Medicaid Data Analytics

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April 17, 2014

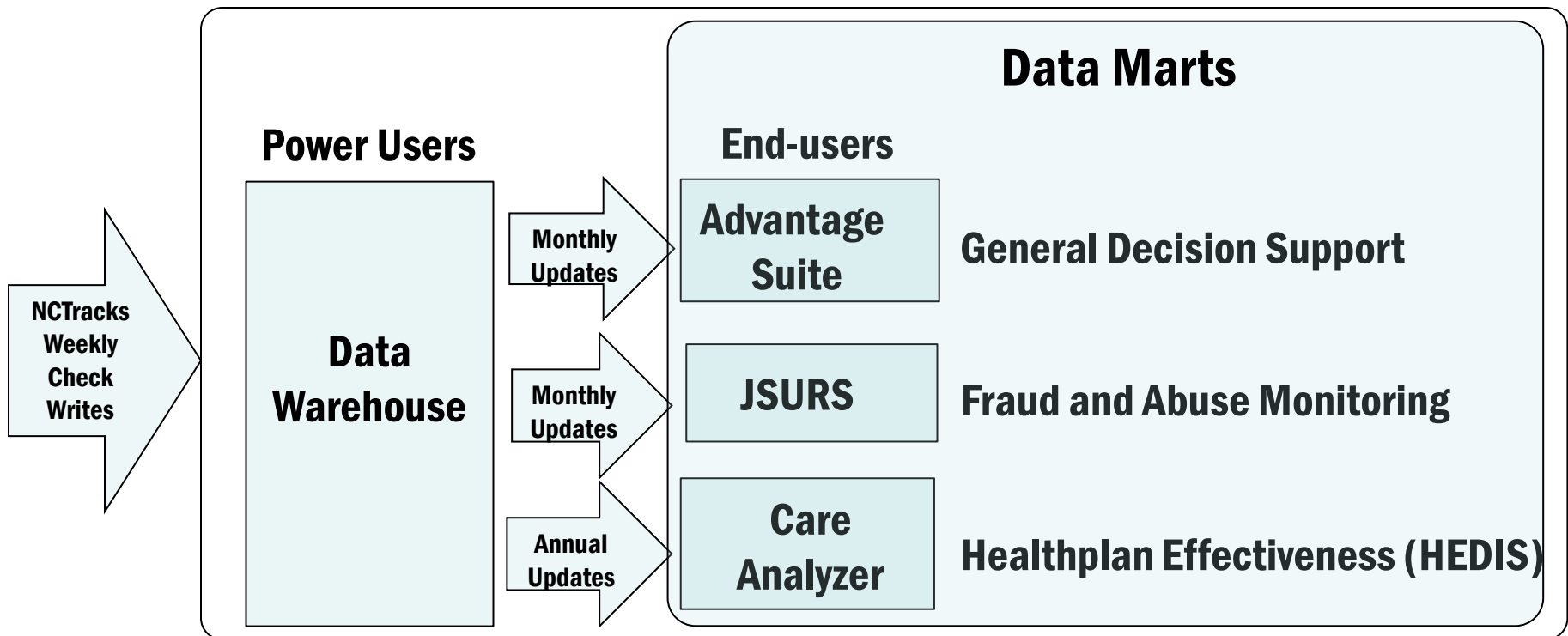# Presentation Objectives

- Frame Medicaid Data Analytics

- NCAnalytics in Context

- Components and Functions

- Current Capabilities

- Looking Ahead

NCAnalytics: Data & Tools to Analyze Medicaid

Data Marts

Power Users

End-users

NCTracks Weekly Check Writes → Data Warehouse

Monthly Updates → **Advantage Suite** — General Decision Support

Monthly Updates → **JSURS** — Fraud and Abuse Monitoring

Annual Updates → **Care Analyzer** — Healthplan Effectiveness (HEDIS)

NCAnalytics in Context

- Substantially more powerful and complex than its predecessor

- Provides a single source of data for analyses

- Data marts support normal end-user data needs

- Data warehouse supports specialized, complex analyses by power-users

Function	Component
General Financial Reporting & Analysis – Budgeting & Financial Forecasting	• Advantage Suite • Data Warehouse
Fraud & Abuse	• JSURS • Data Warehouse
Clinical Policy Analysis and Reporting	• Advantage Suite • Care Analyzer • Data Warehouse

Current Capabilities

- ## Data Warehouse

  - 10 years of data and current through March 2014

  - Financial information correct for category of service/account

  - Claims-based clinical and financial information available via request

  - Updated after each NCTracks checkwrite

- ## Advantage Suite & JSURS

  - 6 years of data current through February

  - Current through March by May 30, 2014 (2 month lag)

  - Current through May by June 30, 2014 (normal 1 month lag)

- ## Care Analyzer – Current, updated annually

Medicaid Data Analytics – Looking Ahead

- Complete outstanding financial data remediation issues
- Resolve outstanding issues within NCAnalytics affecting accurate, timely population of the data marts
- Leverage and expand existing investment and access to forecasting tools, technology and resources
  - SAS Forecast Studio and SAS Financial Management
  - Increase forecasting skills and workforce and access to world-class expertise

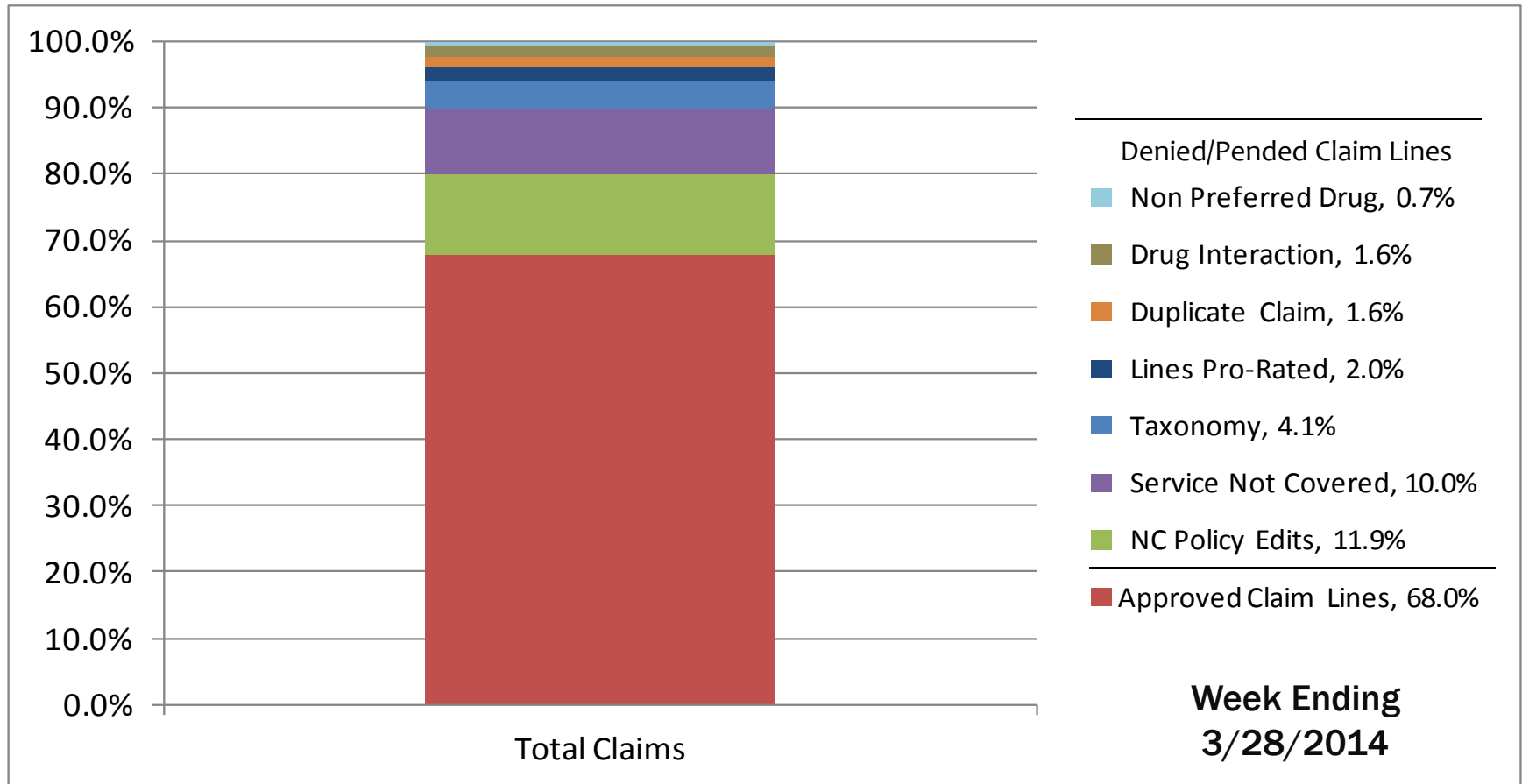# JOINT LEGISLATIVE OVERSIGHT COMMITTEE

NCTracks Update

April 17, 2014

NCTracks Highlights

- 98.84% of claims pay in 30 days

- 159 million claims paid since July 1

- $8.1 billion paid to providers

Claims Are Adjudicating Correctly

Denied/Pended Claim Lines

- Non Preferred Drug, 0.7%
- Drug Interaction, 1.6%
- Duplicate Claim, 1.6%
- Lines Pro-Rated, 2.0%
- Taxonomy, 4.1%
- Service Not Covered, 10.0%
- NC Policy Edits, 11.9%
- Approved Claim Lines, 68.0%

**Week Ending
3/28/2014**

CLAIMS PROCESSING STATISTICS

Comparison Data MMIS (HP) vs NCTracks (CSC)

Time Period	Jul'12-Mar'13		Jul'13-Mar'13		Monthly average	Monthly average
	MMIS (HP)	MMIS (HP) %	NCTracks (CSC)	NCTracks (CSC) %	MMIS (HP)	NCTracks (CSC)
Paid claims	77,552,078	66%	108,779,612	83%	8,616,898	12,086,624
Denied claims	23,266,992	20%	20,260,536	15%	2,585,221	2,251,171
Pended Claims	17,089,823	14%	2,122,724	2%	1,898,869	235,858
	117,908,893		131,162,872		13,100,988	14,573,652

NCTracks Defects

Defect Summary as of 4/10/14					
Status	Sev 1	Sev 2	Sev 3	Total Sev 1-3	Percent Closed
Open	0	496	227	723	
Closed	228	3550	1060	4838	87%
Total	228	4046	1287	5561	

- ## 5561 total severity 1 – 3 defects since go-live
  - ### 87% have been closed
  - ### No outstanding severity 1 defects

NCTracks Defects

- **Significantly lower defect density than industry standard**

  — Standard for projects greater than 10,000 function points is 1.67 defects per function point*

  — NCTracks is operating at 0.327 defects per function point as of March 5, 2014

  * Source for standard is Software Productivity Research, LLC

NCTracks Challenges

- ## Operational
  - Med Solutions Imaging Prior Approvals
  - Orthodontics Prior Approvals
  - Provider Statistical Reports

NCTracks Challenges

- **Operating as Designed**
  - Crossover Claims – Durable Medical Equipment rentals
  - Office Administrator function
  - Managed change requests

NCTracks Challenges

- ## Deferred Functionality

  - ### Eligibility/NCFAST

    - Going from a bi-weekly to weekly eligibility update beginning this weekend

  - ### DRG Grouper 30 and 31 (used by hospitals) back to July 2013 by April 30

  - ### Narcotic Lock-In Program

    - Targeting July 31 to complete

Provider Enrollment

- All providers (including attending) must enroll in NCTracks

- Added 11,920 providers since go-live

- Currently 97,377 providers are active in NCTracks

New Provider Enrollments in NCTracks								
Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
117	477	1,469	1,553	1,840	1,402	1,813	1,533	1,716

Customer Service

Month to Date as of Week ending 3/28/2014

Date	(Multiple Items)	
Calls with Escalation	8,746	16.8%
Calls without Escalation	43,257	83.2%
Total Records	52,003	
First Call Resolution %	83.2%	

Certification from Centers for Medicare and Medicaid Services

- 92% ready

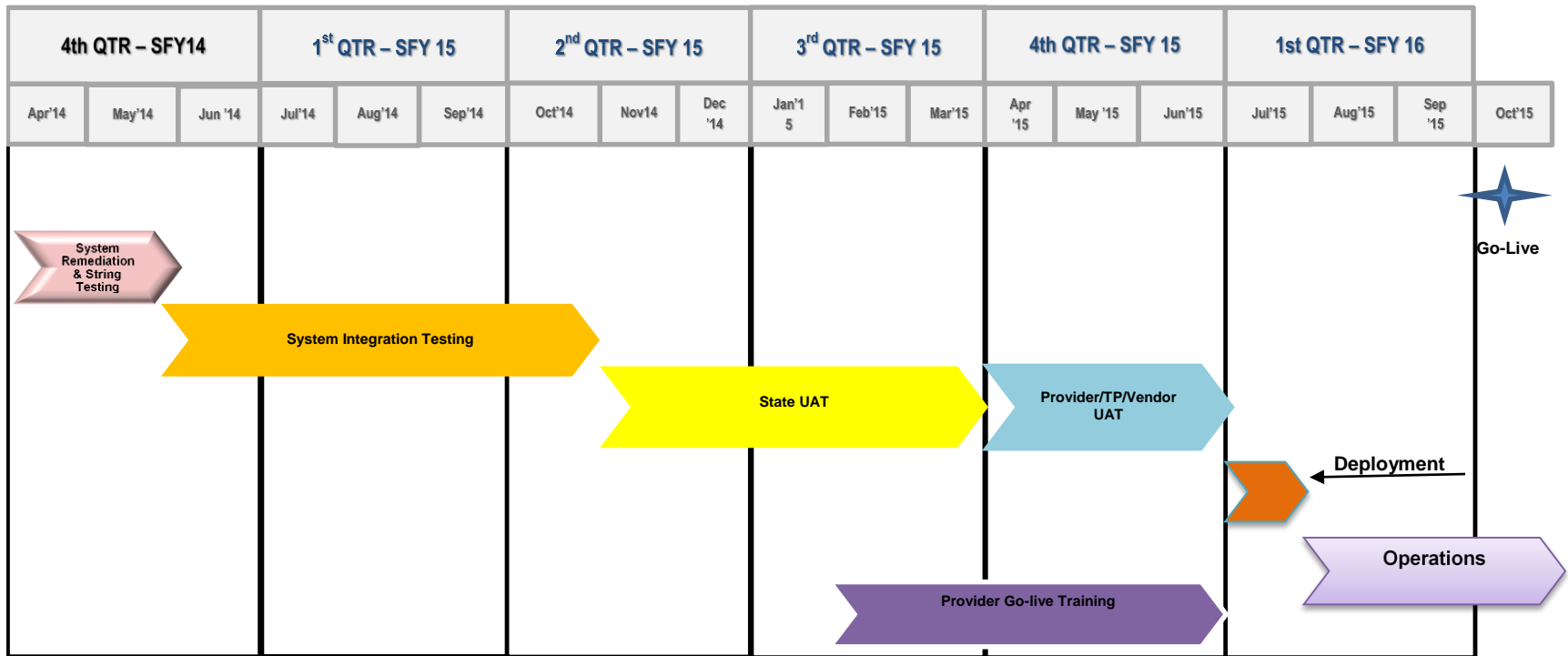- Mock interviews are underway

- Target: October 2014 to begin process

ICD-10 Update

- Congress votes to delay ICD-10
- NC DHHS is assessing the potential impacts and estimated costs

Expenditures for ICD-10 implementation

Note: Estimates are based on the current plan and may change for the delayed implementation

Category	State/Vendor		Federal	State	Comments
	Actuals ($)	Planned ($)			
SFY 2011, 2012, 2013	9,500,000.00		8,550,000.00	950,000.00	Phase 1 and 2 activities were included as part of the NCTracks implementation budget
SFY 2014 (Planned)		6,271,347.00	5,644,212.00	627,135.00	
SFY 2015 (Planned)		9,483,859.00	8,535,473.00	948,386.00	
Total - Actuals	9,500,000.00		8,550,000.00	950,000.00	
Total-Planned		15,755,206.00	14,179,685.00	1,575,521.00	
Grand Total					25,255,206.00