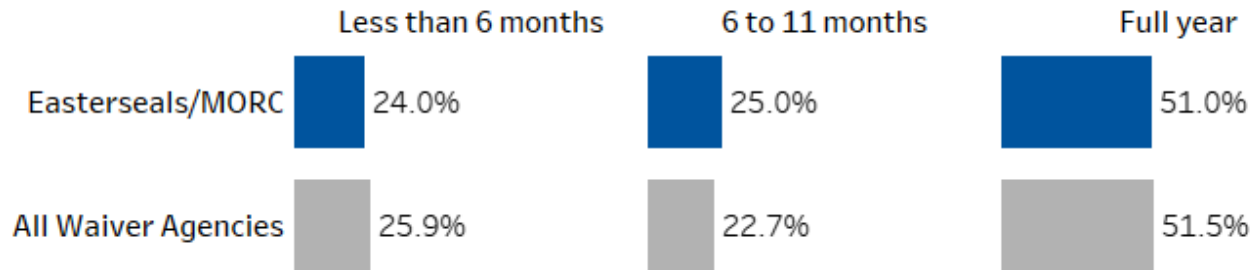


Encounter Data Logic

Member Enrollment

Figure I-12 displays the percentage of members who were continuously enrolled.

Figure I-12—Percentage of Members Who Were Continuously Enrolled—Easterseals/MORC



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Easterseals/MORC**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Easterseals/MORC demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Easterseals/MORC indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Easterseals/MORC**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Easterseals/MORC**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: **Easterseals/MORC** reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Easterseals/MORC** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Easterseals/MORC** should consider enhancing its data management practices. HSAG recommends that **Easterseals/MORC** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: **Easterseals/MORC** submitted professional encounters in a timely manner from the payment date, with 99.5 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Easterseals/MORC** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 22.1 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Easterseals/MORC** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Weakness #2: **Easterseals/MORC** had a high occurrence of duplicate encounters (4.5 percent) within its data compared to the all waiver agency average (0.6 percent).

Why the weakness exists: Existing duplicate encounters can potentially lead to misinterpretations during data analysis.

Recommendation: HSAG recommends **Easterseals/MORC** improve data quality by reviewing internal processes.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table I-2 presents the member composition.

Table I-2—Age and Gender Distribution—Easterseals/MORC

Age Category	Number of Females	Number of Males
Age 64 and under	25	26
Age 65 and over	199	58
Total	224	84

Encounter Data Completeness

Encounter Volume by Service Month

Table I-3 displays the encounter volume by service month.

Table I-3—Encounter Volume: Professional Encounters—Easterseals/MORC

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	7,951	228	34,872.8
November 2021	8,023	237	33,852.3
December 2021	8,343	236	35,351.7
January 2022	8,260	233	35,450.6
February 2022	7,377	233	31,660.9
March 2022	8,307	237	35,050.6
April 2022	7,942	229	34,681.2
May 2022	8,086	225	35,937.8
June 2022	8,040	226	35,575.2
July 2022	8,155	226	36,084.1
August 2022	8,169	226	36,146.0
September 2022	7,899	222	35,581.1

Payment Amounts Per Member Per Month

Table I-4 displays the monthly payment amounts PMPM by service month.

Table I-4—Paid Amount PMPM: Professional Encounters—Easterseals/MORC

Month of Service	Number of MM	Paid Amount PMPM
October 2021	228	\$2,518.46
November 2021	237	\$2,491.79
December 2021	236	\$2,560.05
January 2022	233	\$2,586.07
February 2022	233	\$2,327.42
March 2022	237	\$2,545.41
April 2022	229	\$2,517.85
May 2022	225	\$2,626.95
June 2022	226	\$2,595.34
July 2022	226	\$2,621.35
August 2022	226	\$2,860.31
September 2022	222	\$2,745.86

Percentage of Duplicate Encounters

Table I-5 displays the percentage of duplicate encounters.

Table I-5—Percentage of Duplicate Encounters—Easterseals/MORC

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	6,016	4.5%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table I-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table I-6—Encounter Data Lag Triangle: Professional Encounters—Easterseals/MORC

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	8,716	0											8,716
202112	26	1,784	0										1,810
202201	1,947	9,159	11,052	0									22,158
202202	0	0	398	10,103	0								10,501
202203	0	0	16	1,024	9,101	0							10,141
202204	0	0	0	220	1,000	10,891	0						12,111
202205	0	0	0	0	0	458	8,446	0					8,904
202206	0	0	0	0	0	0	2,466	8,247	0				10,713
202207	32	31	32	32	29	32	32	2,912	5,263	0			8,395
202208	0	0	0	0	0	4	30	61	5,814	8,512	0		14,421
202209	0	0	0	0	0	10	20	22	46	2,595	5,711	0	8,404
202210	0	0	0	0	0	0	0	0	0	217	5,534	5,601	11,352
202211	0	0	0	0	0	0	0	0	23	0	31	5,304	5,358
202212	0	0	0	0	1	8	0	0	0	0	0	19	28
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	0	0	0	0	0	0	0	0
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	1	0	0	0	0	0	0	1	13	0	0	1	16
Total	10,722	10,974	11,498	11,379	10,131	11,403	10,994	11,243	11,159	11,324	11,276	10,925	133,028
MM	228	237	236	233	233	237	229	225	226	226	226	222	2,758
PMPM	47.03	46.30	48.72	48.84	43.48	48.11	48.01	49.97	49.38	50.11	49.89	49.21	48.23

Field-Level Completeness and Accuracy

Table I-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table I-7—Key Encounter Data Elements: Professional Encounters—Easterseals/MORC

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	133,028	133,028	100.0%	133,028	132,979	>99.9%
Header Service From Date	133,028	133,028	100.0%	133,028	133,028	100.0%
Header Service To Date	133,028	133,028	100.0%	133,028	133,028	100.0%
Detail Service From Date	133,028	133,028	100.0%	133,028	133,028	100.0%
Detail Service To Date	133,028	133,028	100.0%	133,028	133,028	100.0%
Billing Provider NPI	133,028	29,426	22.1%	29,426	29,426	100.0%
Rendering Provider NPI	133,028	0	0.0%	0	0	NA
Referring Provider NPI	133,028	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	133,028	0	0.0%	0	0	NA
Primary Diagnosis Codes	133,028	133,028	100.0%	133,028	133,028	100.0%
Secondary Diagnosis Codes	133,028	0	0.0%	0	0	NA
CPT/HCPCS Codes	133,028	133,028	100.0%	133,028	133,028	100.0%
CPT/HCPCS Codes with PTP Edits	133,028	133,028	100.0%	133,028	0	0.0%
NDCs	133,028	0	0.0%	0	0	NA
Submit Date	133,028	133,028	100.0%	133,028	133,028	100.0%
Waiver Agency Paid Date	133,028	133,028	100.0%	133,028	133,028	100.0%
Header Paid Amount	133,028	133,028	100.0%	133,028	0	0.0%
Detail Paid Amount	133,028	133,028	100.0%	133,028	133,028	100.0%
Header TPL Paid Amount	133,028	133,028	100.0%	133,028	133,028	100.0%
Detail TPL Paid Amount	133,028	133,028	100.0%	133,028	133,028	100.0%

Appendix J. Results for Milestone Senior Services

Appendix J contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Milestone Senior Services**.

IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **Milestone Senior Services**' specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure J-1 displays the number of encounters.

Figure J-1—Number of Paid Encounters—Milestone Senior Services



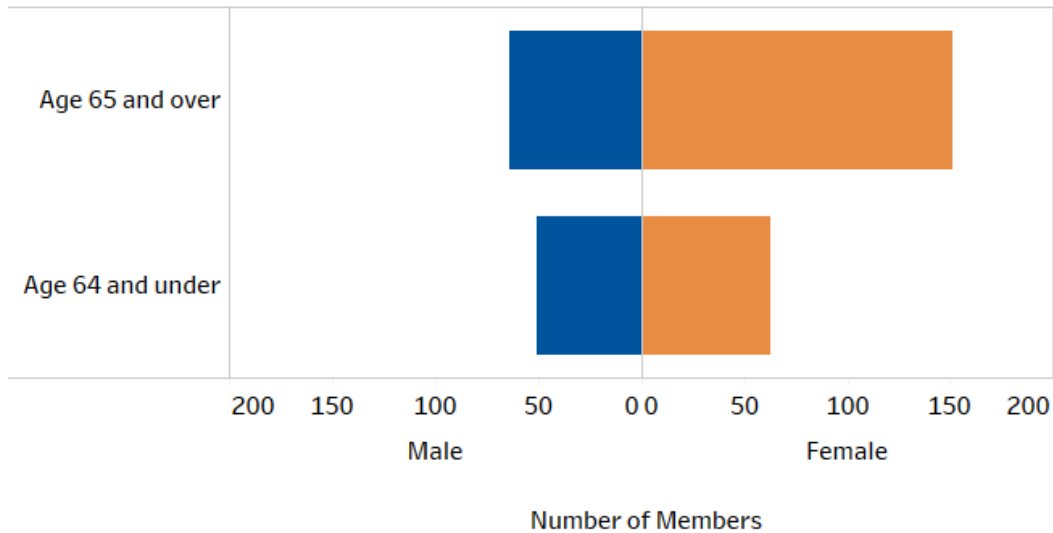
Member Composition

Figure J-2 and Figure J-3 display member demographics.

Figure J-2—Enrollment in SFY 2023—Milestone Senior Services



Figure J-3—Age and Gender Distribution—Milestone Senior Services

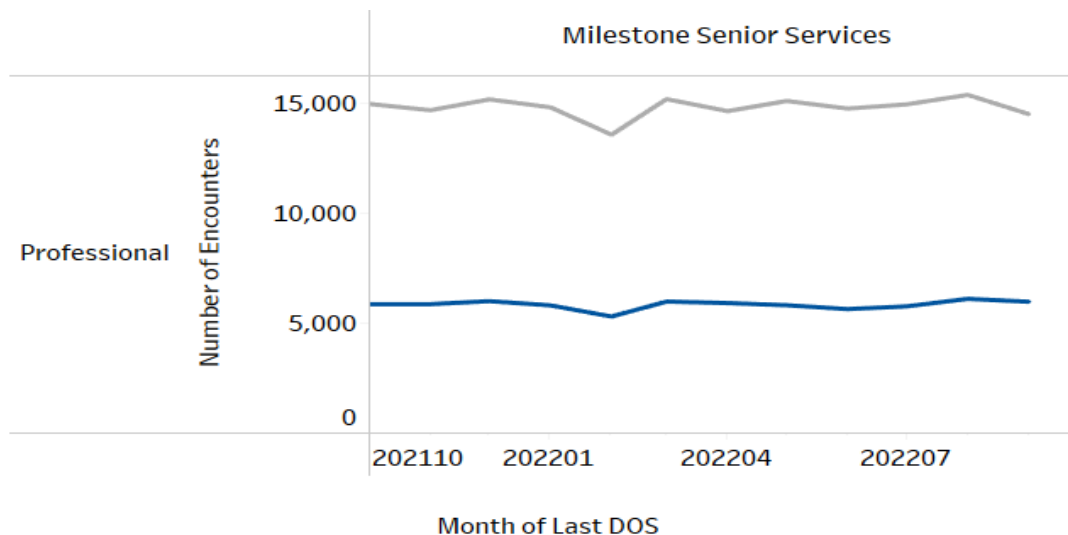


Encounter Data Completeness

Encounter Volume by Service Month

Figure J-4 displays the monthly encounter volume by service month.

Figure J-4—Encounter Volume by Service Month—Milestone Senior Services

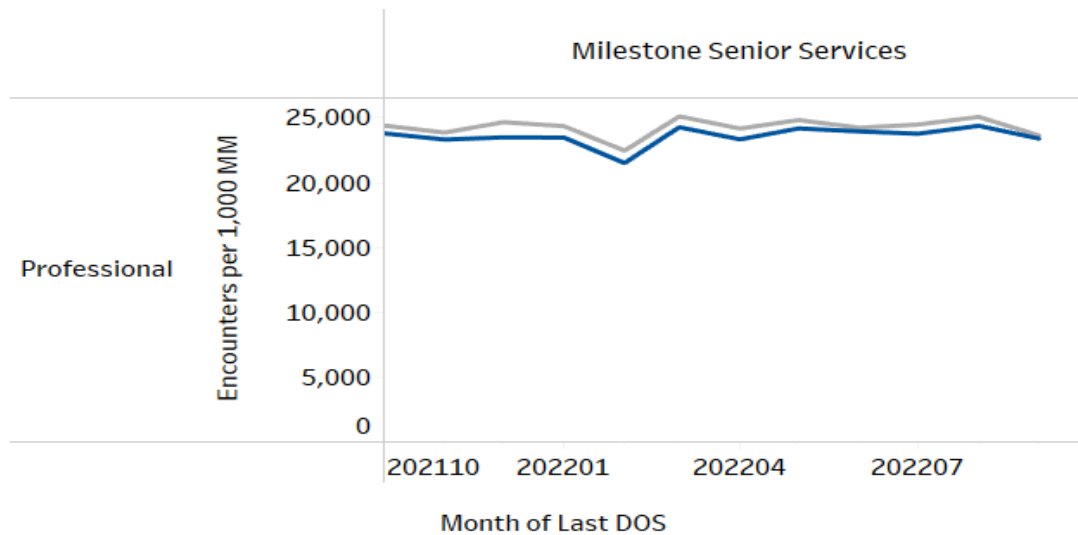


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure J-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure J-5—Encounter Volume per 1,000 MM—Milestone Senior Services

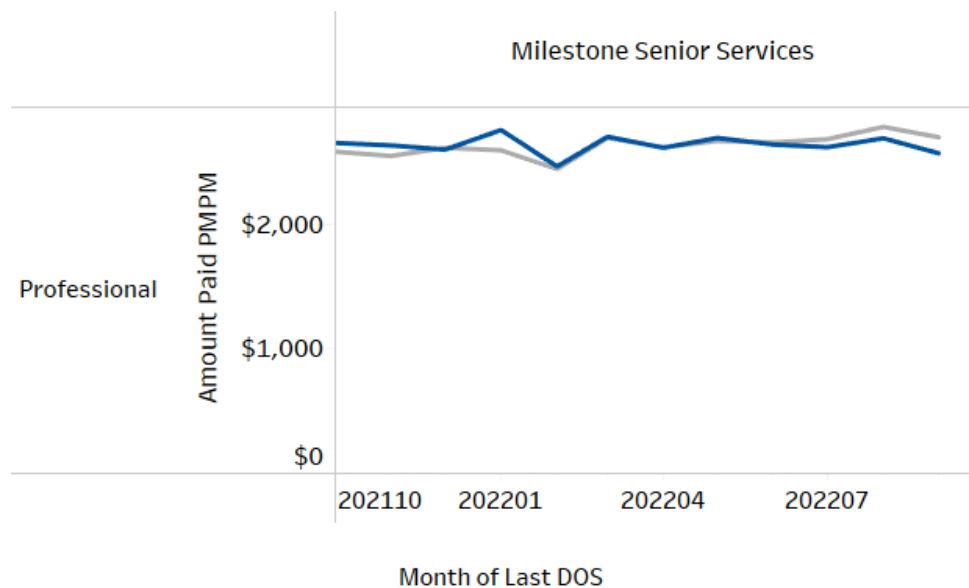


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure J-6 displays the monthly payment amounts PMPM by service month.

Figure J-6—Paid Amount PMPM—Milestone Senior Services

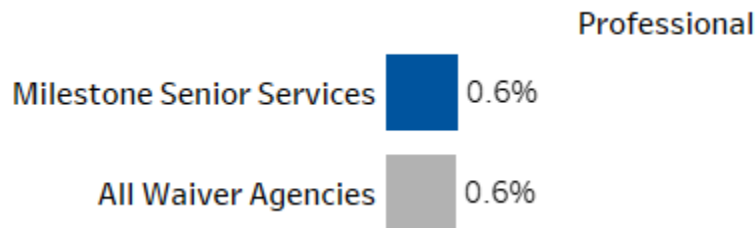


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure J-7 displays the percentage of duplicate encounters.

Figure J-7—Percentage of Duplicate Encounters—Milestone Senior Services



Encounter Data Timeliness

Figure J-8 and Table J-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure J-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Milestone Senior Services

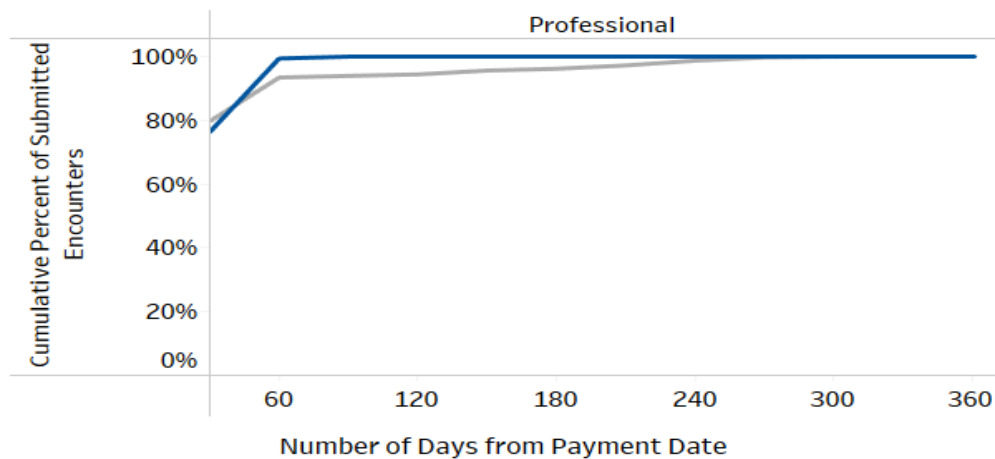


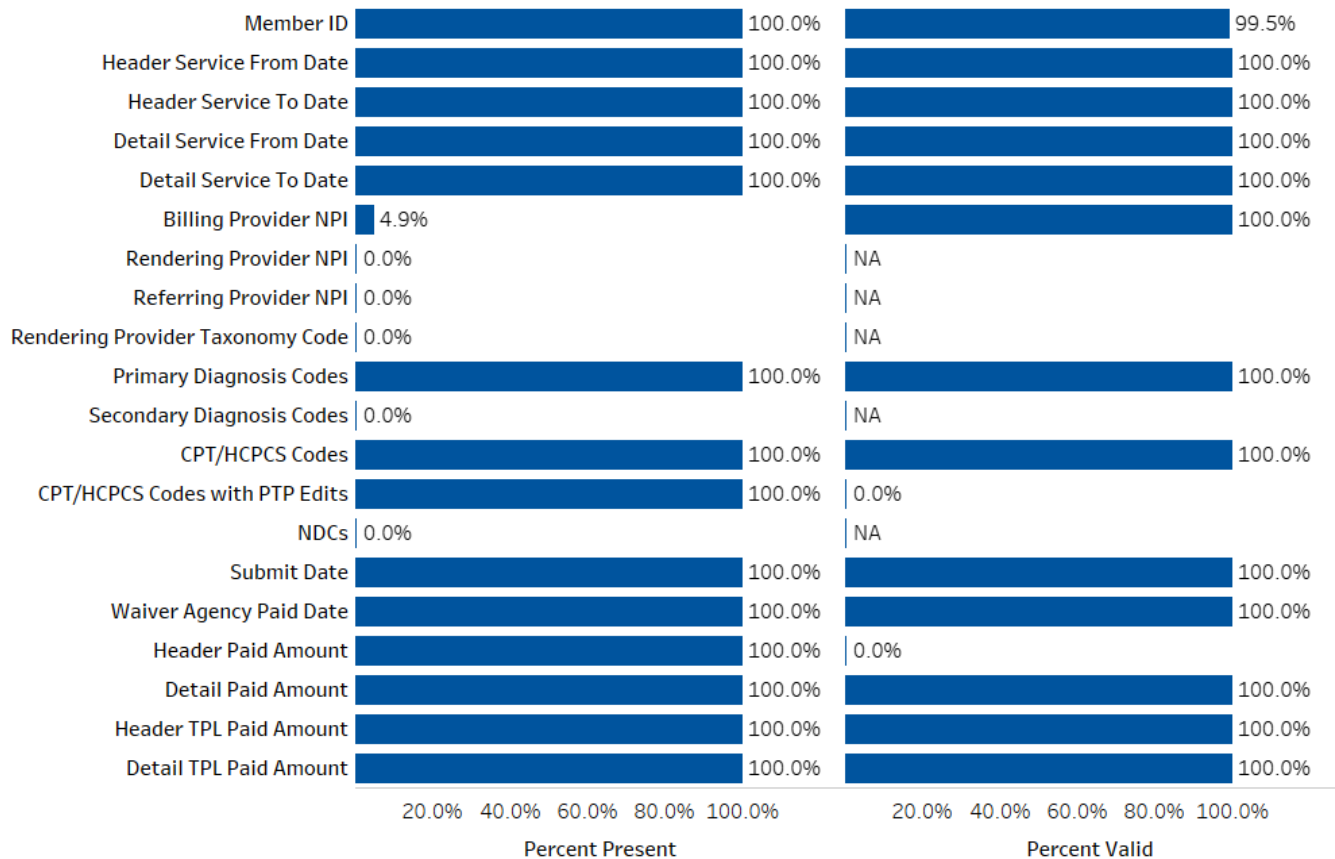
Table J-1—Completeness of Encounters—Milestone Senior Services

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	76.3%
Submitted Within 60 Days	99.4%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	>99.9%
Submitted Within 150 Days	>99.9%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure J-9 provides the percentage of encounters that are present and contain valid values for key data elements.

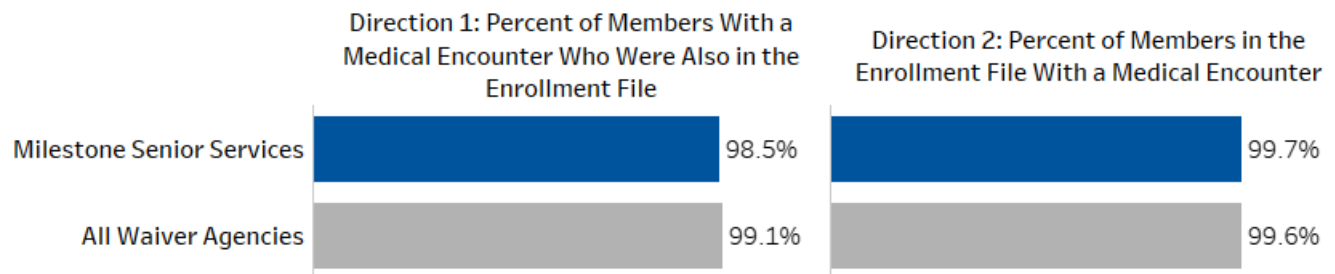
Figure J-9—Key Professional Encounter Data Elements—Milestone Senior Services



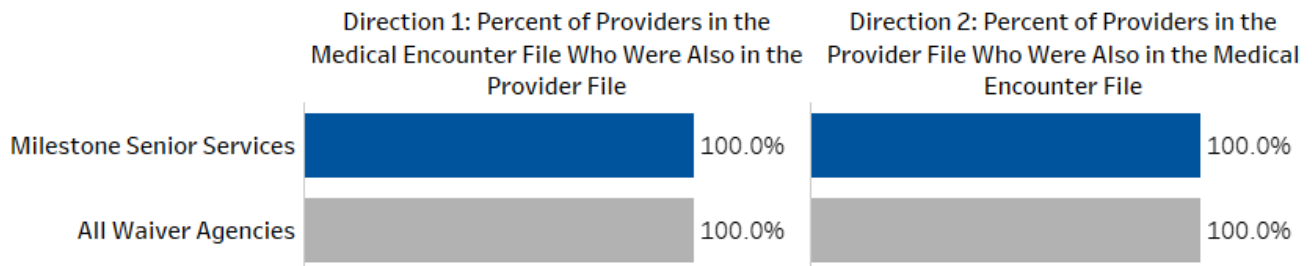
Encounter Data Referential Integrity

Figure J-10 and Figure J-11 display the referential integrity results.

**Figure J-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Milestone Senior Services**



**Figure J-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Milestone Senior Services**

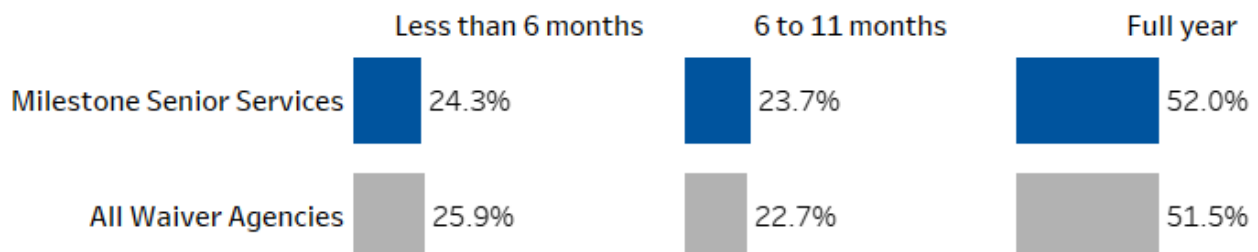


Encounter Data Logic

Member Enrollment

Figure J-12 displays the percentage of members who were continuously enrolled.

Figure J-12—Percentage of Members Who Were Continuously Enrolled—Milestone Senior Services



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Milestone Senior Services**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Milestone Senior Services demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Milestone Senior Services indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Milestone Senior Services'** claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Milestone Senior Services'** overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Milestone Senior Services reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Milestone Senior Services** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Milestone Senior Services** should consider enhancing its data management practices. HSAG recommends that **Milestone Senior Services** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Milestone Senior Services submitted professional encounters in a timely manner from the payment date, with 99.4 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Milestone Senior Services** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 4.9 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Milestone Senior Services** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table J-2 presents the member composition.

Table J-2—Age and Gender Distribution—Milestone Senior Services

Age Category	Number of Females	Number of Males
Age 64 and under	63	51
Age 65 and over	151	64
Total	214	115

Encounter Data Completeness

Encounter Volume by Service Month

Table J-3 displays the encounter volume by service month.

Table J-3—Encounter Volume: Professional Encounters—Milestone Senior Services

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	5,877	247	23,793.5
November 2021	5,876	252	23,317.5
December 2021	6,012	256	23,484.4
January 2022	5,820	248	23,467.7
February 2022	5,312	247	21,506.1
March 2022	5,994	247	24,267.2
April 2022	5,926	254	23,330.7
May 2022	5,826	241	24,174.3
June 2022	5,651	236	23,944.9
July 2022	5,775	243	23,765.4
August 2022	6,118	251	24,374.5
September 2022	5,986	256	23,382.8

Payment Amounts Per Member Per Month

Table J-4 displays the monthly payment amounts PMPM by service month.

Table J-4—Paid Amount PMPM: Professional Encounters—Milestone Senior Services

Month of Service	Number of MM	Paid Amount PMPM
October 2021	247	\$2,652.96
November 2021	252	\$2,633.10
December 2021	256	\$2,599.22
January 2022	248	\$2,757.04
February 2022	247	\$2,464.37
March 2022	247	\$2,702.94
April 2022	254	\$2,614.32
May 2022	241	\$2,693.02
June 2022	236	\$2,639.60
July 2022	243	\$2,618.84
August 2022	251	\$2,690.04
September 2022	256	\$2,568.55

Percentage of Duplicate Encounters

Table J-5 displays the percentage of duplicate encounters.

Table J-5—Percentage of Duplicate Encounters—Milestone Senior Services

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	536	0.6%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table J-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table J-6—Encounter Data Lag Triangle: Professional Encounters—Milestone Senior Services

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	1,402	1,402	0										2,804
202201	4,976	4,786	0	0									9,762
202202	245	463	5,447	0	0								6,155
202203	382	375	1,371	2,654	1,494	0							6,276
202204	21	22	42	121	72	0	0						278
202205	0	32	292	247	305	2,165	1,937	0					4,978
202206	0	0	0	1	1	2	38	2,024	0				2,066
202207	0	0	0	0	0	0	0	0	0	0			0
202208	0	0	0	0	0	2	52	150	1,672	0	0		1,876
202209	0	3	0	0	2	9	0	238	864	2,418	2,587	0	6,121
202210	0	0	0	0	0	0	0	0	0	0	0	0	0
202211	1	1	1	1	1	2	247	6	4	181	387	3,354	4,186
202212	0	0	0	0	0	0	0	0	0	0	0	0	0
202301	0	0	0	0	0	0	0	0	0	0	1	1	2
202302	7	7	7	7	7	7	7	7	10	6	6	17	95
202303	0	0	0	1	0	0	1	1	2	2	0	1	8
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7,034	7,091	7,160	3,032	1,882	2,187	2,282	2,426	2,552	2,607	2,981	3,373	44,607
MM	247	252	256	248	247	247	254	241	236	243	251	256	2,978
PMPM	28.48	28.14	27.97	12.23	7.62	8.85	8.98	10.07	10.81	10.73	11.88	13.18	14.98

Field-Level Completeness and Accuracy

Table J-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table J-7—Key Encounter Data Elements: Professional Encounters—Milestone Senior Services

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	84,076	84,076	100.0%	84,076	83,666	99.5%
Header Service From Date	84,076	84,076	100.0%	84,076	84,076	100.0%
Header Service To Date	84,076	84,076	100.0%	84,076	84,076	100.0%
Detail Service From Date	84,076	84,076	100.0%	84,076	84,076	100.0%
Detail Service To Date	84,076	84,076	100.0%	84,076	84,076	100.0%
Billing Provider NPI	84,076	4,158	4.9%	4,158	4,158	100.0%
Rendering Provider NPI	84,076	0	0.0%	0	0	NA
Referring Provider NPI	84,076	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	84,076	0	0.0%	0	0	NA
Primary Diagnosis Codes	84,076	84,076	100.0%	84,076	84,076	100.0%
Secondary Diagnosis Codes	84,076	0	0.0%	0	0	NA
CPT/HCPCS Codes	84,076	84,076	100.0%	84,076	84,076	100.0%
CPT/HCPCS Codes with PTP Edits	84,076	84,076	100.0%	84,076	0	0.0%
NDCs	84,076	0	0.0%	0	0	NA
Submit Date	84,076	84,076	100.0%	84,076	84,076	100.0%
Waiver Agency Paid Date	84,076	84,076	100.0%	84,076	84,076	100.0%
Header Paid Amount	84,076	84,076	100.0%	84,076	0	0.0%
Detail Paid Amount	84,076	84,076	100.0%	84,076	84,076	100.0%
Header TPL Paid Amount	84,076	84,076	100.0%	84,076	84,076	100.0%
Detail TPL Paid Amount	84,076	84,076	100.0%	84,076	84,076	100.0%

Appendix K. Results for Northern Health Care Management

Appendix K contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Northern Health Care Management**.

IS Review Findings

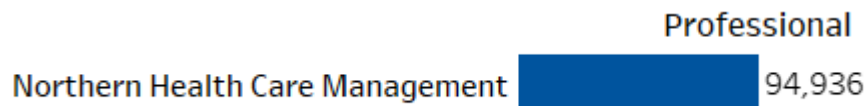
Please refer to Section 3: Information Systems Review Findings for **Northern Health Care Management**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure K-1 displays the number of encounters.

Figure K-1—Number of Paid Encounters—Northern Health Care Management



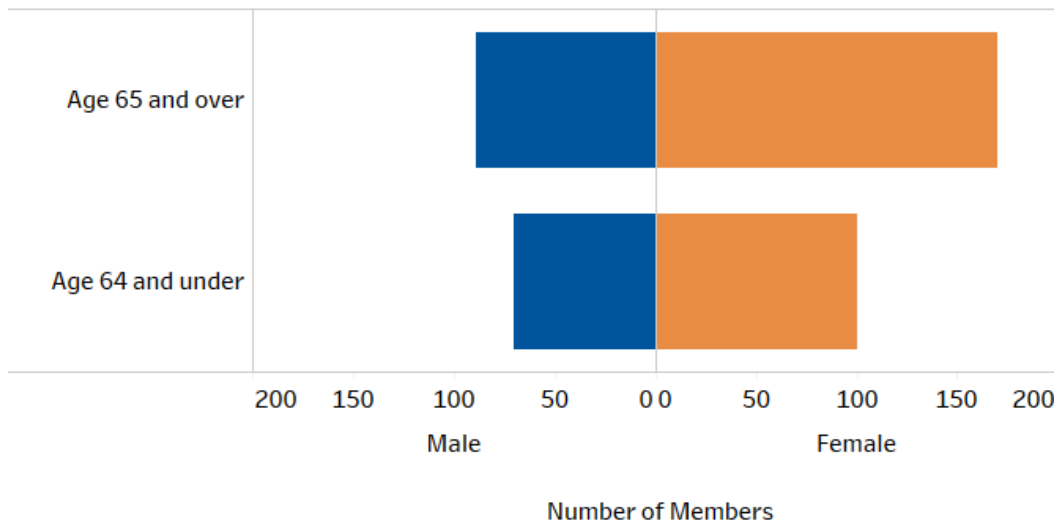
Member Composition

Figure K-2 and Figure K-3 display member demographics.

Figure K-2—Enrollment in SFY 2023—Northern Health Care Management



Figure K-3—Age and Gender Distribution—Northern Health Care Management

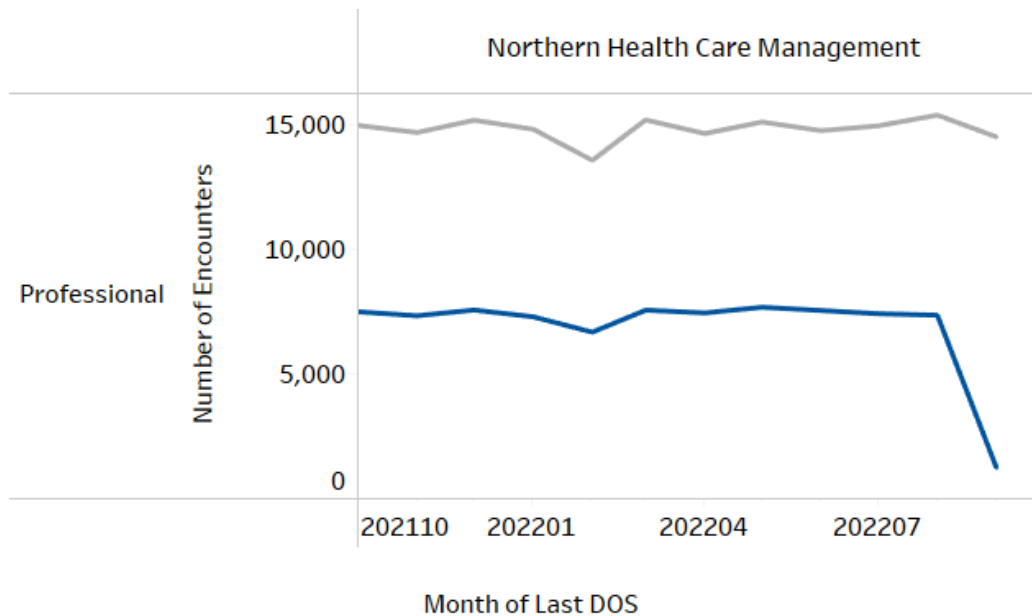


Encounter Data Completeness

Encounter Volume by Service Month

Figure K-4 displays the monthly encounter volume by service month.

Figure K-4—Encounter Volume by Service Month—Northern Health Care Management

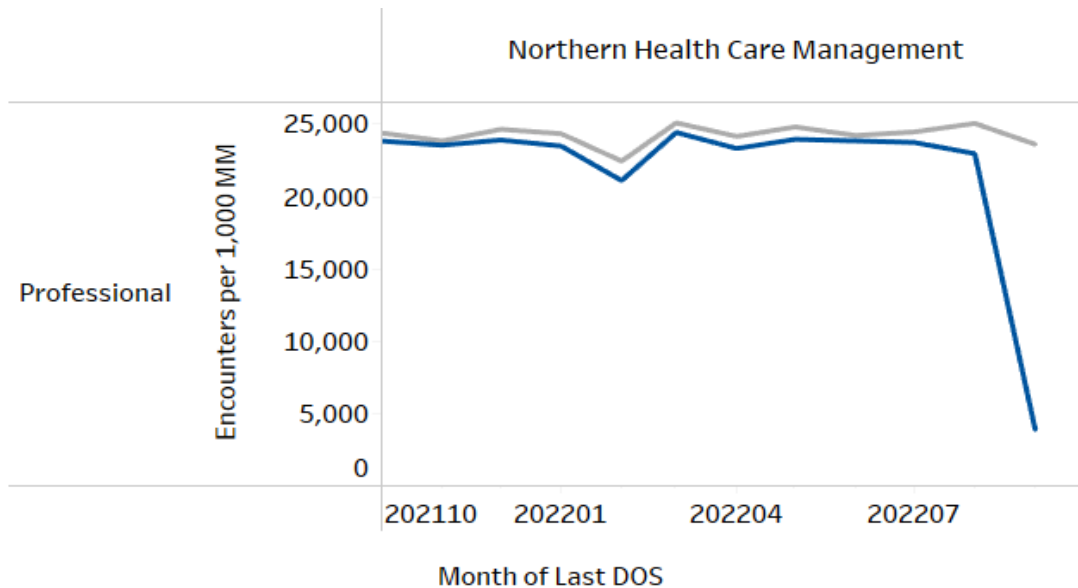


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure K-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure K-5—Encounter Volume per 1,000 MM—Northern Health Care Management

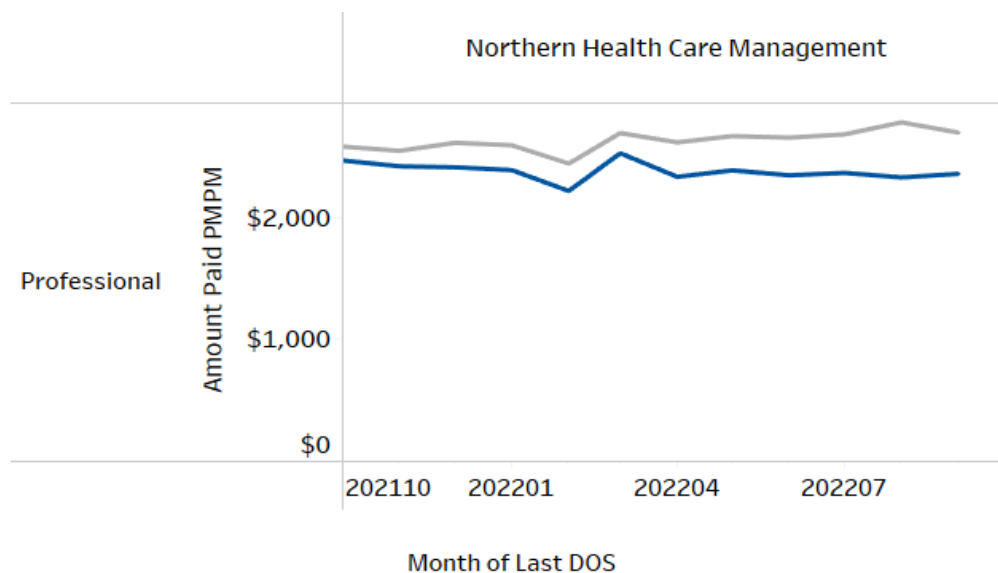


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure K-6 displays the monthly payment amounts PMPM by service month.

Figure K-6—Paid Amount PMPM—Northern Health Care Management

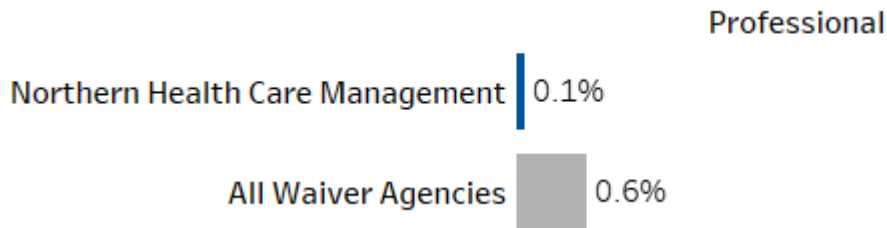


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure K-7 displays the percentage of duplicate encounters.

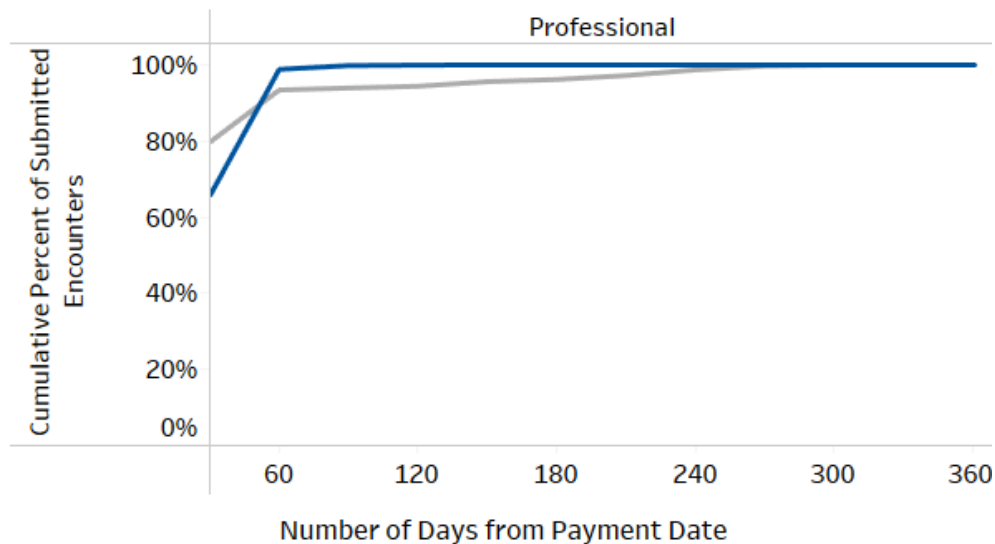
Figure K-7—Percentage of Duplicate Encounters—Northern Health Care Management



Encounter Data Timeliness

Figure K-8 and Table K-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure K-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Northern Health Care Management



Note: The grey line indicates the all waiver agency rate.

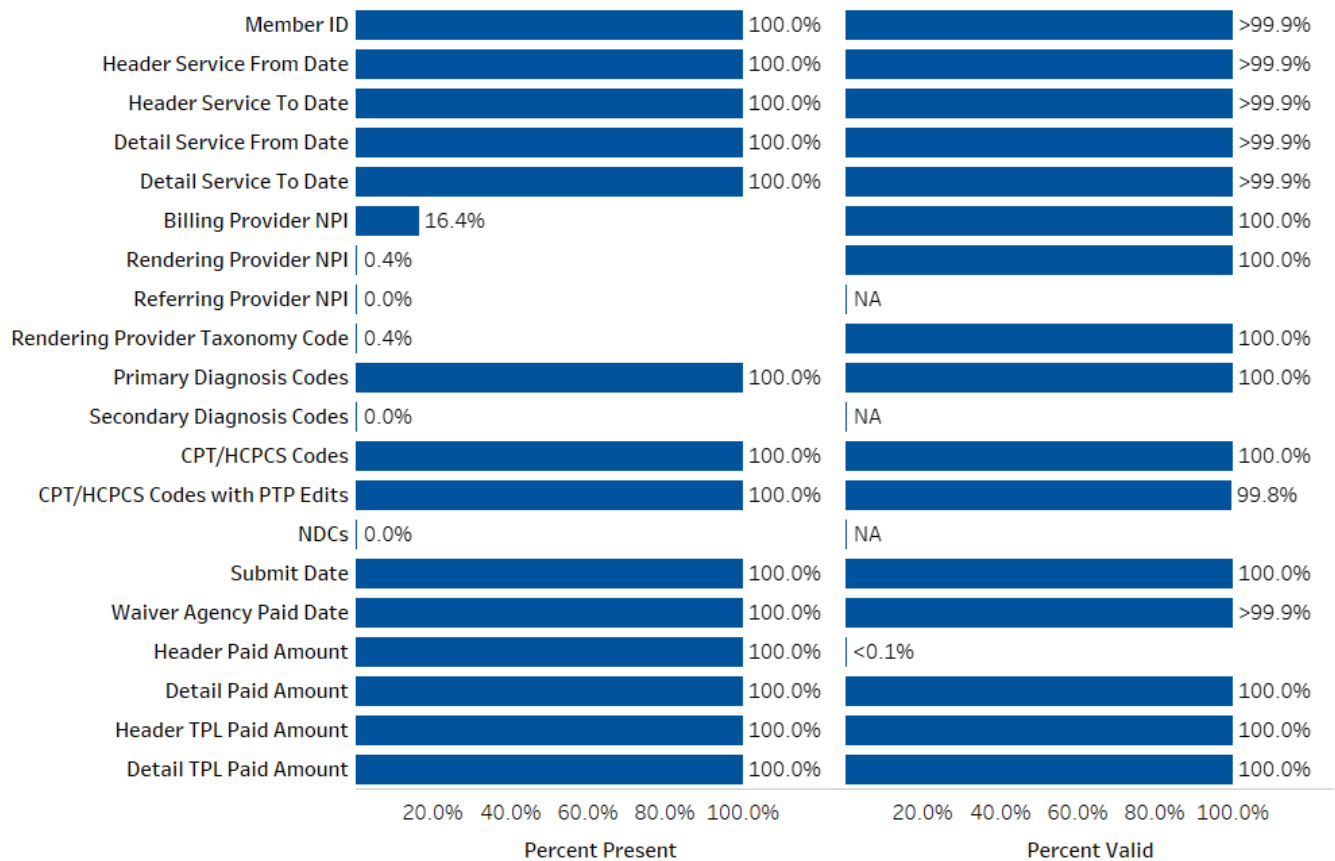
Table K-1—Completeness of Encounters—Northern Health Care Management

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	65.6%
Submitted Within 60 Days	98.8%
Submitted Within 90 Days	99.8%
Submitted Within 120 Days	99.9%
Submitted Within 150 Days	>99.9%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure K-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure K-9—Key Professional Encounter Data Elements—Northern Health Care Management



Encounter Data Referential Integrity

Figure K-10 and Figure K-11 display the referential integrity results.

Figure K-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Northern Health Care Management

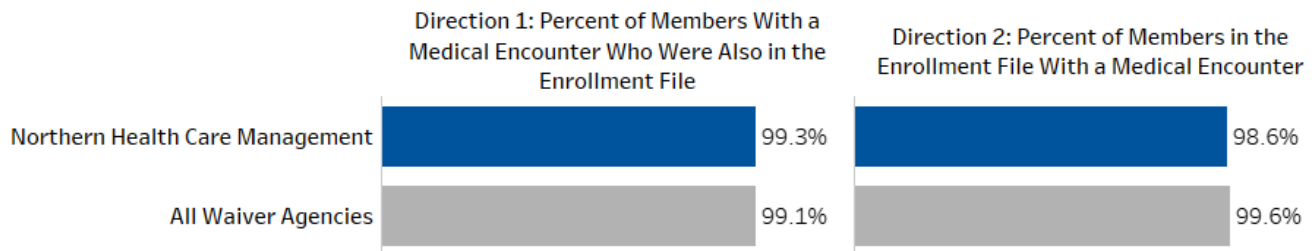
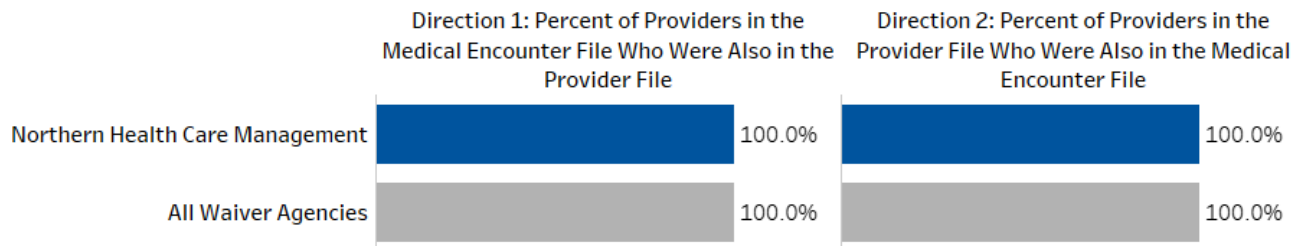


Figure K-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Northern Health Care Management

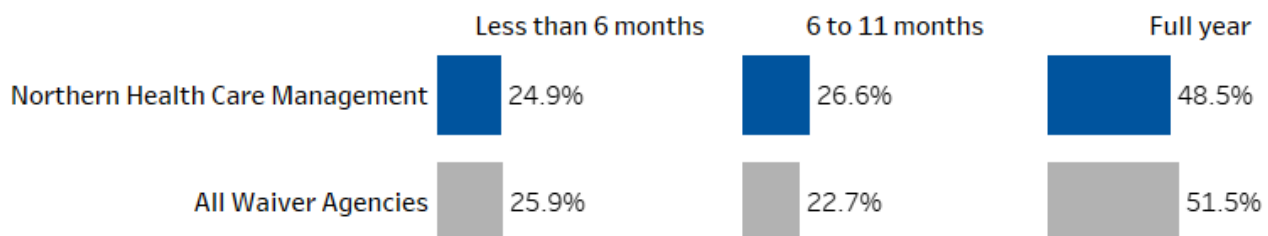


Encounter Data Logic

Member Enrollment

Figure K-12 displays the percentage of members who were continuously enrolled.

Figure K-12—Percentage of Members Who Were Continuously Enrolled—Northern Health Care Management



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Northern Health Care Management**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Northern Health Care Management demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Northern Health Care Management indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Northern Health Care Management**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Northern Health Care Management**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Northern Health Care Management reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Northern Health Care Management** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Northern Health Care Management** should consider enhancing its data management practices. HSAG recommends that **Northern Health Care Management** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Northern Health Care Management submitted professional encounters in a timely manner from the payment date, with 99.8 percent of encounters submitted within 90 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Northern Health Care Management** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 16.4 percent of professional encounters contained a billing provider NPI and 0.4 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Northern Health Care Management** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table K-2 presents the member composition.

Table K-2—Age and Gender Distribution—Northern Health Care Management

Age Category	Number of Females	Number of Males
Age 64 and under	100	70
Age 65 and over	170	89
Total	270	159

Encounter Data Completeness

Encounter Volume by Service Month

Table K-3 displays the encounter volume by service month.

Table K-3—Encounter Volume: Professional Encounters—Northern Health Care Management

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	7,511	315	23,844.4
November 2021	7,350	312	23,557.7
December 2021	7,581	317	23,914.8
January 2022	7,309	311	23,501.6
February 2022	6,692	317	21,110.4
March 2022	7,576	310	24,438.7
April 2022	7,465	320	23,328.1
May 2022	7,692	321	23,962.6
June 2022	7,562	317	23,854.9
July 2022	7,433	313	23,747.6
August 2022	7,374	321	22,972.0
September 2022	1,248	321	3,887.9

Payment Amounts Per Member Per Month

Table K-4 displays the monthly payment amounts PMPM by service month.

Table K-4—Paid Amount PMPM: Professional Encounters—Northern Health Care Management

Month of Service	Number of MM	Paid Amount PMPM
October 2021	315	\$2,468.61
November 2021	312	\$2,421.02
December 2021	317	\$2,413.19
January 2022	311	\$2,390.03
February 2022	317	\$2,218.90
March 2022	310	\$2,528.47
April 2022	320	\$2,334.92
May 2022	321	\$2,387.86
June 2022	317	\$2,347.20
July 2022	313	\$2,367.09
August 2022	321	\$2,329.96
September 2022	321	\$2,359.43

Percentage of Duplicate Encounters

Table K-5 displays the percentage of duplicate encounters.

Table K-5—Percentage of Duplicate Encounters—Northern Health Care Management

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	68	0.1%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table K-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table K-6—Encounter Data Lag Triangle: Professional Encounters—Northern Health Care Management

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	6,667	0	0										6,667
202201	396	6,982	0	0									7,378
202202	1,164	990	8,197	0	0								10,351
202203	222	334	451	8,094	0	0							9,101
202204	275	265	271	484	7,570	7,021	0						15,886
202205	1	0	3	7	24	973	224	0					1,232
202206	1	0	1	4	163	706	8,277	8,329	0				17,481
202207	31	8	0	13	17	3	29	367	6,911	0			7,379
202208	0	0	0	0	0	0	0	18	1,220	4,654	0		5,892
202209	2	1	3	0	0	1	5	17	415	3,615	8,096	0	12,155
202210	0	0	0	0	0	0	0	0	0	0	0	608	608
202211	0	0	0	0	0	0	0	0	0	0	0	0	0
202212	0	0	0	0	0	0	0	0	0	0	0	13	13
202301	0	0	0	0	0	0	0	0	0	5	23	487	515
202302	0	0	0	0	0	1	1	0	0	0	5	166	173
202303	0	0	0	0	0	0	1	0	0	0	0	15	16
202304	0	0	0	2	0	0	0	0	0	1	9	24	36
Total	8,759	8,580	8,926	8,604	7,774	8,705	8,537	8,731	8,546	8,275	8,133	1,313	94,883
MM	315	312	317	311	317	310	320	321	317	313	321	321	3,795
PMPM	27.81	27.50	28.16	27.67	24.52	28.08	26.68	27.20	26.96	26.44	25.34	4.09	25.00

Field-Level Completeness and Accuracy

Table K-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table K-7—Key Encounter Data Elements: Professional Encounters—Northern Health Care Management

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	94,936	94,936	100.0%	94,936	94,910	>99.9%
Header Service From Date	94,936	94,936	100.0%	94,936	94,926	>99.9%
Header Service To Date	94,936	94,936	100.0%	94,936	94,926	>99.9%
Detail Service From Date	101,937	101,937	100.0%	101,937	101,927	>99.9%
Detail Service To Date	101,937	101,937	100.0%	101,937	101,927	>99.9%
Billing Provider NPI	94,936	15,551	16.4%	15,551	15,551	100.0%
Rendering Provider NPI	94,936	387	0.4%	387	387	100.0%
Referring Provider NPI	94,936	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	94,936	350	0.4%	350	350	100.0%
Primary Diagnosis Codes	94,936	94,936	100.0%	94,936	94,936	100.0%
Secondary Diagnosis Codes	94,936	0	0.0%	0	0	NA
CPT/HCPCS Codes	101,937	101,937	100.0%	101,937	101,937	100.0%
CPT/HCPCS Codes with PTP Edits	101,937	101,937	100.0%	101,937	101,767	99.8%
NDCs	101,937	0	0.0%	0	0	NA
Submit Date	101,937	101,937	100.0%	101,937	101,937	100.0%
Waiver Agency Paid Date	101,937	101,937	100.0%	101,937	101,927	>99.9%
Header Paid Amount	94,936	94,936	100.0%	94,936	10	<0.1%
Detail Paid Amount	101,937	101,937	100.0%	101,937	101,937	100.0%
Header TPL Paid Amount	94,936	94,936	100.0%	94,936	94,936	100.0%
Detail TPL Paid Amount	101,937	101,937	100.0%	101,937	101,937	100.0%

Appendix L. Results for Region 3B Area Agency on Aging/Carewell Services

Appendix L contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Region 3B Area Agency on Aging/Carewell Services**.

IS Review Findings

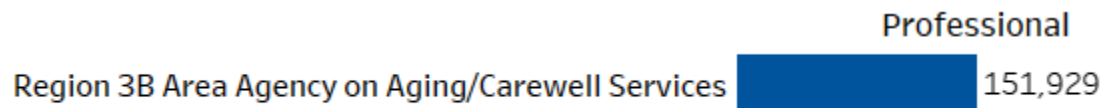
Please refer to Section 3: Information Systems Review Findings for **Region 3B Area Agency on Aging/Carewell Services**' specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure L-1 displays the number of encounters.

Figure L-1—Number of Paid Encounters—Region 3B Area Agency on Aging/Carewell Services



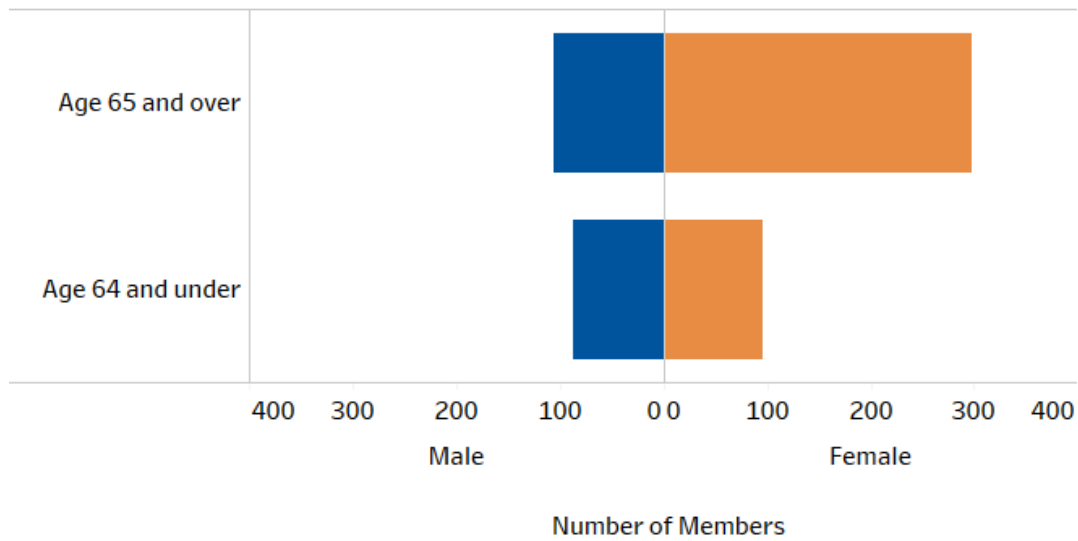
Member Composition

Figure L-2 and Figure L-3 display member demographics.

Figure L-2—Enrollment in SFY 2023—Region 3B Area Agency on Aging/Carewell Services



Figure L-3—Age and Gender Distribution—Region 3B Area Agency on Aging/Carewell Services

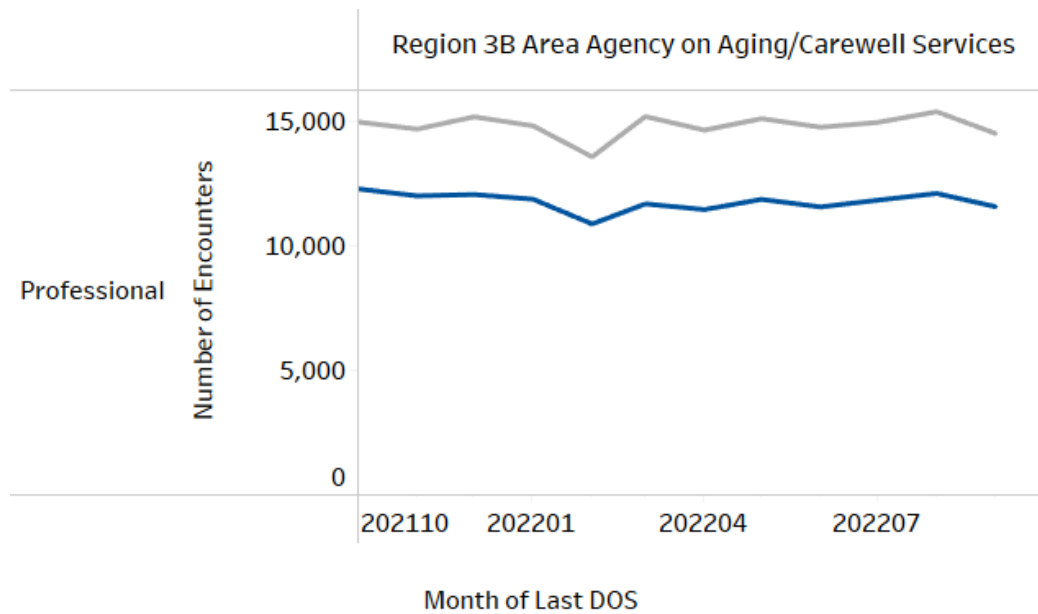


Encounter Data Completeness

Encounter Volume by Service Month

Figure L-4 displays the monthly encounter volume by service month.

Figure L-4—Encounter Volume by Service Month—Region 3B Area Agency on Aging/Carewell Services

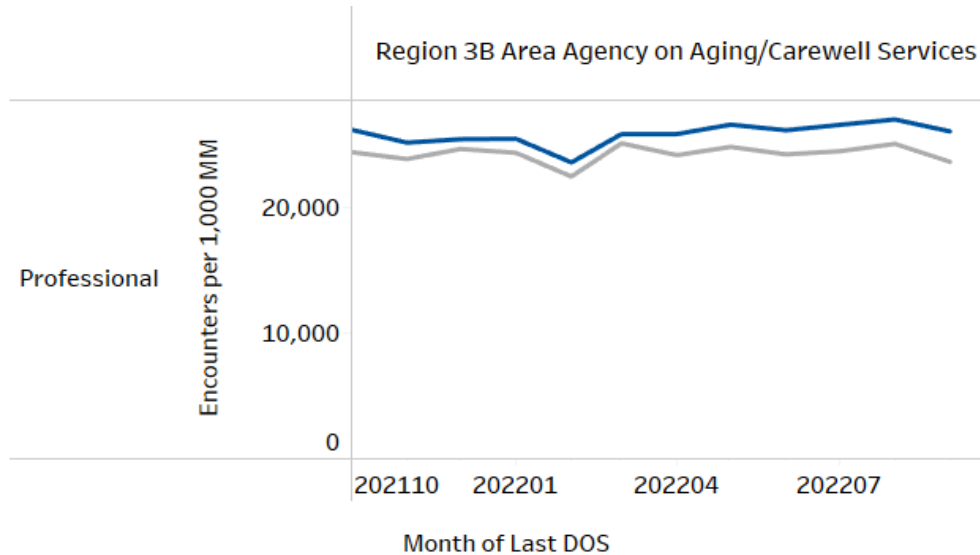


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure L-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure L-5—Encounter Volume per 1,000 MM—Region 3B Area Agency on Aging/Carewell Services

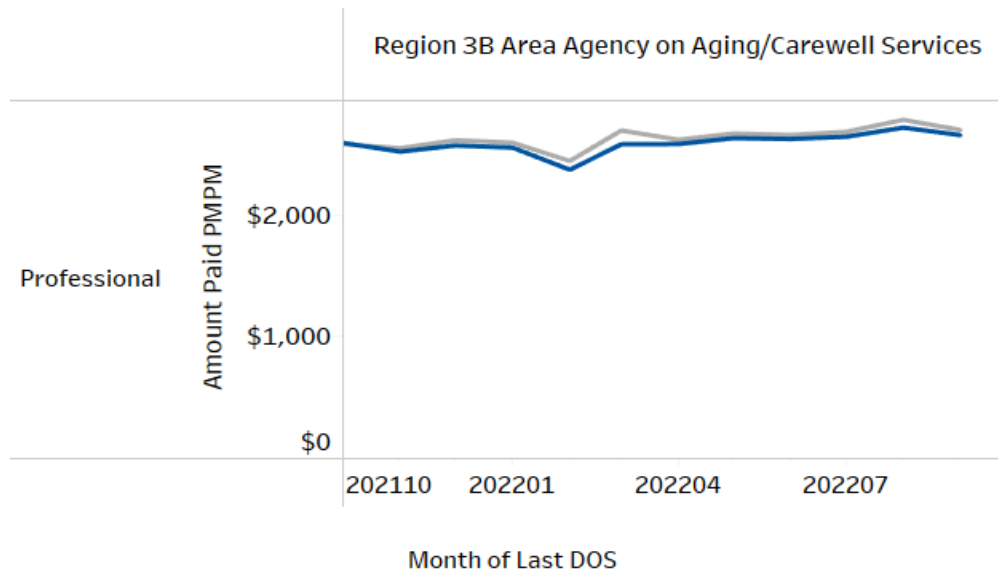


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure L-6 displays the monthly payment amounts PMPM by service month.

Figure L-6—Paid Amount PMPM—Region 3B Area Agency on Aging/Carewell Services

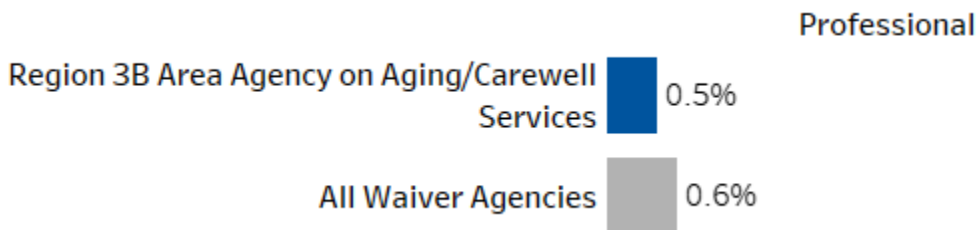


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure L-7 displays the percentage of duplicate encounters.

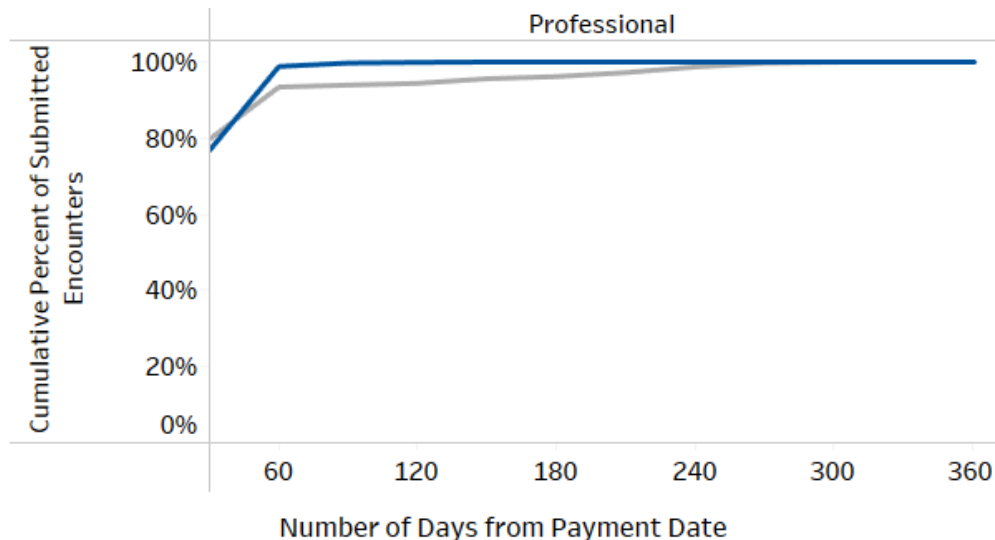
Figure L-7—Percentage of Duplicate Encounters—Region 3B Area Agency on Aging/Carewell Services



Encounter Data Timeliness

Figure L-8 and Table L-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure L-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Region 3B Area Agency on Aging/Carewell Services



Note: The grey line indicates the all waiver agency rate.

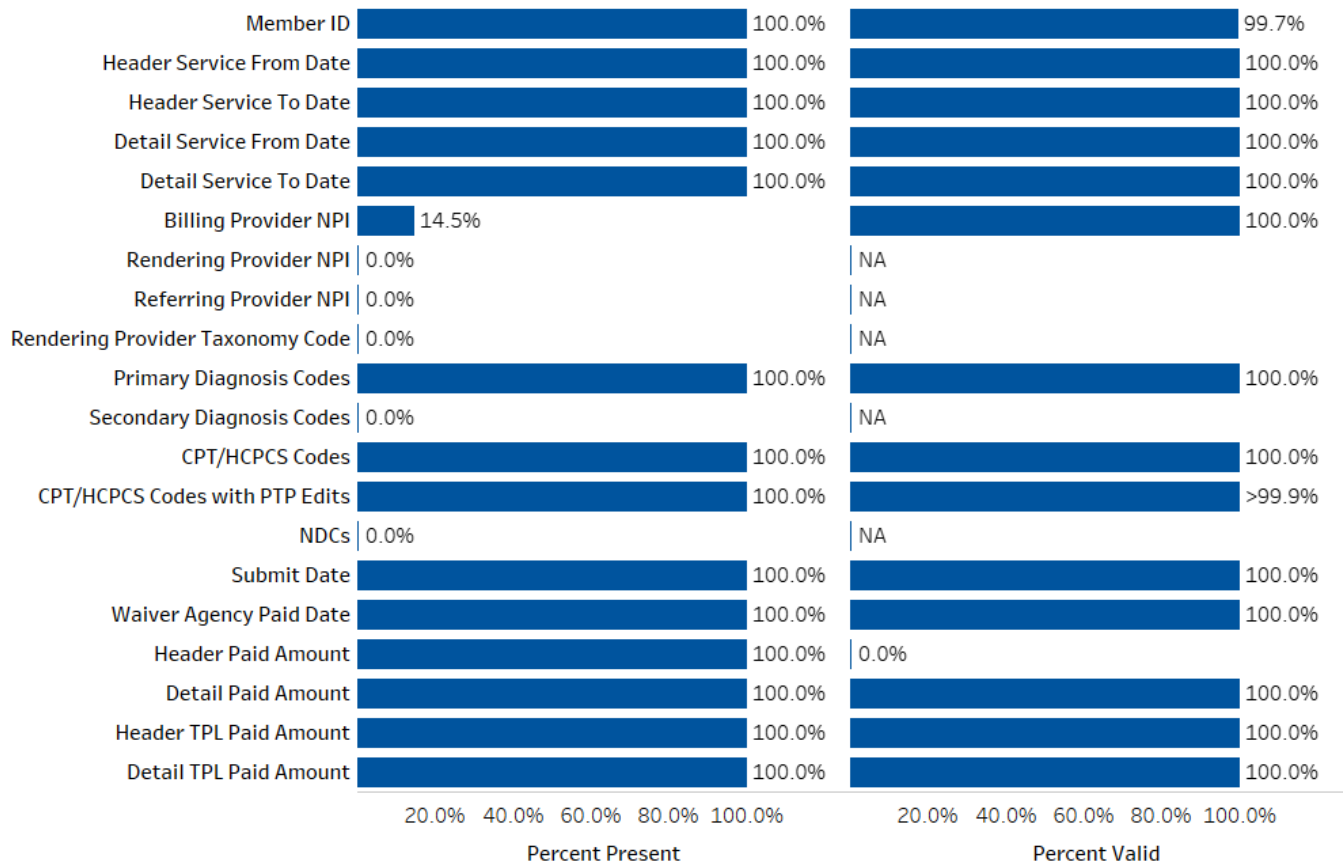
Table L-1—Completeness of Encounters—Region 3B Area Agency on Aging/Carewell Services

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	76.8%
Submitted Within 60 Days	98.8%
Submitted Within 90 Days	99.7%
Submitted Within 120 Days	99.9%
Submitted Within 150 Days	>99.9%
Submitted Within 180 Days	>99.9%
Submitted Within 210 Days	>99.9%
Submitted Within 240 Days	>99.9%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	>99.9%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure L-9 provides the percentage of encounters that are present and contain valid values for key data elements.

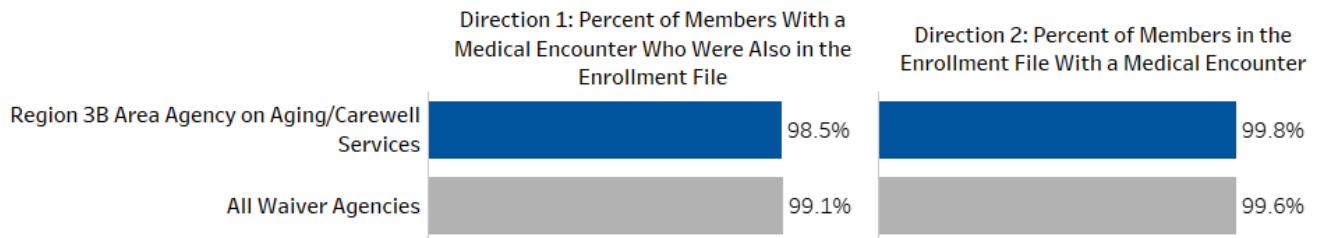
Figure L-9—Key Professional Encounter Data Elements—Region 3B Area Agency on Aging/Carewell Services



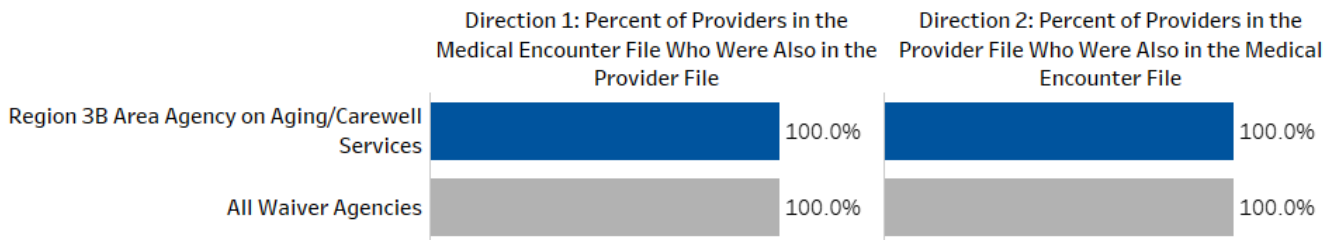
Encounter Data Referential Integrity

Figure L-10 and Figure L-11 display the referential integrity results.

**Figure L-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Region 3B Area Agency on Aging/Carewell Services**



**Figure L-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Region 3B Area Agency on Aging/Carewell Services**

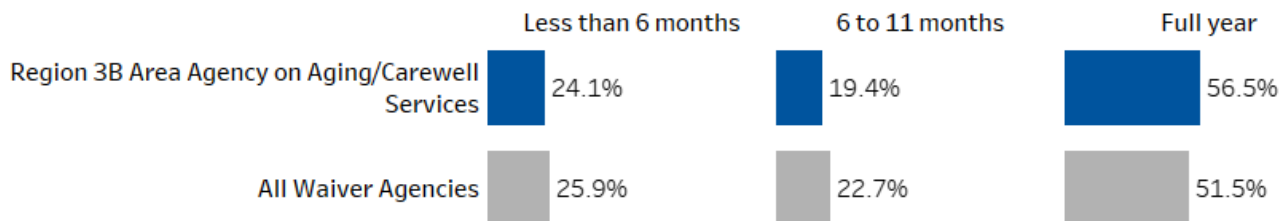


Encounter Data Logic

Member Enrollment

Figure L-12 displays the percentage of members who were continuously enrolled.

**Figure L-12—Percentage of Members Who Were Continuously Enrolled—
Region 3B Area Agency on Aging/Carewell Services**



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Region 3B Area Agency on Aging/Carewell Services**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Region 3B Area Agency on Aging/Carewell Services demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Region 3B Area Agency on Aging/Carewell Services indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Region 3B Area Agency on Aging/Carewell Services'** claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Region 3B Area Agency on Aging/Carewell Services'** overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Region 3B Area Agency on Aging/Carewell Services did not indicate conducting the claim volume submission for its HCBS and NEMT encounters and no field-level completeness and validity quality checks for its NEMT encounters.

Why the weakness exists: The omission of conducting the claim volume submission for the HCBS encounters suggests a potential gap in the waiver agency's monitoring processes, as verifying the accuracy and completeness of claim volumes is crucial for ensuring data integrity and compliance with regulatory requirements. Additionally, the absence of field-level completeness and validity quality checks for NEMT encounters further underscores a vulnerability in its data validation procedures.

Recommendation: **Region 3B Area Agency on Aging/Carewell Services** should consider implementing structured and routine claim volume submission checks for both HCBS and NEMT

encounters, ensuring alignment with expectations and compliance with deadlines. Additionally, the waiver agency should introduce field-level completeness and validity quality checks specifically tailored for NEMT encounters, employing comprehensive validation protocols and incorporating automated checks. Regular checks, automated monitoring, and periodic reviews will collectively strengthen its data management practices, enhancing the accuracy, completeness, and timeliness of encounter data submissions and ensuring regulatory compliance.

Administrative Profile Conclusions

Strengths

Strength #1: Region 3B Area Agency on Aging/Carewell Services submitted professional encounters in a timely manner from the payment date, with 99.7 percent of encounters submitted within 90 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Region 3B Area Agency on Aging/Carewell Services** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 14.5 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Region 3B Area Agency on Aging/Carewell Services** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table L-2 presents the member composition.

Table L-2—Age and Gender Distribution—Region 3B Area Agency on Aging/Carewell Services

Age Category	Number of Females	Number of Males
Age 64 and under	96	87
Age 65 and over	298	107
Total	394	194

Encounter Data Completeness

Encounter Volume by Service Month

Table L-3 displays the encounter volume by service month.

Table L-3—Encounter Volume: Professional Encounters—Region 3B Area Agency on Aging/Carewell Services

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	12,306	470	26,183.0
November 2021	12,025	478	25,156.9
December 2021	12,079	475	25,429.5
January 2022	11,891	467	25,462.5
February 2022	10,895	462	23,582.3
March 2022	11,704	453	25,836.6
April 2022	11,473	444	25,840.1
May 2022	11,885	447	26,588.4
June 2022	11,581	443	26,142.2
July 2022	11,851	446	26,571.7
August 2022	12,123	449	27,000.0
September 2022	11,591	445	26,047.2

Payment Amounts Per Member Per Month

Table L-4 displays the monthly payment amounts PMPM by service month.

Table L-4—Paid Amount PMPM: Professional Encounters—Region 3B Area Agency on Aging/Carewell Services

Month of Service	Number of MM	Paid Amount PMPM
October 2021	470	\$2,591.91
November 2021	478	\$2,520.04
December 2021	475	\$2,570.84
January 2022	467	\$2,553.09
February 2022	462	\$2,371.47
March 2022	453	\$2,581.07
April 2022	444	\$2,582.67
May 2022	447	\$2,631.07
June 2022	443	\$2,624.36
July 2022	446	\$2,642.66
August 2022	449	\$2,717.31
September 2022	445	\$2,655.72

Percentage of Duplicate Encounters

Table L-5 displays the percentage of duplicate encounters.

Table L-5—Percentage of Duplicate Encounters—Region 3B Area Agency on Aging/Carewell Services

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	688	0.5%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table L-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table L-6—Encounter Data Lag Triangle: Professional Encounters—Region 3B Area Agency on Aging/Carewell Services

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	0	0	0										0
202201	12,917	12,103	7,961	0									32,981
202202	0	0	0	0	0								0
202203	163	641	4,682	12,332	9,051	0							26,869
202204	32	10	21	30	219	0	0						312
202205	32	51	124	108	2,158	10,069	0	0					12,542
202206	0	0	11	6	14	2,119	9,108	0	0				11,258
202207	100	0	0	0	0	87	2,945	9,270	0	0			12,402
202208	31	169	187	234	245	289	207	3,332	10,497	0	0		15,191
202209	0	0	3	0	1	2	2	43	1,030	11,328	0	0	12,409
202210	3	0	1	1	3	2	5	36	897	1,245	11,550	0	13,743
202211	0	2	0	0	4	4	61	21	19	33	1,383	11,299	12,826
202212	0	0	0	0	0	0	2	1	9	21	5	558	596
202301	4	1	1	1	1	1	1	3	3	1	42	296	355
202302	0	0	0	0	0	0	1	1	4	6	71	242	325
202303	0	0	0	1	0	1	1	1	1	2	1	9	17
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	13,282	12,977	12,991	12,713	11,696	12,574	12,333	12,708	12,460	12,636	13,052	12,404	151,826
MM	470	478	475	467	462	453	444	447	443	446	449	445	5,479
PMPM	28.26	27.15	27.35	27.22	25.32	27.76	27.78	28.43	28.13	28.33	29.07	27.87	27.71

Field-Level Completeness and Accuracy

Table L-7 provides the percentage of encounters that are present and contain valid values for key data elements.

**Table L-7—Key Encounter Data Elements: Professional Encounters—
Region 3B Area Agency on Aging/Carewell Services**

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	151,929	151,929	100.0%	151,929	151,412	99.7%
Header Service From Date	151,929	151,929	100.0%	151,929	151,929	100.0%
Header Service To Date	151,929	151,929	100.0%	151,929	151,929	100.0%
Detail Service From Date	151,929	151,929	100.0%	151,929	151,929	100.0%
Detail Service To Date	151,929	151,929	100.0%	151,929	151,929	100.0%
Billing Provider NPI	151,929	22,032	14.5%	22,032	22,032	100.0%
Rendering Provider NPI	151,929	0	0.0%	0	0	NA
Referring Provider NPI	151,929	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	151,929	0	0.0%	0	0	NA
Primary Diagnosis Codes	151,929	151,929	100.0%	151,929	151,929	100.0%
Secondary Diagnosis Codes	151,929	0	0.0%	0	0	NA
CPT/HCPCS Codes	151,929	151,929	100.0%	151,929	151,929	100.0%
CPT/HCPCS Codes with PTP Edits	151,929	151,929	100.0%	151,929	151,907	>99.9%
NDCs	151,929	0	0.0%	0	0	NA
Submit Date	151,929	151,929	100.0%	151,929	151,929	100.0%
Waiver Agency Paid Date	151,929	151,929	100.0%	151,929	151,929	100.0%
Header Paid Amount	151,929	151,929	100.0%	151,929	0	0.0%
Detail Paid Amount	151,929	151,929	100.0%	151,929	151,929	100.0%
Header TPL Paid Amount	151,929	151,929	100.0%	151,929	151,929	100.0%
Detail TPL Paid Amount	151,929	151,929	100.0%	151,929	151,929	100.0%

Appendix M. Results for Region IV Area Agency on Aging

Appendix M contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Region IV Area Agency on Aging**.

IS Review Findings

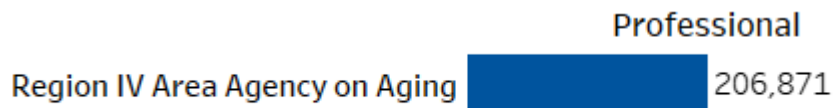
Please refer to Section 3: Information Systems Review Findings for **Region IV Area Agency on Aging**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure M-1 displays the number of encounters.

Figure M-1—Number of Paid Encounters—Region IV Area Agency on Aging



Member Composition

Figure M-2 and Figure M-3 display member demographics.

Figure M-2—Enrollment in SFY 2023—Region IV Area Agency on Aging



Figure M-3—Age and Gender Distribution—Region IV Area Agency on Aging

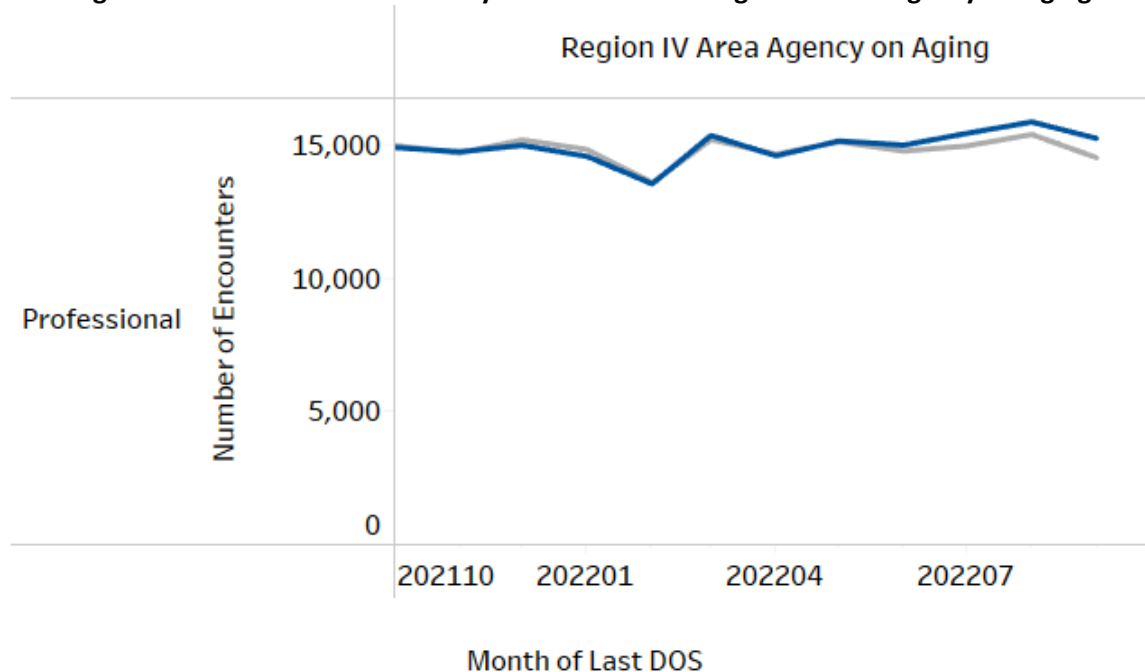


Encounter Data Completeness

Encounter Volume by Service Month

Figure M-4 displays the monthly encounter volume by service month.

Figure M-4—Encounter Volume by Service Month—Region IV Area Agency on Aging

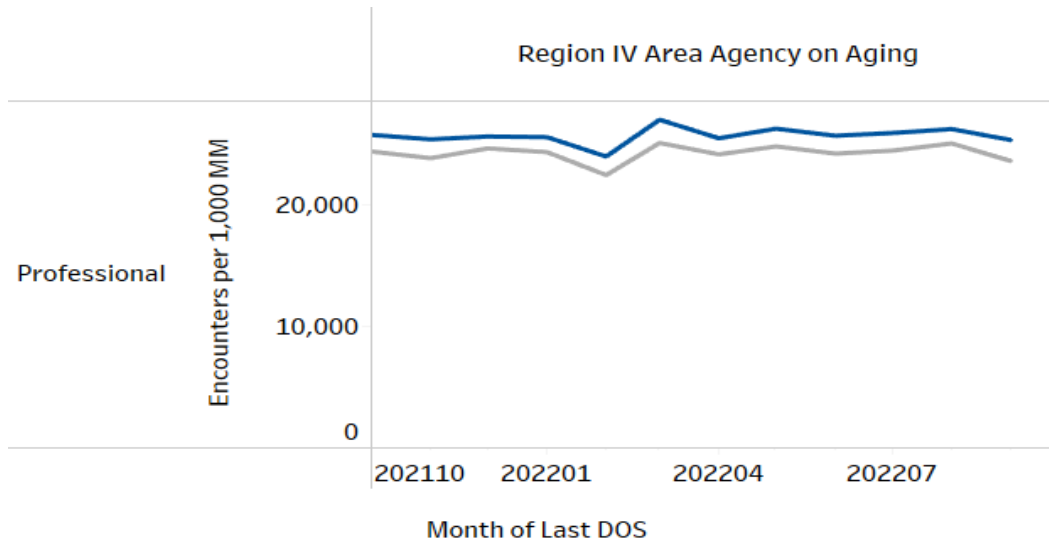


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure M-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure M-5—Encounter Volume per 1,000 MM—Region IV Area Agency on Aging

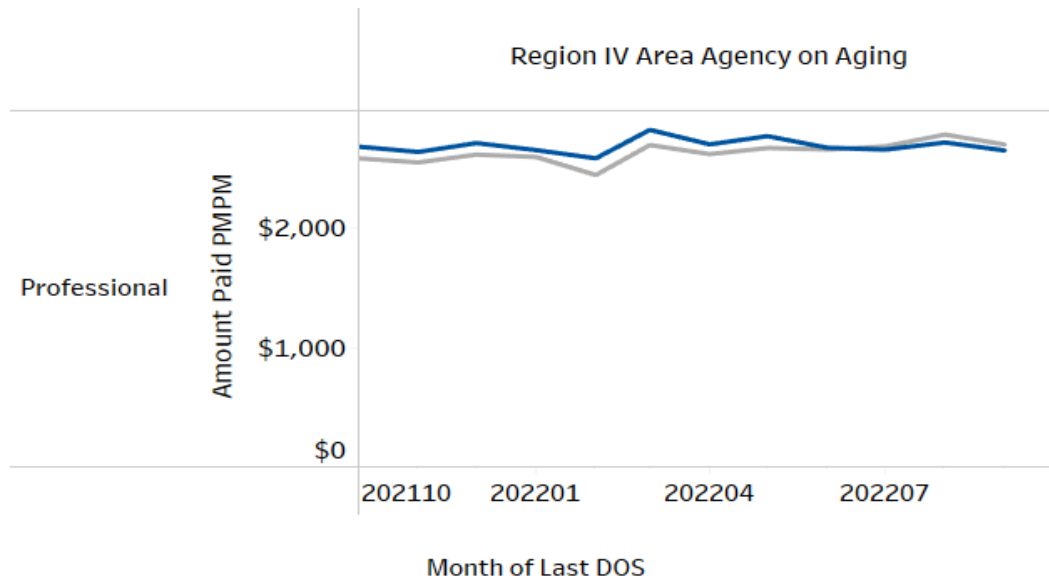


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure M-6 displays the monthly payment amounts PMPM by service month.

Figure M-6—Paid Amount PMPM—Region IV Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure M-7 displays the percentage of duplicate encounters.

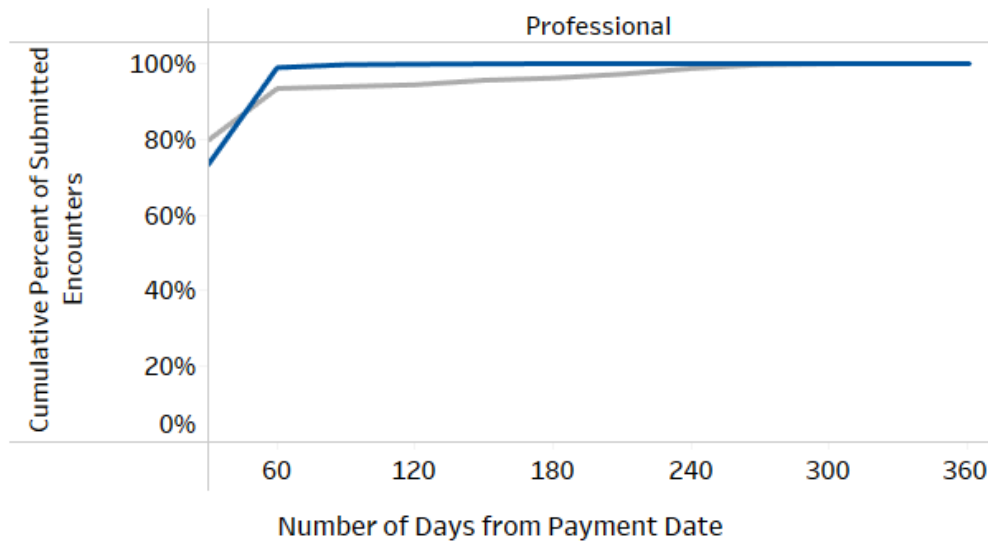
Figure M-7—Percentage of Duplicate Encounters—Region IV Area Agency on Aging



Encounter Data Timeliness

Figure M-8 and Table M-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure M-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Region IV Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

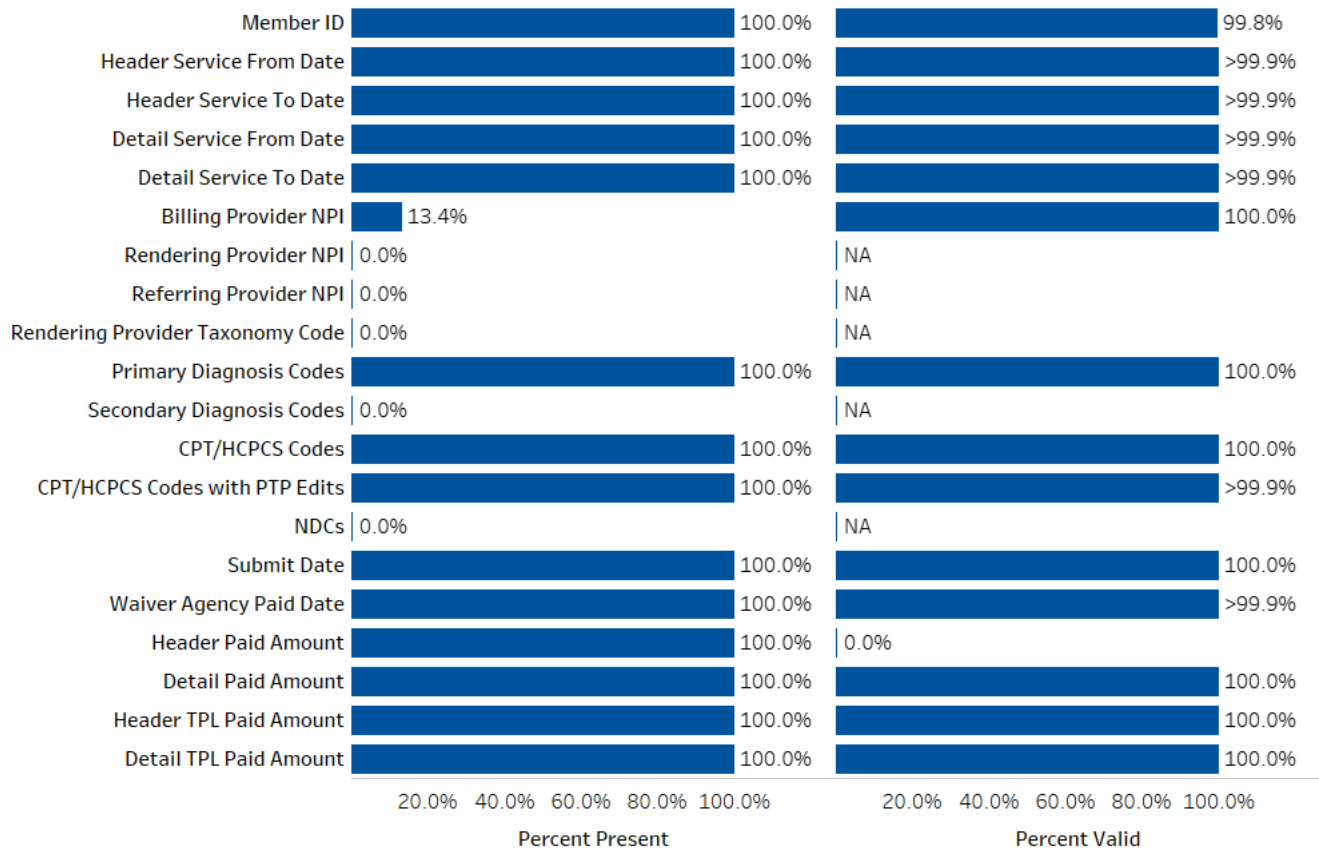
Table M-1—Completeness of Encounters—Region IV Area Agency on Aging

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	73.3%
Submitted Within 60 Days	98.9%
Submitted Within 90 Days	99.7%
Submitted Within 120 Days	99.8%
Submitted Within 150 Days	99.9%
Submitted Within 180 Days	>99.9%
Submitted Within 210 Days	>99.9%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure M-9 provides the percentage of encounters that are present and contain valid values for key data elements.

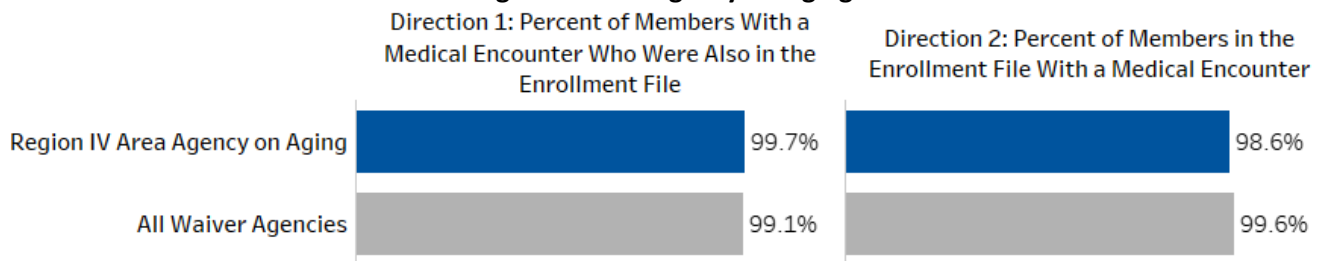
Figure M-9—Key Professional Encounter Data Elements—Region IV Area Agency on Aging



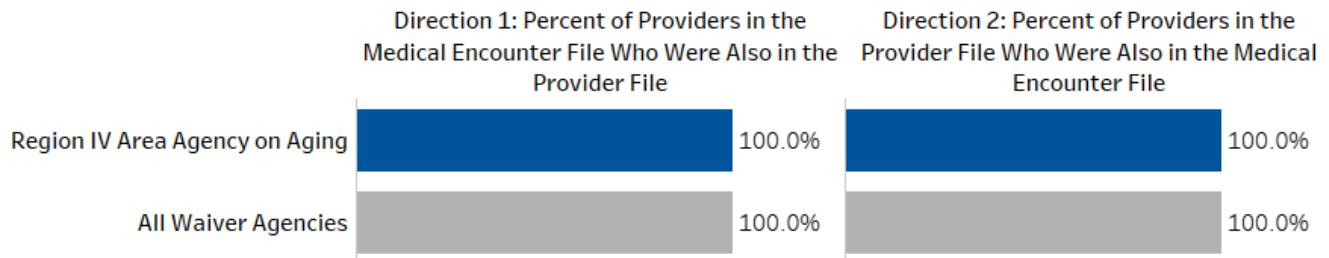
Encounter Data Referential Integrity

Figure M-10 and Figure M-11 display the referential integrity results.

**Figure M-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Region IV Area Agency on Aging**



**Figure M-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Region IV Area Agency on Aging**

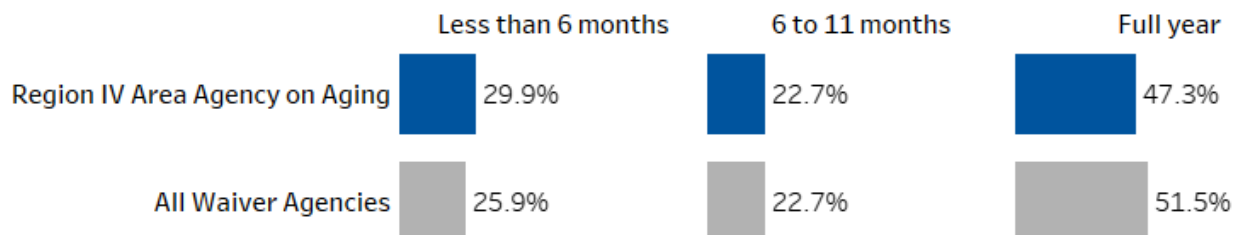


Encounter Data Logic

Member Enrollment

Figure M-12 displays the percentage of members who were continuously enrolled.

Figure M-12—Percentage of Members Who Were Continuously Enrolled—Region IV Area Agency on Aging



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Region IV Area Agency on Aging**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Region IV Area Agency on Aging demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Region IV Area Agency on Aging indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Region IV Area Agency on Aging**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Region IV Area Agency on Aging**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Region IV Area Agency on Aging reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Region IV Area Agency on Aging** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Region IV Area Agency on Aging** should consider enhancing its data management practices. HSAG recommends that **Region IV Area Agency on Aging** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Region IV Area Agency on Aging submitted professional encounters in a timely manner from the payment date, with 99.7 percent of encounters submitted within 90 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Region IV Area Agency on Aging** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 13.4 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Region IV Area Agency on Aging** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table M-2 presents the member composition.

Table M-2—Age and Gender Distribution—Region IV Area Agency on Aging

Age Category	Number of Females	Number of Males
Age 64 and under	112	120
Age 65 and over	403	170
Total	515	290

Encounter Data Completeness

Encounter Volume by Service Month

Table M-3 displays the encounter volume by service month.

Table M-3—Encounter Volume: Professional Encounters—Region IV Area Agency on Aging

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	14,920	579	25,768.6
November 2021	14,758	581	25,401.0
December 2021	14,997	585	25,635.9
January 2022	14,581	570	25,580.7
February 2022	13,552	565	23,985.8
March 2022	15,372	569	27,015.8
April 2022	14,605	573	25,488.7
May 2022	15,163	577	26,279.0
June 2022	15,008	584	25,698.6
July 2022	15,450	596	25,922.8
August 2022	15,879	605	26,246.3
September 2022	15,257	602	25,343.9

Payment Amounts Per Member Per Month

Table M-4 displays the monthly payment amounts PMPM by service month.

Table M-4—Paid Amount PMPM: Professional Encounters—Region IV Area Agency on Aging

Month of Service	Number of MM	Paid Amount PMPM
October 2021	579	\$2,680.03
November 2021	581	\$2,636.03
December 2021	585	\$2,710.25
January 2022	570	\$2,651.43
February 2022	565	\$2,582.56
March 2022	569	\$2,820.96
April 2022	573	\$2,699.42
May 2022	577	\$2,768.36
June 2022	584	\$2,671.01
July 2022	596	\$2,655.45
August 2022	605	\$2,715.29
September 2022	602	\$2,648.13

Percentage of Duplicate Encounters

Table M-5 displays the percentage of duplicate encounters.

Table M-5—Percentage of Duplicate Encounters—Region IV Area Agency on Aging

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	855	0.4%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table M-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table M-6—Encounter Data Lag Triangle: Professional Encounters—Region IV Area Agency on Aging

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	5,037	0	0										5,037
202201	11,942	16,049	0	0									27,991
202202	53	423	16,902	0	0								17,378
202203	28	616	283	15,719	0	0							16,646
202204	43	10	40	657	14,997	0	0						15,747
202205	50	65	167	250	461	17,476	0	0					18,469
202206	10	0	1	105	2	176	16,049	0	0				16,343
202207	10	4	10	15	26	15	704	16,992	0	0			17,776
202208	17	19	17	6	4	3	82	169	16,588	0	0		16,905
202209	0	0	9	43	112	118	126	170	416	16,787	0	0	17,781
202210	0	0	0	1	2	2	32	44	142	718	17,775	0	18,716
202211	0	4	0	0	0	0	0	11	41	69	267	17,210	17,602
202212	0	0	0	0	0	0	0	0	0	40	132	202	374
202301	0	0	0	0	0	0	0	0	0	38	27	39	104
202302	0	0	0	0	0	0	0	0	0	0	0	0	0
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	1	1
Total	17,190	17,190	17,429	16,796	15,604	17,790	16,993	17,386	17,187	17,652	18,201	17,452	206,870
MM	579	581	585	570	565	569	573	577	584	596	605	602	6,986
PMPM	29.69	29.59	29.79	29.47	27.62	31.27	29.66	30.13	29.43	29.62	30.08	28.99	29.61

Field-Level Completeness and Accuracy

Table M-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table M-7—Key Encounter Data Elements: Professional Encounters—Region IV Area Agency on Aging

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	206,871	206,871	100.0%	206,871	206,517	99.8%
Header Service From Date	206,871	206,871	100.0%	206,871	206,776	>99.9%
Header Service To Date	206,871	206,871	100.0%	206,871	206,776	>99.9%
Detail Service From Date	206,871	206,871	100.0%	206,871	206,776	>99.9%
Detail Service To Date	206,871	206,871	100.0%	206,871	206,776	>99.9%
Billing Provider NPI	206,871	27,660	13.4%	27,660	27,660	100.0%
Rendering Provider NPI	206,871	0	0.0%	0	0	NA
Referring Provider NPI	206,871	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	206,871	0	0.0%	0	0	NA
Primary Diagnosis Codes	206,871	206,871	100.0%	206,871	206,871	100.0%
Secondary Diagnosis Codes	206,871	0	0.0%	0	0	NA
CPT/HCPCS Codes	206,871	206,871	100.0%	206,871	206,871	100.0%
CPT/HCPCS Codes with PTP Edits	206,871	206,871	100.0%	206,871	206,867	>99.9%
NDCs	206,871	0	0.0%	0	0	NA
Submit Date	206,871	206,871	100.0%	206,871	206,871	100.0%
Waiver Agency Paid Date	206,871	206,871	100.0%	206,871	206,776	>99.9%
Header Paid Amount	206,871	206,871	100.0%	206,871	0	0.0%
Detail Paid Amount	206,871	206,871	100.0%	206,871	206,871	100.0%
Header TPL Paid Amount	206,871	206,871	100.0%	206,871	206,871	100.0%
Detail TPL Paid Amount	206,871	206,871	100.0%	206,871	206,871	100.0%

Appendix N. Results for Region VII Area Agency on Aging

Appendix N contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Region VII Area Agency on Aging**.

IS Review Findings

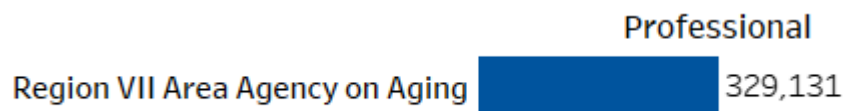
Please refer to Section 3: Information Systems Review Findings for **Region VII Area Agency on Aging**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure N-1 displays the number of encounters.

Figure N-1—Number of Paid Encounters—Region VII Area Agency on Aging



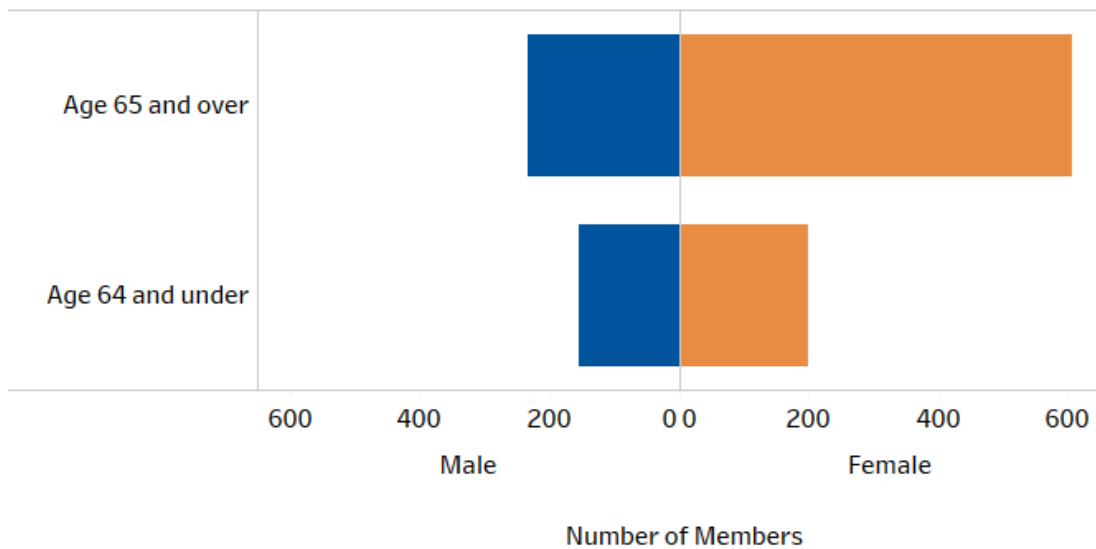
Member Composition

Figure N-2 and Figure N-3 display member demographics.

Figure N-2—Enrollment in SFY 2023—Region VII Area Agency on Aging



Figure N-3—Age and Gender Distribution—Region VII Area Agency on Aging

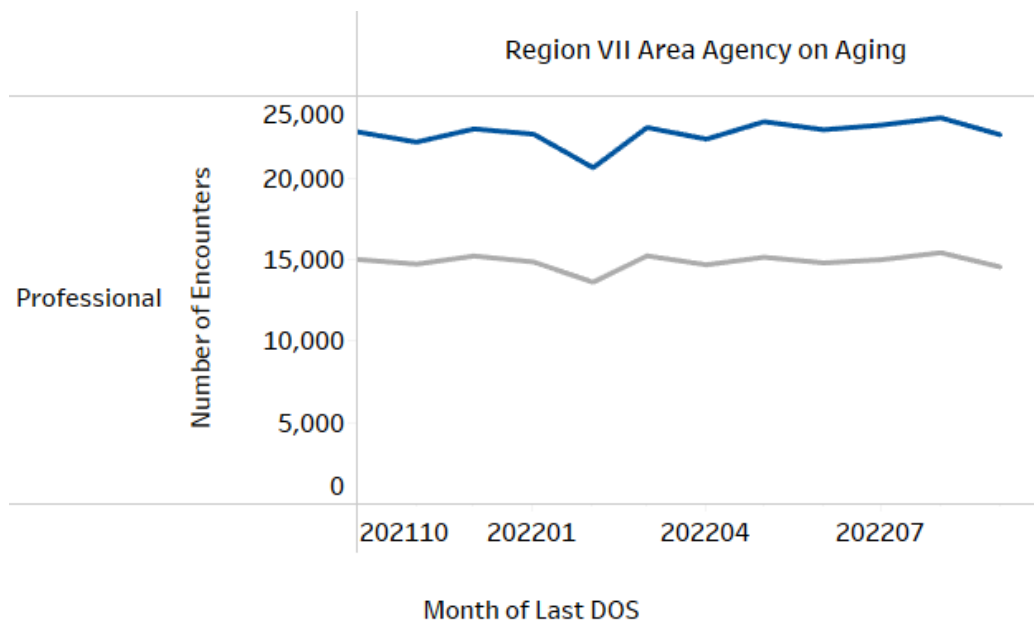


Encounter Data Completeness

Encounter Volume by Service Month

Figure N-4 displays the monthly encounter volume by service month.

Figure N-4—Encounter Volume by Service Month—Region VII Area Agency on Aging

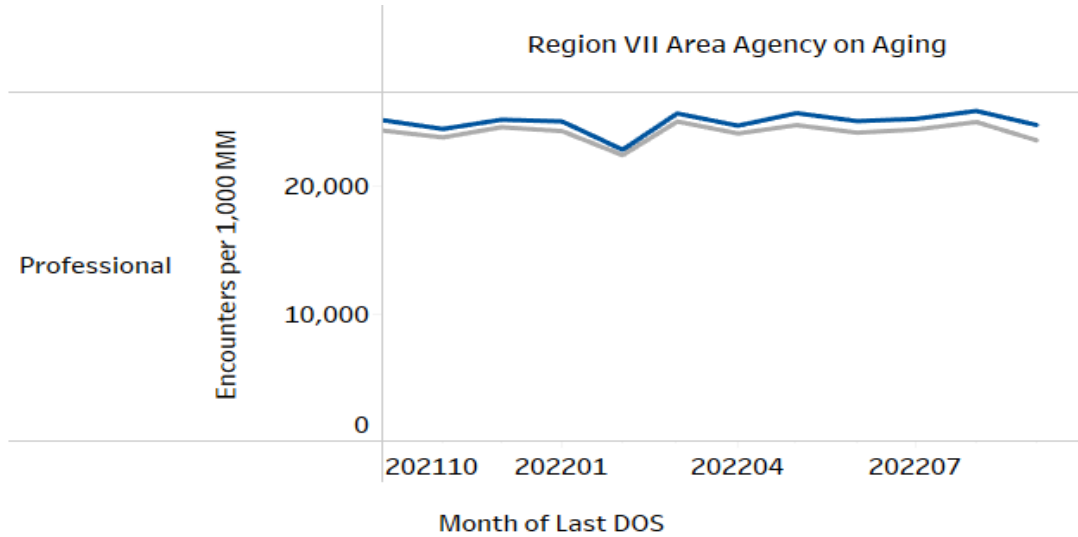


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure N-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure N-5—Encounter Volume per 1,000 MM—Region VII Area Agency on Aging

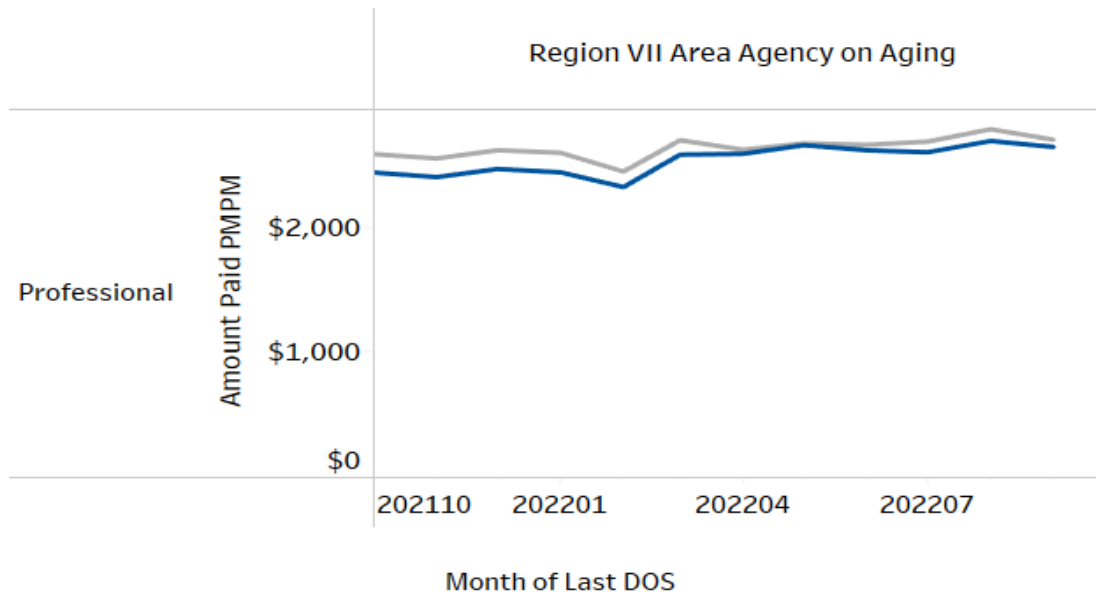


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure N-6 displays the monthly payment amounts PMPM by service month.

Figure N-6—Paid Amount PMPM—Region VII Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure N-7 displays the percentage of duplicate encounters.

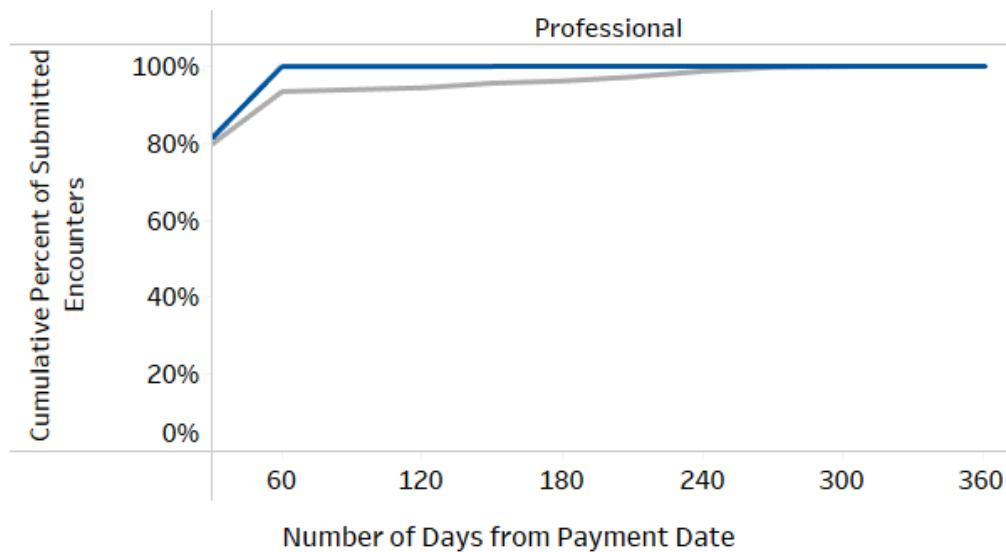
Figure N-7—Percentage of Duplicate Encounters—Region VII Area Agency on Aging



Encounter Data Timeliness

Figure N-8 and Table N-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure N-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Region VII Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

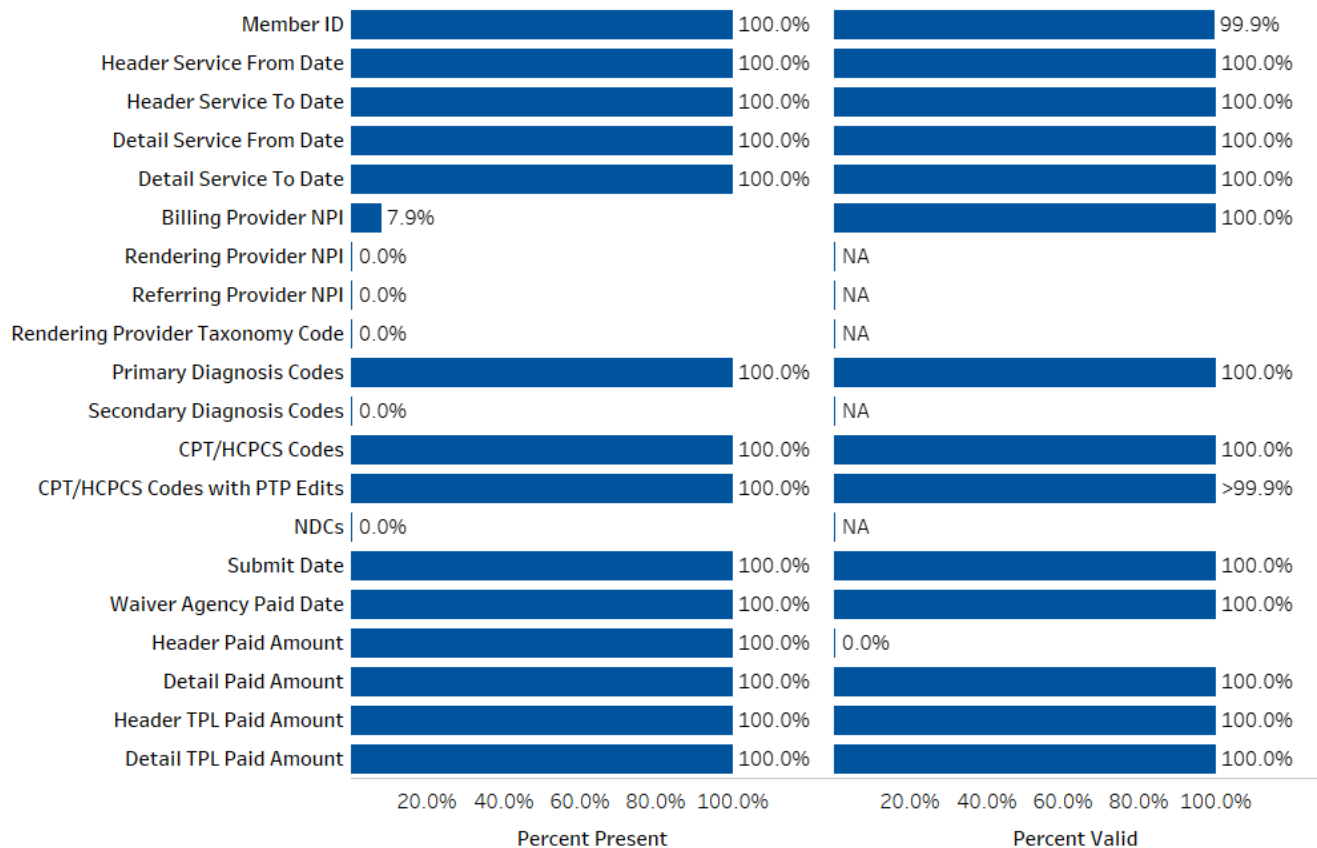
Table N-1—Completeness of Encounters—Region VII Area Agency on Aging

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	81.3%
Submitted Within 60 Days	99.9%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	>99.9%
Submitted Within 150 Days	>99.9%
Submitted Within 180 Days	>99.9%
Submitted Within 210 Days	>99.9%
Submitted Within 240 Days	>99.9%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure N-9 provides the percentage of encounters that are present and contain valid values for key data elements.

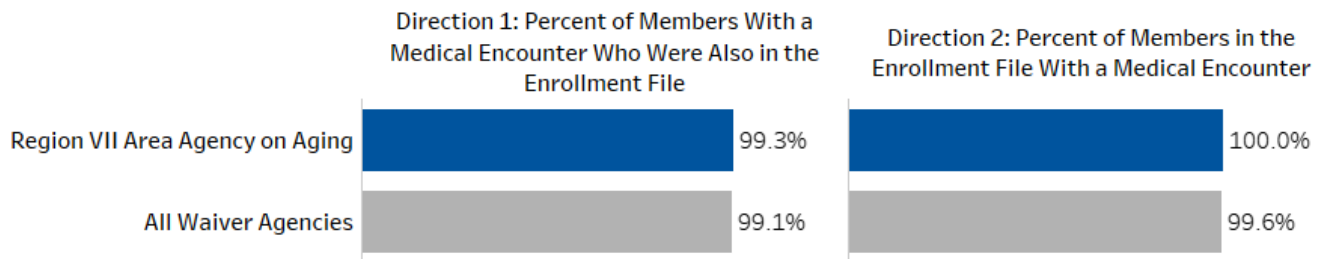
Figure N-9—Key Professional Encounter Data Elements—Region VII Area Agency on Aging



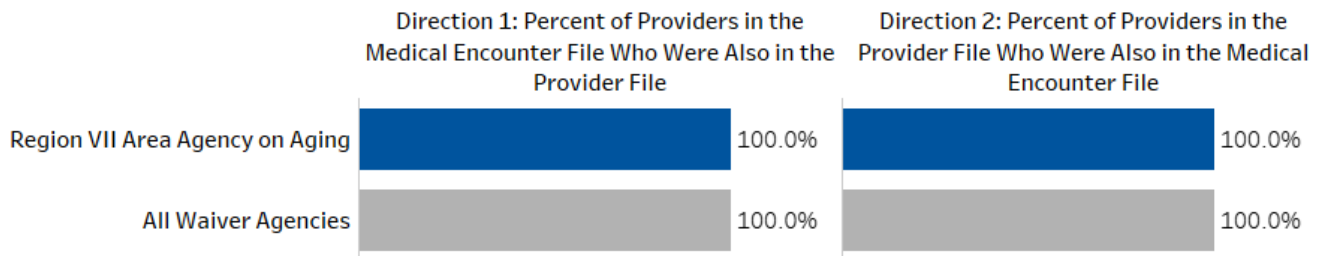
Encounter Data Referential Integrity

Figure N-10 and Figure N-11 display the referential integrity results.

**Figure N-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Region VII Area Agency on Aging**



**Figure N-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Region VII Area Agency on Aging**

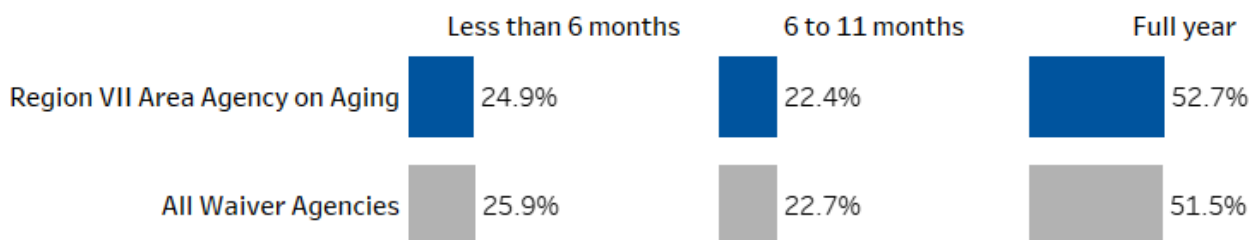


Encounter Data Logic

Member Enrollment

Figure N-12 displays the percentage of members who were continuously enrolled.

Figure N-12—Percentage of Members Who Were Continuously Enrolled—Region VII Area Agency on Aging



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Region VII Area Agency on Aging**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Region VII Area Agency on Aging demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Region VII Area Agency on Aging indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Region VII Area Agency on Aging**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Region VII Area Agency on Aging**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Region VII Area Agency on Aging reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Region VII Area Agency on Aging** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Region VII Area Agency on Aging** should consider enhancing its data management practices. HSAG recommends that **Region VII Area Agency on Aging** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Region VII Area Agency on Aging submitted professional encounters in a timely manner from the payment date, with 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Region VII Area Agency on Aging** were populated at high rates, and the majority of data elements were over 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 7.9 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Region VII Area Agency on Aging** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table N-2 presents the member composition.

Table N-2—Age and Gender Distribution—Region VII Area Agency on Aging

Age Category	Number of Females	Number of Males
Age 64 and under	198	156
Age 65 and over	607	233
Total	805	389

Encounter Data Completeness

Encounter Volume by Service Month

Table N-3 displays the encounter volume by service month.

Table N-3—Encounter Volume: Professional Encounters—Region VII Area Agency on Aging

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	22,821	905	25,216.6
November 2021	22,188	905	24,517.1
December 2021	22,997	911	25,243.7
January 2022	22,677	903	25,113.0
February 2022	20,619	901	22,884.6
March 2022	23,085	897	25,735.8
April 2022	22,370	903	24,773.0
May 2022	23,442	910	25,760.4
June 2022	22,946	913	25,132.5
July 2022	23,233	918	25,308.3
August 2022	23,678	913	25,934.3
September 2022	22,638	912	24,822.4

Payment Amounts Per Member Per Month

Table N-4 displays the monthly payment amounts PMPM by service month.

Table N-4—Paid Amount PMPM: Professional Encounters—Region VII Area Agency on Aging

Month of Service	Number of MM	Paid Amount PMPM
October 2021	905	\$2,435.58
November 2021	905	\$2,399.30
December 2021	911	\$2,464.05
January 2022	903	\$2,437.40
February 2022	901	\$2,319.61
March 2022	897	\$2,578.69
April 2022	903	\$2,585.17
May 2022	910	\$2,654.31
June 2022	913	\$2,613.18
July 2022	918	\$2,597.61
August 2022	913	\$2,687.71
September 2022	912	\$2,639.90

Percentage of Duplicate Encounters

Table N-5 displays the percentage of duplicate encounters.

Table N-5—Percentage of Duplicate Encounters—Region VII Area Agency on Aging

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	1,474	0.4%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table N-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table N-6—Encounter Data Lag Triangle: Professional Encounters—Region VII Area Agency on Aging

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	8,921	0											8,921
202112	0	0	0										0
202201	562	9,533	8,824	0									18,919
202202	2	17	568	8,643	0								9,230
202203	0	6	2	462	7,760	0							8,230
202204	0	0	0	0	0	0	0						0
202205	1	2	3	23	648	9,095	8,331	0					18,103
202206	0	0	1	3	1	14	726	9,436	0				10,181
202207	0	2	3	1	0	2	18	173	9,355	0			9,554
202208	0	1	0	0	0	0	2	11	356	9,334	0		9,704
202209	1	0	0	0	0	0	4	5	27	303	9,118	0	9,458
202210	0	0	0	0	1	0	1	2	3	214	646	8,503	9,370
202211	3	3	2	1	2	1	2	2	1	1	329	943	1,290
202212	5,119	4,601	5,138	4,808	4,588	5,469	5,163	5,280	5,201	5,159	5,419	5,240	61,185
202301	1	0	0	0	0	1	0	0	1	0	1	0	4
202302	12,889	12,562	13,153	13,060	11,831	13,150	12,757	13,389	12,954	13,093	13,291	12,744	154,873
202303	0	0	0	4	3	8	0	0	0	0	0	6	21
202304	0	0	0	0	0	0	0	0	0	0	25	26	51
Total	27,499	26,727	27,694	27,005	24,834	27,740	27,004	28,298	27,898	28,104	28,829	27,462	329,094
MM	905	905	911	903	901	897	903	910	913	918	913	912	10,891
PMPM	30.39	29.53	30.40	29.91	27.56	30.93	29.90	31.10	30.56	30.61	31.58	30.11	30.22

Field-Level Completeness and Accuracy

Table N-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table N-7—Key Encounter Data Elements: Professional Encounters—Region VII Area Agency on Aging

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	329,131	329,131	100.0%	329,131	328,927	99.9%
Header Service From Date	329,131	329,131	100.0%	329,131	329,131	100.0%
Header Service To Date	329,131	329,131	100.0%	329,131	329,131	100.0%
Detail Service From Date	329,131	329,131	100.0%	329,131	329,131	100.0%
Detail Service To Date	329,131	329,131	100.0%	329,131	329,131	100.0%
Billing Provider NPI	329,131	25,988	7.9%	25,988	25,988	100.0%
Rendering Provider NPI	329,131	0	0.0%	0	0	NA
Referring Provider NPI	329,131	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	329,131	0	0.0%	0	0	NA
Primary Diagnosis Codes	329,131	329,131	100.0%	329,131	329,131	100.0%
Secondary Diagnosis Codes	329,131	0	0.0%	0	0	NA
CPT/HCPCS Codes	329,131	329,131	100.0%	329,131	329,131	100.0%
CPT/HCPCS Codes with PTP Edits	329,131	329,131	100.0%	329,131	329,125	>99.9%
NDCs	329,131	0	0.0%	0	0	NA
Submit Date	329,131	329,131	100.0%	329,131	329,131	100.0%
Waiver Agency Paid Date	329,131	329,131	100.0%	329,131	329,131	100.0%
Header Paid Amount	329,131	329,131	100.0%	329,131	0	0.0%
Detail Paid Amount	329,131	329,131	100.0%	329,131	329,131	100.0%
Header TPL Paid Amount	329,131	329,131	100.0%	329,131	329,131	100.0%
Detail TPL Paid Amount	329,131	329,131	100.0%	329,131	329,131	100.0%

Appendix O. Results for Region 9 Northeast MI Community Service Agency

Appendix O contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Region 9 Northeast MI Community Service Agency**.

IS Review Findings

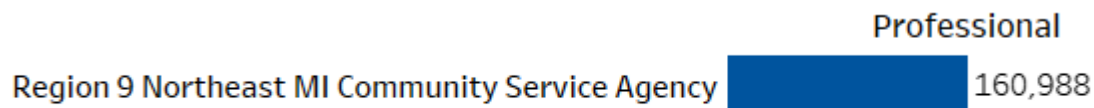
Please refer to Section 3: Information Systems Review Findings for **Region 9 Northeast MI Community Service Agency**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure O-1 displays the number of encounters.

Figure O-1—Number of Paid Encounters—Region 9 Northeast MI Community Service Agency



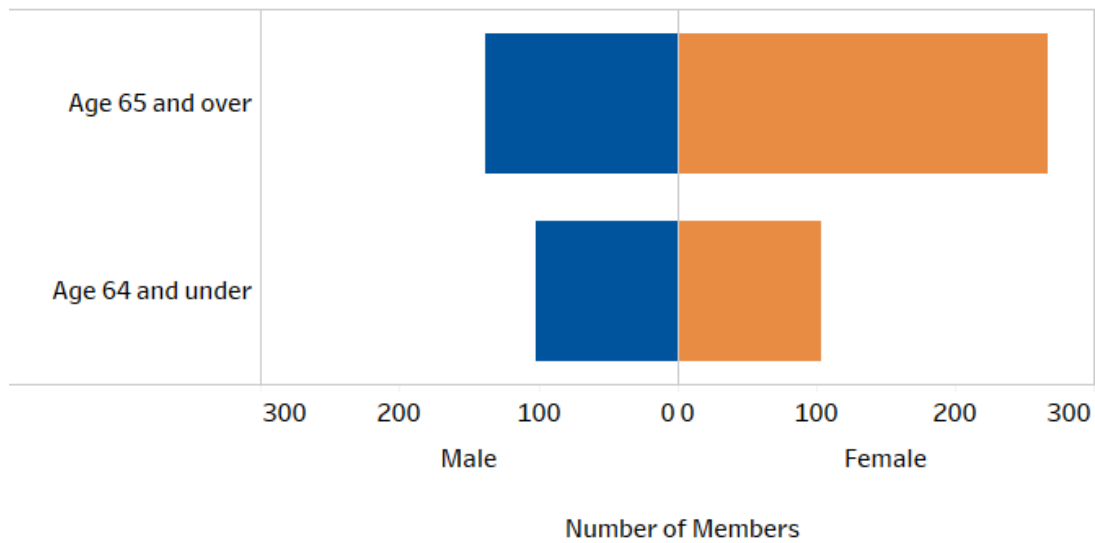
Member Composition

Figure O-2 and Figure O-3 display member demographics.

Figure O-2—Enrollment in SFY 2023—Region 9 Northeast MI Community Service Agency



Figure O-3—Age and Gender Distribution—Region 9 Northeast MI Community Service Agency

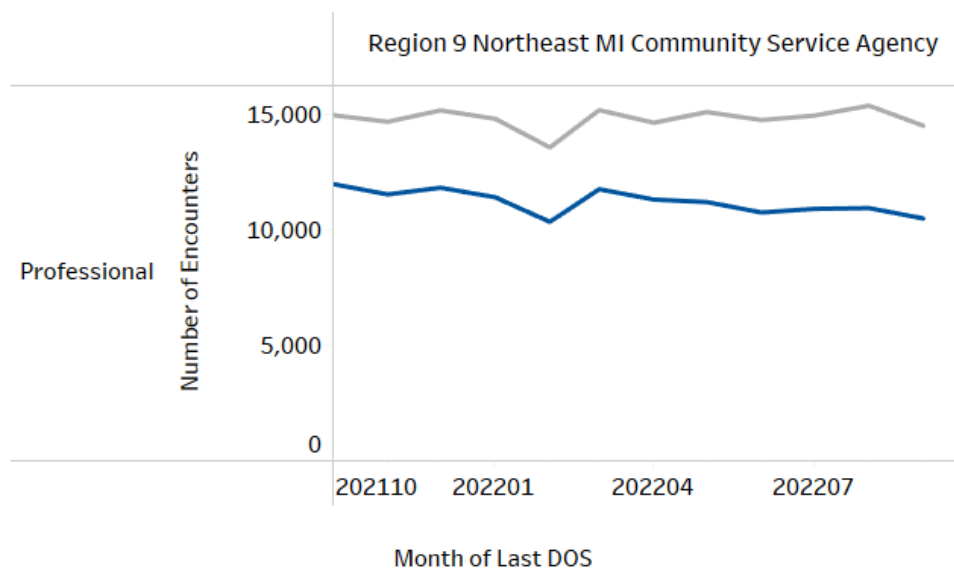


Encounter Data Completeness

Encounter Volume by Service Month

Figure O-4 displays the monthly encounter volume by service month.

Figure O-4—Encounter Volume by Service Month—Region 9 Northeast MI Community Service Agency

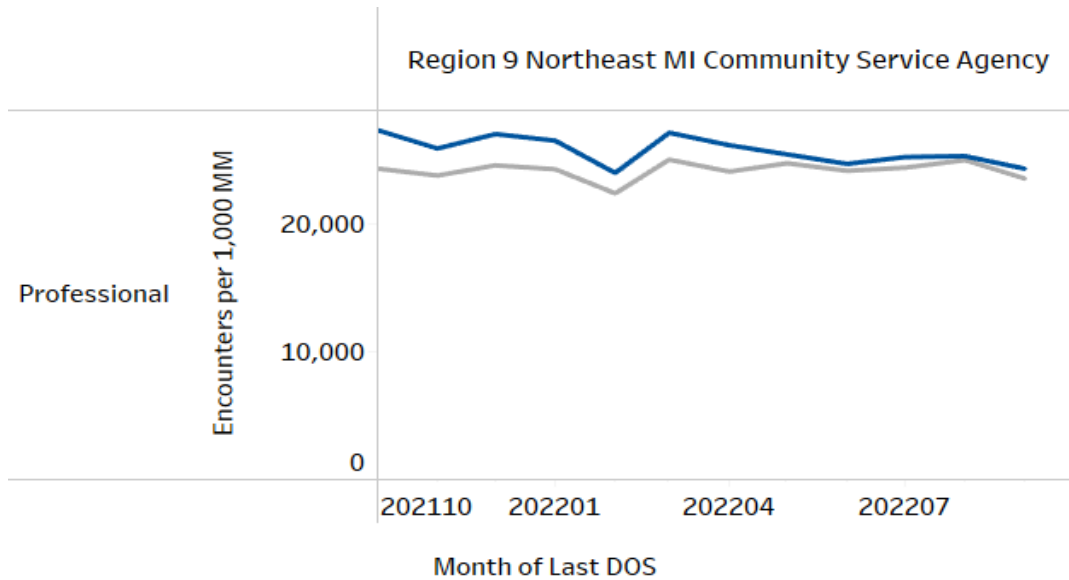


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure O-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure O-5—Encounter Volume per 1,000 MM—Region 9 Northeast MI Community Service Agency

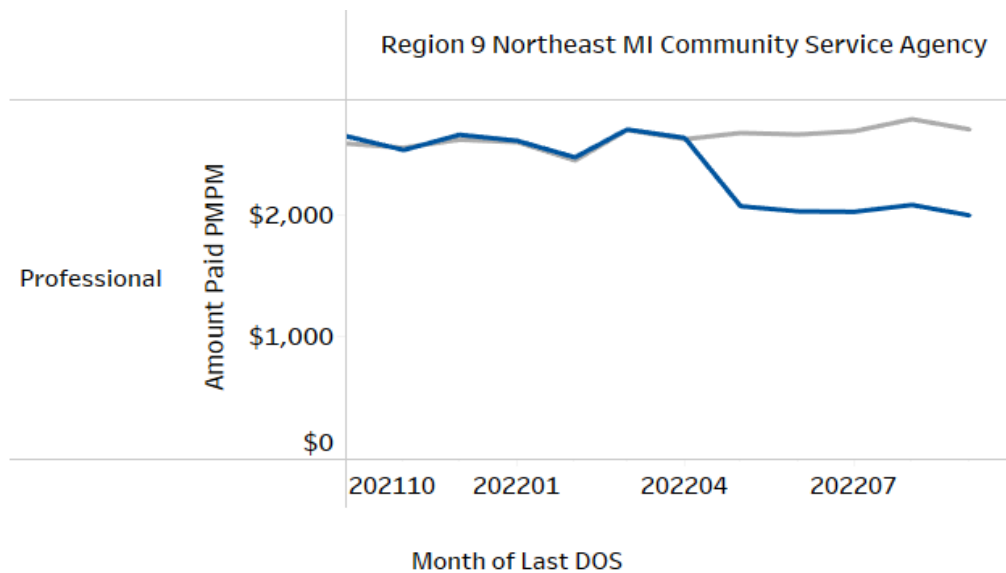


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure O-6 displays the monthly payment amounts PMPM by service month.

Figure O-6—Paid Amount PMPM—Region 9 Northeast MI Community Service Agency

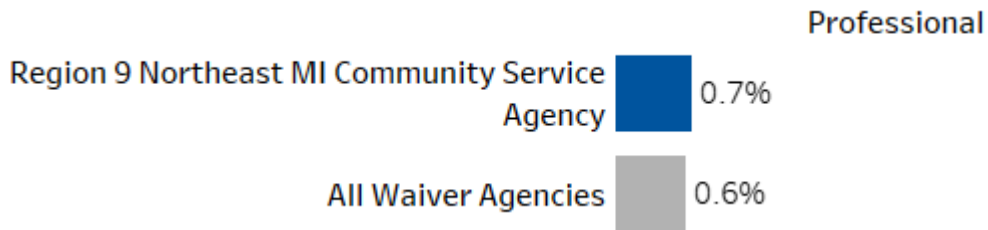


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure O-7 displays the percentage of duplicate encounters.

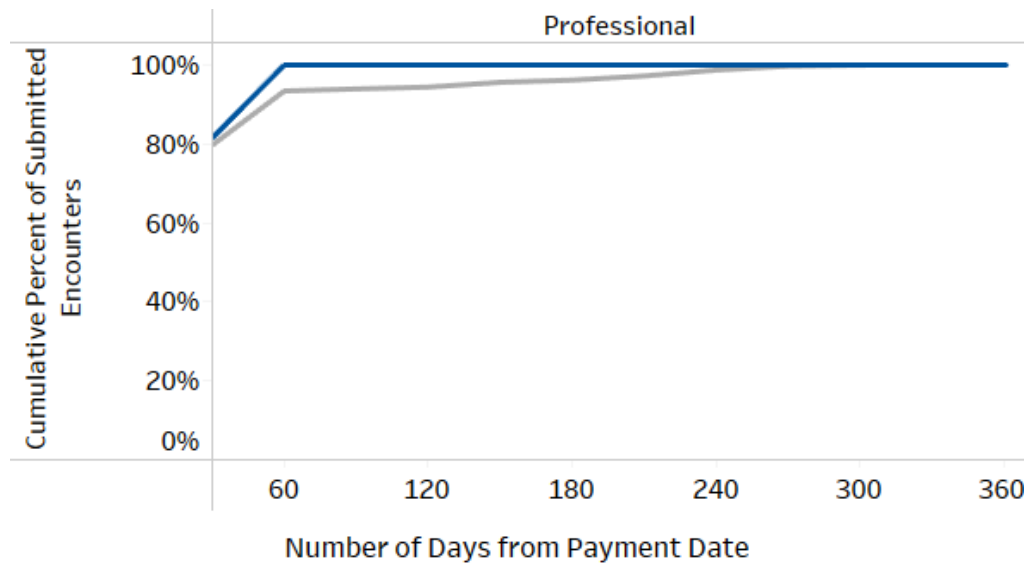
Figure O-7—Percentage of Duplicate Encounters—Region 9 Northeast MI Community Service Agency



Encounter Data Timeliness

Figure O-8 and Table O-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure O-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Region 9 Northeast MI Community Service Agency



Note: The grey line indicates the all waiver agency rate.

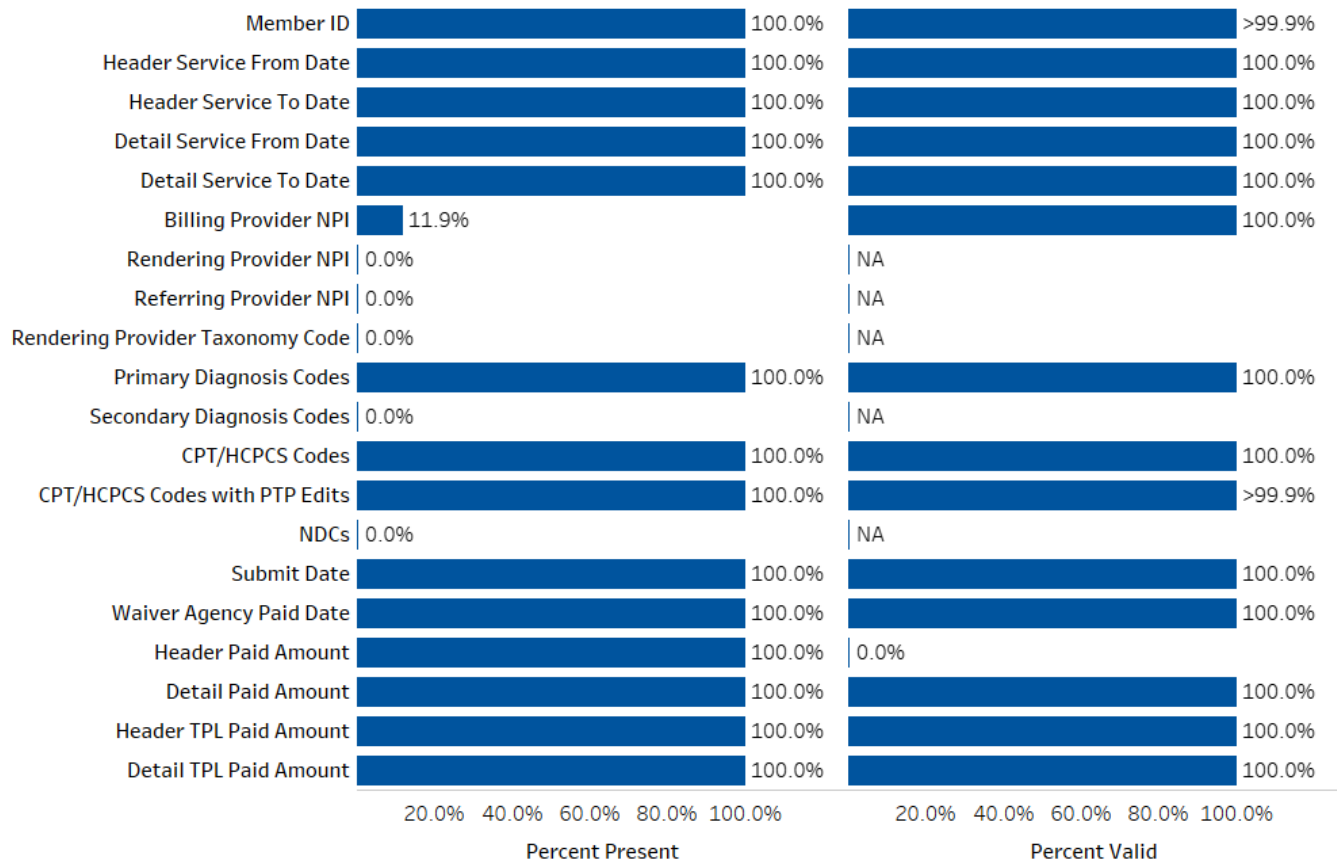
Table O-1—Completeness of Encounters—Region 9 Northeast MI Community Service Agency

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	81.5%
Submitted Within 60 Days	>99.9%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	100.0%
Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure O-9 provides the percentage of encounters that are present and contain valid values for key data elements.

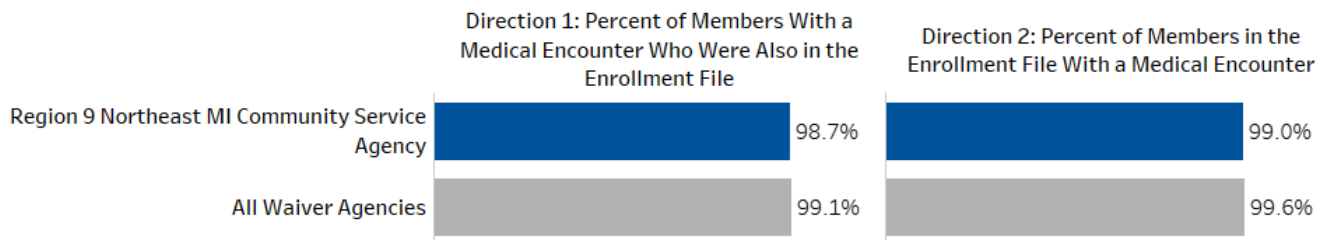
Figure O-9—Key Professional Encounter Data Elements—Region 9 Northeast MI Community Service Agency



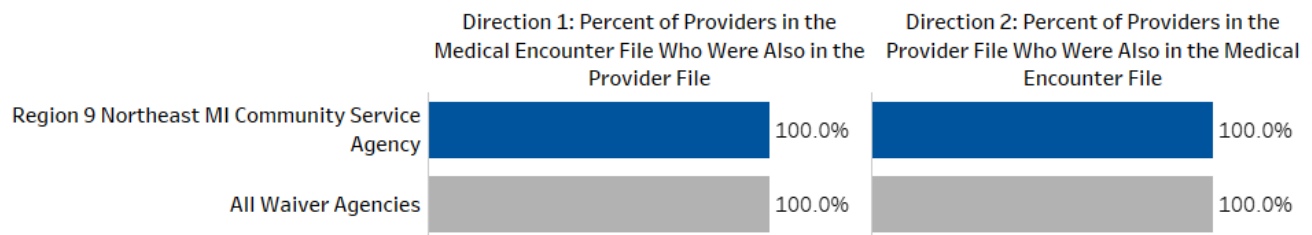
Encounter Data Referential Integrity

Figure O-10 and Figure O-11 display the referential integrity results.

**Figure O-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Region 9 Northeast MI Community Service Agency**



**Figure O-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Region 9 Northeast MI Community Service Agency**

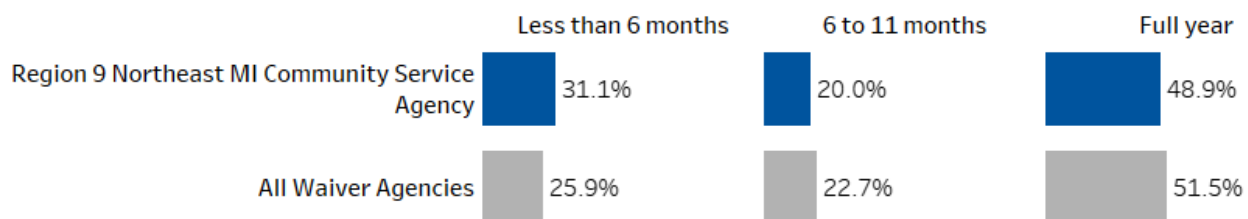


Encounter Data Logic

Member Enrollment

Figure O-12 displays the percentage of members who were continuously enrolled.

Figure O-12—Percentage of Members Who Were Continuously Enrolled—Region 9 Northeast MI Community Service Agency



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Region 9 Northeast MI Community Service Agency**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Region 9 Northeast MI Community Service Agency demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Region 9 Northeast MI Community Service Agency indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Region 9 Northeast MI Community Service Agency**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Region 9 Northeast MI Community Service Agency**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Region 9 Northeast MI Community Service Agency reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Region 9 Northeast MI Community Service Agency** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Region 9 Northeast MI Community Service Agency** should consider enhancing its data management practices. HSAG recommends that **Region 9 Northeast MI Community Service Agency** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual

deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Region 9 Northeast MI Community Service Agency submitted professional encounters in a timely manner from the payment date, with greater than 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Region 9 Northeast MI Community Service Agency** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 11.9 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Region 9 Northeast MI Community Service Agency** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table O-2 presents the member composition.

Table O-2—Age and Gender Distribution—Region 9 Northeast MI Community Service Agency

Age Category	Number of Females	Number of Males
Age 64 and under	104	102
Age 65 and over	267	138
Total	371	240

Encounter Data Completeness

Encounter Volume by Service Month

Table O-3 displays the encounter volume by service month.

Table O-3—Encounter Volume: Professional Encounters—Region 9 Northeast MI Community Service Agency

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	12,008	438	27,415.5
November 2021	11,559	445	25,975.3
December 2021	11,847	437	27,109.8
January 2022	11,434	430	26,590.7
February 2022	10,369	431	24,058.0
March 2022	11,783	433	27,212.5
April 2022	11,334	432	26,236.1
May 2022	11,226	440	25,513.6
June 2022	10,775	435	24,770.1
July 2022	10,932	432	25,305.6
August 2022	10,964	432	25,379.6
September 2022	10,512	431	24,389.8

Payment Amounts Per Member Per Month

Table O-4 displays the monthly payment amounts PMPM by service month.

Table O-4—Paid Amount PMPM: Professional Encounters—Region 9 Northeast MI Community Service Agency

Month of Service	Number of MM	Paid Amount PMPM
October 2021	438	\$2,643.40
November 2021	445	\$2,529.02
December 2021	437	\$2,654.17
January 2022	430	\$2,605.26
February 2022	431	\$2,469.27
March 2022	433	\$2,697.12
April 2022	432	\$2,628.73
May 2022	440	\$2,069.49
June 2022	435	\$2,027.79
July 2022	432	\$2,024.32
August 2022	432	\$2,080.36
September 2022	431	\$1,994.79

Percentage of Duplicate Encounters

Table O-5 displays the percentage of duplicate encounters.

Table O-5—Percentage of Duplicate Encounters—Region 9 Northeast MI Community Service Agency

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	1,076	0.7%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table O-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table O-6—Encounter Data Lag Triangle: Professional Encounters—Region 9 Northeast MI Community Service Agency

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	4,167	0											4,167
202112	0	0	0										0
202201	7,995	10,387	5,847	0									24,229
202202	1,160	1,702	6,505	3,672	0								13,039
202203	450	1,286	1,392	8,471	8,080	0							19,679
202204	226	244	389	850	3,496	9,087	0						14,292
202205	90	89	0	633	473	3,348	2,052	0					6,685
202206	0	0	0	1	219	1,401	10,267	8,489	0				20,377
202207	0	0	0	0	0	0	1,061	4,228	7,590	0			12,879
202208	0	0	0	0	0	147	65	365	4,460	6,033	0		11,070
202209	0	0	0	0	0	28	30	321	429	6,105	7,030	0	13,943
202210	0	0	0	0	0	0	0	36	406	872	5,586	4,422	11,322
202211	0	0	0	0	0	0	0	0	145	162	667	7,946	8,920
202212	0	0	0	0	0	0	0	0	0	0	0	18	18
202301	0	0	0	0	0	0	0	0	0	0	0	155	155
202302	0	0	0	0	0	0	0	0	1	0	1	211	213
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	14,088	13,708	14,133	13,627	12,268	14,011	13,475	13,439	13,031	13,172	13,284	12,752	160,988
MM	438	445	437	430	431	433	432	440	435	432	432	431	5,216
PMPM	32.16	30.80	32.34	31.69	28.46	32.36	31.19	30.54	29.96	30.49	30.75	29.59	30.86

Field-Level Completeness and Accuracy

Table O-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table O-7—Key Encounter Data Elements: Professional Encounters—Region 9 Northeast MI Community Service Agency

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	160,988	160,988	100.0%	160,988	160,927	>99.9%
Header Service From Date	160,988	160,988	100.0%	160,988	160,988	100.0%
Header Service To Date	160,988	160,988	100.0%	160,988	160,988	100.0%
Detail Service From Date	160,988	160,988	100.0%	160,988	160,988	100.0%
Detail Service To Date	160,988	160,988	100.0%	160,988	160,988	100.0%
Billing Provider NPI	160,988	19,137	11.9%	19,137	19,137	100.0%
Rendering Provider NPI	160,988	0	0.0%	0	0	NA
Referring Provider NPI	160,988	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	160,988	0	0.0%	0	0	NA
Primary Diagnosis Codes	160,988	160,988	100.0%	160,988	160,988	100.0%
Secondary Diagnosis Codes	160,988	0	0.0%	0	0	NA
CPT/HCPCS Codes	160,988	160,988	100.0%	160,988	160,988	100.0%
CPT/HCPCS Codes with PTP Edits	160,988	160,988	100.0%	160,988	160,984	>99.9%
NDCs	160,988	0	0.0%	0	0	NA
Submit Date	160,988	160,988	100.0%	160,988	160,988	100.0%
Waiver Agency Paid Date	160,988	160,988	100.0%	160,988	160,988	100.0%
Header Paid Amount	160,988	160,988	100.0%	160,988	0	0.0%
Detail Paid Amount	160,988	160,988	100.0%	160,988	160,988	100.0%
Header TPL Paid Amount	160,988	160,988	100.0%	160,988	160,988	100.0%
Detail TPL Paid Amount	160,988	160,988	100.0%	160,988	160,988	100.0%

Appendix P. Results for Reliance Community Care Partners

Appendix P contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Reliance Community Care Partners**.

IS Review Findings

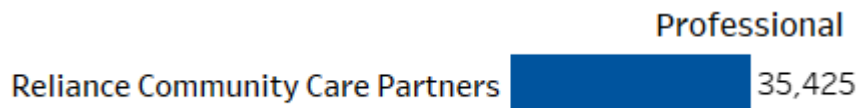
Please refer to Section 3: Information Systems Review Findings for **Reliance Community Care Partners**' specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure P-1 displays the number of encounters.

Figure P-1—Number of Paid Encounters—Reliance Community Care Partners



Member Composition

Figure P-2 and Figure P-3 display member demographics.

Figure P-2—Enrollment in SFY 2023—Reliance Community Care Partners



Figure P-3—Age and Gender Distribution—Reliance Community Care Partners

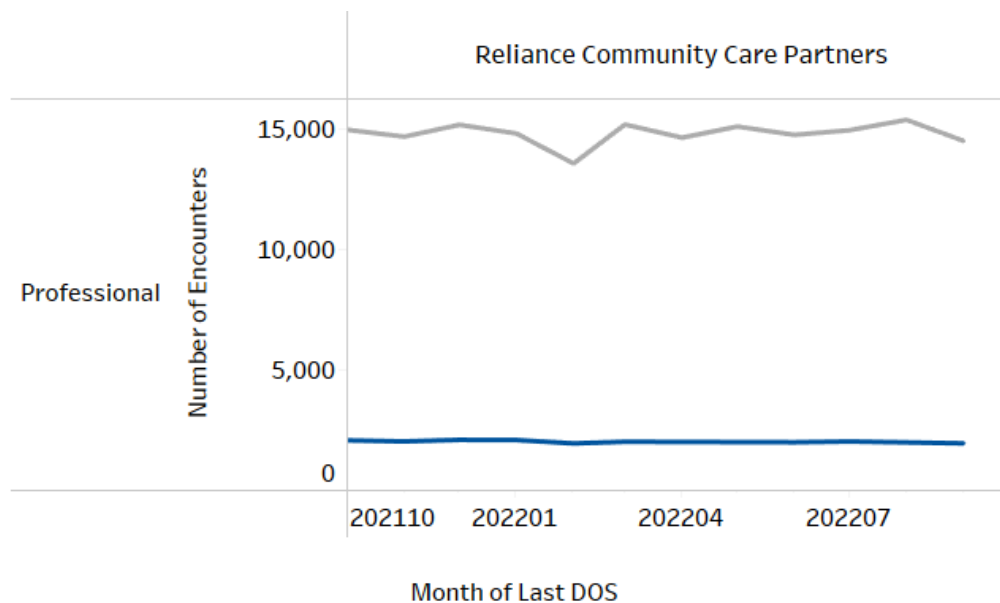


Encounter Data Completeness

Encounter Volume by Service Month

Figure P-4 displays the monthly encounter volume by service month.

Figure P-4—Encounter Volume by Service Month—Reliance Community Care Partners

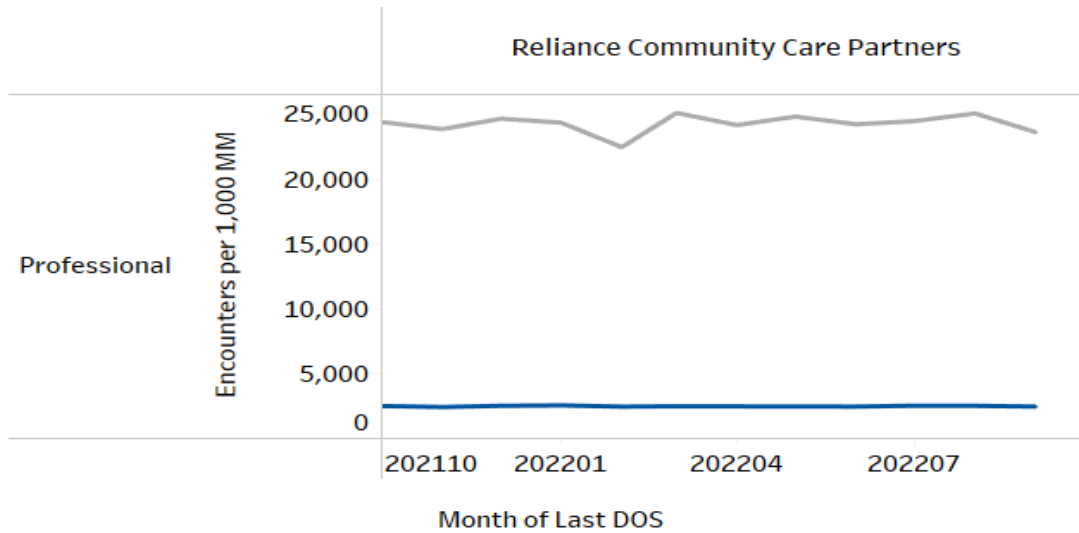


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure P-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure P-5—Encounter Volume per 1,000 MM—Reliance Community Care Partners

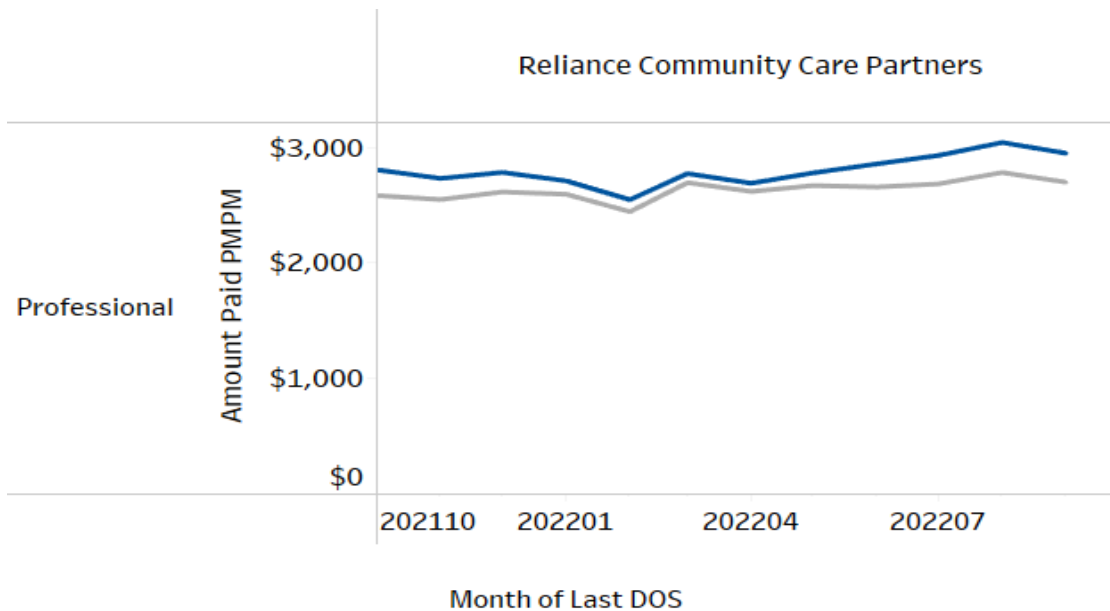


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure P-6 displays the monthly payment amounts PMPM by service month.

Figure P-6—Paid Amount PMPM—Reliance Community Care Partners

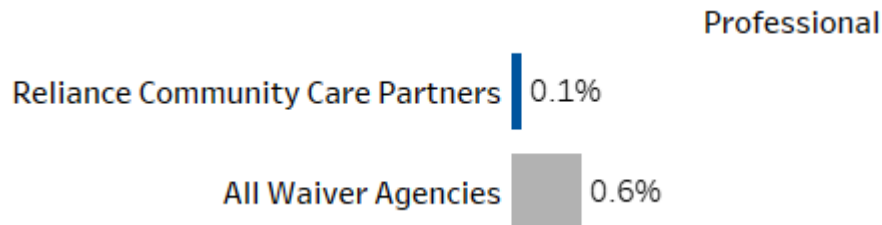


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure P-7 displays the percentage of duplicate encounters.

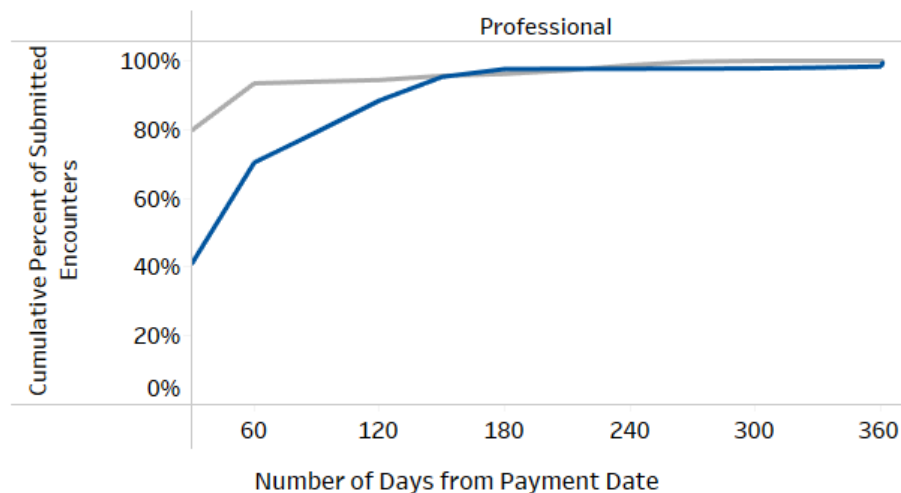
Figure P-7—Percentage of Duplicate Encounters—Reliance Community Care Partners



Encounter Data Timeliness

Figure P-8 and Table P-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure P-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Reliance Community Care Partners



Note: The grey line indicates the all waiver agency rate.

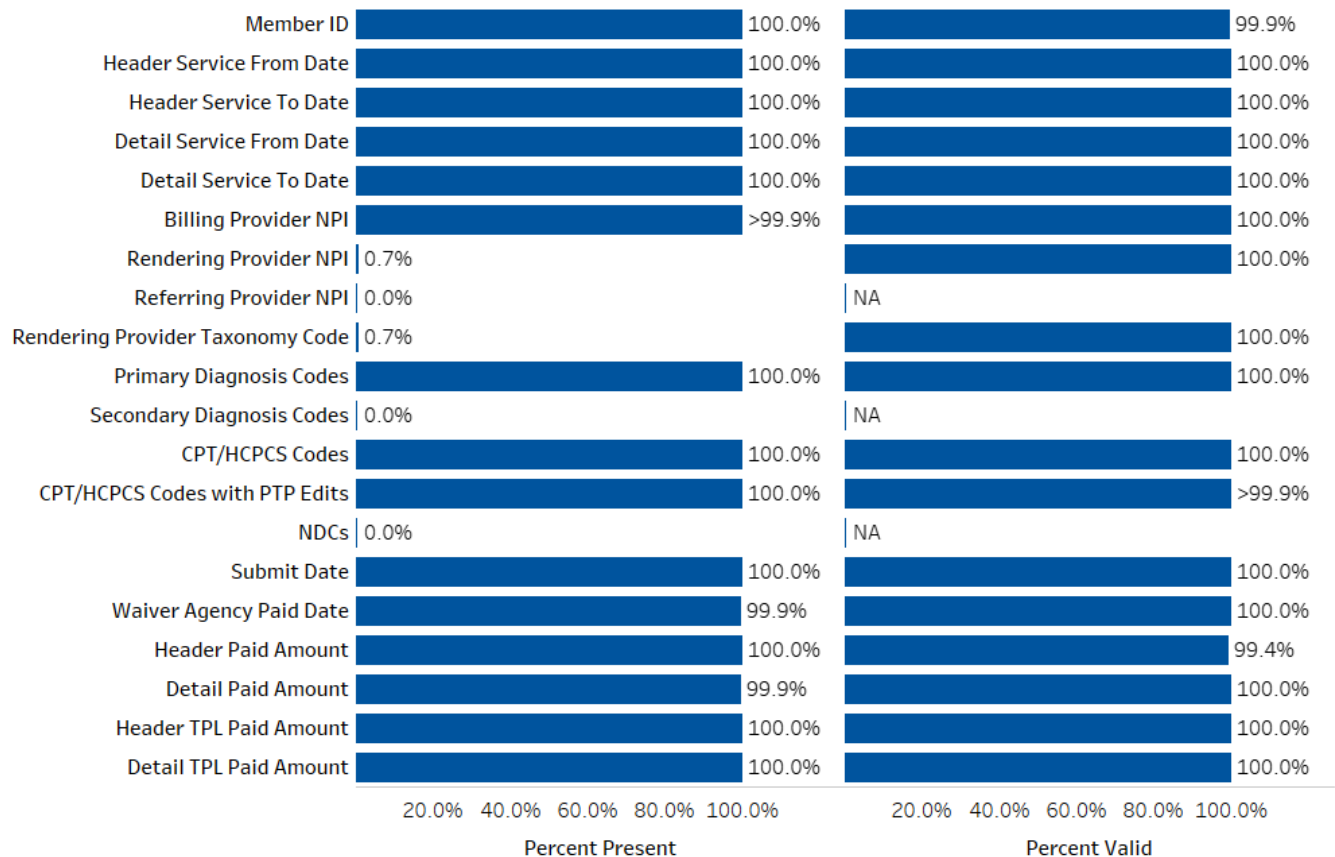
Table P-1—Completeness of Encounters—Reliance Community Care Partners

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	40.8%
Submitted Within 60 Days	70.4%
Submitted Within 90 Days	79.3%
Submitted Within 120 Days	88.4%
Submitted Within 150 Days	95.3%
Submitted Within 180 Days	97.6%
Submitted Within 210 Days	97.6%
Submitted Within 240 Days	97.6%
Submitted Within 270 Days	97.7%
Submitted Within 300 Days	97.7%
Submitted Within 330 Days	98.0%
Submitted Within 360 Days	98.3%
Submitted After 360 Days	99.5%
Missing Paid or Submission Date	0.5%

Field-Level Completeness and Accuracy

Figure P-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure P-9—Key Professional Encounter Data Elements—Reliance Community Care Partners



Encounter Data Referential Integrity

Figure P-10 and Figure P-11 display the referential integrity results.

Figure P-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Reliance Community Care Partners

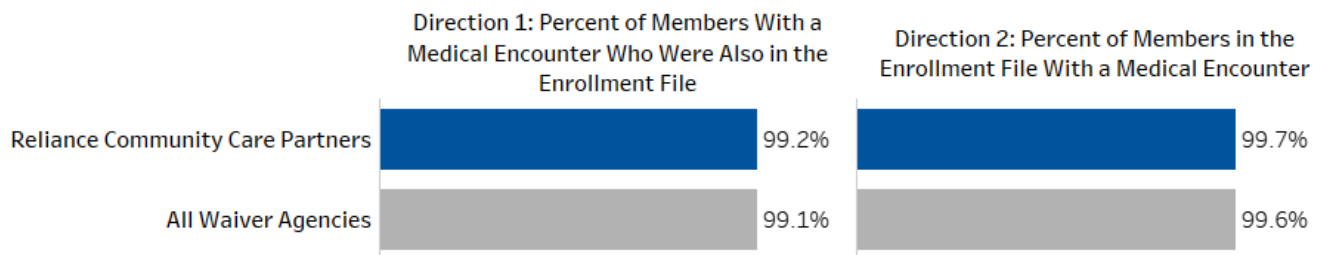
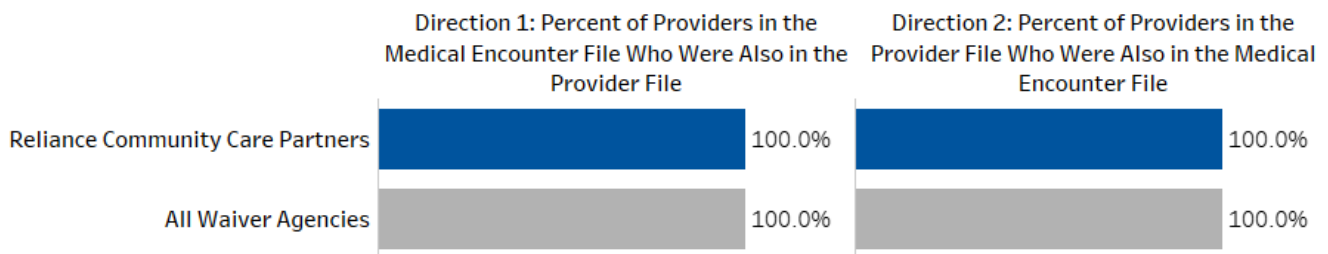


Figure P-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Reliance Community Care Partners

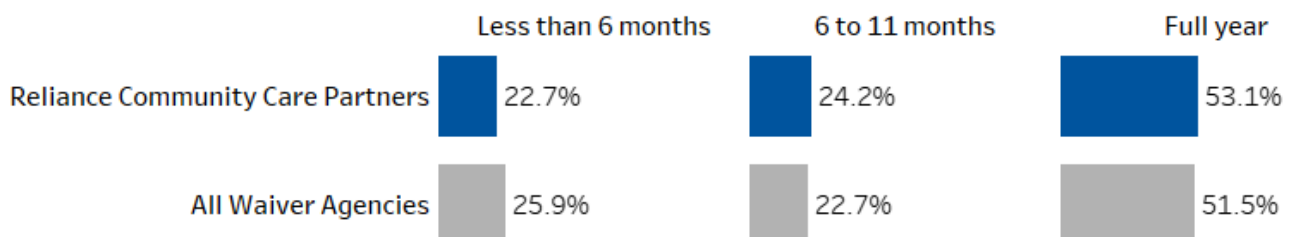


Encounter Data Logic

Member Enrollment

Figure P-12 displays the percentage of members who were continuously enrolled.

Figure P-12—Percentage of Members Who Were Continuously Enrolled—Reliance Community Care Partners



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Reliance Community Care Partners**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Reliance Community Care Partners demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Reliance Community Care Partners performed modifications on encounters before sending them to MDHHS.

Why the weakness exists: Since modifications were made to the providers' encounters, it is essential to communicate these changes to each entity involved to maintain data integrity.

Recommendation: **Reliance Community Care Partners** should collaborate with MDHHS to confirm that the identified changes do not require adjustments to be sent back to the providers.

Weakness #2: Reliance Community Care Partners did not outline any encounter data monitoring process in its questionnaire response.

Why the weakness exists: Establishing a robust encounter data monitoring process is essential for ensuring the accuracy, completeness, and timeliness of encounters submitted to MDHHS. The absence of a reported process raises concerns about potential gaps in monitoring practices.

Recommendation: While it is possible that **Reliance Community Care Partners** has an encounter data monitoring process that was not explicitly mentioned, it is recommended that the waiver agency ensures clarity in reporting such processes. Additionally, enhancing and formalizing encounter data monitoring practices would contribute to maintaining high data quality standards.

Weakness #3: Reliance Community Care Partners has a distinctive approach compared to Compass users, submitting the entire encounter with all line items instead of individual lines as separate encounters. This has led to a seemingly lower encounter volume for **Reliance Community Care Partners** in comparison to Compass users.

Why the weakness exists: The difference in reporting formats results in a perception of lower encounter volume for **Reliance Community Care Partners**. This variation could impact data interpretation and comparative analyses.

Recommendation: While not necessarily a weakness, it is recommended that **Reliance Community Care Partners** collaborates with MDHHS to determine the preferred reporting format for encounters. This ensures alignment with State standards and facilitates accurate interpretation and comparison of encounter volumes across different agencies.

Administrative Profile Conclusions

Strengths

Strength #1: Across all professional encounters, most of the key data elements for **Reliance Community Care Partners** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Reliance Community Care Partners did not submit professional encounters timely, where 70.4 percent of professional encounters were submitted within 60 days of payment, not reaching greater than 99 percent of encounters submitted until after 360 days of payment.

Why the weakness exists: The timely submission of encounters is crucial to guarantee that conducted analyses include comprehensive data. Failure to submit encounters in a timely manner may lead to incomplete analyses and inaccurate results.

Recommendation: **Reliance Community Care Partners** should monitor its encounter data submission to MDHHS to ensure encounters are submitted after payment.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table P-2 presents the member composition.

Table P-2—Age and Gender Distribution—Reliance Community Care Partners

Age Category	Number of Females	Number of Males
Age 64 and under	156	164
Age 65 and over	537	198
Total	693	362

Encounter Data Completeness

Encounter Volume by Service Month

Table P-3 displays the encounter volume by service month.

Table P-3—Encounter Volume: Professional Encounters—Reliance Community Care Partners

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	2,084	833	2,501.8
November 2021	2,040	842	2,422.8
December 2021	2,106	836	2,519.1
January 2022	2,097	822	2,551.1
February 2022	1,958	798	2,453.6
March 2022	2,026	815	2,485.9
April 2022	2,019	816	2,474.3
May 2022	2,012	817	2,462.7
June 2022	2,005	816	2,457.1
July 2022	2,037	806	2,527.3
August 2022	1,999	794	2,517.6
September 2022	1,960	797	2,459.2

Payment Amounts Per Member Per Month

Table P-4 displays the monthly payment amounts PMPM by service month.

Table P-4—Paid Amount PMPM: Professional Encounters—Reliance Community Care Partners

Month of Service	Number of MM	Paid Amount PMPM
October 2021	833	\$2,805.00
November 2021	842	\$2,730.68
December 2021	836	\$2,782.75
January 2022	822	\$2,709.64
February 2022	798	\$2,547.03
March 2022	815	\$2,772.36
April 2022	816	\$2,689.04
May 2022	817	\$2,778.54
June 2022	816	\$2,855.98
July 2022	806	\$2,929.44
August 2022	794	\$3,041.34
September 2022	797	\$2,948.40

Percentage of Duplicate Encounters

Table P-5 displays the percentage of duplicate encounters.

Table P-5—Percentage of Duplicate Encounters—Reliance Community Care Partners

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	501	0.1%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table P-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table P-6—Encounter Data Lag Triangle: Professional Encounters—Reliance Community Care Partners

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	832	0											832
202112	1,201	1,119	0										2,320
202201	117	998	1,119	0									2,234
202202	791	22	151	586	0								1,550
202203	0	5	16	661	1,090	20							1,792
202204	15	771	875	862	132	6	0						2,661
202205	0	0	0	0	0	0	0	0					0
202206	1	2	39	54	822	1,942	1,845	1,240	342				6,287
202207	0	0	0	0	4	44	131	708	1,225	693			2,805
202208	2	0	2	6	0	57	49	89	404	847	633		2,089
202209	0	0	0	1	4	5	3	0	30	7	114	654	818
202210	41	70	809	836	806	781	764	5	26	466	818	26	5,448
202211	0	0	0	0	0	40	50	805	45	51	466	1,202	2,659
202212	0	0	0	0	0	0	0	0	0	0	0	0	0
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	2	5	11	763	754	764	883	3,182
202303	0	0	0	0	0	0	0	2	0	0	14	3	19
202304	0	0	0	0	1	1	1	1	5	23	26	32	90
Total	3,000	2,987	3,011	3,006	2,859	2,898	2,848	2,861	2,840	2,841	2,835	2,800	34,786
MM	833	842	836	822	798	815	816	817	816	806	794	797	9,792
PMPM	3.60	3.55	3.60	3.66	3.58	3.56	3.49	3.50	3.48	3.52	3.57	3.51	3.55

Field-Level Completeness and Accuracy

Table P-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table P-7—Key Encounter Data Elements: Professional Encounters—Reliance Community Care Partners

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	35,425	35,425	100.0%	35,425	35,378	99.9%
Header Service From Date	35,425	35,425	100.0%	35,241	35,241	100.0%
Header Service To Date	35,425	35,425	100.0%	35,241	35,241	100.0%
Detail Service From Date	526,219	526,219	100.0%	525,497	525,497	100.0%
Detail Service To Date	526,219	526,219	100.0%	525,497	525,497	100.0%
Billing Provider NPI	35,425	35,423	>99.9%	35,423	35,423	100.0%
Rendering Provider NPI	35,425	258	0.7%	258	258	100.0%
Referring Provider NPI	35,425	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	35,425	258	0.7%	258	258	100.0%
Primary Diagnosis Codes	35,425	35,425	100.0%	35,425	35,425	100.0%
Secondary Diagnosis Codes	35,425	0	0.0%	0	0	NA
CPT/HCPCS Codes	526,219	526,219	100.0%	526,219	526,219	100.0%
CPT/HCPCS Codes with PTP Edits	526,212	526,212	100.0%	526,212	526,182	>99.9%
NDCs	526,219	0	0.0%	0	0	NA
Submit Date	526,219	526,219	100.0%	526,219	526,219	100.0%
Waiver Agency Paid Date	526,219	525,497	99.9%	525,497	525,497	100.0%
Header Paid Amount	35,425	35,425	100.0%	35,425	35,223	99.4%
Detail Paid Amount	526,219	525,497	99.9%	525,497	525,497	100.0%
Header TPL Paid Amount	35,425	35,425	100.0%	35,425	35,425	100.0%
Detail TPL Paid Amount	526,219	526,219	100.0%	526,219	526,219	100.0%

Appendix Q. Results for Senior Resources

Appendix Q contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Senior Resources**.

IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **Senior Resources**' specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure Q-1 displays the number of encounters.

Figure Q-1—Number of Paid Encounters—Senior Resources



Member Composition

Figure Q-2 and Figure Q-3 display member demographics.

Figure Q-2—Enrollment in SFY 2023—Senior Resources



Figure Q-3—Age and Gender Distribution—Senior Resources

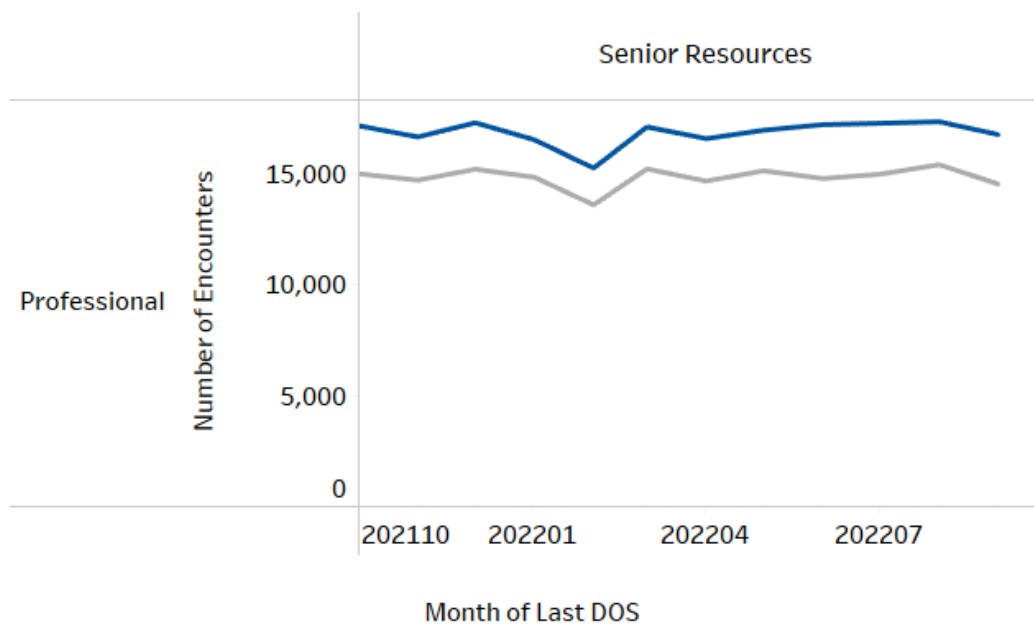


Encounter Data Completeness

Encounter Volume by Service Month

Figure Q-4 displays the monthly encounter volume by service month.

Figure Q-4—Encounter Volume by Service Month—Senior Resources

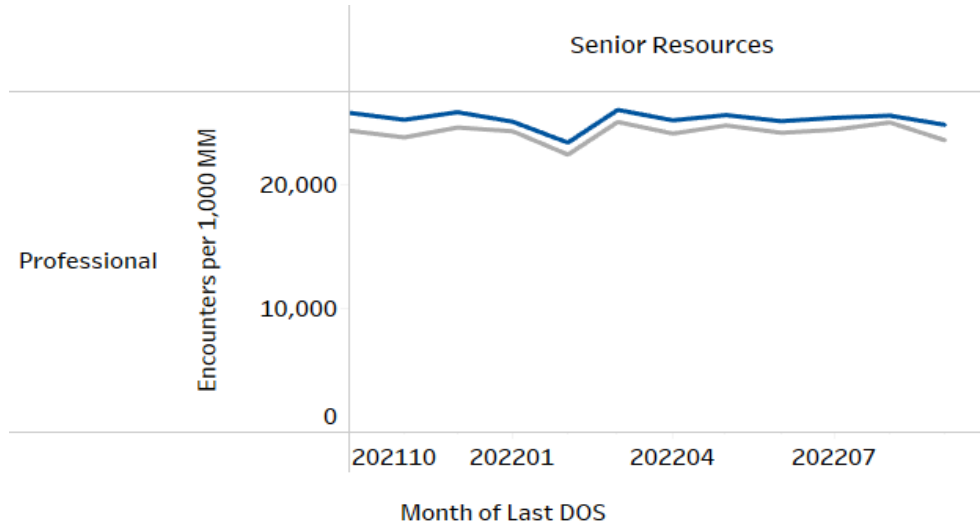


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure Q-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure Q-5—Encounter Volume per 1,000 MM—Senior Resources

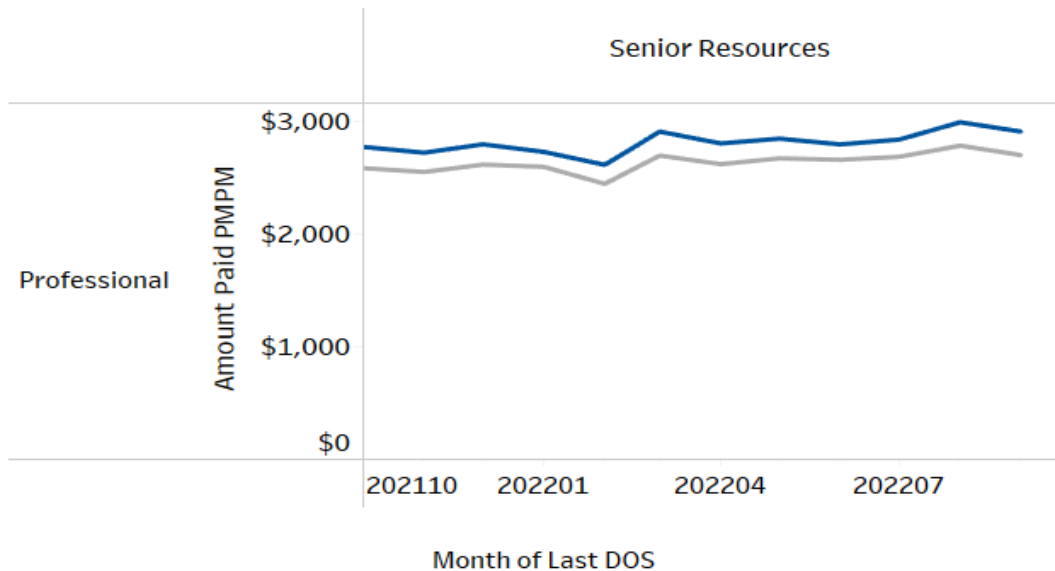


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure Q-6 displays the monthly payment amounts PMPM by service month.

Figure Q-6—Paid Amount PMPM—Senior Resources

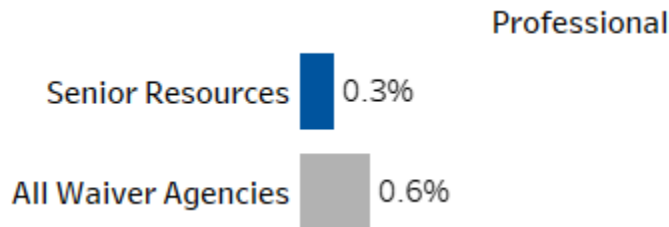


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure Q-7 displays the percentage of duplicate encounters.

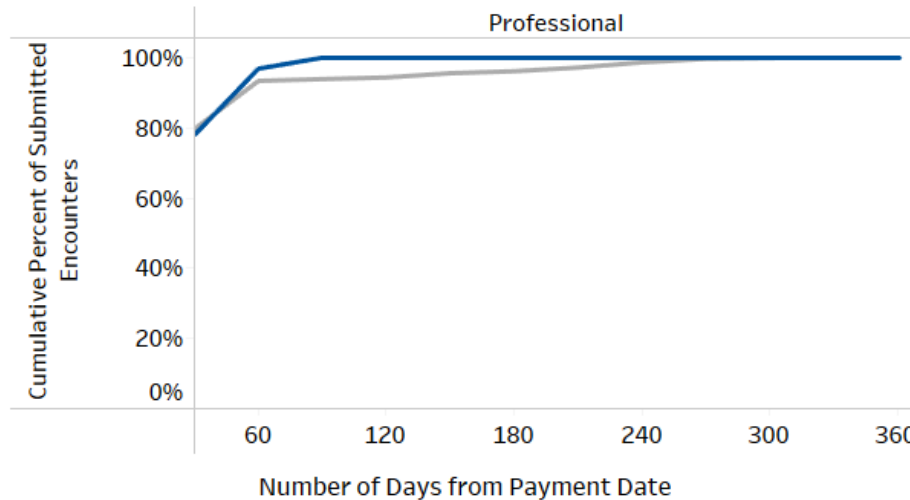
Figure Q-7—Percentage of Duplicate Encounters—Senior Resources



Encounter Data Timeliness

Figure Q-8 and Table Q-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure Q-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Senior Resources



Note: The grey line indicates the all waiver agency rate.

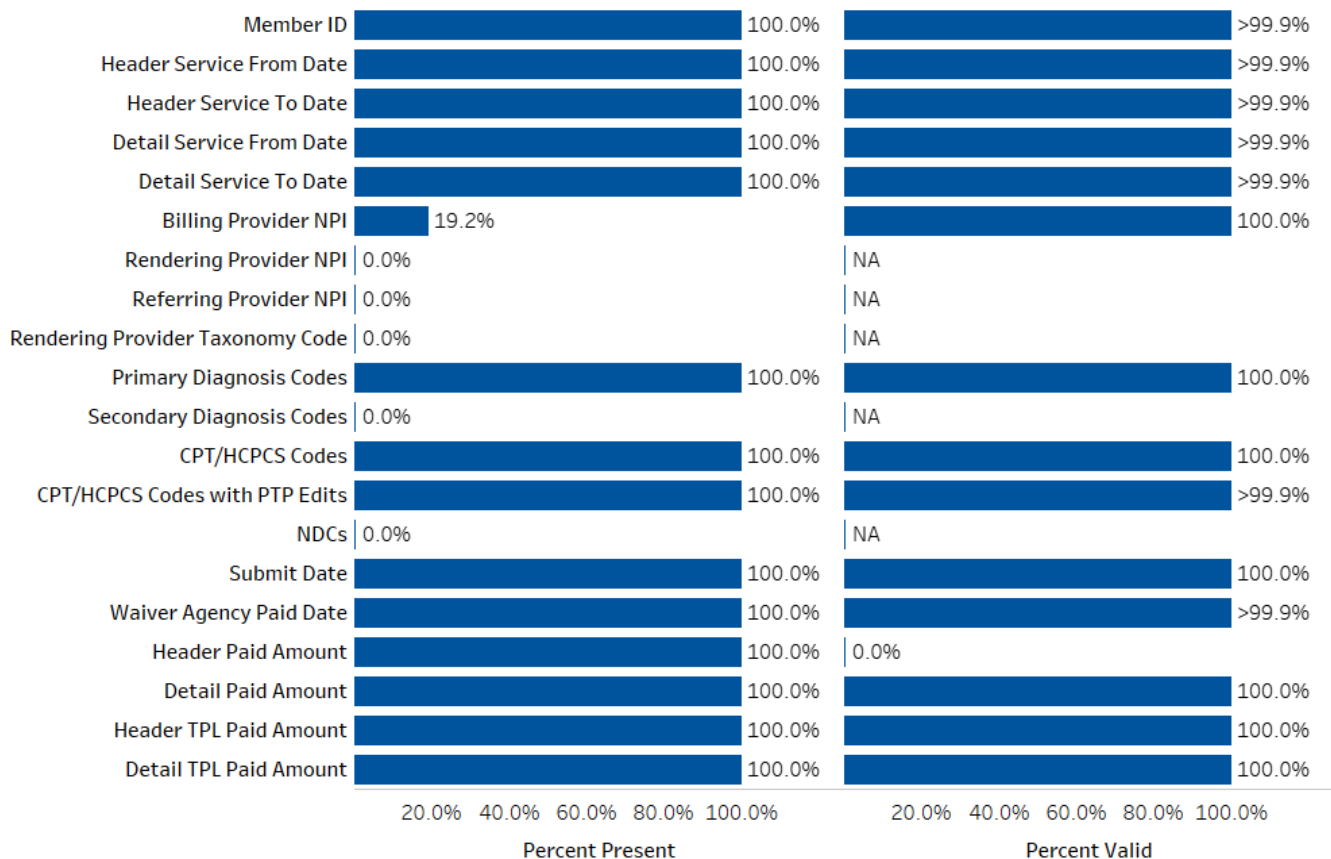
Table Q-1—Completeness of Encounters—Senior Resources

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	78.0%
Submitted Within 60 Days	96.9%
Submitted Within 90 Days	100.0%
Submitted Within 120 Days	100.0%
Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure Q-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure Q-9—Key Professional Encounter Data Elements—Senior Resources



Encounter Data Referential Integrity

Figure Q-10 and Figure Q-11 display the referential integrity results.

Figure Q-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Senior Resources

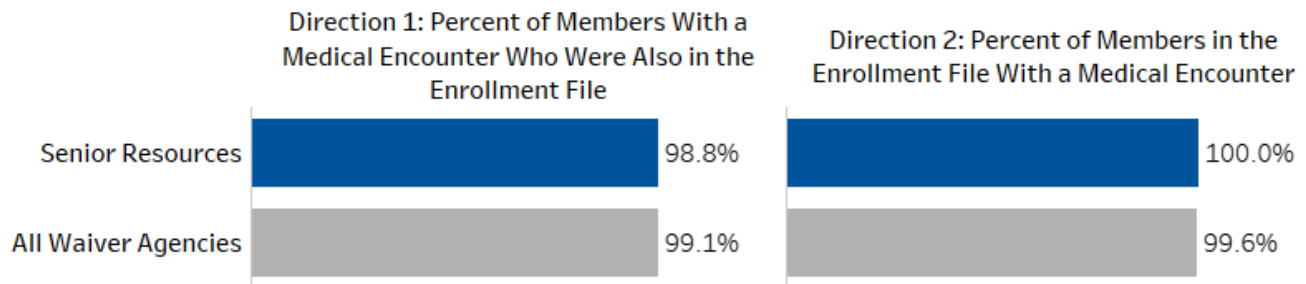
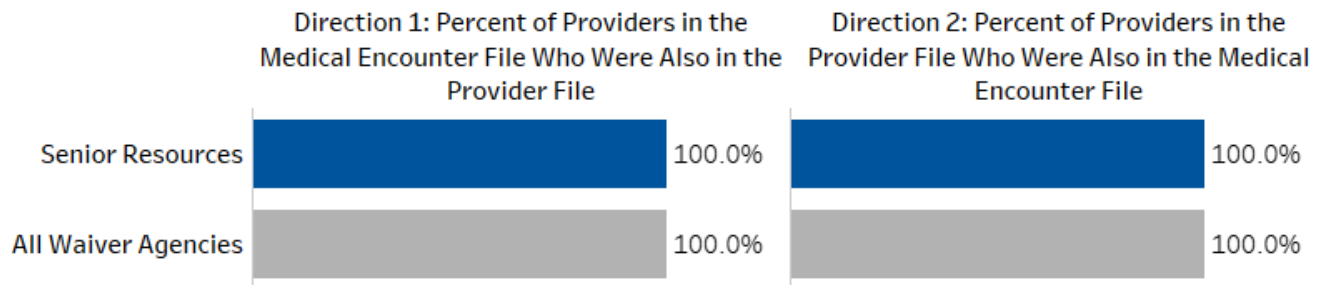


Figure Q-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Senior Resources

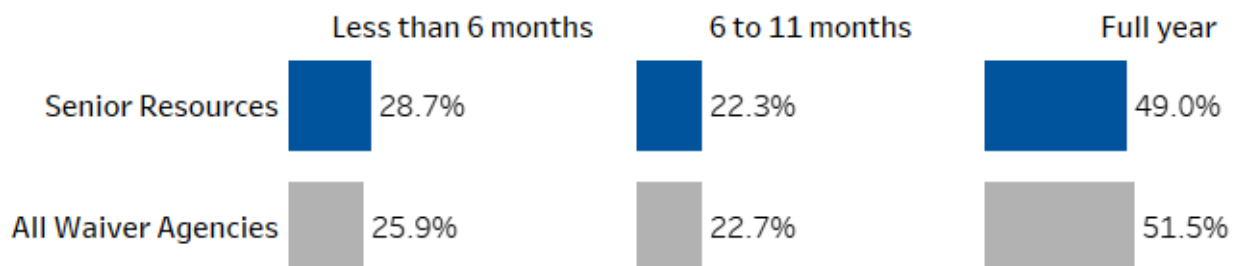


Encounter Data Logic

Member Enrollment

Figure Q-12 displays the percentage of members who were continuously enrolled.

Figure Q-12—Percentage of Members Who Were Continuously Enrolled—Senior Resources



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Senior Resources**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Senior Resources demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Senior Resources indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Senior Resources'** claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Senior Resources'** overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Senior Resources reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Senior Resources** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Senior Resources** should consider enhancing its data management practices. HSAG recommends that **Senior Resources** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Senior Resources submitted professional encounters in a timely manner from the payment date, with 100 percent of encounters submitted within 90 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Senior Resources** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 19.2 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Senior Resources** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table Q-2 presents the member composition.

Table Q-2—Age and Gender Distribution—Senior Resources

Age Category	Number of Females	Number of Males
Age 64 and under	106	90
Age 65 and over	513	206
Total	619	296

Encounter Data Completeness

Encounter Volume by Service Month

Table Q-3 displays the encounter volume by service month.

Table Q-3—Encounter Volume: Professional Encounters—Senior Resources

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	17,161	664	25,844.9
November 2021	16,658	659	25,277.7
December 2021	17,296	668	25,892.2
January 2022	16,531	658	25,123.1
February 2022	15,252	651	23,428.6
March 2022	17,108	656	26,079.3
April 2022	16,580	657	25,235.9
May 2022	16,960	661	25,658.1
June 2022	17,212	684	25,163.7
July 2022	17,273	679	25,438.9
August 2022	17,343	677	25,617.4
September 2022	16,764	674	24,872.4

Payment Amounts Per Member Per Month

Table Q-4 displays the monthly payment amounts PMPM by service month.

Table Q-4—Paid Amount PMPM: Professional Encounters—Senior Resources

Month of Service	Number of MM	Paid Amount PMPM
October 2021	664	\$2,770.36
November 2021	659	\$2,719.23
December 2021	668	\$2,793.53
January 2022	658	\$2,726.42
February 2022	651	\$2,611.63
March 2022	656	\$2,906.33
April 2022	657	\$2,801.59
May 2022	661	\$2,843.78
June 2022	684	\$2,793.03
July 2022	679	\$2,836.10
August 2022	677	\$2,989.13
September 2022	674	\$2,906.75

Percentage of Duplicate Encounters

Table Q-5 displays the percentage of duplicate encounters.

Table Q-5—Percentage of Duplicate Encounters—Senior Resources

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	715	0.3%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table Q-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table Q-6—Encounter Data Lag Triangle: Professional Encounters—Senior Resources

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	6,459	0	0										6,459
202201	46	6,548	0	0									6,594
202202	12,981	4,364	6,537	0	0								23,882
202203	146	8,183	8,937	6,659	5,473	0							29,398
202204	0	0	0	6	694	5,657	0						6,357
202205	0	0	0	10	0	844	0	0					854
202206	13	14	4,241	11,935	11,092	116	6,425	6,374	0				40,210
202207	0	0	0	38	90	12,761	13	10	6,885	0			19,797
202208	0	0	0	0	0	148	12,355	5,587	34	5,689	0		23,813
202209	0	0	2	0	0	0	0	7,151	12,618	8,850	5,471	0	34,092
202210	0	0	0	0	0	0	0	0	0	0	0	0	0
202211	4	2	2	0	0	0	0	3	28	5,072	14,302	19,026	38,439
202212	0	0	0	0	0	0	0	0	1	0	0	7	8
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	0	0	0	0	0	0	1	1
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	19,649	19,111	19,719	18,648	17,349	19,526	18,793	19,125	19,566	19,611	19,773	19,034	229,904
MM	664	659	668	658	651	656	657	661	684	679	677	674	7,988
PMPM	29.59	29.00	29.52	28.34	26.65	29.77	28.60	28.93	28.61	28.88	29.21	28.24	28.78

Field-Level Completeness and Accuracy

Table Q-13 provides the percentage of encounters that are present and contain valid values for key data elements.

Table Q-13—Key Encounter Data Elements: Professional Encounters—Senior Resources

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	229,921	229,921	100.0%	229,921	229,839	>99.9%
Header Service From Date	229,921	229,921	100.0%	229,921	229,920	>99.9%
Header Service To Date	229,921	229,921	100.0%	229,921	229,920	>99.9%
Detail Service From Date	229,921	229,921	100.0%	229,921	229,920	>99.9%
Detail Service To Date	229,921	229,921	100.0%	229,921	229,920	>99.9%
Billing Provider NPI	229,921	44,053	19.2%	44,053	44,053	100.0%
Rendering Provider NPI	229,921	0	0.0%	0	0	NA
Referring Provider NPI	229,921	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	229,921	0	0.0%	0	0	NA
Primary Diagnosis Codes	229,921	229,921	100.0%	229,921	229,921	100.0%
Secondary Diagnosis Codes	229,921	0	0.0%	0	0	NA
CPT/HCPCS Codes	229,921	229,921	100.0%	229,921	229,921	100.0%
CPT/HCPCS Codes with PTP Edits	229,921	229,921	100.0%	229,921	229,915	>99.9%
NDCs	229,921	0	0.0%	0	0	NA
Submit Date	229,921	229,921	100.0%	229,921	229,921	100.0%
Waiver Agency Paid Date	229,921	229,921	100.0%	229,921	229,920	>99.9%
Header Paid Amount	229,921	229,921	100.0%	229,921	0	0.0%
Detail Paid Amount	229,921	229,921	100.0%	229,921	229,921	100.0%
Header TPL Paid Amount	229,921	229,921	100.0%	229,921	229,921	100.0%
Detail TPL Paid Amount	229,921	229,921	100.0%	229,921	229,921	100.0%

Appendix R. Results for The Information Center

Appendix R contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **The Information Center**.

IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **The Information Center**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure R-1 displays the number of encounters.

Figure R-1—Number of Paid Encounters—The Information Center



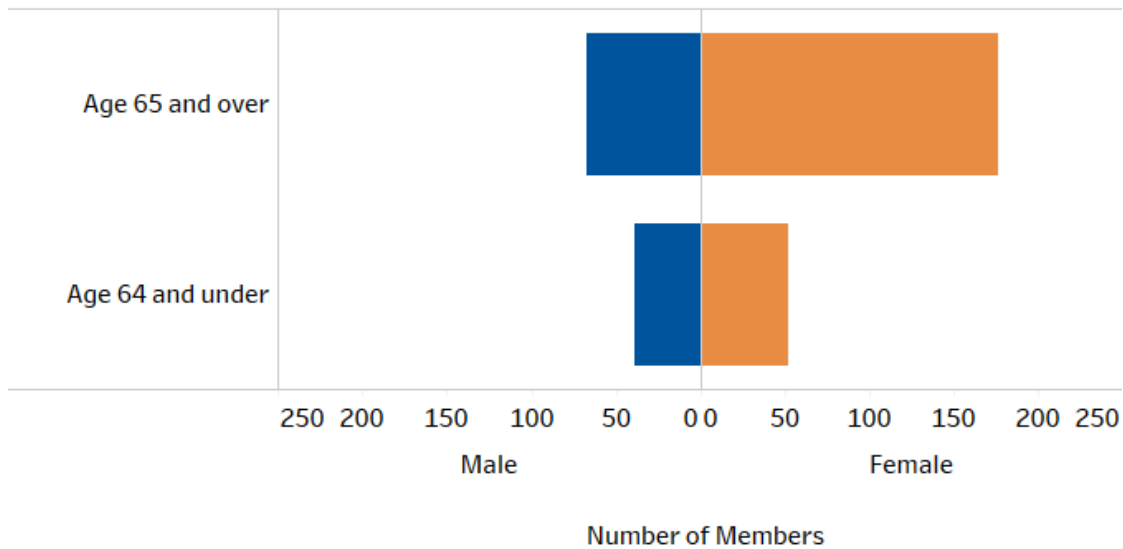
Member Composition

Figure R-2 and Figure R-3 display member demographics.

Figure R-2—Enrollment in SFY 2023—The Information Center



Figure R-3—Age and Gender Distribution—The Information Center

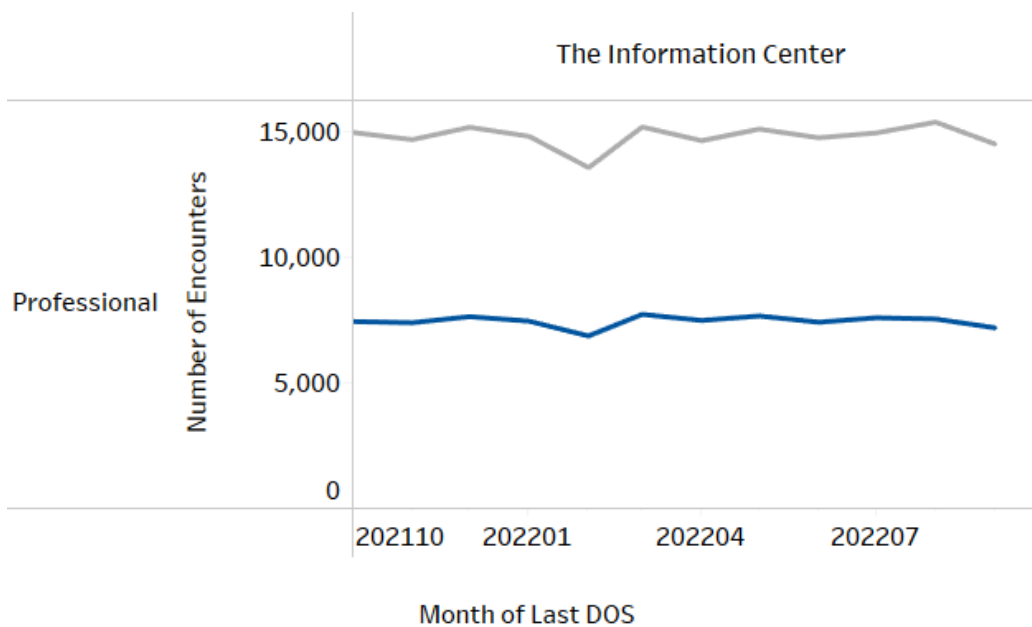


Encounter Data Completeness

Encounter Volume by Service Month

Figure R-4 displays the monthly encounter volume by service month.

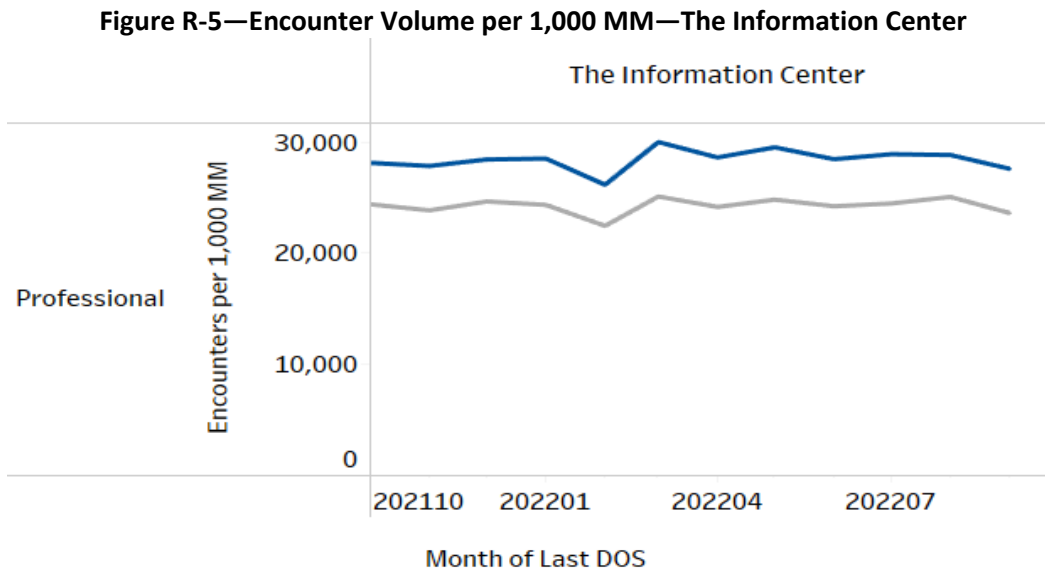
Figure R-4—Encounter Volume by Service Month—The Information Center



Note: The grey line indicates the all waiver agency rate.

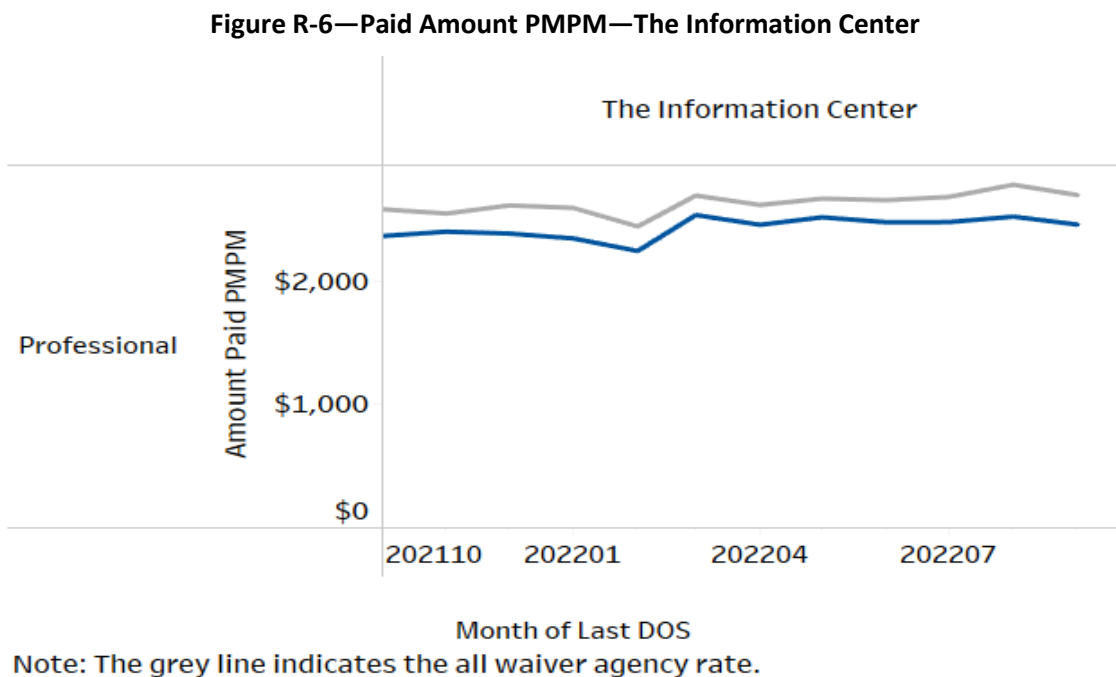
Encounter Volume Per 1,000 Member Months

Figure R-5 displays the monthly encounter volume per 1,000 MM by service month.



Payment Amounts Per Member Per Month

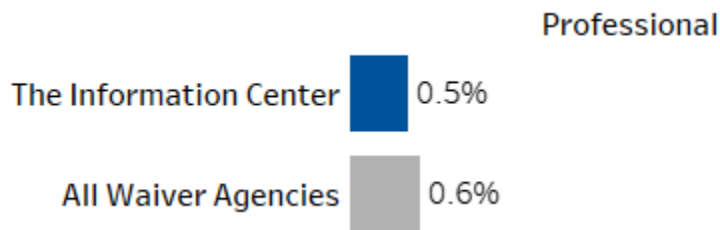
Figure R-6 displays the monthly payment amounts PMPM by service month.



Percentage of Duplicate Encounters

Figure R-7 displays the percentage of duplicate encounters.

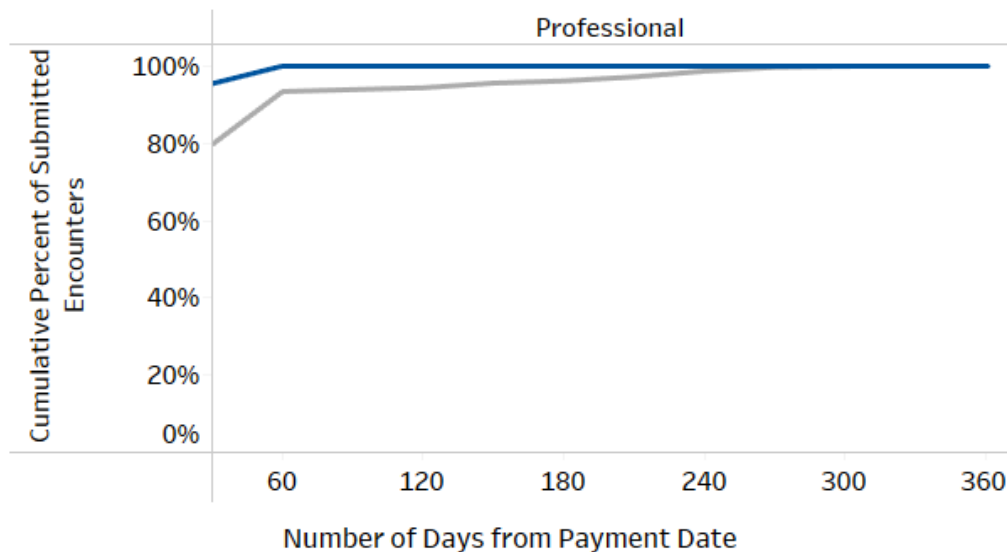
Figure R-7—Percentage of Duplicate Encounters—The Information Center



Encounter Data Timeliness

Figure R-8 and Table R-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure R-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—The Information Center



Note: The grey line indicates the all waiver agency rate.

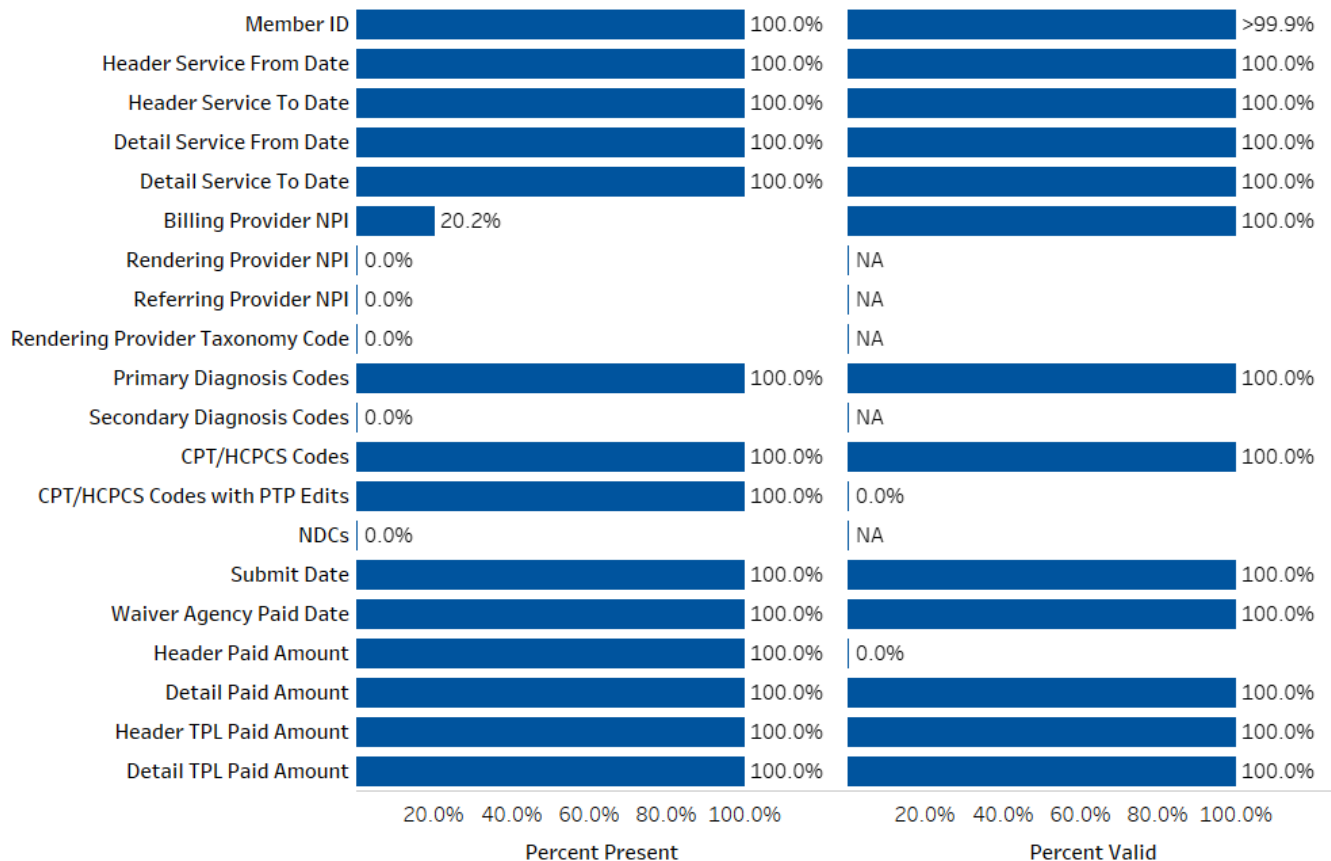
Table R-1—Completeness of Encounters—The Information Center

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	95.5%
Submitted Within 60 Days	100.0%
Submitted Within 90 Days	100.0%
Submitted Within 120 Days	100.0%
Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure R-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure R-9—Key Professional Encounter Data Elements—The Information Center



Encounter Data Referential Integrity

Figure R-10 and Figure R-11 display the referential integrity results.

Figure R-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—The Information Center

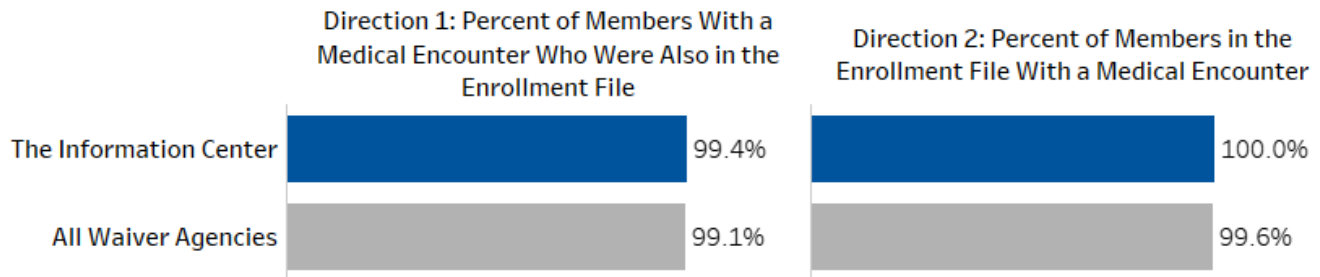
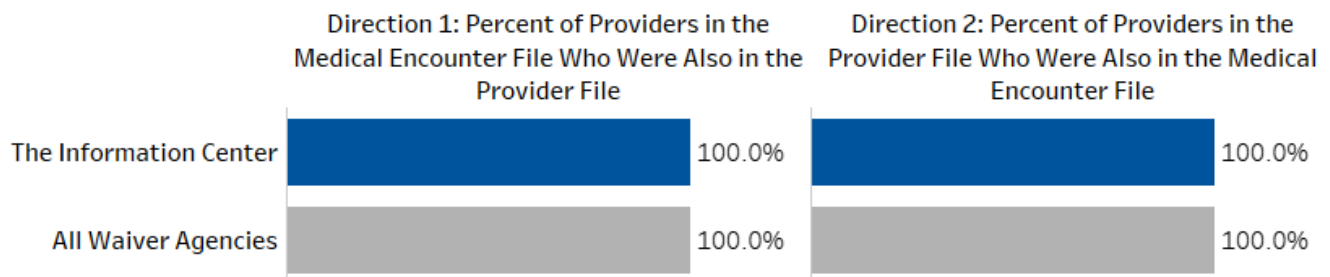


Figure R-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—The Information Center

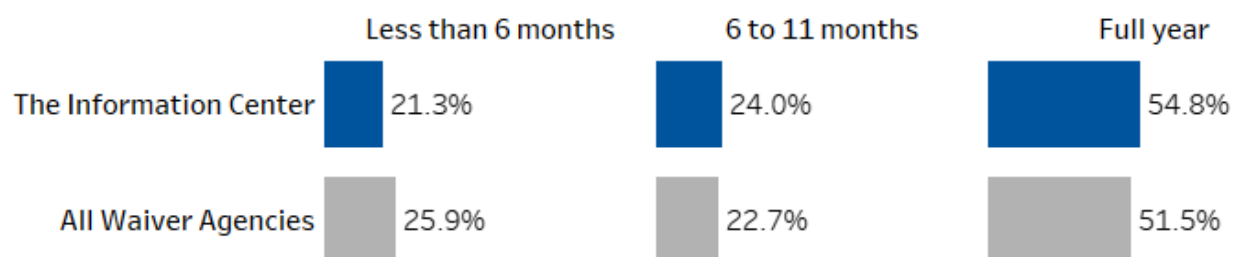


Encounter Data Logic

Member Enrollment

Figure R-12 displays the percentage of members who were continuously enrolled.

Figure R-12—Percentage of Members Who Were Continuously Enrolled—The Information Center



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **The Information Center**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: The Information Center demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: The Information Center indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **The Information Center's** claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **The Information Center's** overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: The Information Center reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **The Information Center** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **The Information Center** should consider enhancing its data management practices. HSAG recommends that **The Information Center** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: The Information Center submitted professional encounters in a timely manner from the payment date, with 100 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **The Information Center** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 20.2 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **The Information Center** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table R-2 presents the member composition.

Table R-2—Age and Gender Distribution—The Information Center

Age Category	Number of Females	Number of Males
Age 64 and under	52	39
Age 65 and over	176	67
Total	228	106

Encounter Data Completeness

Encounter Volume by Service Month

Table R-3 displays the encounter volume by service month.

Table R-3—Encounter Volume: Professional Encounters—The Information Center

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	7,454	265	28,128.3
November 2021	7,407	266	27,845.9
December 2021	7,648	269	28,431.2
January 2022	7,470	262	28,511.5
February 2022	6,878	263	26,152.1
March 2022	7,740	258	30,000.0
April 2022	7,496	262	28,610.7
May 2022	7,676	260	29,523.1
June 2022	7,427	261	28,455.9
July 2022	7,603	263	28,908.7
August 2022	7,555	262	28,835.9
September 2022	7,202	261	27,593.9

Payment Amounts Per Member Per Month

Table R-4 displays the monthly payment amounts PMPM by service month.

Table R-4—Paid Amount PMPM: Professional Encounters—The Information Center

Month of Service	Number of MM	Paid Amount PMPM
October 2021	265	\$2,365.71
November 2021	266	\$2,401.39
December 2021	269	\$2,386.00
January 2022	262	\$2,346.35
February 2022	263	\$2,244.49
March 2022	258	\$2,535.99
April 2022	262	\$2,457.08
May 2022	260	\$2,517.98
June 2022	261	\$2,477.18
July 2022	263	\$2,479.01
August 2022	262	\$2,523.19
September 2022	261	\$2,458.38

Percentage of Duplicate Encounters

Table R-5 displays the percentage of duplicate encounters.

Table R-5—Percentage of Duplicate Encounters—The Information Center

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	570	0.5%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table R-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table R-6—Encounter Data Lag Triangle: Professional Encounters—The Information Center

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	8,999	0	0										8,999
202201	69	9,126	9,296	0									18,491
202202	0	0	0	192	0								192
202203	0	0	24	8,856	8,251	0							17,131
202204	0	0	1	64	97	9,339	0						9,501
202205	0	0	0	0	0	8	8,988	0					8,996
202206	0	0	0	0	0	0	79	9,204	0				9,283
202207	0	0	0	0	0	0	31	31	9,020	0			9,082
202208	0	0	0	0	0	0	0	11	41	9,143	0		9,195
202209	0	0	0	0	0	0	0	0	0	53	9,046	0	9,099
202210	0	0	0	0	0	0	0	0	0	0	114	8,730	8,844
202211	0	0	0	0	0	0	0	0	0	0	24	21	45
202212	0	0	0	0	0	0	0	0	0	0	0	1	1
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	0	0	0	0	0	0	0	0
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	9,068	9,126	9,321	9,112	8,348	9,347	9,098	9,246	9,061	9,196	9,184	8,752	108,859
MM	265	266	269	262	263	258	262	260	261	263	262	261	3,152
PMPM	34.22	34.31	34.65	34.78	31.74	36.23	34.73	35.56	34.72	34.97	35.05	33.53	34.54

Field-Level Completeness and Accuracy

Table R-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table R-7—Key Encounter Data Elements: Professional Encounters—The Information Center

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	108,859	108,859	100.0%	108,859	108,854	>99.9%
Header Service From Date	108,859	108,859	100.0%	108,859	108,859	100.0%
Header Service To Date	108,859	108,859	100.0%	108,859	108,859	100.0%
Detail Service From Date	108,859	108,859	100.0%	108,859	108,859	100.0%
Detail Service To Date	108,859	108,859	100.0%	108,859	108,859	100.0%
Billing Provider NPI	108,859	21,986	20.2%	21,986	21,986	100.0%
Rendering Provider NPI	108,859	0	0.0%	0	0	NA
Referring Provider NPI	108,859	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	108,859	0	0.0%	0	0	NA
Primary Diagnosis Codes	108,859	108,859	100.0%	108,859	108,859	100.0%
Secondary Diagnosis Codes	108,859	0	0.0%	0	0	NA
CPT/HCPCS Codes	108,859	108,859	100.0%	108,859	108,859	100.0%
CPT/HCPCS Codes with PTP Edits	108,859	108,859	100.0%	108,859	0	0.0%
NDCs	108,859	0	0.0%	0	0	NA
Submit Date	108,859	108,859	100.0%	108,859	108,859	100.0%
Waiver Agency Paid Date	108,859	108,859	100.0%	108,859	108,859	100.0%
Header Paid Amount	108,859	108,859	100.0%	108,859	0	0.0%
Detail Paid Amount	108,859	108,859	100.0%	108,859	108,859	100.0%
Header TPL Paid Amount	108,859	108,859	100.0%	108,859	108,859	100.0%
Detail TPL Paid Amount	108,859	108,859	100.0%	108,859	108,859	100.0%

Appendix S. Results for The Senior Alliance

Appendix S contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **The Senior Alliance**.

IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **The Senior Alliance**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure S-1 displays the number of encounters.

Figure S-1—Number of Paid Encounters—The Senior Alliance



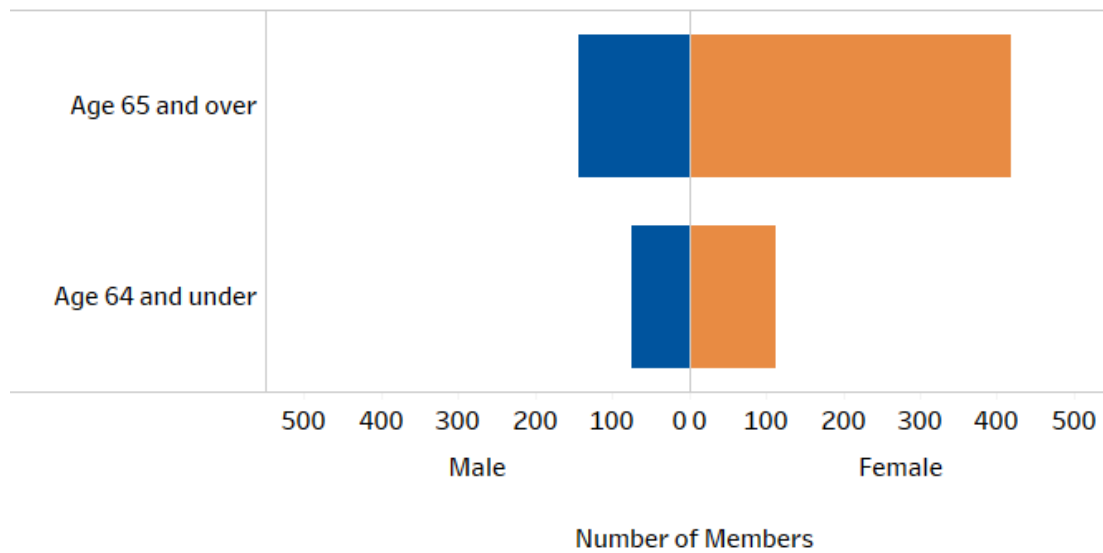
Member Composition

Figure S-2 and Figure S-3 display member demographics.

Figure S-2—Enrollment in SFY 2023—The Senior Alliance



Figure S-3—Age and Gender Distribution—The Senior Alliance

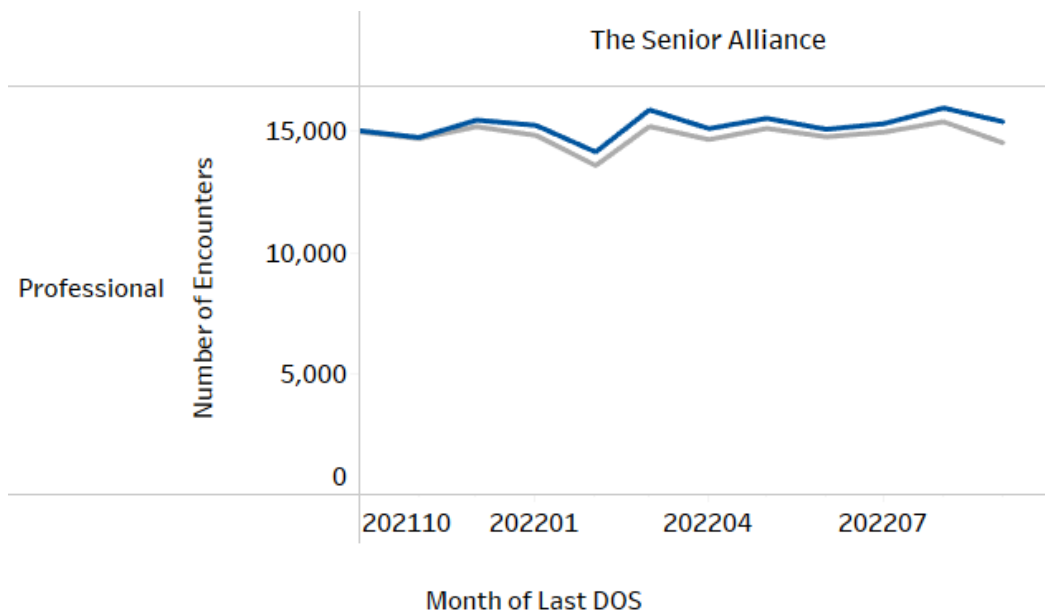


Encounter Data Completeness

Encounter Volume by Service Month

Figure S-4 displays the monthly encounter volume by service month.

Figure S-4—Encounter Volume by Service Month—The Senior Alliance

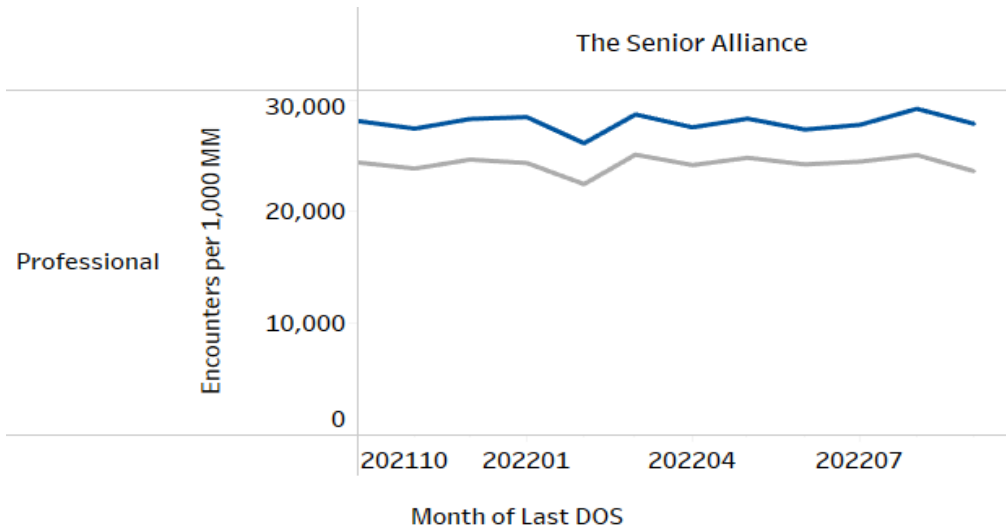


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure S-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure S-5—Encounter Volume per 1,000 MM—The Senior Alliance

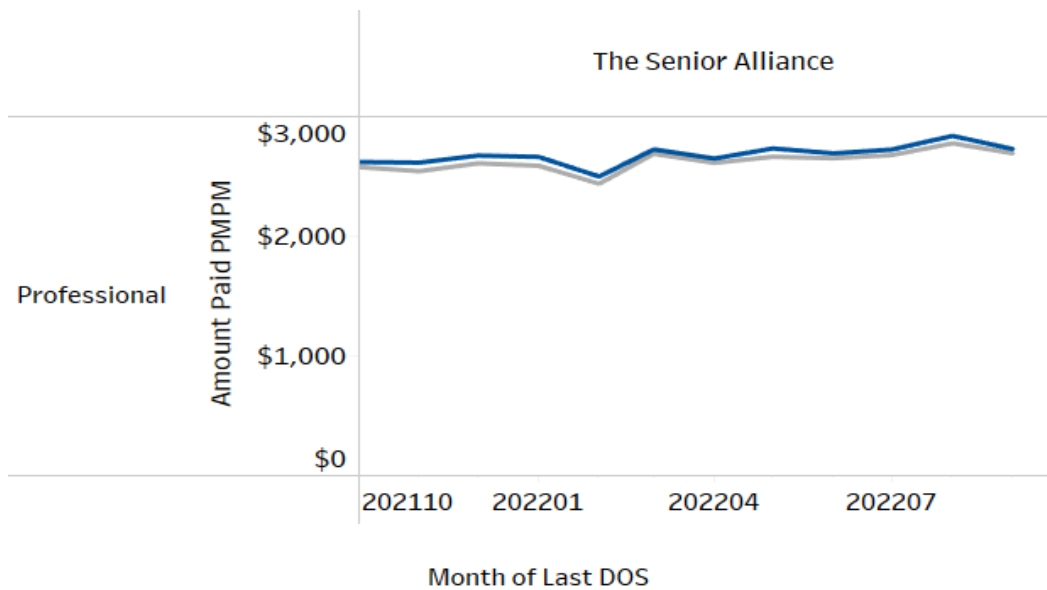


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure S-6 displays the monthly payment amounts PMPM by service month.

Figure S-6—Paid Amount PMPM—The Senior Alliance

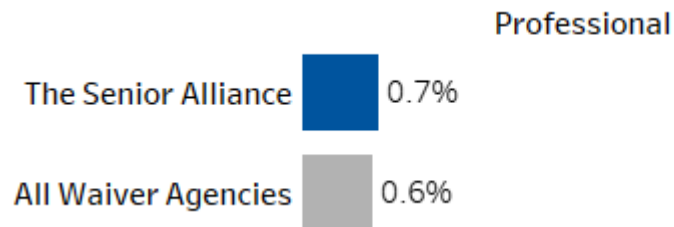


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure S-7 displays the percentage of duplicate encounters.

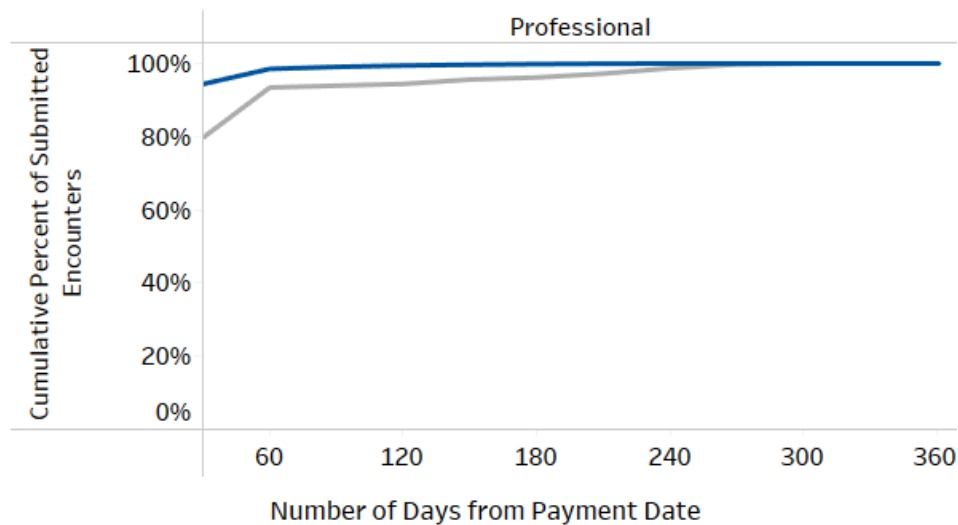
Figure S-7—Percentage of Duplicate Encounters—The Senior Alliance



Encounter Data Timeliness

Figure S-8 and Table S-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure S-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—The Senior Alliance



Note: The grey line indicates the all waiver agency rate.

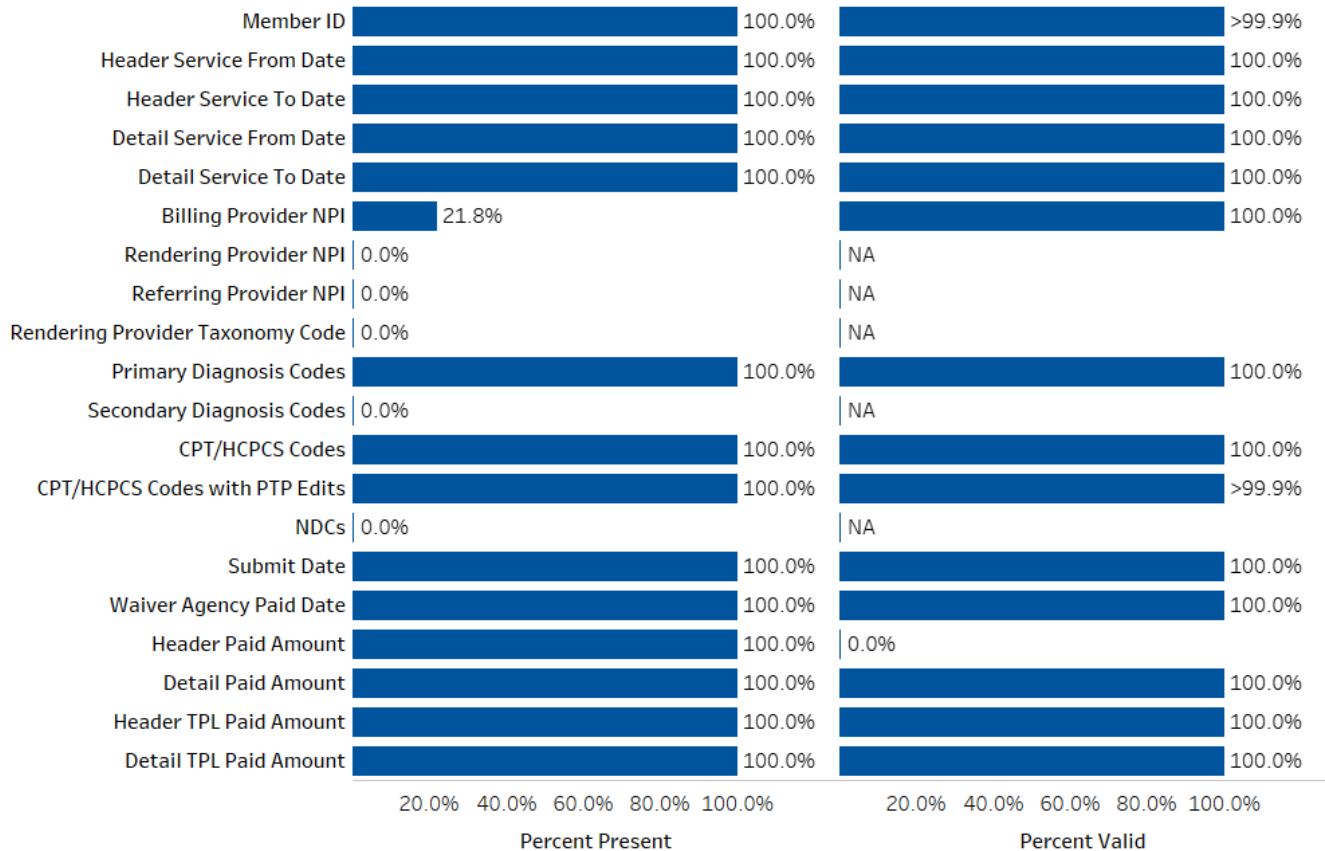
Table S-1—Completeness of Encounters—The Senior Alliance

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	94.3%
Submitted Within 60 Days	98.5%
Submitted Within 90 Days	99.1%
Submitted Within 120 Days	99.4%
Submitted Within 150 Days	99.6%
Submitted Within 180 Days	99.8%
Submitted Within 210 Days	99.9%
Submitted Within 240 Days	>99.9%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	>99.9%
Submitted Within 330 Days	>99.9%
Submitted Within 360 Days	>99.9%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure S-9 provides the percentage of encounters that are present and contain valid values for key data elements.

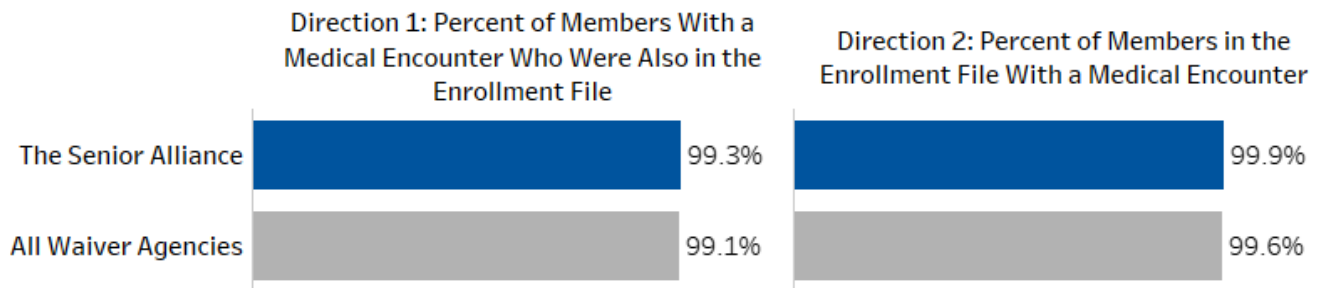
Figure S-9—Key Professional Encounter Data Elements—The Senior Alliance



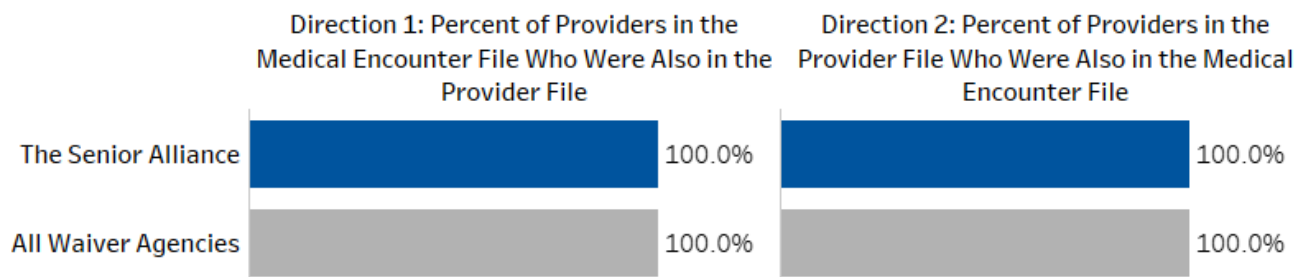
Encounter Data Referential Integrity

Figure S-10 and Figure S-11 display the referential integrity results.

**Figure S-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
The Senior Alliance**



**Figure S-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
The Senior Alliance**

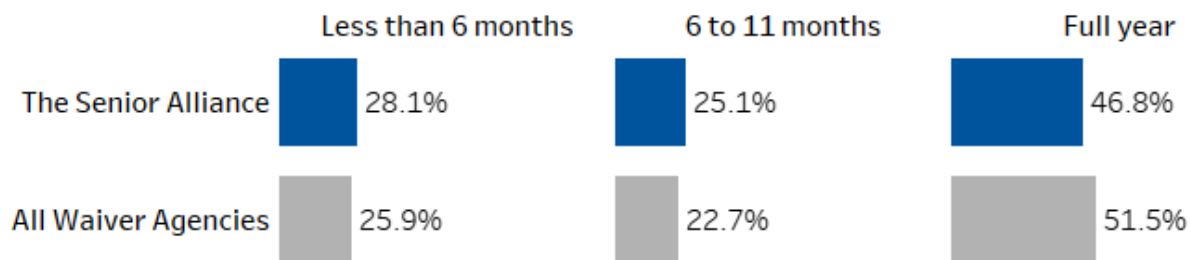


Encounter Data Logic

Member Enrollment

Figure S-12 displays the percentage of members who were continuously enrolled.

Figure S-12—Percentage of Members Who Were Continuously Enrolled—The Senior Alliance



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **The Senior Alliance**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: The Senior Alliance demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: The Senior Alliance indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **The Senior Alliance**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **The Senior Alliance**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: The Senior Alliance reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **The Senior Alliance** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **The Senior Alliance** should consider enhancing its data management practices. HSAG recommends that **The Senior Alliance** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: The Senior Alliance submitted professional encounters in a timely manner from the payment date, with 99.1 percent of encounters submitted within 90 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **The Senior Alliance** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 21.8 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **The Senior Alliance** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table S-2 presents the member composition.

Table S-2—Age and Gender Distribution—The Senior Alliance

Age Category	Number of Females	Number of Males
Age 64 and under	112	75
Age 65 and over	418	145
Total	530	220

Encounter Data Completeness

Encounter Volume by Service Month

Table S-3 displays the encounter volume by service month.

Table S-3—Encounter Volume: Professional Encounters—The Senior Alliance

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	15,037	535	28,106.5
November 2021	14,757	538	27,429.4
December 2021	15,475	547	28,290.7
January 2022	15,255	536	28,460.8
February 2022	14,156	542	26,118.1
March 2022	15,898	554	28,696.8
April 2022	15,122	549	27,544.6
May 2022	15,547	549	28,318.8
June 2022	15,094	552	27,344.2
July 2022	15,326	552	27,764.5
August 2022	15,975	547	29,204.8
September 2022	15,407	553	27,860.8

Payment Amounts Per Member Per Month

Table S-4 displays the monthly payment amounts PMPM by service month.

Table S-4—Paid Amount PMPM: Professional Encounters—The Senior Alliance

Month of Service	Number of MM	Paid Amount PMPM
October 2021	535	\$2,624.87
November 2021	538	\$2,620.13
December 2021	547	\$2,679.24
January 2022	536	\$2,668.02
February 2022	542	\$2,503.31
March 2022	554	\$2,730.42
April 2022	549	\$2,653.95
May 2022	549	\$2,738.54
June 2022	552	\$2,697.37
July 2022	552	\$2,729.31
August 2022	547	\$2,843.57
September 2022	553	\$2,733.31

Percentage of Duplicate Encounters

Table S-5 displays the percentage of duplicate encounters.

Table S-5—Percentage of Duplicate Encounters—The Senior Alliance

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	1,544	0.7%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table S-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table S-6—Encounter Data Lag Triangle: Professional Encounters—The Senior Alliance

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	3,014	0											3,014
202112	13,351	0	0										13,351
202201	1,359	17,232	16,122	0									34,713
202202	779	798	2,735	16,373	0								20,685
202203	0	5	14	936	15,543	0							16,498
202204	7	1	34	673	1,129	16,758	0						18,602
202205	9	9	10	41	166	1,740	15,807	0					17,782
202206	0	0	0	69	91	328	1,870	16,667	0				19,025
202207	32	31	32	717	687	693	785	1,854	15,831	0			20,662
202208	0	0	1	1	5	20	78	209	1,457	16,035	0		17,806
202209	0	0	0	0	0	94	91	90	85	1,385	16,992	0	18,737
202210	2	0	4	7	2	79	160	191	491	436	1,411	15,198	17,981
202211	0	0	0	2	1	24	24	234	729	901	1,148	3,506	6,569
202212	2	0	1	0	0	0	1	0	97	94	84	61	340
202301	0	0	0	0	0	0	5	22	44	62	71	188	392
202302	0	0	0	0	0	0	0	0	0	0	0	11	11
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	1	1	1	52	92	147
Total	18,555	18,076	18,953	18,819	17,624	19,736	18,821	19,268	18,735	18,914	19,758	19,056	226,315
MM	535	538	547	536	542	554	549	549	552	552	547	553	6,554
PMPM	34.68	33.60	34.65	35.11	32.52	35.62	34.28	35.10	33.94	34.26	36.12	34.46	34.53

Field-Level Completeness and Accuracy

Table S-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table S-7—Key Encounter Data Elements: Professional Encounters—The Senior Alliance

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	226,325	226,325	100.0%	226,325	226,282	>99.9%
Header Service From Date	226,325	226,325	100.0%	226,325	226,325	100.0%
Header Service To Date	226,325	226,325	100.0%	226,325	226,325	100.0%
Detail Service From Date	226,325	226,325	100.0%	226,325	226,325	100.0%
Detail Service To Date	226,325	226,325	100.0%	226,325	226,325	100.0%
Billing Provider NPI	226,325	49,350	21.8%	49,350	49,350	100.0%
Rendering Provider NPI	226,325	0	0.0%	0	0	NA
Referring Provider NPI	226,325	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	226,325	0	0.0%	0	0	NA
Primary Diagnosis Codes	226,325	226,325	100.0%	226,325	226,325	100.0%
Secondary Diagnosis Codes	226,325	0	0.0%	0	0	NA
CPT/HCPCS Codes	226,325	226,325	100.0%	226,325	226,325	100.0%
CPT/HCPCS Codes with PTP Edits	226,325	226,325	100.0%	226,325	226,306	>99.9%
NDCs	226,325	0	0.0%	0	0	NA
Submit Date	226,325	226,325	100.0%	226,325	226,325	100.0%
Waiver Agency Paid Date	226,325	226,325	100.0%	226,325	226,325	100.0%
Header Paid Amount	226,325	226,325	100.0%	226,325	0	0.0%
Detail Paid Amount	226,325	226,325	100.0%	226,325	226,325	100.0%
Header TPL Paid Amount	226,325	226,325	100.0%	226,325	226,325	100.0%
Detail TPL Paid Amount	226,325	226,325	100.0%	226,325	226,325	100.0%

Appendix T. Results for Tri-County Office on Aging

Appendix T contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Tri-County Office on Aging**.

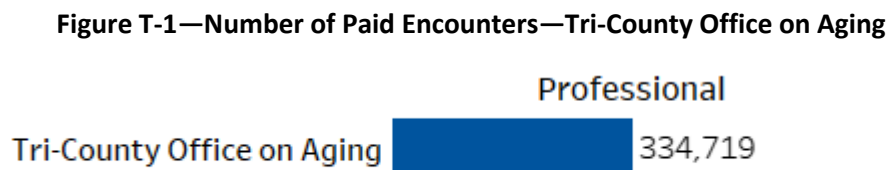
IS Review Findings

Please refer to Section 3: Information Systems Review Findings for **Tri-County Office on Aging**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure T-1 displays the number of encounters.

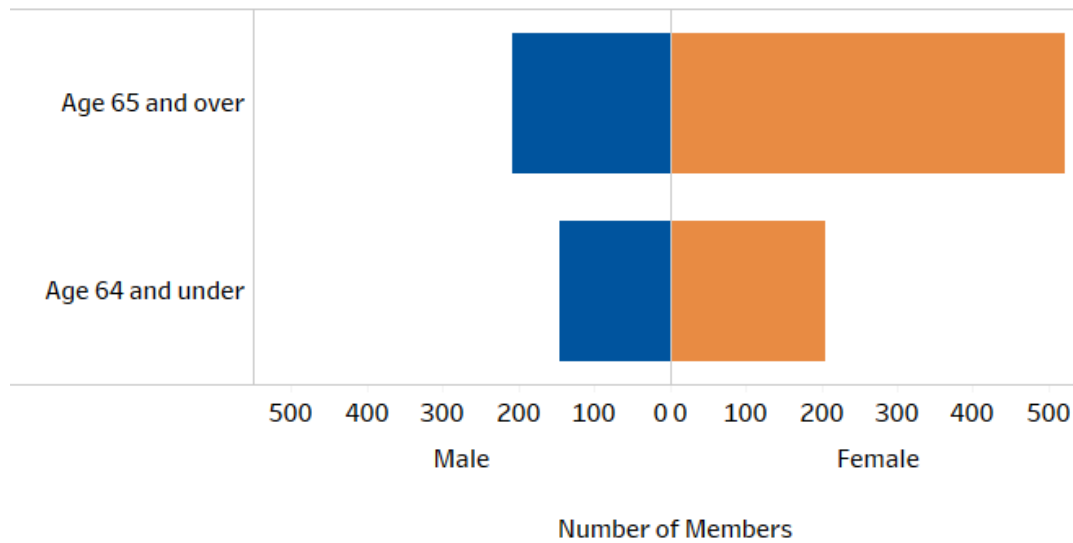


Member Composition

Figure T-2 and Figure T-3 display member demographics.



Figure T-3—Age and Gender Distribution—Tri-County Office on Aging

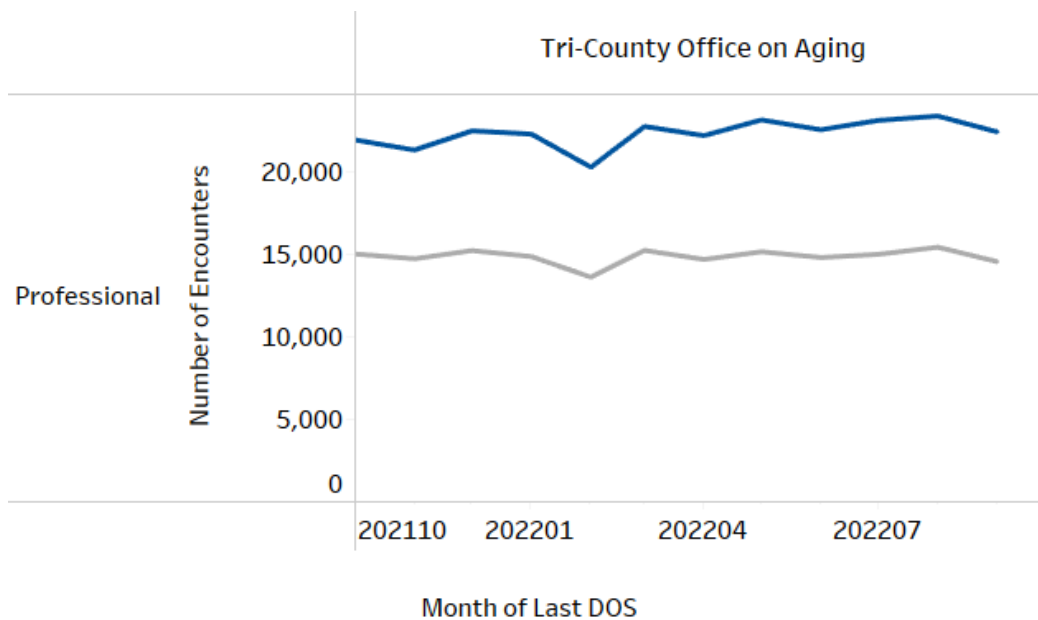


Encounter Data Completeness

Encounter Volume by Service Month

Figure T-4 displays the monthly encounter volume by service month.

Figure T-4—Encounter Volume by Service Month—Tri-County Office on Aging

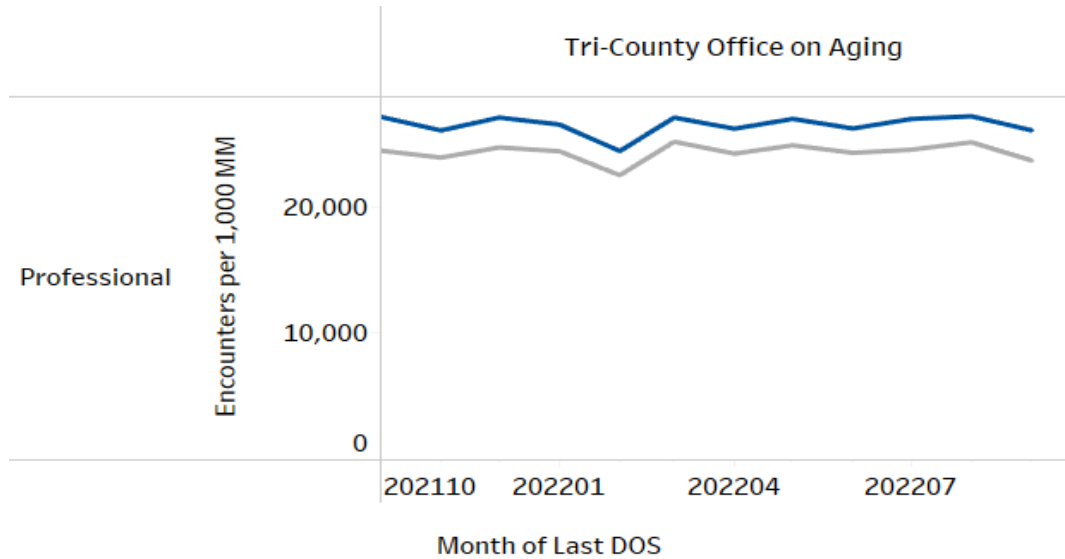


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure T-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure T-5—Encounter Volume per 1,000 MM—Tri-County Office on Aging

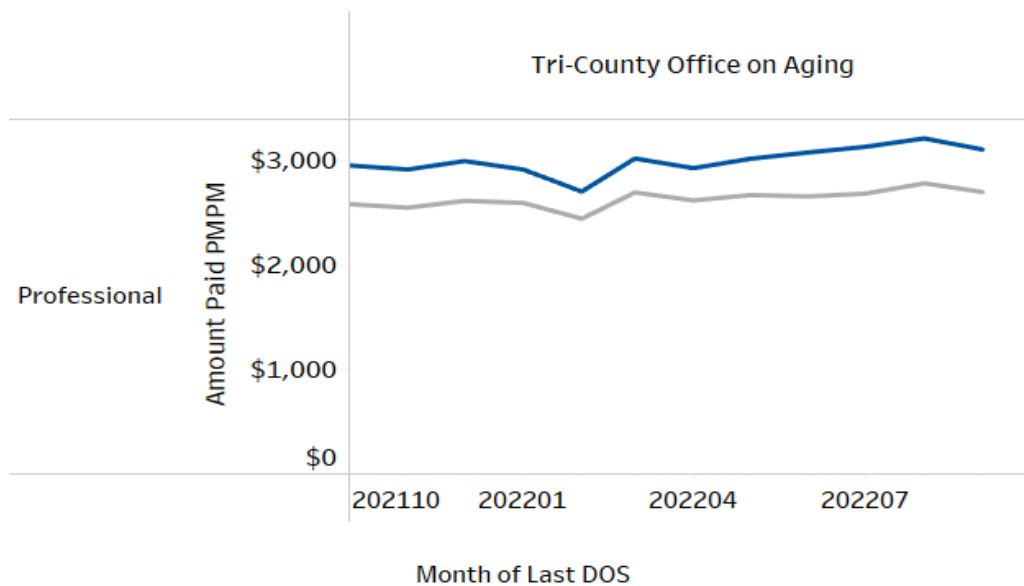


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure T-6 displays the monthly payment amounts PMPM by service month.

Figure T-6—Paid Amount PMPM—Tri-County Office on Aging

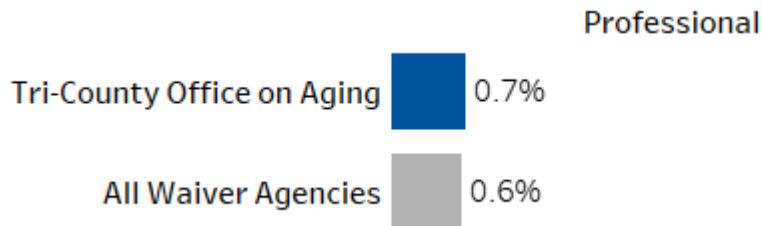


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure T-7 displays the percentage of duplicate encounters.

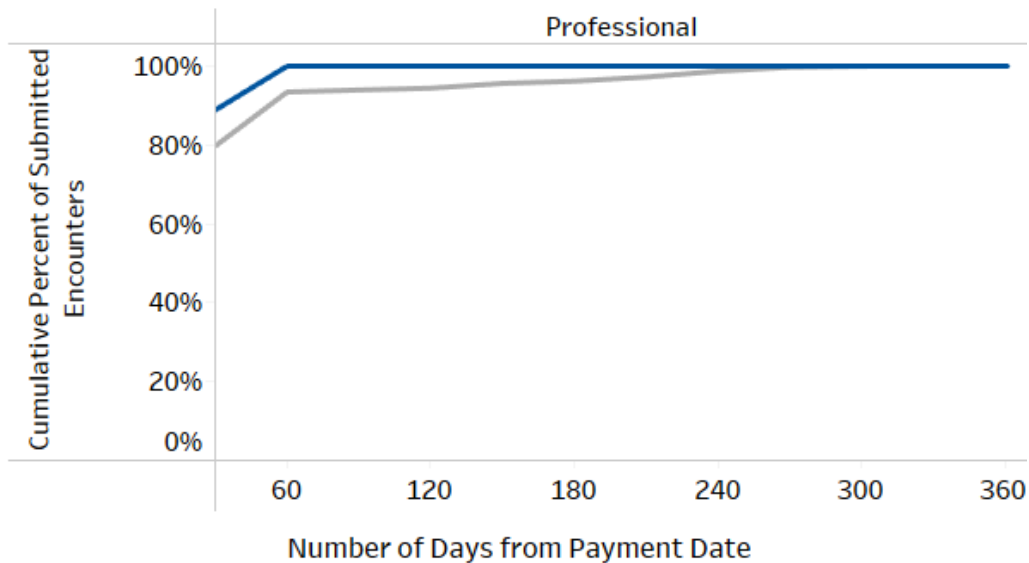
Figure T-7—Percentage of Duplicate Encounters—Tri-County Office on Aging



Encounter Data Timeliness

Figure T-8 and Table T-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure T-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Tri-County Office on Aging



Note: The grey line indicates the all waiver agency rate.

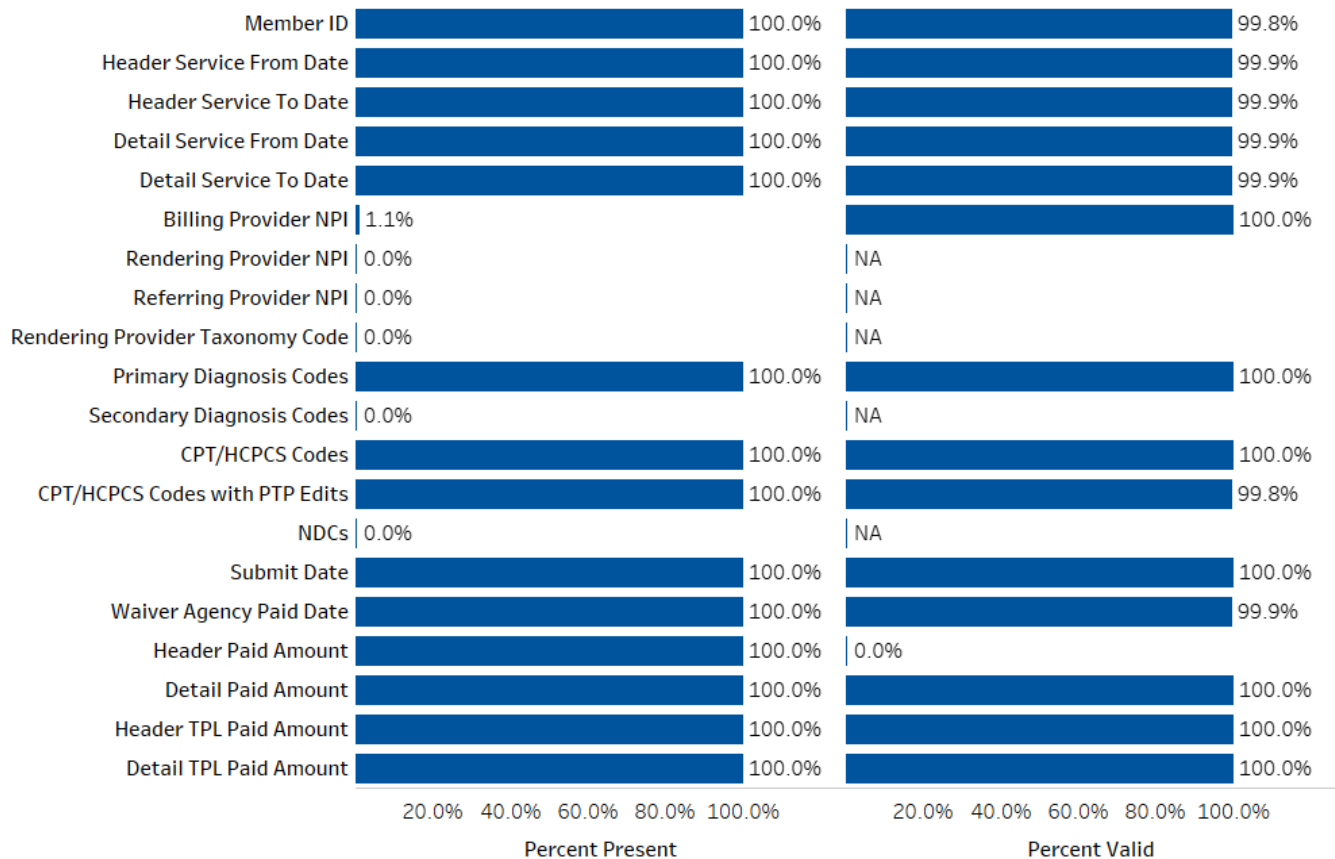
Table T-1—Completeness of Encounters—Tri-County Office on Aging

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	88.8%
Submitted Within 60 Days	>99.9%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	>99.9%
Submitted Within 150 Days	>99.9%
Submitted Within 180 Days	>99.9%
Submitted Within 210 Days	>99.9%
Submitted Within 240 Days	>99.9%
Submitted Within 270 Days	>99.9%
Submitted Within 300 Days	>99.9%
Submitted Within 330 Days	>99.9%
Submitted Within 360 Days	>99.9%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure T-9 provides the percentage of encounters that are present and contain valid values for key data elements.

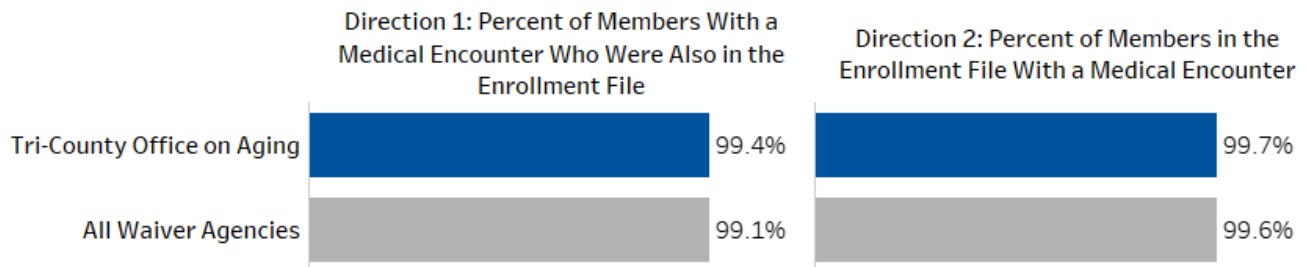
Figure T-9—Key Professional Encounter Data Elements—Tri-County Office on Aging



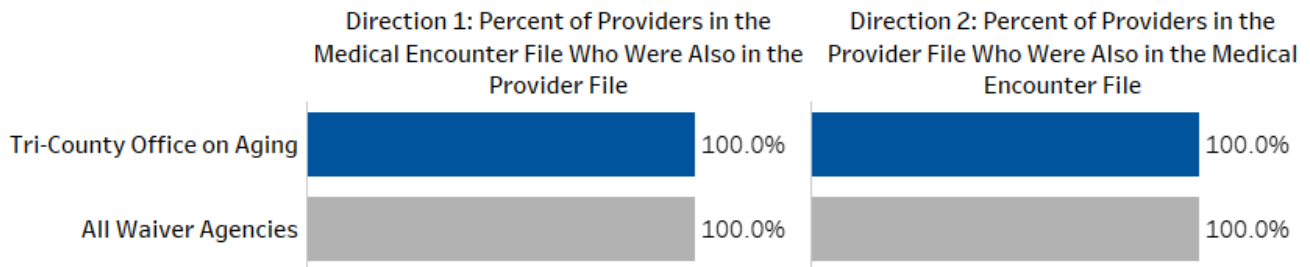
Encounter Data Referential Integrity

Figure T-10 and Figure T-11 display the referential integrity results.

**Figure T-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—
Tri-County Office on Aging**



**Figure T-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—
Tri-County Office on Aging**

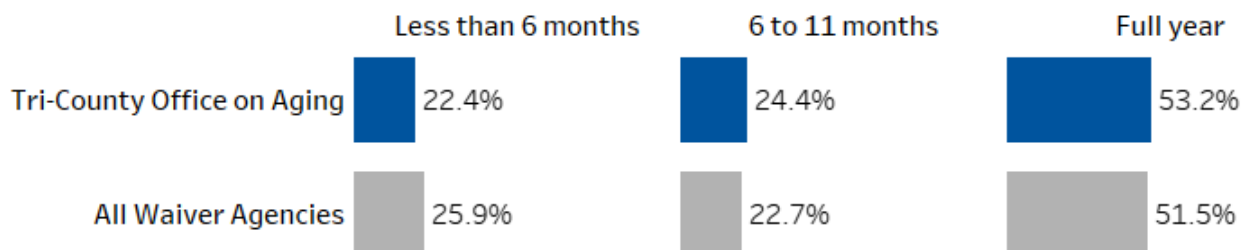


Encounter Data Logic

Member Enrollment

Figure T-12 displays the percentage of members who were continuously enrolled.

Figure T-12—Percentage of Members Who Were Continuously Enrolled—Tri-County Office on Aging



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Tri-County Office on Aging**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Tri-County Office on Aging demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Tri-County Office on Aging indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Tri-County Office on Aging's** claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Tri-County Office on Aging's** overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Tri-County Office on Aging reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Tri-County Office on Aging** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Tri-County Office on Aging** should consider enhancing its data management practices. HSAG recommends that **Tri-County Office on Aging** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Tri-County Office on Aging submitted professional encounters in a timely manner from the payment date, with greater than 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Tri-County Office on Aging** were populated at high rates, and the majority of data elements were over 99 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 1.1 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Tri-County Office on Aging** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table T-2 presents the member composition.

Table T-2—Age and Gender Distribution—Tri-County Office on Aging

Age Category	Number of Females	Number of Males
Age 64 and under	204	146
Age 65 and over	521	209
Total	725	355

Encounter Data Completeness

Encounter Volume by Service Month

Table T-3 displays the encounter volume by service month.

Table T-3—Encounter Volume: Professional Encounters—Tri-County Office on Aging

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	21,897	809	27,066.7
November 2021	21,287	819	25,991.5
December 2021	22,445	831	27,009.6
January 2022	22,252	841	26,459.0
February 2022	20,246	831	24,363.4
March 2022	22,715	841	27,009.5
April 2022	22,159	848	26,130.9
May 2022	23,110	859	26,903.4
June 2022	22,514	861	26,148.7
July 2022	23,080	858	26,899.8
August 2022	23,342	861	27,110.3
September 2022	22,383	861	25,996.5

Payment Amounts Per Member Per Month

Table T-4 displays the monthly payment amounts PMPM by service month.

Table T-4—Paid Amount PMPM: Professional Encounters—Tri-County Office on Aging

Month of Service	Number of MM	Paid Amount PMPM
October 2021	809	\$2,952.19
November 2021	819	\$2,913.92
December 2021	831	\$2,994.65
January 2022	841	\$2,913.79
February 2022	831	\$2,702.50
March 2022	841	\$3,019.30
April 2022	848	\$2,926.67
May 2022	859	\$3,016.50
June 2022	861	\$3,077.50
July 2022	858	\$3,131.15
August 2022	861	\$3,211.35
September 2022	861	\$3,104.16

Percentage of Duplicate Encounters

Table T-5 displays the percentage of duplicate encounters.

Table T-5—Percentage of Duplicate Encounters—Tri-County Office on Aging

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	2,230	0.7%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table T-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table T-6—Encounter Data Lag Triangle: Professional Encounters—Tri-County Office on Aging

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	7,725	0											7,725
202112	17,321	3,281	0										20,602
202201	1,609	20,894	6,032	0									28,535
202202	156	2,099	21,171	12,629	0								36,055
202203	191	258	551	14,038	10,702	0							25,740
202204	65	64	99	579	13,408	26,422	0						40,637
202205	0	0	0	119	899	1,108	21,382	0					23,508
202206	139	32	142	39	115	453	5,812	23,513	0				30,245
202207	16	15	24	18	6	88	187	4,827	20,661	0			25,842
202208	0	0	0	0	0	209	206	392	6,533	11,039	0		18,379
202209	0	0	0	0	0	3	16	72	143	16,120	1,601	0	17,955
202210	5	3	2	1	15	44	124	187	1,067	1,462	26,461	15,598	44,969
202211	4	11	7	10	8	9	6	9	17	202	1,243	11,483	13,009
202212	18	22	23	36	29	32	41	44	39	44	107	1,064	1,499
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	1	0	0	0	0	0	0	1	0	0	0	2
202303	1	1	0	0	0	0	0	0	0	0	0	0	2
202304	0	0	0	0	0	1	0	0	0	0	0	0	1
Total	27,250	26,681	28,051	27,469	25,182	28,369	27,774	29,044	28,461	28,867	29,412	28,145	334,705
MM	809	819	831	841	831	841	848	859	861	858	861	861	10,120
PMPM	33.68	32.58	33.76	32.66	30.30	33.73	32.75	33.81	33.06	33.64	34.16	32.69	33.07

Field-Level Completeness and Accuracy

Table T-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table T-7—Key Encounter Data Elements: Professional Encounters—Tri-County Office on Aging

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	334,719	334,719	100.0%	334,719	334,112	99.8%
Header Service From Date	334,719	334,719	100.0%	334,719	334,410	99.9%
Header Service To Date	334,719	334,719	100.0%	334,719	334,410	99.9%
Detail Service From Date	334,719	334,719	100.0%	334,719	334,410	99.9%
Detail Service To Date	334,719	334,719	100.0%	334,719	334,410	99.9%
Billing Provider NPI	334,719	3,757	1.1%	3,757	3,757	100.0%
Rendering Provider NPI	334,719	0	0.0%	0	0	NA
Referring Provider NPI	334,719	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	334,719	0	0.0%	0	0	NA
Primary Diagnosis Codes	334,719	334,719	100.0%	334,719	334,719	100.0%
Secondary Diagnosis Codes	334,719	0	0.0%	0	0	NA
CPT/HCPCS Codes	334,719	334,719	100.0%	334,719	334,719	100.0%
CPT/HCPCS Codes with PTP Edits	334,719	334,719	100.0%	334,719	334,212	99.8%
NDCs	334,719	0	0.0%	0	0	NA
Submit Date	334,719	334,719	100.0%	334,719	334,719	100.0%
Waiver Agency Paid Date	334,719	334,719	100.0%	334,719	334,410	99.9%
Header Paid Amount	334,719	334,719	100.0%	334,719	0	0.0%
Detail Paid Amount	334,719	334,719	100.0%	334,719	334,719	100.0%
Header TPL Paid Amount	334,719	334,719	100.0%	334,719	334,719	100.0%
Detail TPL Paid Amount	334,719	334,719	100.0%	334,719	334,719	100.0%

Appendix U. Results for UPCAP Care Management, Inc.

Appendix U contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **UPCAP Care Management, Inc.**

IS Review Findings

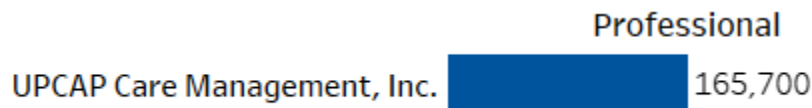
Please refer to Section 3: Information Systems Review Findings for **UPCAP Care Management, Inc.**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure U-1 displays the number of encounters.

Figure U-1—Number of Paid Encounters—UPCAP Care Management, Inc.



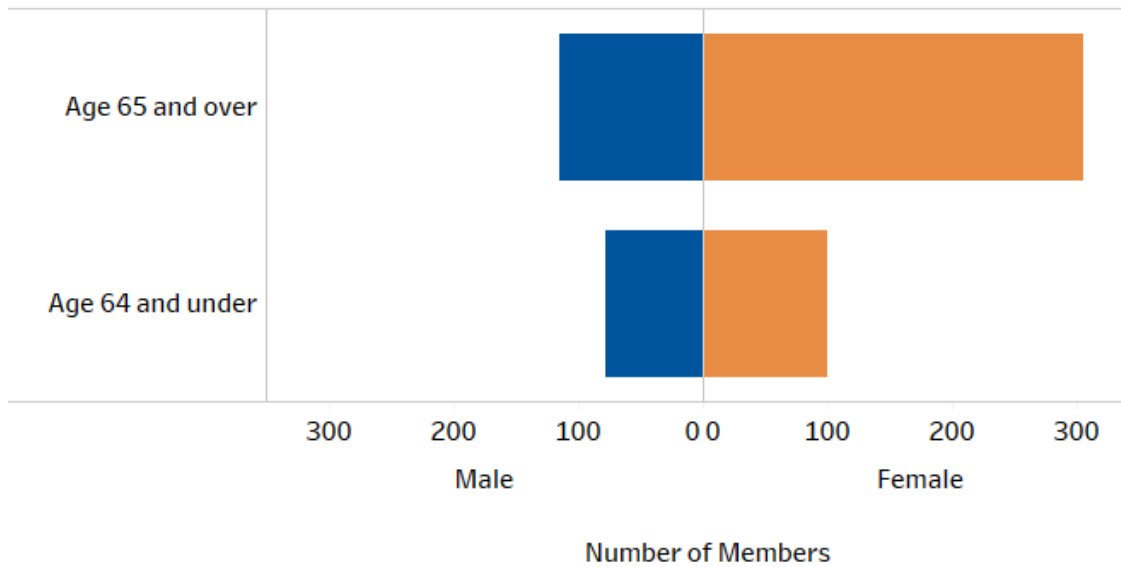
Member Composition

Figure U-2 and Figure U-3 display member demographics.

Figure U-2—Enrollment in SFY 2023—UPCAP Care Management, Inc.



Figure U-3—Age and Gender Distribution—UPCAP Care Management, Inc.

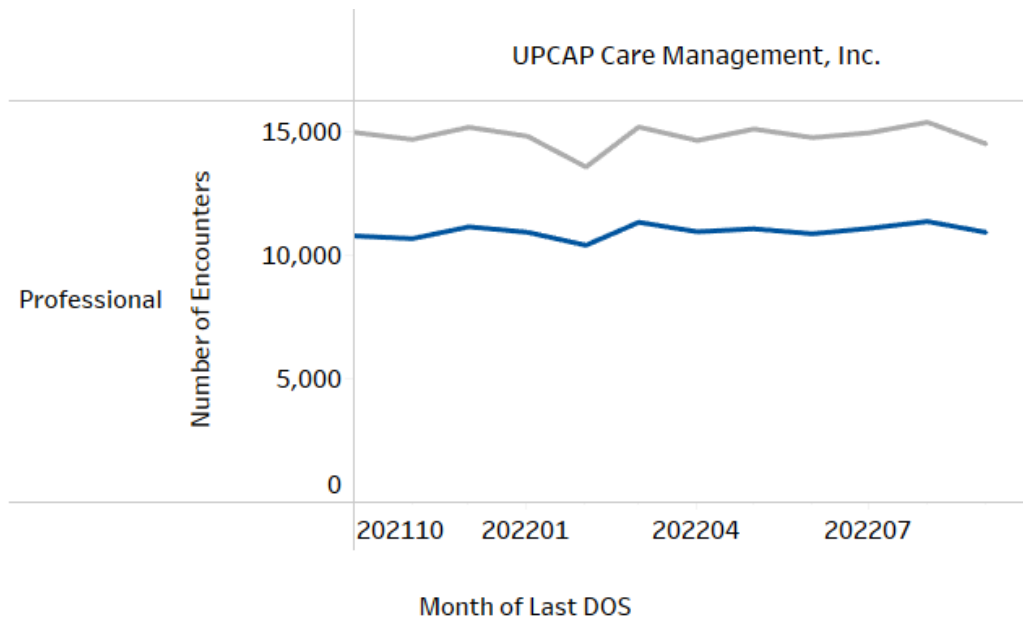


Encounter Data Completeness

Encounter Volume by Service Month

Figure U-4 displays the monthly encounter volume by service month.

Figure U-4—Encounter Volume by Service Month—UPCAP Care Management, Inc.

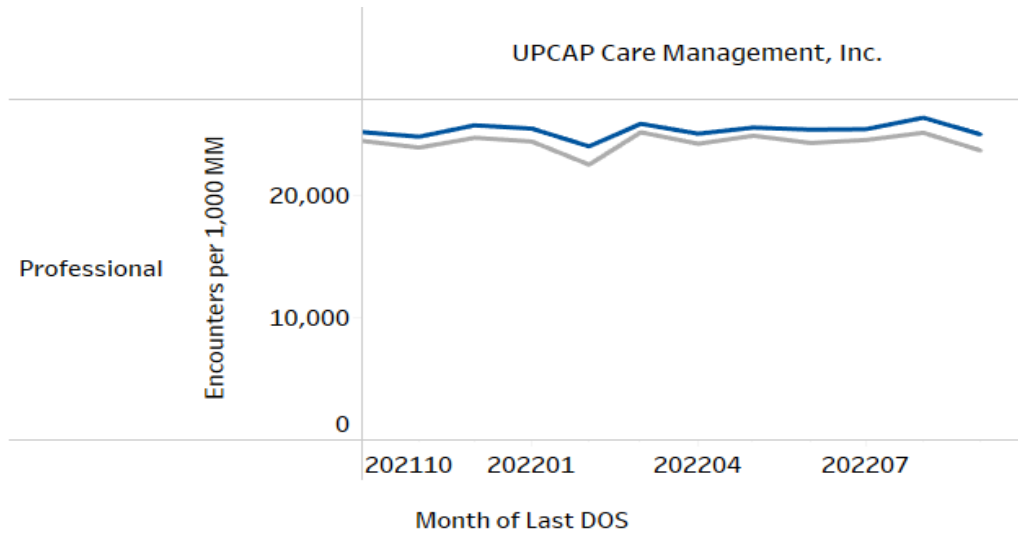


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure U-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure U-5—Encounter Volume per 1,000 MM—UPCAP Care Management, Inc.

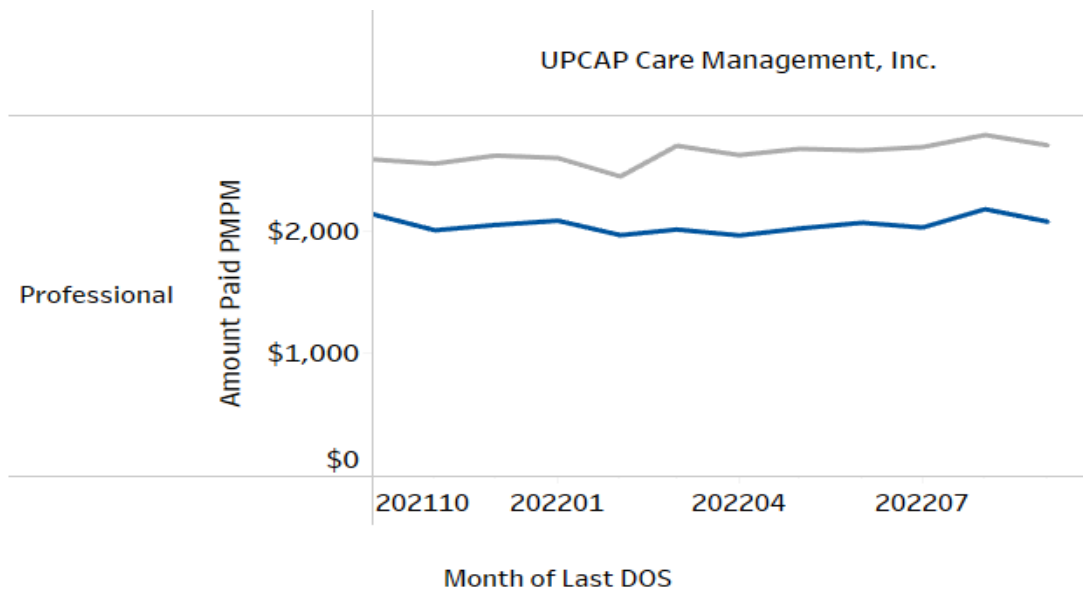


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure U-6 displays the monthly payment amounts PMPM by service month.

Figure U-6—Paid Amount PMPM—UPCAP Care Management, Inc.

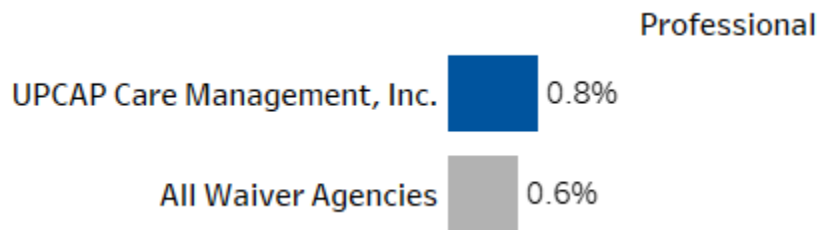


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure U-7 displays the percentage of duplicate encounters.

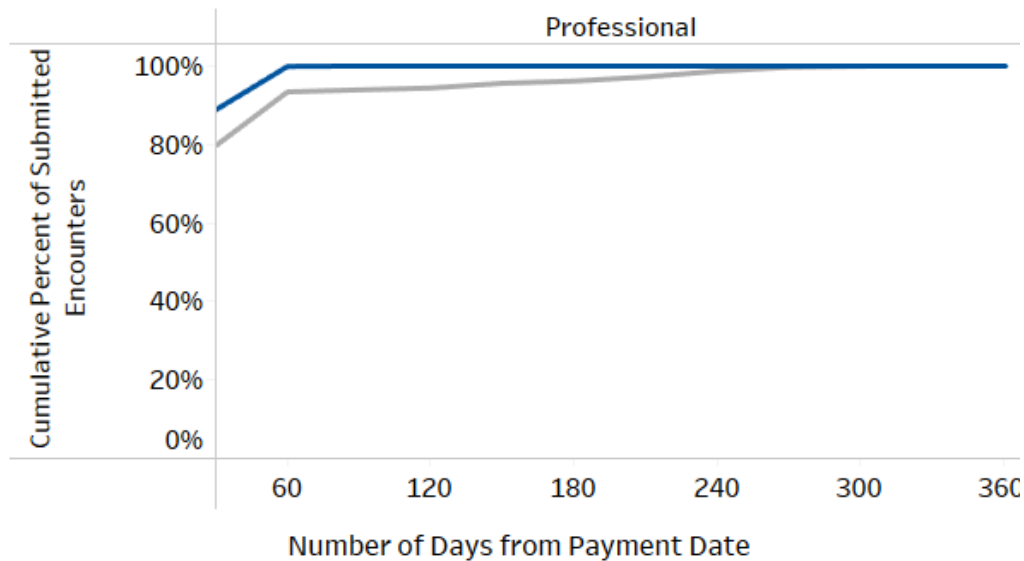
Figure U-7—Percentage of Duplicate Encounters—UPCAP Care Management, Inc.



Encounter Data Timeliness

Figure U-8 and Table U-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure U-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—UPCAP Care Management, Inc.



Note: The grey line indicates the all waiver agency rate.

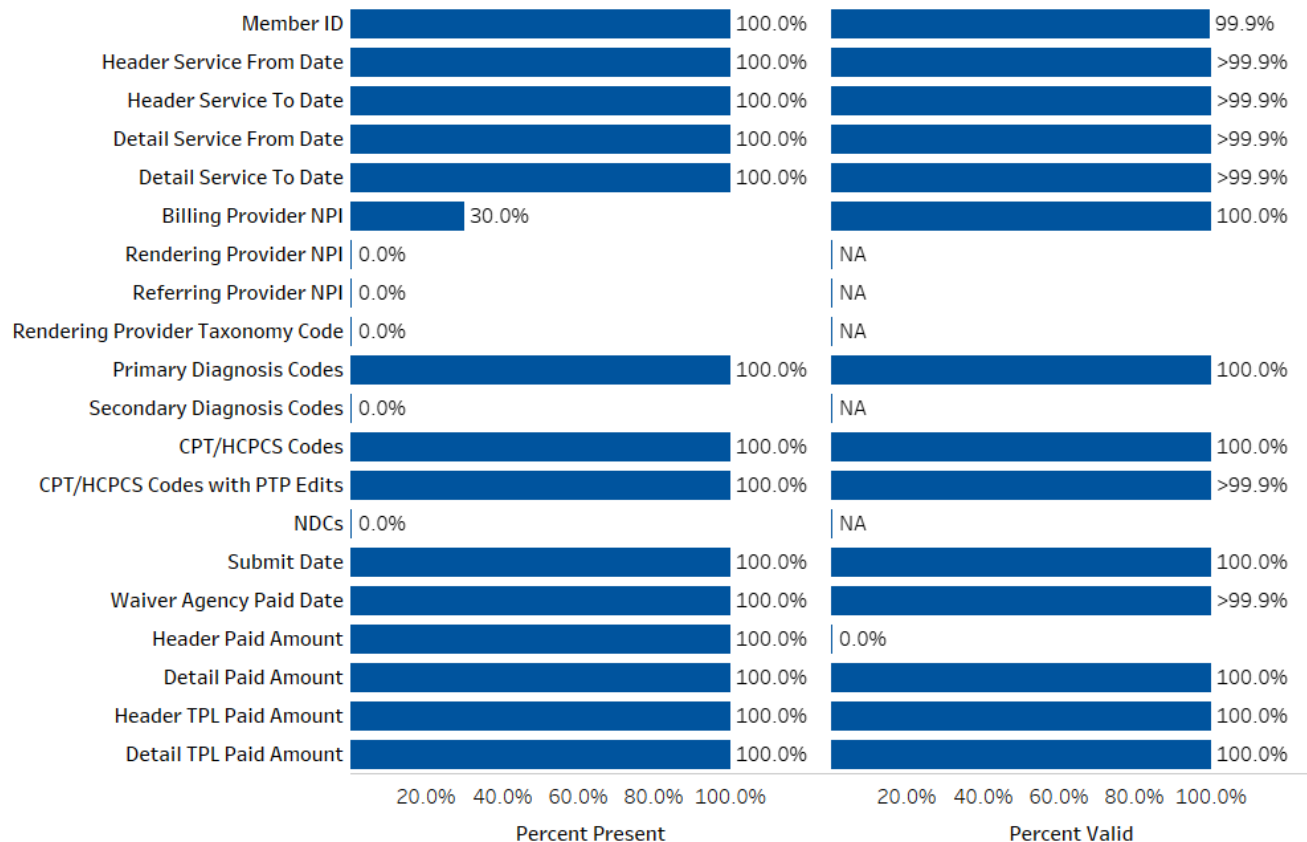
Table U-1—Completeness of Encounters—UPCAP Care Management, Inc.

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	88.8%
Submitted Within 60 Days	99.9%
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Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure U-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure U-9—Key Professional Encounter Data Elements—UPCAP Care Management, Inc.



Encounter Data Referential Integrity

Figure U-10 and Figure U-11 display the referential integrity results.

Figure U-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—UPCAP Care Management, Inc.

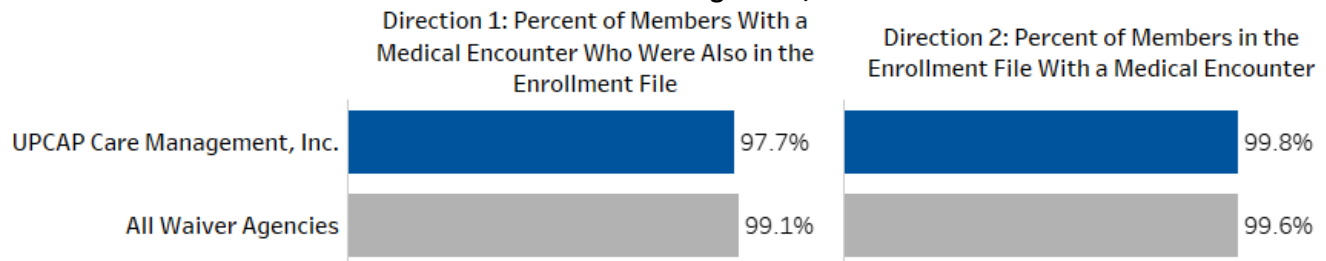
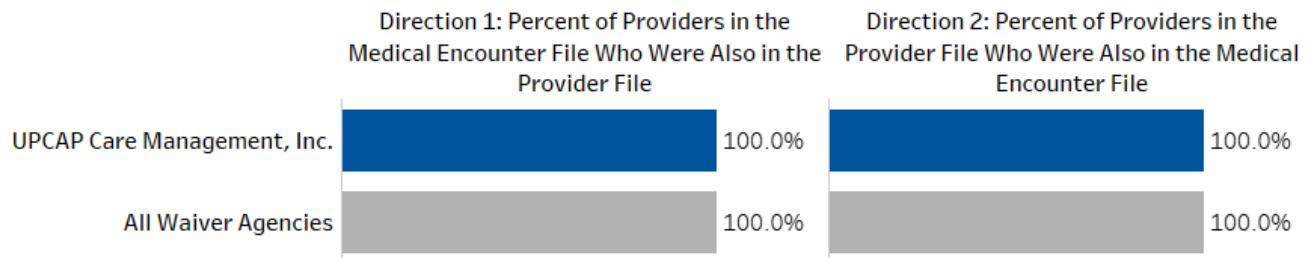


Figure U-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—UPCAP Care Management, Inc.

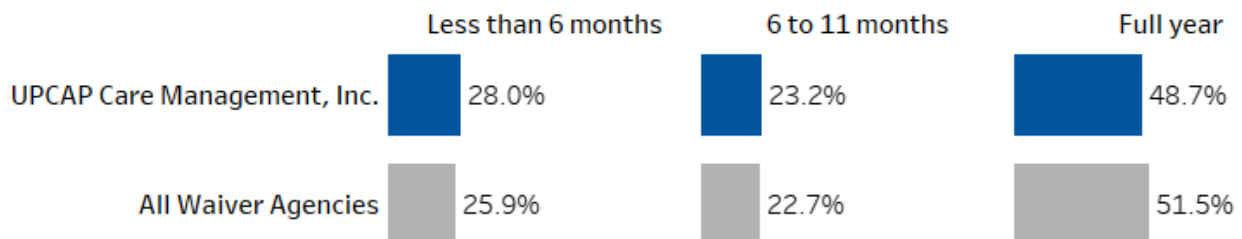


Encounter Data Logic

Member Enrollment

Figure U-12 displays the percentage of members who were continuously enrolled.

Figure U-12—Percentage of Members Who Were Continuously Enrolled—UPCAP Care Management, Inc.



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **UPCAP Care Management, Inc.**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: UPCAP Care Management, Inc. demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: UPCAP Care Management, Inc. indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **UPCAP Care Management, Inc.**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **UPCAP Care Management, Inc.**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: UPCAP Care Management, Inc. reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **UPCAP Care Management, Inc.** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **UPCAP Care Management, Inc.** should consider enhancing its data management practices. HSAG recommends that **UPCAP Care Management, Inc.** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: UPCAP Care Management, Inc. submitted professional encounters in a timely manner from the payment date, with 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **UPCAP Care Management, Inc.** were populated at high rates, and the majority of data elements were over 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 30.0 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **UPCAP Care Management, Inc.** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table U-2 presents the member composition.

Table U-2—Age and Gender Distribution—UPCAP Care Management, Inc.

Age Category	Number of Females	Number of Males
Age 64 and under	100	78
Age 65 and over	306	115
Total	406	193

Encounter Data Completeness

Encounter Volume by Service Month

Table U-3 displays the encounter volume by service month.

Table U-3—Encounter Volume: Professional Encounters—UPCAP Care Management, Inc.

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	10,800	430	25,116.3
November 2021	10,688	432	24,740.7
December 2021	11,167	435	25,671.3
January 2022	10,948	431	25,401.4
February 2022	10,419	435	23,951.7
March 2022	11,351	440	25,797.7
April 2022	10,968	439	24,984.1
May 2022	11,086	435	25,485.1
June 2022	10,886	430	25,316.3
July 2022	11,104	438	25,351.6
August 2022	11,384	433	26,291.0
September 2022	10,944	439	24,929.4

Payment Amounts Per Member Per Month

Table U-4 displays the monthly payment amounts PMPM by service month.

Table U-4—Paid Amount PMPM: Professional Encounters—UPCAP Care Management, Inc.

Month of Service	Number of MM	Paid Amount PMPM
October 2021	430	\$2,136.09
November 2021	432	\$2,005.05
December 2021	435	\$2,048.53
January 2022	431	\$2,083.21
February 2022	435	\$1,965.28
March 2022	440	\$2,011.39
April 2022	439	\$1,963.12
May 2022	435	\$2,019.67
June 2022	430	\$2,066.61
July 2022	438	\$2,027.70
August 2022	433	\$2,177.07
September 2022	439	\$2,075.27

Percentage of Duplicate Encounters

Table U-5 displays the percentage of duplicate encounters.

Table U-5—Percentage of Duplicate Encounters—UPCAP Care Management, Inc.

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	1,316	0.8%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table U-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table U-6—Encounter Data Lag Triangle: Professional Encounters—UPCAP Care Management, Inc.

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	0	0											0
202112	0	0	0										0
202201	13,397	13,276	10,579	0									37,252
202202	19	23	14	995	0								1,051
202203	47	85	3,528	12,764	11,645	0							28,069
202204	0	0	0	0	0	0	0						0
202205	19	46	55	38	1,609	14,062	11,988	0					27,817
202206	0	0	0	33	9	68	1,410	9,601	0				11,121
202207	0	0	0	0	0	0	0	0	0	0			0
202208	2	2	9	5	17	41	218	4,210	13,690	9,996	0		28,190
202209	0	0	0	0	0	0	0	0	0	0	0	0	0
202210	1	0	0	0	3	0	7	3	123	3,687	14,207	9,304	27,335
202211	0	0	0	0	0	0	0	0	1	50	235	4,568	4,854
202212	0	0	0	0	0	0	0	0	0	0	1	7	8
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	1	0	0	0	0	0	0	0	1
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	13,485	13,432	14,185	13,835	13,284	14,171	13,623	13,814	13,814	13,733	14,443	13,879	165,698
MM	430	432	435	431	435	440	439	435	430	438	433	439	5,217
PMPM	31.36	31.09	32.61	32.10	30.54	32.21	31.03	31.76	32.13	31.35	33.36	31.62	31.76

Field-Level Completeness and Accuracy

Table U-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table U-7—Key Encounter Data Elements: Professional Encounters—UPCAP Care Management, Inc.

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	165,700	165,700	100.0%	165,700	165,571	99.9%
Header Service From Date	165,700	165,700	100.0%	165,700	165,690	>99.9%
Header Service To Date	165,700	165,700	100.0%	165,700	165,690	>99.9%
Detail Service From Date	165,700	165,700	100.0%	165,700	165,690	>99.9%
Detail Service To Date	165,700	165,700	100.0%	165,700	165,690	>99.9%
Billing Provider NPI	165,700	49,787	30.0%	49,787	49,787	100.0%
Rendering Provider NPI	165,700	0	0.0%	0	0	NA
Referring Provider NPI	165,700	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	165,700	0	0.0%	0	0	NA
Primary Diagnosis Codes	165,700	165,700	100.0%	165,700	165,700	100.0%
Secondary Diagnosis Codes	165,700	0	0.0%	0	0	NA
CPT/HCPCS Codes	165,700	165,700	100.0%	165,700	165,700	100.0%
CPT/HCPCS Codes with PTP Edits	165,700	165,700	100.0%	165,700	165,644	>99.9%
NDCs	165,700	0	0.0%	0	0	NA
Submit Date	165,700	165,700	100.0%	165,700	165,700	100.0%
Waiver Agency Paid Date	165,700	165,700	100.0%	165,700	165,690	>99.9%
Header Paid Amount	165,700	165,700	100.0%	165,700	0	0.0%
Detail Paid Amount	165,700	165,700	100.0%	165,700	165,700	100.0%
Header TPL Paid Amount	165,700	165,700	100.0%	165,700	165,700	100.0%
Detail TPL Paid Amount	165,700	165,700	100.0%	165,700	165,700	100.0%

Appendix V. Results for Valley Area Agency on Aging

Appendix V contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **Valley Area Agency on Aging**.

IS Review Findings

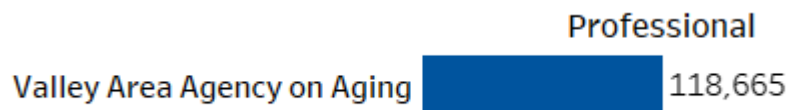
Please refer to Section 3: Information Systems Review Findings for **Valley Area Agency on Aging**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure V-1 displays the number of encounters.

Figure V-1—Number of Paid Encounters—Valley Area Agency on Aging



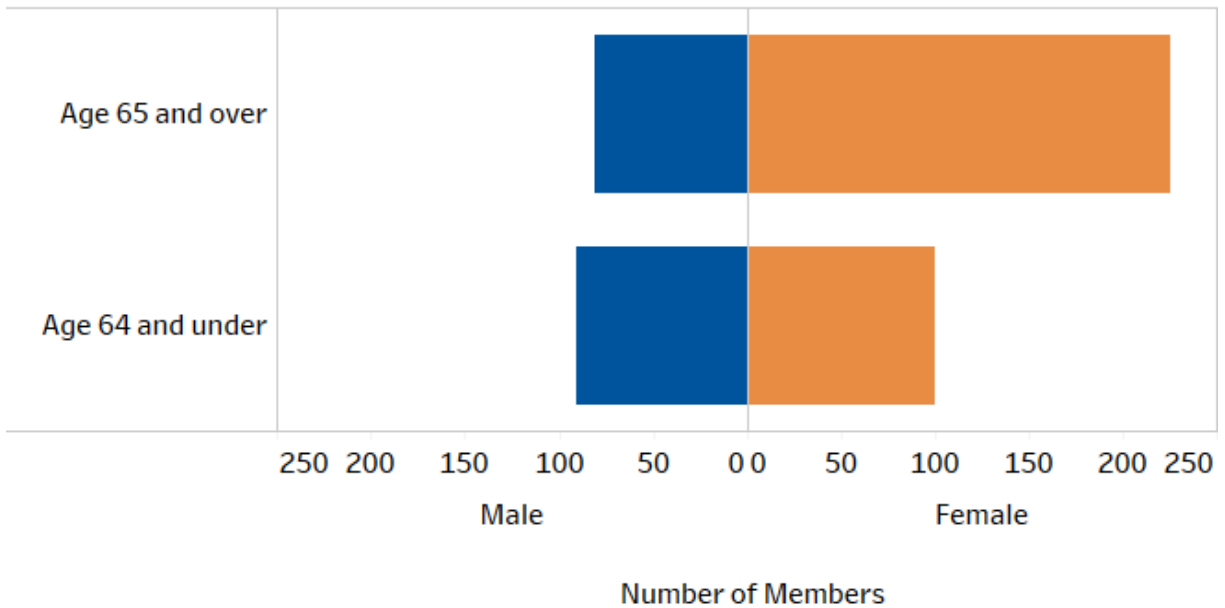
Member Composition

Figure V-2 and Figure V-3 display member demographics.

Figure V-2—Enrollment in SFY 2023—Valley Area Agency on Aging



Figure V-3—Age and Gender Distribution—Valley Area Agency on Aging

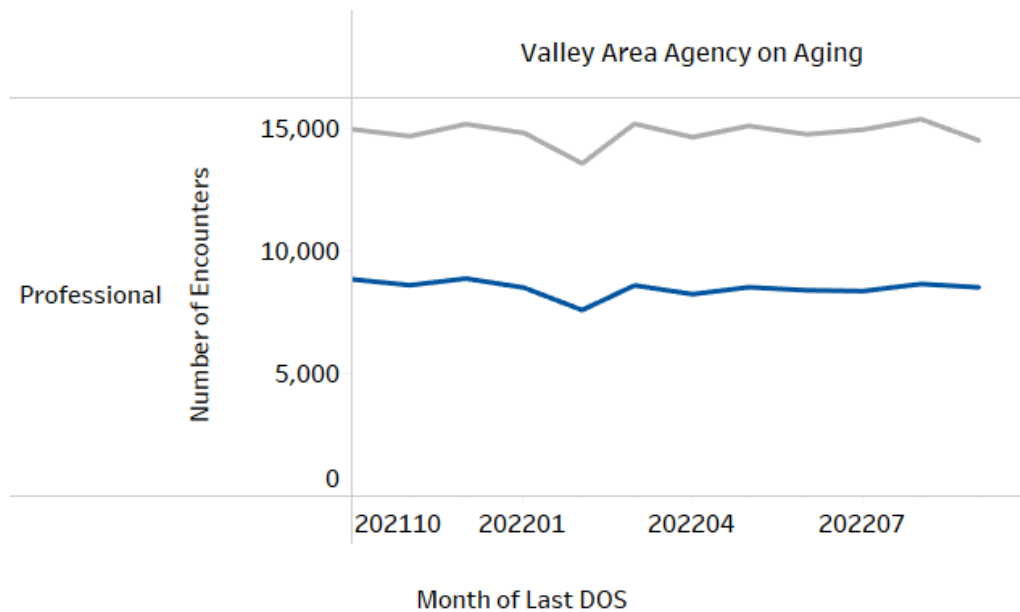


Encounter Data Completeness

Encounter Volume by Service Month

Figure V-4 displays the monthly encounter volume by service month.

Figure V-4—Encounter Volume by Service Month—Valley Area Agency on Aging

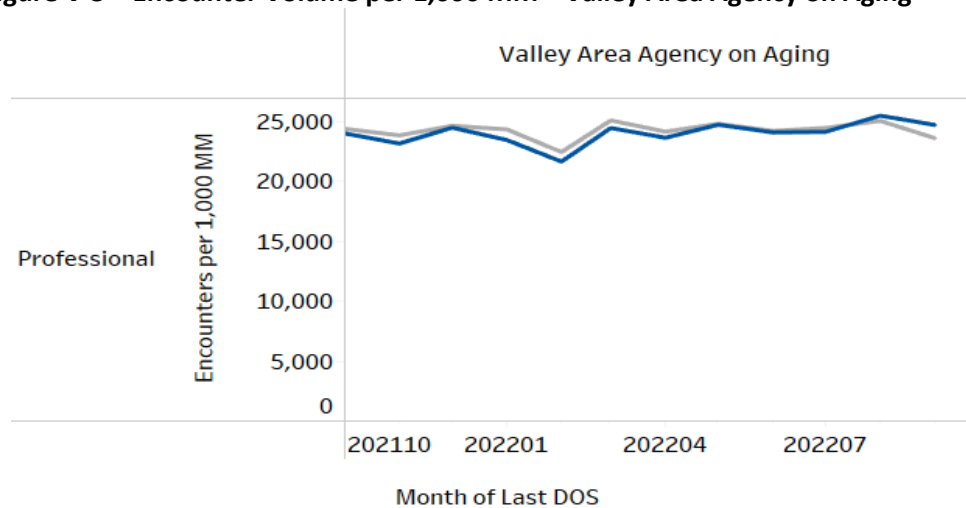


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure V-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure V-5—Encounter Volume per 1,000 MM—Valley Area Agency on Aging

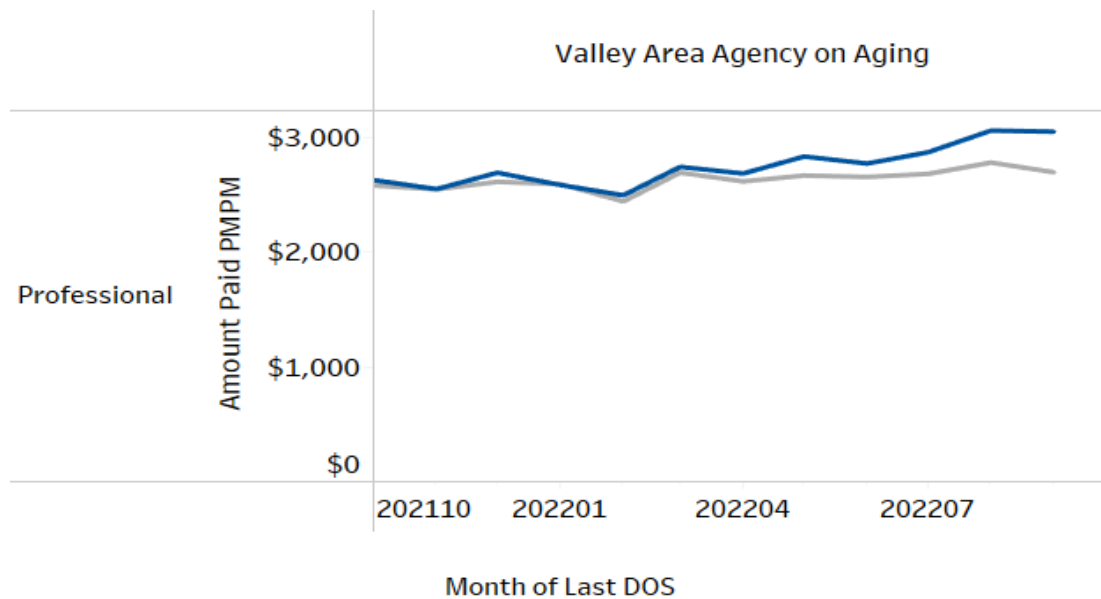


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure V-6 displays the monthly payment amounts PMPM by service month.

Figure V-6—Paid Amount PMPM—Valley Area Agency on Aging

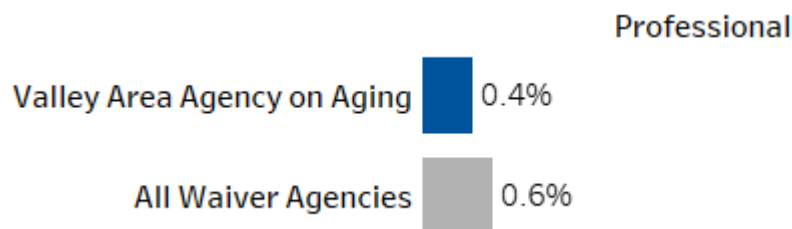


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure V-7 displays the percentage of duplicate encounters.

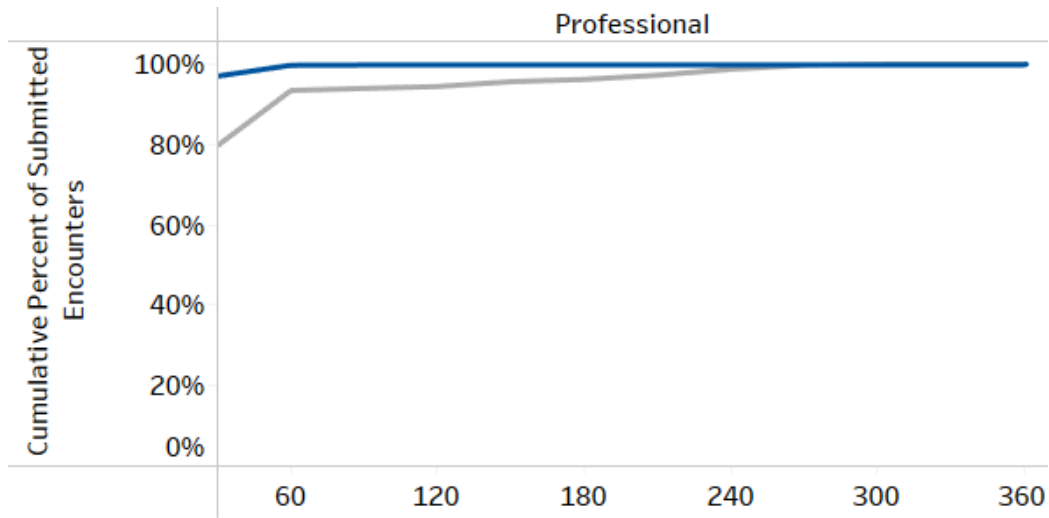
Figure V-7—Percentage of Duplicate Encounters—Valley Area Agency on Aging



Encounter Data Timeliness

Figure V-8 and Table V-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure V-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—Valley Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

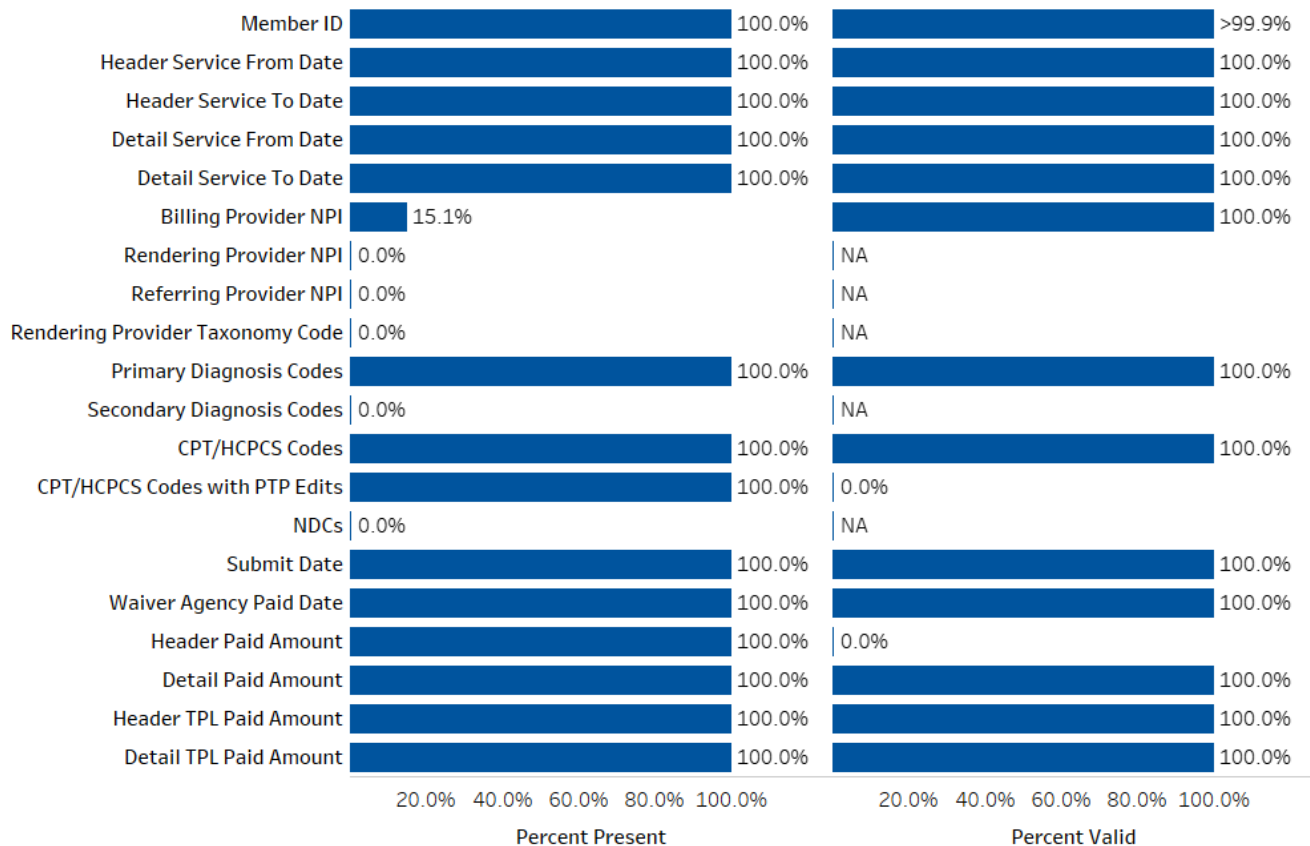
Table V-1—Completeness of Encounters—Valley Area Agency on Aging

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	97.0%
Submitted Within 60 Days	99.7%
Submitted Within 90 Days	99.7%
Submitted Within 120 Days	99.8%
Submitted Within 150 Days	99.8%
Submitted Within 180 Days	99.8%
Submitted Within 210 Days	99.8%
Submitted Within 240 Days	99.8%
Submitted Within 270 Days	99.8%
Submitted Within 300 Days	99.8%
Submitted Within 330 Days	99.8%
Submitted Within 360 Days	99.8%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure V-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure V-9—Key Professional Encounter Data Elements—Valley Area Agency on Aging



Encounter Data Referential Integrity

Figure V-10 and Figure V-11 display the referential integrity results.

Figure V-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—Valley Area Agency on Aging

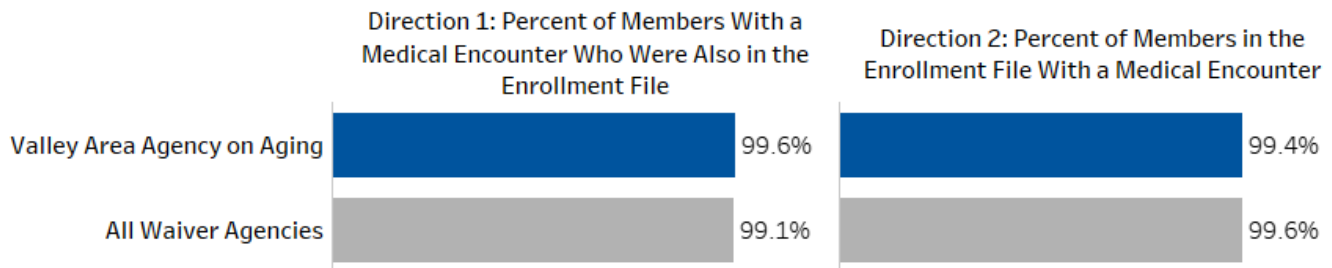
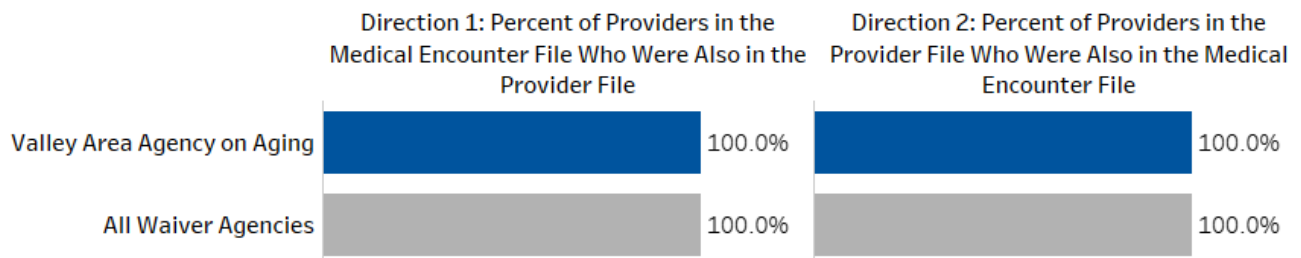


Figure V-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—Valley Area Agency on Aging

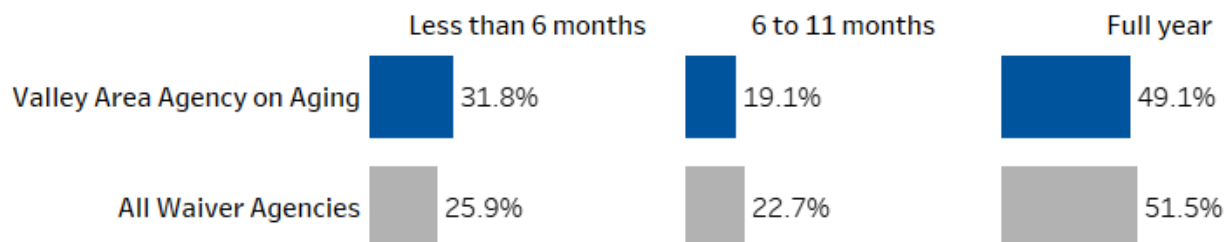


Encounter Data Logic

Member Enrollment

Figure V-12 displays the percentage of members who were continuously enrolled.

Figure V-12—Percentage of Members Who Were Continuously Enrolled—Valley Area Agency on Aging



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **Valley Area Agency on Aging**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: Valley Area Agency on Aging demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: Valley Area Agency on Aging indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **Valley Area Agency on Aging**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **Valley Area Agency on Aging**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: Valley Area Agency on Aging reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **Valley Area Agency on Aging** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **Valley Area Agency on Aging** should consider enhancing its data management practices. HSAG recommends that **Valley Area Agency on Aging** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: Valley Area Agency on Aging submitted professional encounters in a timely manner from the payment date, with 99.7 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **Valley Area Agency on Aging** were populated at high rates, and the majority of data elements were greater than 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 15.1 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **Valley Area Agency on Aging** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table V-2 presents the member composition.

Table V-2—Age and Gender Distribution—Valley Area Agency on Aging

Age Category	Number of Females	Number of Males
Age 64 and under	100	91
Age 65 and over	225	81
Total	325	172

Encounter Data Completeness

Encounter Volume by Service Month

Table V-3 displays the encounter volume by service month.

Table V-3—Encounter Volume: Professional Encounters—Valley Area Agency on Aging

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	8,862	369	24,016.3
November 2021	8,620	372	23,172.0
December 2021	8,892	363	24,495.9
January 2022	8,518	363	23,465.6
February 2022	7,603	351	21,661.0
March 2022	8,612	352	24,465.9
April 2022	8,254	349	23,650.4
May 2022	8,536	345	24,742.0
June 2022	8,412	349	24,103.2
July 2022	8,379	347	24,147.0
August 2022	8,670	340	25,500.0
September 2022	8,530	345	24,724.6

Payment Amounts Per Member Per Month

Table V-4 displays the monthly payment amounts PMPM by service month.

Table V-4—Paid Amount PMPM: Professional Encounters—Valley Area Agency on Aging

Month of Service	Number of MM	Paid Amount PMPM
October 2021	369	\$2,629.32
November 2021	372	\$2,550.80
December 2021	363	\$2,693.59
January 2022	363	\$2,586.75
February 2022	351	\$2,496.45
March 2022	352	\$2,744.27
April 2022	349	\$2,686.45
May 2022	345	\$2,834.72
June 2022	349	\$2,773.29
July 2022	347	\$2,871.59
August 2022	340	\$3,060.63
September 2022	345	\$3,051.17

Percentage of Duplicate Encounters

Table V-5 displays the percentage of duplicate encounters.

Table V-5—Percentage of Duplicate Encounters—Valley Area Agency on Aging

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	524	0.4%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table V-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table V-6—Encounter Data Lag Triangle: Professional Encounters—Valley Area Agency on Aging

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	0												0
202111	9,723	0											9,723
202112	20	2,394	0										2,414
202201	257	7,525	9,940	0									17,722
202202	0	4	255	9,509	0								9,768
202203	1	10	9	263	8,587	0							8,870
202204	0	1	1	4	112	9,778	0						9,896
202205	0	0	0	0	112	182	9,323	0					9,617
202206	0	0	0	0	1	4	120	9,395	0				9,520
202207	20	72	53	53	63	67	62	332	9,305	0			10,027
202208	31	39	38	41	56	68	79	44	314	9,289	0		9,999
202209	0	0	0	0	0	0	0	1	29	148	9,434	0	9,612
202210	0	0	0	0	5	1	0	6	50	68	575	9,684	10,389
202211	7	8	10	9	16	19	30	32	13	109	125	295	673
202212	36	44	43	33	0	0	0	0	2	0	1	4	163
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	0	0	0	0	0	0	1	1
202303	0	0	0	0	0	0	0	0	0	0	0	0	0
202304	271	0	0	0	0	0	0	0	0	0	0	0	271
Total	10,366	10,097	10,349	9,912	8,952	10,119	9,614	9,810	9,713	9,614	10,135	9,984	118,665
MM	369	372	363	363	351	352	349	345	349	347	340	345	4,245
PMPM	28.09	27.14	28.51	27.31	25.50	28.75	27.55	28.43	27.83	27.71	29.81	28.94	27.95

Field-Level Completeness and Accuracy

Table V-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table V-7—Key Encounter Data Elements: Professional Encounters—Valley Area Agency on Aging

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	118,665	118,665	100.0%	118,665	118,658	>99.9%
Header Service From Date	118,665	118,665	100.0%	118,665	118,665	100.0%
Header Service To Date	118,665	118,665	100.0%	118,665	118,665	100.0%
Detail Service From Date	118,665	118,665	100.0%	118,665	118,665	100.0%
Detail Service To Date	118,665	118,665	100.0%	118,665	118,665	100.0%
Billing Provider NPI	118,665	17,876	15.1%	17,876	17,876	100.0%
Rendering Provider NPI	118,665	0	0.0%	0	0	NA
Referring Provider NPI	118,665	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	118,665	0	0.0%	0	0	NA
Primary Diagnosis Codes	118,665	118,665	100.0%	118,665	118,665	100.0%
Secondary Diagnosis Codes	118,665	0	0.0%	0	0	NA
CPT/HCPCS Codes	118,665	118,665	100.0%	118,665	118,665	100.0%
CPT/HCPCS Codes with PTP Edits	118,665	118,665	100.0%	118,665	0	0.0%
NDCs	118,665	0	0.0%	0	0	NA
Submit Date	118,665	118,665	100.0%	118,665	118,665	100.0%
Waiver Agency Paid Date	118,665	118,665	100.0%	118,665	118,665	100.0%
Header Paid Amount	118,665	118,665	100.0%	118,665	0	0.0%
Detail Paid Amount	118,665	118,665	100.0%	118,665	118,665	100.0%
Header TPL Paid Amount	118,665	118,665	100.0%	118,665	118,665	100.0%
Detail TPL Paid Amount	118,665	118,665	100.0%	118,665	118,665	100.0%

Appendix W. Results for WellWise Services Area Agency on Aging

Appendix W contains the IS review and administrative profile results, strengths, weaknesses, and recommendations, as applicable, that HSAG identified from the EDV study for **WellWise Services Area Agency on Aging**.

IS Review Findings

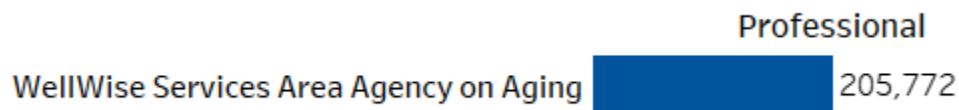
Please refer to Section 3: Information Systems Review Findings for **WellWise Services Area Agency on Aging**'s specific findings, if any.

Administrative Profile Results

Encounter Data Summary

Figure W-1 displays the number of encounters.

Figure W-1—Number of Paid Encounters—WellWise Services Area Agency on Aging



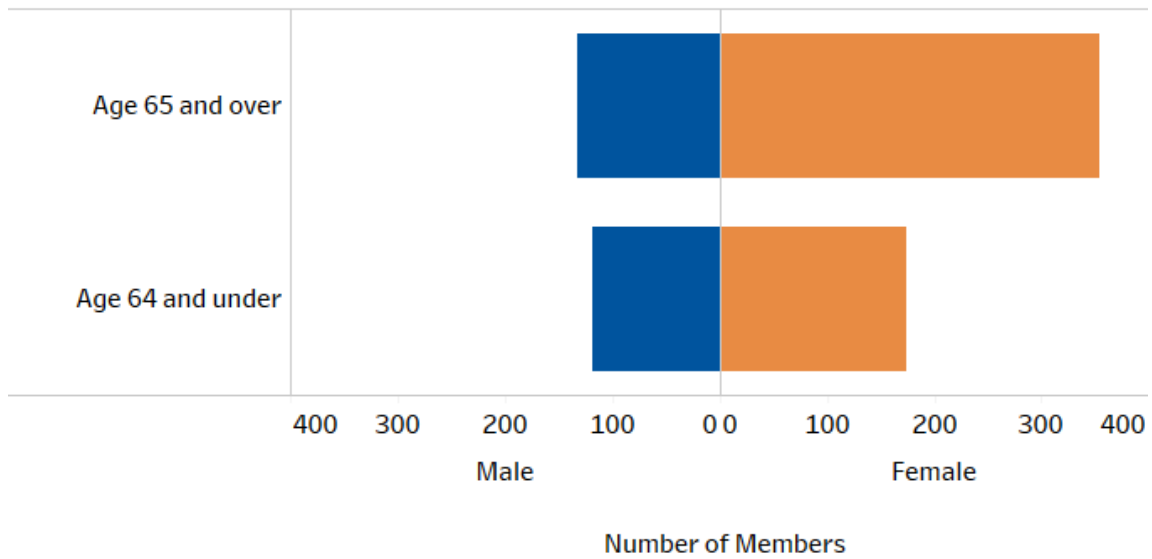
Member Composition

Figure W-2 and Figure W-3 display member demographics.

Figure W-2—Enrollment in SFY 2023—WellWise Services Area Agency on Aging



Figure W-3—Age and Gender Distribution—WellWise Services Area Agency on Aging

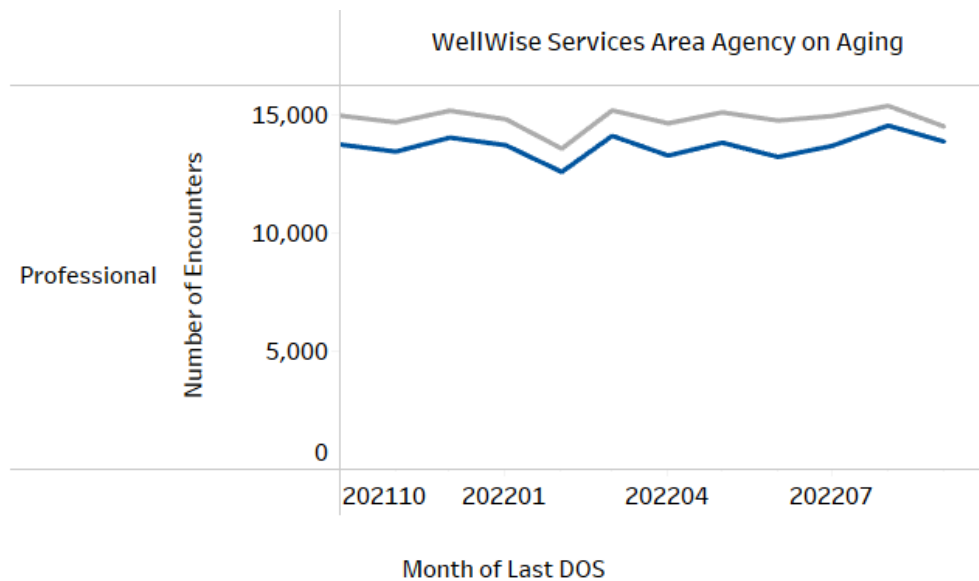


Encounter Data Completeness

Encounter Volume by Service Month

Figure W-4 displays the monthly encounter volume by service month.

Figure W-4—Encounter Volume by Service Month—WellWise Services Area Agency on Aging

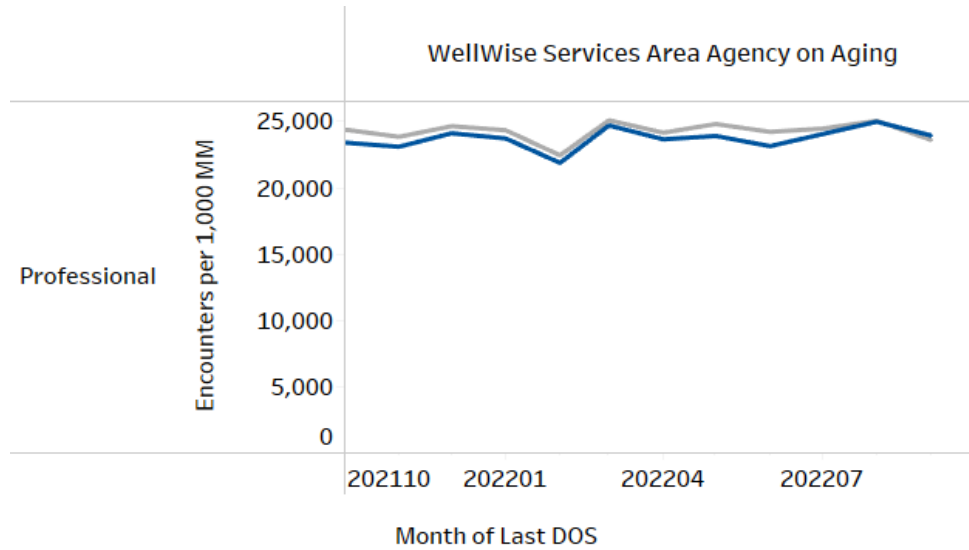


Note: The grey line indicates the all waiver agency rate.

Encounter Volume Per 1,000 Member Months

Figure W-5 displays the monthly encounter volume per 1,000 MM by service month.

Figure W-5—Encounter Volume per 1,000 MM—WellWise Services Area Agency on Aging

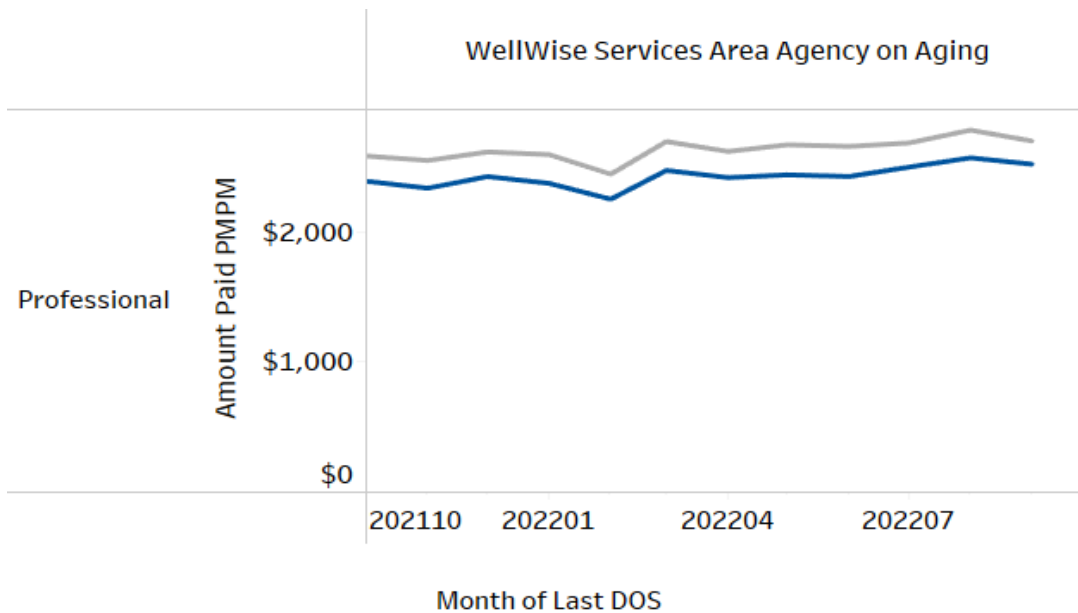


Note: The grey line indicates the all waiver agency rate.

Payment Amounts Per Member Per Month

Figure W-6 displays the monthly payment amounts PMPM by service month.

Figure W-6—Paid Amount PMPM—WellWise Services Area Agency on Aging

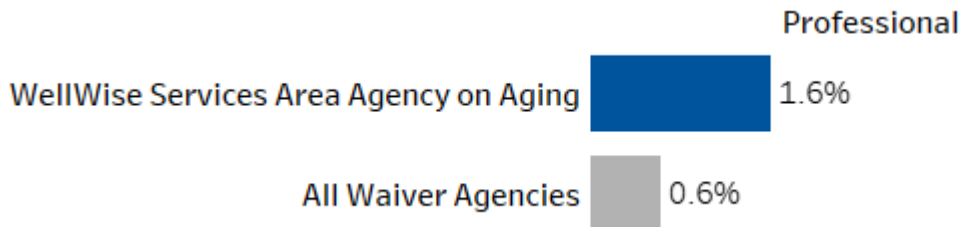


Note: The grey line indicates the all waiver agency rate.

Percentage of Duplicate Encounters

Figure W-7 displays the percentage of duplicate encounters.

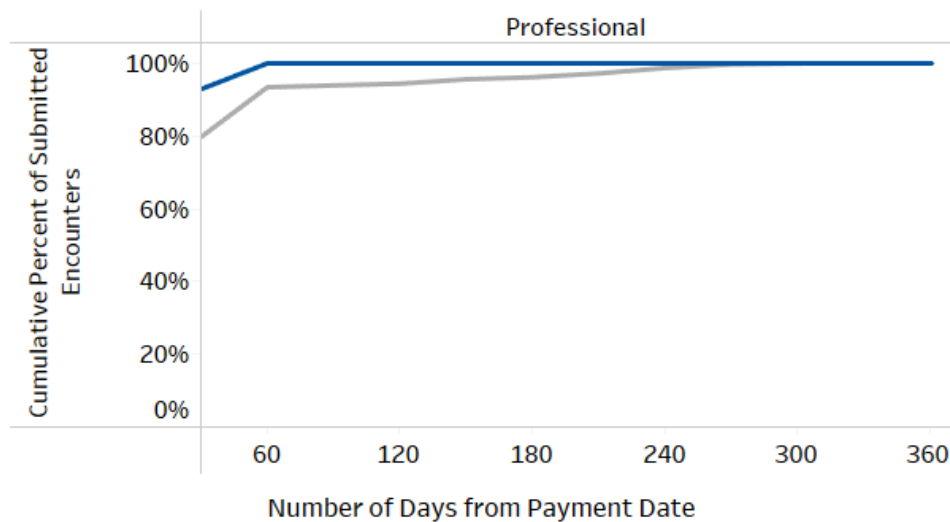
Figure W-7—Percentage of Duplicate Encounters—WellWise Services Area Agency on Aging



Encounter Data Timeliness

Figure W-8 and Table W-1 show the cumulative percentage of encounters submitted to MDHHS from the payment date.

Figure W-8—Cumulative Percentage of Encounters Submitted to MDHHS From Waiver Agency Payment Date—WellWise Services Area Agency on Aging



Note: The grey line indicates the all waiver agency rate.

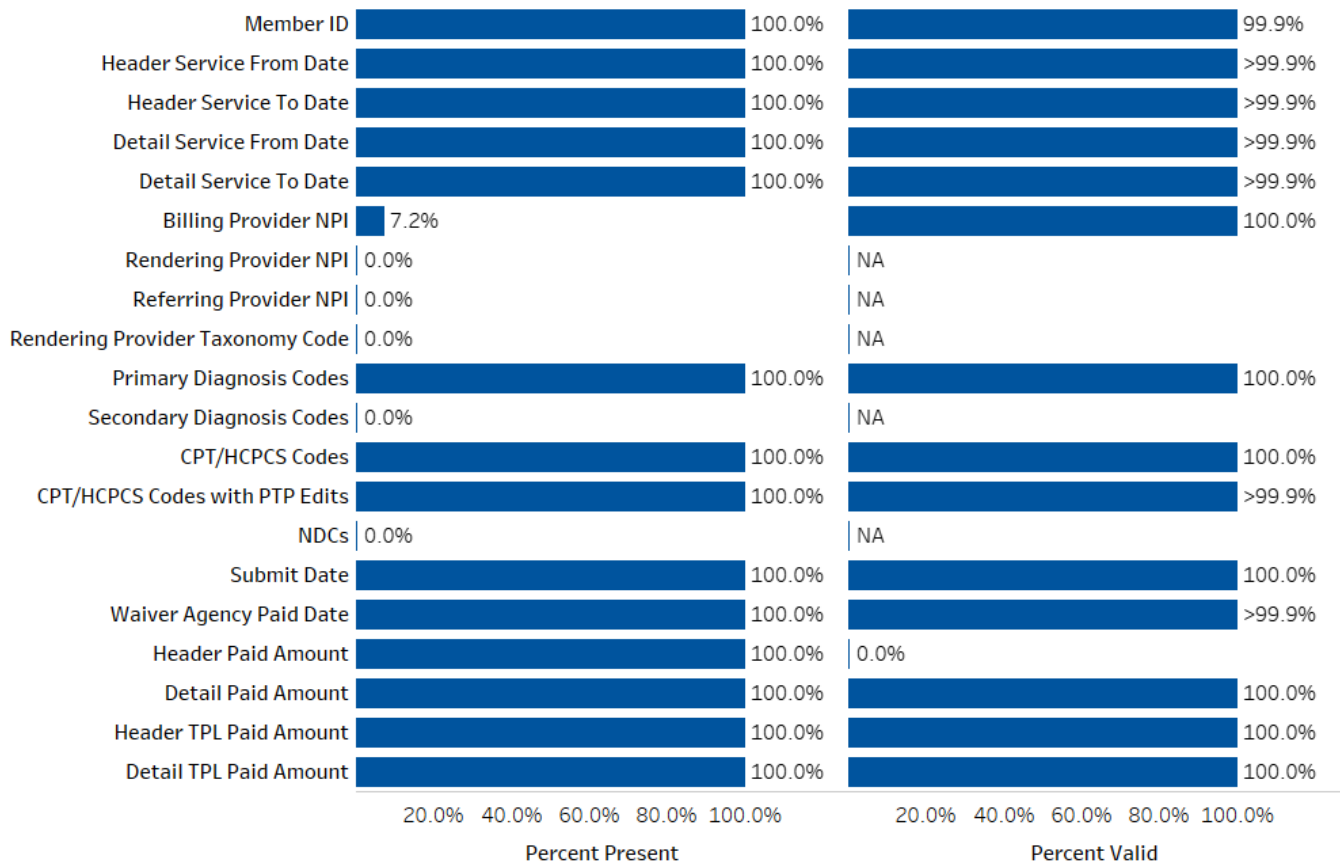
Table W-1—Completeness of Encounters—WellWise Services Area Agency on Aging

Number of Days From Payment Date	Cumulative Percentage of Submitted Professional Encounters
Submitted Within 30 Days	92.8%
Submitted Within 60 Days	>99.9%
Submitted Within 90 Days	>99.9%
Submitted Within 120 Days	100.0%
Submitted Within 150 Days	100.0%
Submitted Within 180 Days	100.0%
Submitted Within 210 Days	100.0%
Submitted Within 240 Days	100.0%
Submitted Within 270 Days	100.0%
Submitted Within 300 Days	100.0%
Submitted Within 330 Days	100.0%
Submitted Within 360 Days	100.0%
Submitted After 360 Days	100.0%
Missing Paid or Submission Date	0.0%

Field-Level Completeness and Accuracy

Figure W-9 provides the percentage of encounters that are present and contain valid values for key data elements.

Figure W-9—Key Professional Encounter Data Elements—WellWise Services Area Agency on Aging



Encounter Data Referential Integrity

Figure W-10 and Figure W-11 display the referential integrity results.

Figure W-10—Referential Integrity Comparison Between Enrollment and Medical Encounter Files—WellWise Services Area Agency on Aging

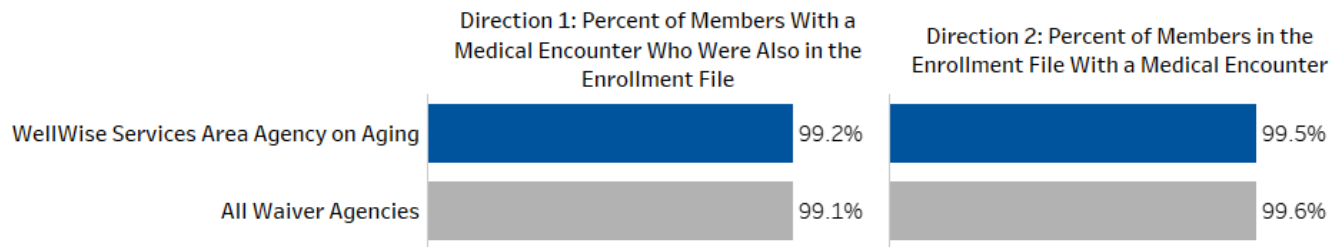
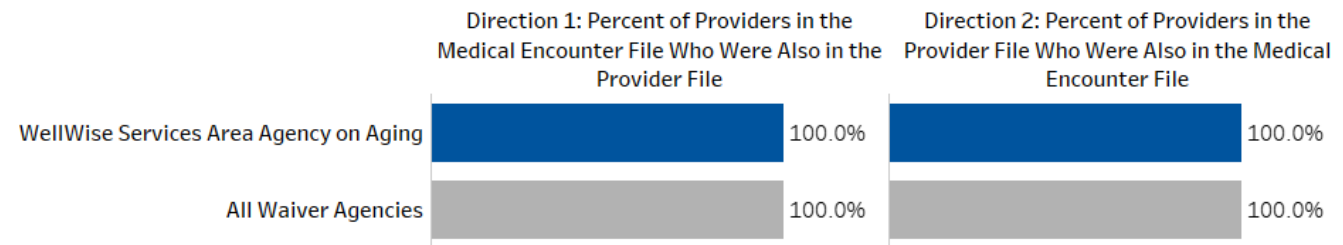


Figure W-11—Referential Integrity Comparison Between Medical Encounter and Provider Files—WellWise Services Area Agency on Aging

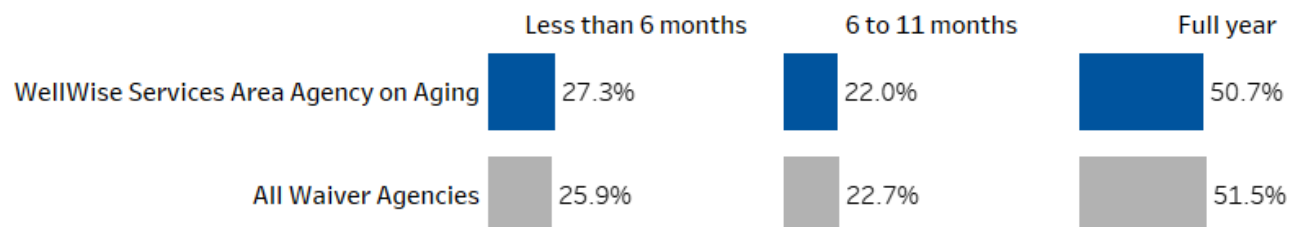


Encounter Data Logic

Member Enrollment

Figure W-12 displays the percentage of members who were continuously enrolled.

Figure W-12—Percentage of Members Who Were Continuously Enrolled—WellWise Services Area Agency on Aging



Conclusions

Based on the examination of the IS review and administrative profile outcomes in Section 3 and Section 4, respectively, for **WellWise Services Area Agency on Aging**, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

IS Review Conclusions

Strengths

Strength #1: WellWise Services Area Agency on Aging demonstrated its capability to collect, process, and transmit encounter data to MDHHS. The waiver agency has also established data review and correction processes that efficiently address quality concerns identified by MDHHS.

Opportunities for Improvement

Weakness #1: WellWise Services Area Agency on Aging indicated that it did not store data managed and sent to MDHHS by CIM.

Why the weakness exists: Storing subcontractor encounter data within **WellWise Services Area Agency on Aging**'s claims systems is essential for maintaining data quality, ensuring accurate claims processing, facilitating data analysis, and supporting overall healthcare management and accountability.

Recommendation: To support **WellWise Services Area Agency on Aging**'s overall capabilities, it should consider storing its subcontractors' encounter data within its claims systems, ensuring accessibility for various purposes.

Weakness #2: WellWise Services Area Agency on Aging reported only conducting the field-level completeness and validity quality checks for its claims and encounters.

Why the weakness exists: **WellWise Services Area Agency on Aging** appears to have limited scope of its quality checks, focusing solely on the field-level completeness and validity of claims and encounters.

Recommendation: **WellWise Services Area Agency on Aging** should consider enhancing its data management practices. HSAG recommends that **WellWise Services Area Agency on Aging** introduces additional checks, particularly monthly claim volume submission checks, to ensure alignment with expected volumes and timeliness checks to verify compliance with State or contractual deadlines. Implementing a comprehensive set of quality checks will contribute to a more robust data validation process, promoting accuracy, completeness, and adherence to submission timelines.

Administrative Profile Conclusions

Strengths

Strength #1: WellWise Services Area Agency on Aging submitted professional encounters in a timely manner from the payment date, with greater than 99.9 percent of encounters submitted within 60 days of the payment date.

Strength #2: Across all professional encounters, most of the key data elements for **WellWise Services Area Agency on Aging** were populated at high rates, and the majority of data elements were over 99.9 percent valid.

Opportunities for Improvement

Weakness #1: Although not required to be populated, 7.2 percent of professional encounters contained a billing provider NPI and 0.0 percent contained a rendering provider NPI.

Why the weakness exists: Billing and rendering provider information is important for proper provider identification.

Recommendation: **WellWise Services Area Agency on Aging** should determine the completeness of key provider data elements by implementing quality checks to ensure these fields are populated.

Administrative Profile Results—Tabular Data

Encounter Data Summary

Member Composition

Table W-2 presents the member composition.

Table W-2—Age and Gender Distribution—WellWise Services Area Agency on Aging

Age Category	Number of Females	Number of Males
Age 64 and under	174	119
Age 65 and over	355	133
Total	529	252

Encounter Data Completeness

Encounter Volume by Service Month

Table W-3 displays the encounter volume by service month.

Table W-3—Encounter Volume: Professional Encounters—WellWise Services Area Agency on Aging

Month of Service	Number of Encounters	Number of MM	Encounter Volume per 1,000 MM
October 2021	13,769	588	23,416.7
November 2021	13,469	583	23,102.9
December 2021	14,063	583	24,121.8
January 2022	13,739	579	23,728.8
February 2022	12,607	576	21,887.2
March 2022	14,136	572	24,713.3
April 2022	13,300	562	23,665.5
May 2022	13,848	579	23,917.1
June 2022	13,242	572	23,150.3
July 2022	13,714	570	24,059.6
August 2022	14,571	583	24,993.1
September 2022	13,894	580	23,955.2

Payment Amounts Per Member Per Month

Table W-4 displays the monthly payment amounts PMPM by service month.

Table W-4—Paid Amount PMPM: Professional Encounters—WellWise Services Area Agency on Aging

Month of Service	Number of MM	Paid Amount PMPM
October 2021	588	\$2,389.00
November 2021	583	\$2,335.43
December 2021	583	\$2,424.84
January 2022	579	\$2,372.75
February 2022	576	\$2,251.10
March 2022	572	\$2,472.10
April 2022	562	\$2,416.82
May 2022	579	\$2,438.01
June 2022	572	\$2,425.65
July 2022	570	\$2,497.63
August 2022	583	\$2,568.66
September 2022	580	\$2,519.77

Percentage of Duplicate Encounters

Table W-5 displays the percentage of duplicate encounters.

Table W-5—Percentage of Duplicate Encounters—WellWise Services Area Agency on Aging

Category of Service	Number of Duplicate Records	Percentage of Duplicate Records
Professional	3,305	1.6%

Encounter Data Timeliness

Encounter Data Lag Triangles

Table W-6 displays the lag triangles between service month and submission month to MDHHS. For conciseness, lag triangles only include encounters submitted through April 2023 (a minimum of a seven-month lag); therefore, counts displayed in the total line may not equal counts displayed in encounter volume figures.

Table W-6—Encounter Data Lag Triangle: Professional Encounters—WellWise Services Area Agency on Aging

Submission Month	Month of Service												Total
	202110	202111	202112	202201	202202	202203	202204	202205	202206	202207	202208	202209	
202110	180												180
202111	3,228	131											3,359
202112	5,901	365	0										6,266
202201	6,682	9,330	1,473	0									17,485
202202	949	5,568	10,714	1,464	0								18,695
202203	23	1,182	4,532	14,418	9,144	1,268							30,567
202204	5	7	615	421	5,887	13,634	1,612						22,181
202205	0	1	3	580	30	2,169	7,760	1,263					11,806
202206	0	0	2	43	619	693	6,583	13,468	1,611				23,019
202207	0	0	0	1	21	20	840	960	11,513	1,220			14,575
202208	1	0	0	0	1	0	2	1,643	3,729	13,513	1,445		20,334
202209	0	0	0	0	0	0	0	0	0	0	0	0	0
202210	0	0	0	0	0	0	0	2	8	2,310	16,954	16,564	35,838
202211	0	0	62	0	0	1	0	31	30	134	140	652	1,050
202212	0	0	0	0	0	0	0	0	4	32	5	354	395
202301	0	0	0	0	0	0	0	0	0	0	0	0	0
202302	0	0	0	0	0	0	0	0	0	0	2	14	16
202303	0	0	0	0	0	0	0	0	0	3	1	0	4
202304	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	16,969	16,584	17,401	16,927	15,702	17,785	16,797	17,367	16,895	17,212	18,547	17,584	205,770
MM	588	583	583	579	576	572	562	579	572	570	583	580	6,927
PMPM	28.86	28.45	29.85	29.23	27.26	31.09	29.89	29.99	29.54	30.20	31.81	30.32	29.71

Field-Level Completeness and Accuracy

Table W-7 provides the percentage of encounters that are present and contain valid values for key data elements.

Table W-7—Key Encounter Data Elements: Professional Encounters—WellWise Services Area Agency on Aging

Data Element	Percent Present			Percent Valid		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	205,772	205,772	100.0%	205,772	205,662	99.9%
Header Service From Date	205,772	205,772	100.0%	205,772	205,771	>99.9%
Header Service To Date	205,772	205,772	100.0%	205,772	205,771	>99.9%
Detail Service From Date	205,772	205,772	100.0%	205,772	205,771	>99.9%
Detail Service To Date	205,772	205,772	100.0%	205,772	205,771	>99.9%
Billing Provider NPI	205,772	14,870	7.2%	14,870	14,870	100.0%
Rendering Provider NPI	205,772	0	0.0%	0	0	NA
Referring Provider NPI	205,772	0	0.0%	0	0	NA
Rendering Provider Taxonomy Code	205,772	0	0.0%	0	0	NA
Primary Diagnosis Codes	205,772	205,772	100.0%	205,772	205,772	100.0%
Secondary Diagnosis Codes	205,772	0	0.0%	0	0	NA
CPT/HCPCS Codes	205,772	205,772	100.0%	205,772	205,772	100.0%
CPT/HCPCS Codes with PTP Edits	205,772	205,772	100.0%	205,772	205,758	>99.9%
NDCs	205,772	0	0.0%	0	0	NA
Submit Date	205,772	205,772	100.0%	205,772	205,772	100.0%
Waiver Agency Paid Date	205,772	205,772	100.0%	205,772	205,771	>99.9%
Header Paid Amount	205,772	205,772	100.0%	205,772	0	0.0%
Detail Paid Amount	205,772	205,772	100.0%	205,772	205,772	100.0%
Header TPL Paid Amount	205,772	205,772	100.0%	205,772	205,772	100.0%
Detail TPL Paid Amount	205,772	205,772	100.0%	205,772	205,772	100.0%