



State Use of Medicare Advantage Encounter Data: Perspectives from Two States

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1:00-2:00 PM Eastern

Participants

- Jim Verdier, Integrated Care Resource Center
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- Lori Petre, State of Arizona
- Kijuana Wright, State of Arizona

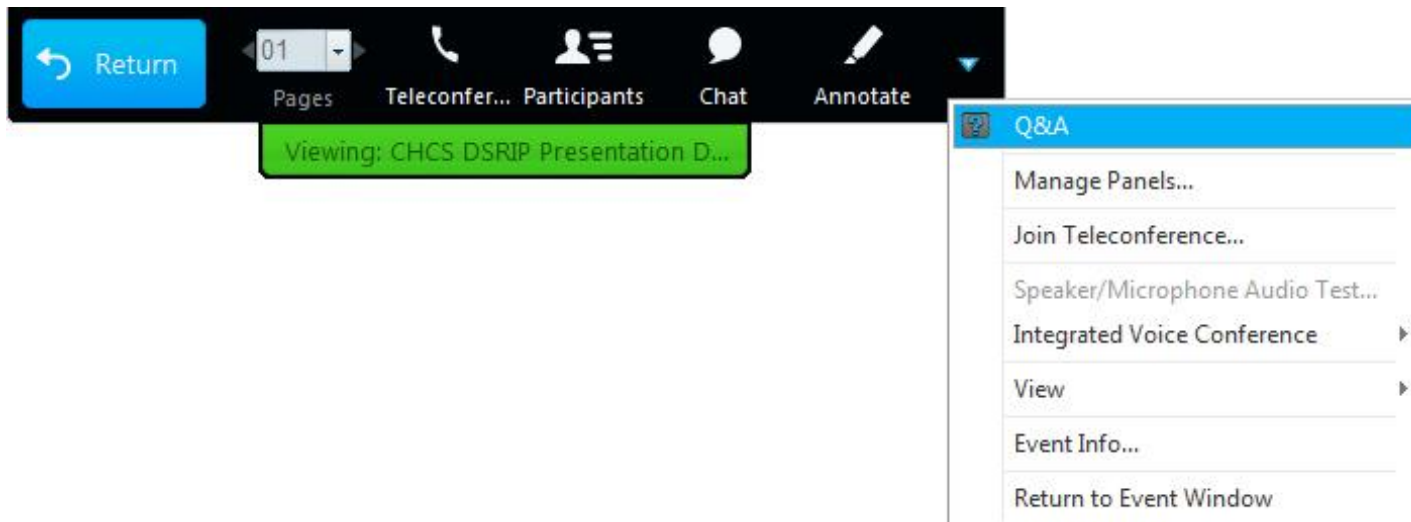
Agenda

- Welcome, Introductions, and Roll Call
- Overview of Medicare Advantage Encounter Data
- Overview of Arizona and Tennessee Dual Eligible Special Needs Plan (D-SNP) Programs
- Moderated Panel Discussion – Approaches to State Use of Medicare Advantage Encounter Data
- Audience Questions and Discussion

Questions?

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Overview of Medicare Advantage Encounter Data

What Are Encounter Data?

- Encounter data are data on services provided to enrollees in capitated managed care plans
 - Roughly equivalent to provider claims in the fee-for-service (FFS) system, but may include less detail and may not always include amount the plan pays to providers for the service
- Most states have required Medicaid managed care plans to report encounter data to the state for many years
 - Quality, completeness, and state use of Medicaid encounter data varies
- For more information on Medicaid encounter data, see:
 - Vivian Byrd and James Verdier, “Collecting, Using, and Reporting Medicaid Encounter Data: A Primer for States” (October 2011)
 - http://www.mathematica-mpr.com/~media/publications/pdfs/health/max_encounterdata.pdf
 - Vivian Byrd and Allison Hedley Dodd, “Assessing the Usability of Encounter Data for Enrollees in Comprehensive Managed Care Across MAX 2007-2009” (December 2012)
 - http://www.mathematica-mpr.com/~media/publications/pdfs/health/max_ib15.pdf
 - Vivian Byrd, Jessica Nysenbaum, and Debra Lipson, “Encounter Data Toolkit” (November 2013)
 - <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Data-and-Systems/Downloads/Medicaid-Encounter-Data-toolkit.pdf>

Availability of Medicare Advantage Encounter Data

- CMS now requires Medicare Advantage (MA) managed care plans (including Dual Eligible Special Needs Plans [D-SNPs]) to report encounter data to CMS, beginning with services provided in calendar year (CY) 2012
 - Before 2012, most MA plans collected encounter data from providers in their networks, but were not required to report the data externally or to use standardized formats
- MA encounter data for CY 2012 and later years are not yet publicly available from CMS

State Use of MA Encounter Data

- States that contract with D-SNPs can require the plans to submit MA encounter data to the state on Medicare services provided to dually eligible enrollees
 - Out of 12 states with D-SNP MIPPA contracts reviewed by ICRC, 10 required D-SNPs to submit Medicare encounter data (AZ, FL, HI, MA, MN, NM, NJ, OR, TN, and TX)
 - February 2015 ICRC TA Brief, Appendix Table 2b. Available at: <http://www.chcs.org/media/ICRC-Issues-and-Options-in-Contracting-with-D-SNPs-FINAL.pdf>
- States that contract with Medicare-Medicaid Plans (MMPs) in the CMS financial alignment demonstrations can also obtain MA encounter data
 - Not discussed in this webinar

Overview of Arizona and Tennessee D-SNP Programs

Arizona D-SNP Program

- All plans that contract with the state are required to offer companion Medicaid and D-SNP products in each geographic area in which they operate
- Medicaid managed care enrollment is mandatory--only exception is small Native American population
 - AHCCCS-Acute Medicaid plans cover all primary and acute care services, including Rx drugs
 - Coverage of behavioral health is currently delivered by Regional Behavioral Health Authorities (RBHAs), but will be integrated beginning 10/1/15
 - Arizona Long Term Care System (ALTCS) Medicaid plans cover all Medicaid benefits (primary, acute, LTSS, Rx drugs, and behavioral health) for those requiring a nursing facility level of care
- Out of 76,915 D-SNP enrollees in April 2015, approximately 81% percent were “aligned,” i.e., receiving both Medicare and Medicaid benefits through companion D-SNP and Medicaid plans

Tennessee D-SNP Program

- Medicaid managed care plans must have a companion D-SNP under 2015 contract
 - If not statewide, expand statewide to match Medicaid coverage area
- Existing D-SNPs not currently required to have a companion Medicaid managed LTSS plan
 - No MIPPA agreements will be executed for new D-SNPs
- Medicaid managed care enrollment is mandatory
 - TennCare CHOICES managed LTSS program covers primary and acute care, LTSS, behavioral health
- Out of 69,944 D-SNP enrollees in April 2015, approximately 61 percent were aligned in companion D-SNPs and Medicaid plans for their Medicare and Medicaid services
 - 30% increase over past 16 months

Contract Requirements to Submit Medicare Advantage Encounter Data

- **Arizona - D-SNP MIPPA contract, Section 2.6**

“The MA D-SNP Health Plan is required to submit Medicare encounter data as requested by the State.”

- **Tennessee - D-SNP contract 2011, Amendment #1, Sec. A.2.c.1.(b)**

“1. The Contractor shall submit to TennCare, in a mutually agreed upon electronic format, the following data:

a.

b. Encounter data for any and all claims, including Part D claims to the extent the Contractor has access to such information and including claims with no patient liability.

[Subsections (1) to (12) providing detail on this requirement omitted]

2. This information will be submitted on a schedule agreed to by both parties and will be provided at no cost to TennCare. TennCare shall use this information to fulfill its crossover claims payment function, to coordinate care for its Dual Eligible Members and for purposes of monitoring fraud and abuse as required by federal and state law. Information submitted under this provision will be considered non-public information.”

Moderated Panel Discussion – Approaches to State Use of Medicare Advantage Encounter Data

Introduction

- How long have you been requiring D-SNPs to submit MA encounter data to the state?
 - How long have you been requiring Medicaid MCOs to submit Medicaid encounter data to the state?
 - Are there significant differences between the MA and Medicaid encounter data you receive (format, level of detail, provider and service definitions, etc.)?
 - How do the Medicare Part D Rx drug event data compare to Medicaid Rx drug encounter data?
- What are the main things you use the MA encounter data for?

Use of MA Encounter Data for Care Coordination

- Could you give some specific examples of how you use MA encounter data to better coordinate care for dually eligible beneficiaries?
 - Monitoring hospital and ER use?
 - Monitoring care transitions (hospitals, nursing facilities, HCBS)?
 - Monitoring linkage of physicians to Medicaid LTSS?
 - Monitoring use of Rx drugs?
 - Monitoring coordination of overlapping services (home health, DME)?
 - Other?

Use of MA Encounter Data for Crossover Claims

- Could you briefly describe how crossover claims are handled by the state and/or D-SNPs for dually eligible beneficiaries?
 - What role do the MA encounter data play in this process?
 - What are the advantages/disadvantages of having D-SNPs handle this responsibility rather than the state?
 - For providers?
 - For beneficiaries?

Timeliness, Completeness, and Accuracy of MA Encounter Data

- How frequently do you get MA encounter data from your D-SNPs? How does that compare with the frequency with which you receive Medicaid encounter data?
 - How frequently do providers in D-SNP provider networks submit Medicare encounter data to the D-SNPs?
 - What state or plan sanctions/penalties are there if encounter data are not submitted as and when required?
- How do the MA encounter data compare to your Medicaid encounter data in terms of completeness and accuracy?

Resources Required

- What kind of resources are needed to make effective use of MA encounter data?
 - State in-house staff?
 - Contractor staff?
 - Systems capability to accept and use the data?
 - Other?

Advice for Other States

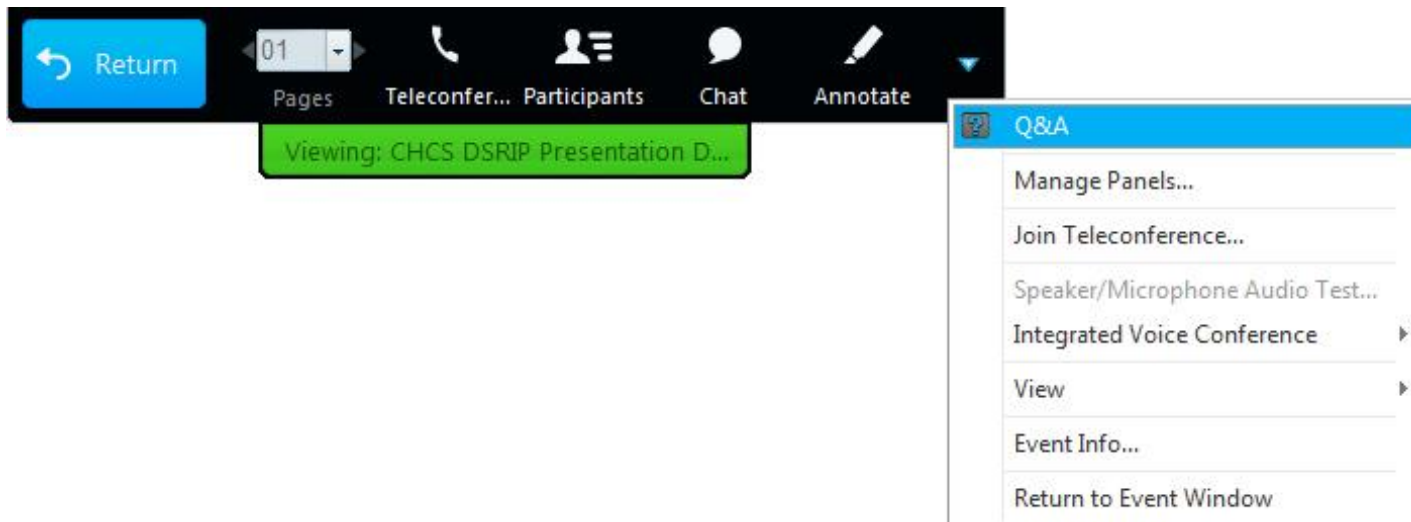
- What advice do you have for other states, based on your experience so far with MA encounter data?
- What state contextual factors are most important in determining state ability to make effective use of MA encounter data?
 - Prior experience with Medicaid encounter data?
 - Familiarity with Medicare and Medicare Advantage?
 - Volume of enrollment in D-SNPs?
 - State resources?
 - Other?

Audience Questions and Discussion

Questions?

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Additional Resources

- James Verdier, Alexandra Kruse, Rebecca Sweetland Lester, Ann Mary Philip, and Danielle Chelminsky. “State Contracting with Medicare Advantage Dual Eligible Special Needs Plans: Issues and Options.” Integrated Care Resource Center Technical Assistance Tool (February 2015)
 - <http://www.chcs.org/media/ICRC-Issues-and-Options-in-Contracting-with-D-SNPs-FINAL.pdf>
- CMS Medicare-Medicaid Coordination Office
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/index.html>
- Integrated Care Resource Center
 - Contains resources, including briefs and practical tools to help address implementation, design, and policy challenges
 - <http://www.integratedcareresourcecenter.com>

About ICRC

- Established by CMS to advance integrated care models for dually eligible beneficiaries
- ICRC provides technical assistance (TA) to states, coordinated by Mathematica Policy Research and the Center for Health Care Strategies
- Visit <http://www.integratedcareresourcecenter.com> to submit a TA request and/or download resources, including briefs and practical tools to help address implementation, design, and policy challenges
- Send additional questions to:
integratedcareresourcecenter@chcs.org