CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

So You Built a Dashboard: State Medicaid Agency Experiences

Medicaid Innovation Accelerator Program - Data Analytics National Webinar

January 17, 2019
3:00 – 4:00 PM ET

Logistics for the Webinar

- All lines will be muted
- Use the chat box on your screen to ask a question or leave a comment
  - Note: chat box will not be seen in “full screen” mode
- Slides and a transcript will be posted online within a few weeks of the webinar
- Please complete the post-webinar survey with your feedback at the conclusion of the webinar!

Welcome!

- Keith Branham, Research Analyst on Medicaid IAP Data Analytics Team, Data and Systems Group, CMCS

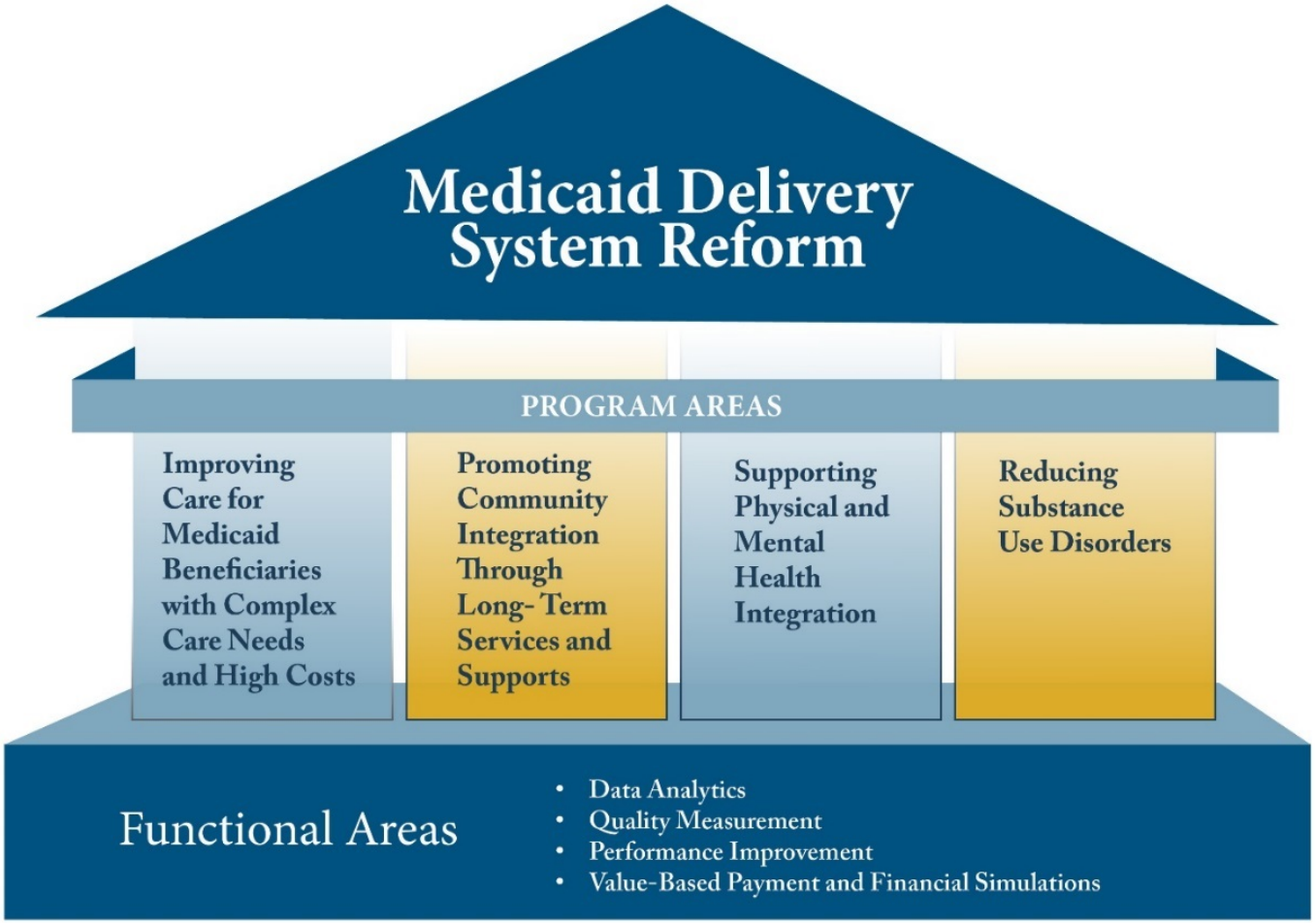
Agenda for Today's Webinar

- Introduction
- Overview of the Medicaid Innovation Accelerator Program
- New Jersey's FamilyCare Data Dashboards
- Washington's Rapid Cycle Monitoring Dashboards for Opioid Projects
- Q&A

Today's Speakers

- Felicia Wu, Research Scientist, Division of Medical Assistance and Health Services, State of New Jersey and Brian Leip, Software Development Specialist, Division of Medical Assistance and Health Services, State of New Jersey
- Shalini Prakash, Data Scientist, Washington State Health Care Authority

Medicaid Innovation Accelerator Program (IAP)



Goals for Today's Webinar

In this interactive webinar, states will learn about:

- Lessons learned in developing dashboards
- Approaches to selection process for data visualization
- Examples of selection criteria and process for metrics

NJ FamilyCare Data Dashboards

January 17, 2019

IAP Data Analytics Project

Develop public-facing NJ FamilyCare dashboards

12-month technical assistance (April 2018)

CMS IAP partners

- **Truven Health Analytics**
- **HealthDataViz**

Selection Process for Visualization

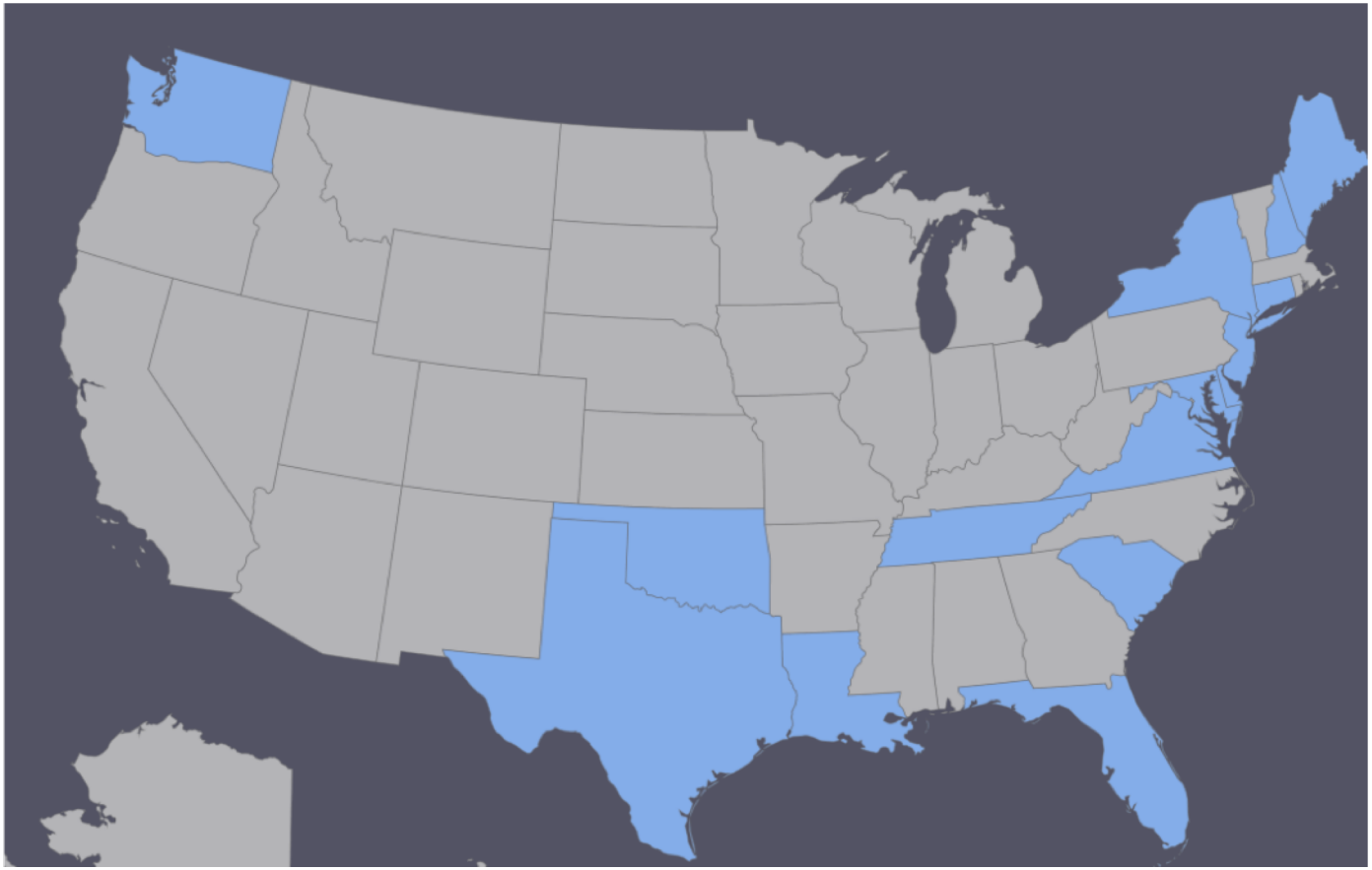
Survey of Open Public Records Act (OPRA) Requests and other Division published materials

State comparables study

IAP Partner Input

Medicaid Director

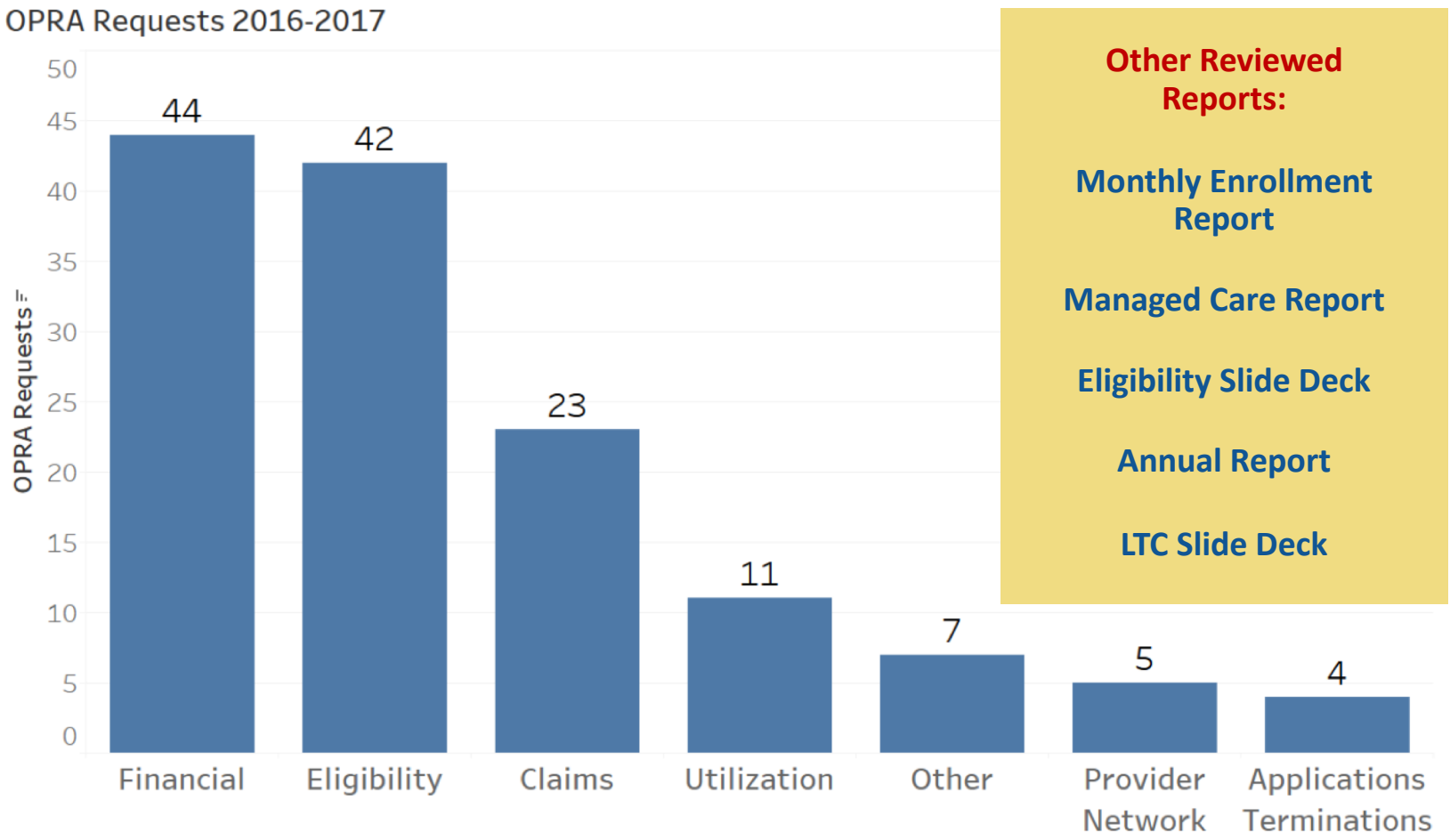
13 Comparable States Surveyed



Delaware
Florida
Louisiana
Maine
Maryland
New Hampshire
New York
Oklahoma
Tennessee*
S. Carolina
Texas
Virginia
Washington

**not public*

Survey of Requested Reports



Other Reviewed Reports:

Monthly Enrollment Report

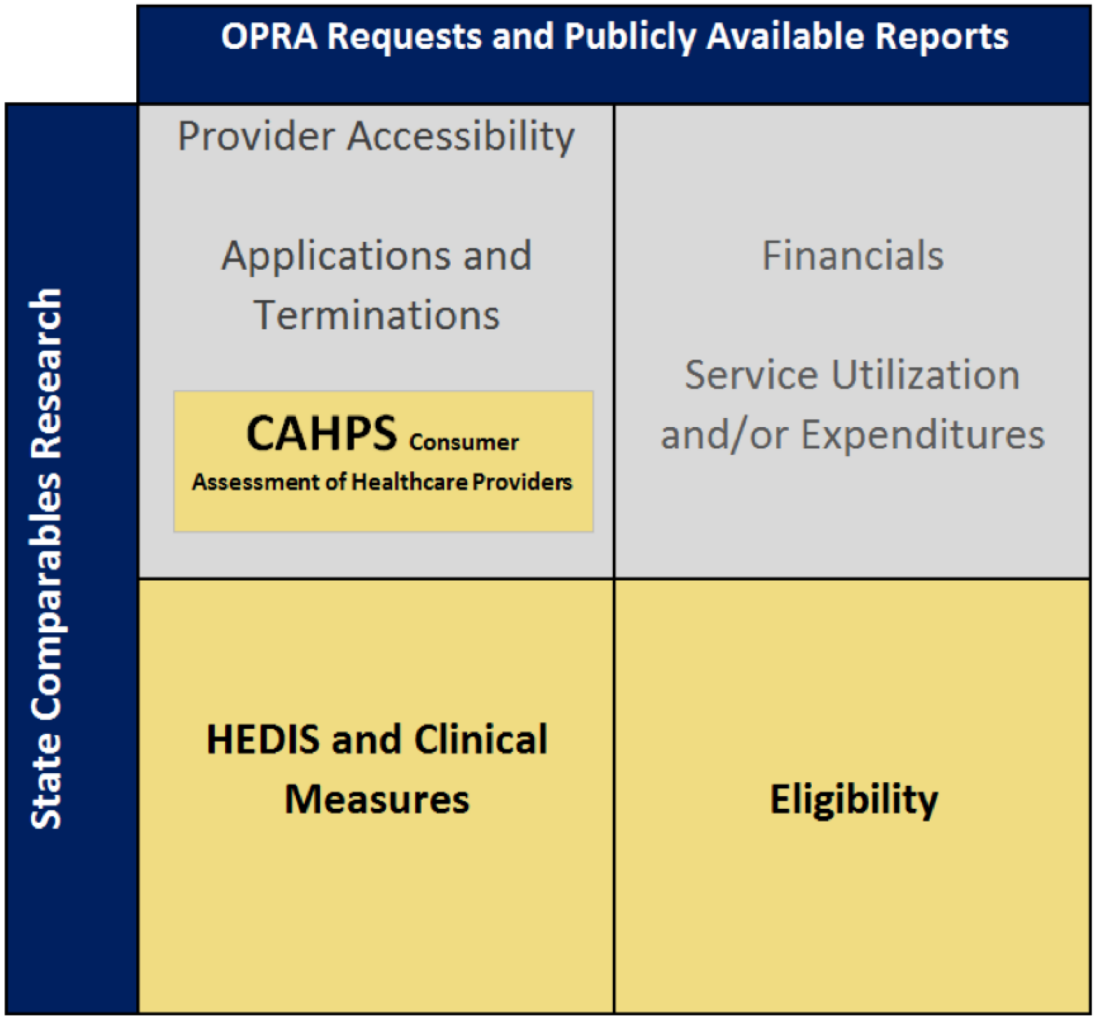
Managed Care Report

Eligibility Slide Deck

Annual Report

LTC Slide Deck

Phase 1 Selected Visualizations



Other Requested Visualizations:

Long Term Care

Medicaid Expansion

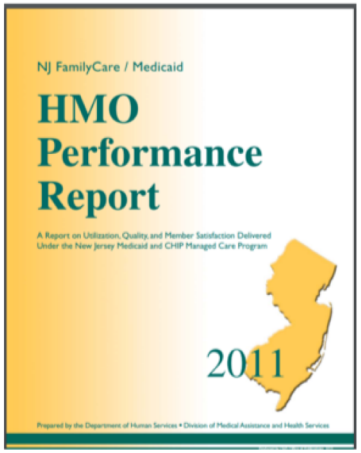
Managed Care Report(s)

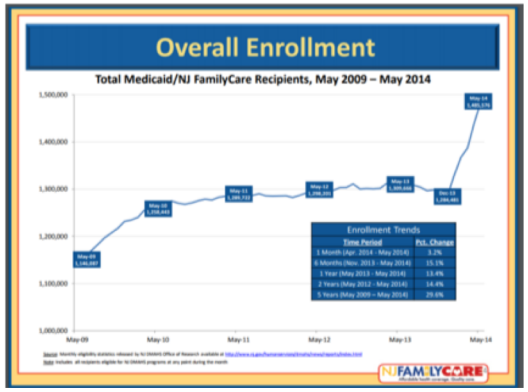
High Level Questions… and Answers

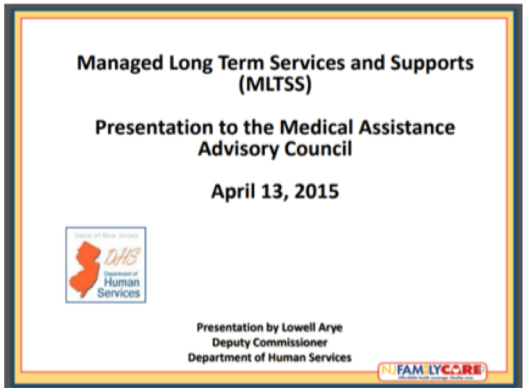
Who are our beneficiaries?	How well are services being provided?	What services are being provided?	How much do services cost?
NJ FamilyCare Eligibility	HEDIS	Claims Processing	*MCO Financials (in development)*
LTC beneficiaries	CAHPS	HEDIS	
Medicaid Expansion			

Future NJ FamilyCare Dashboard

Summer 2018: http://www.njfamilycare.org/default.aspx

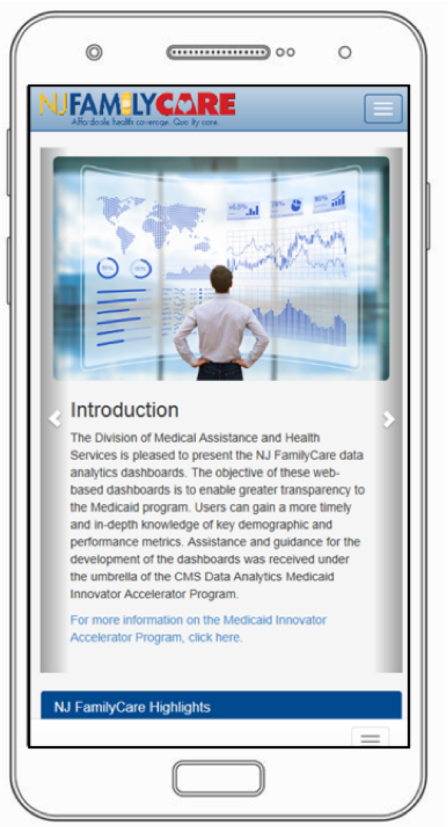






Advisory, Consultative, Deliberative

Mobile Friendly & Browser Independent



"Consumers that are younger, lower-income or racial minorities use mobile phones for 90%-95% of their internet use." *Oliver Wyman Consulting*

Online and Available

HEALTHCARE

ARTICLE COMMENTS

WHAT DO YOU WANT TO KNOW ABOUT MEDICAID IN NJ? NEW WEBSITE HAS ANSWERS

LILO H. STAINTON | SEPTEMBER 12, 2018

Data Dashboard, open to all, is aimed at making information more accessible and should help with decisions about allocating funds

Healthcare advocates, policy organizations, government officials, and curious patients can better explore public data related to New Jersey's Medicaid program, thanks to a website the state has established to improve the transparency and operation of the system.

The state Department of Human Services, which oversees New Jersey's Medicaid (or NJ FamilyCare) program, has launched the first version of its NJ FamilyCare Data Dashboard, a website officials said will be continuously updated and outfitted with new features in the weeks and months to come.

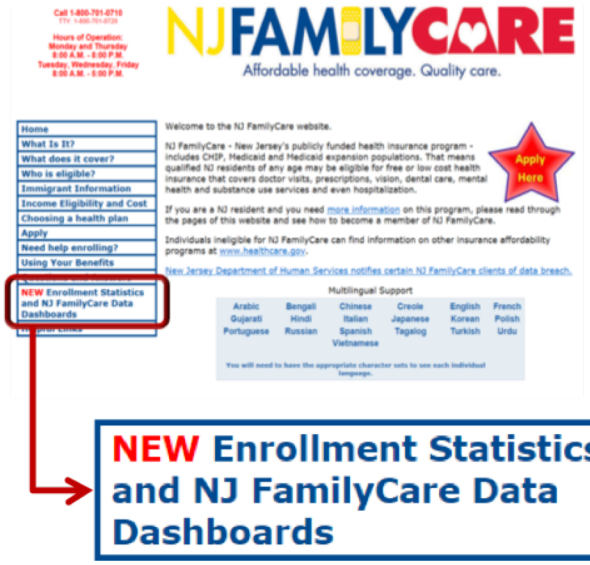
The interactive site currently includes FamilyCare enrollment data, broken down by age, sex, county and program type; enrollment trends dating back to 2014; and a timeline of key policy changes. The data allows those interested in public policy to better understand how the program has grown and changed over the years, who participants are and where they live — information that can help officials focus funding and other resources or adjust elements of the Medicaid program.

"Our intent with this new site is to bring greater transparency to the state's Medicaid program. Over time users will be able to access timely and in-depth information on this vital program for our state. The more information we can make available about this important program, the better."
- DHS Commissioner Carole Johnson

"We're thrilled to offer this service to New Jersey residents, NJ FamilyCare is an invaluable program that provides a wide-range of health care services, and we're excited to continue to work to bring this type of easy-to-navigate transparency to the program." - Meghan Davey, DMAHS Director

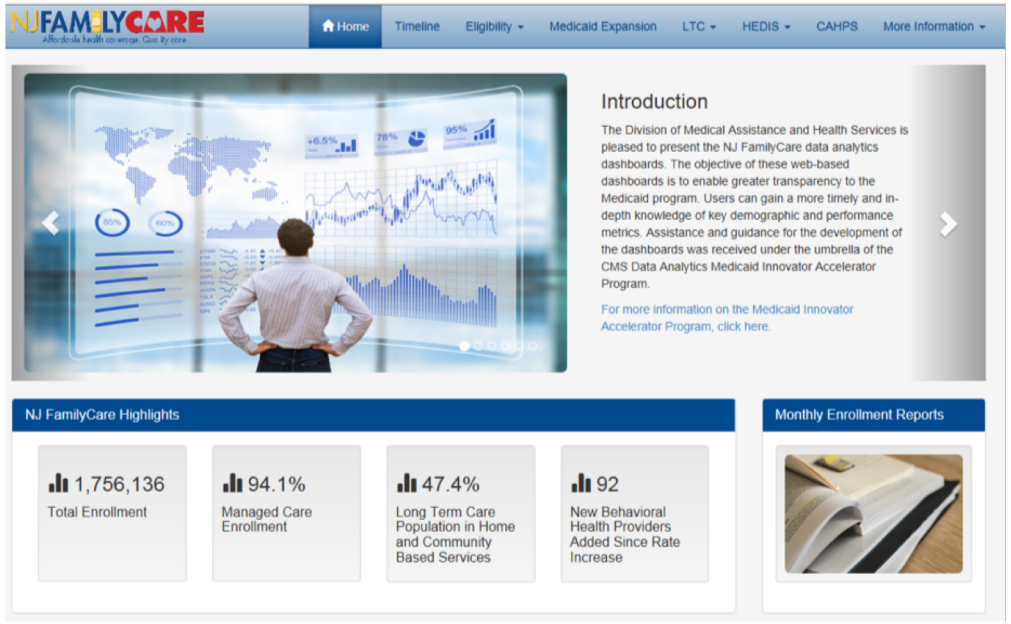
Link to New Website

http://www.njfamilycare.org

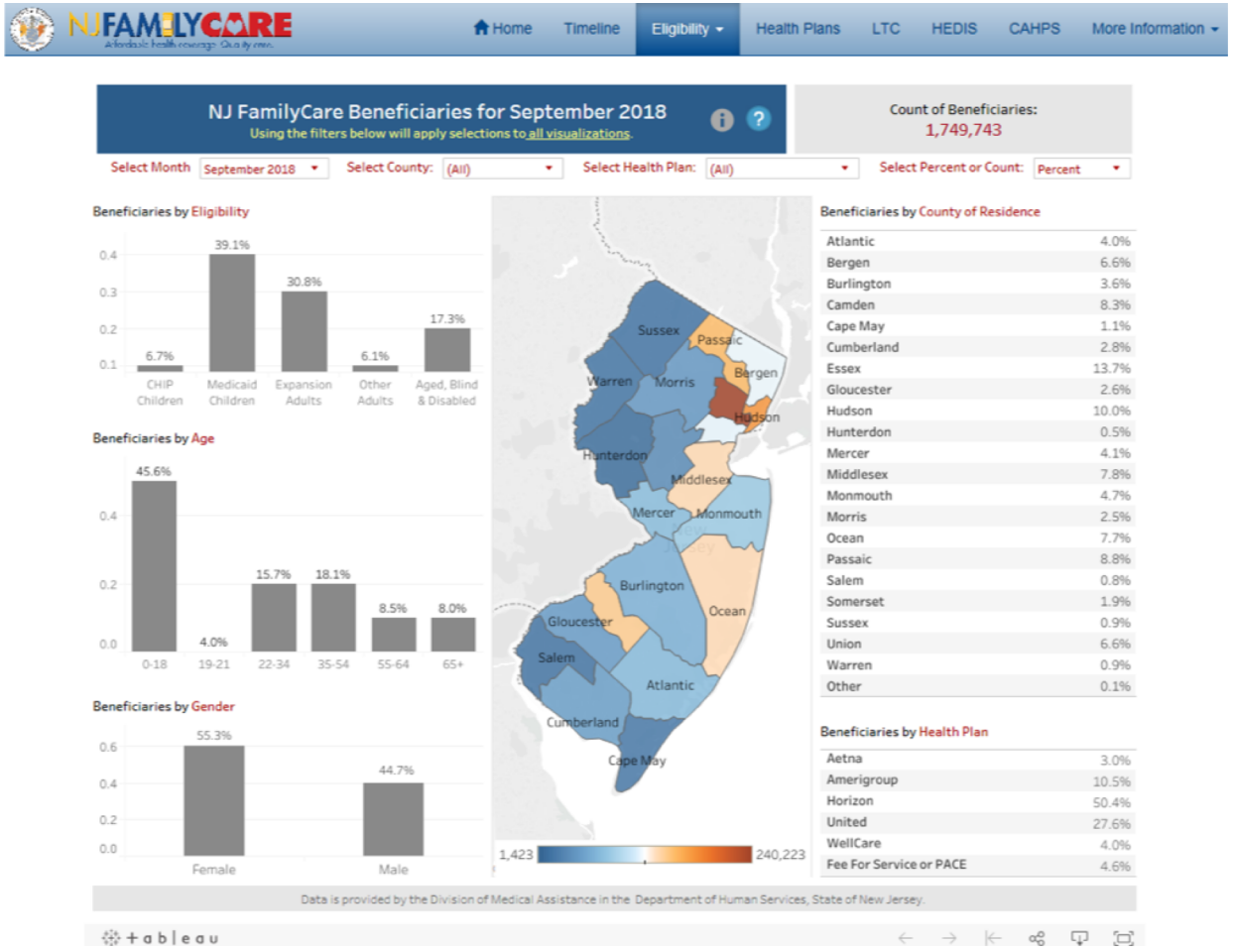


NEW Enrollment Statistics and NJ FamilyCare Data Dashboards

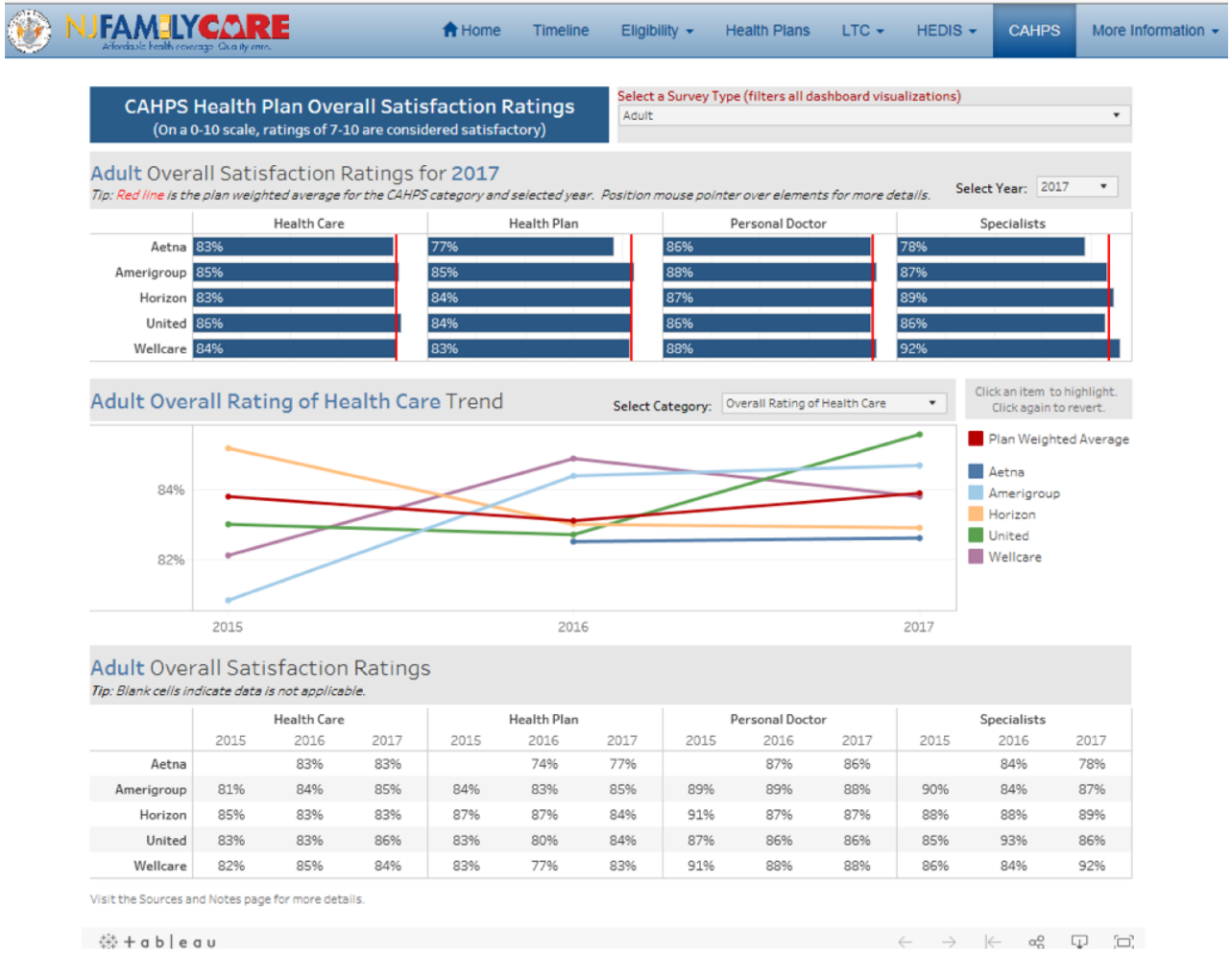
http://www.njfamilycare.org/analytics/home.html



Currently Published - Eligibility

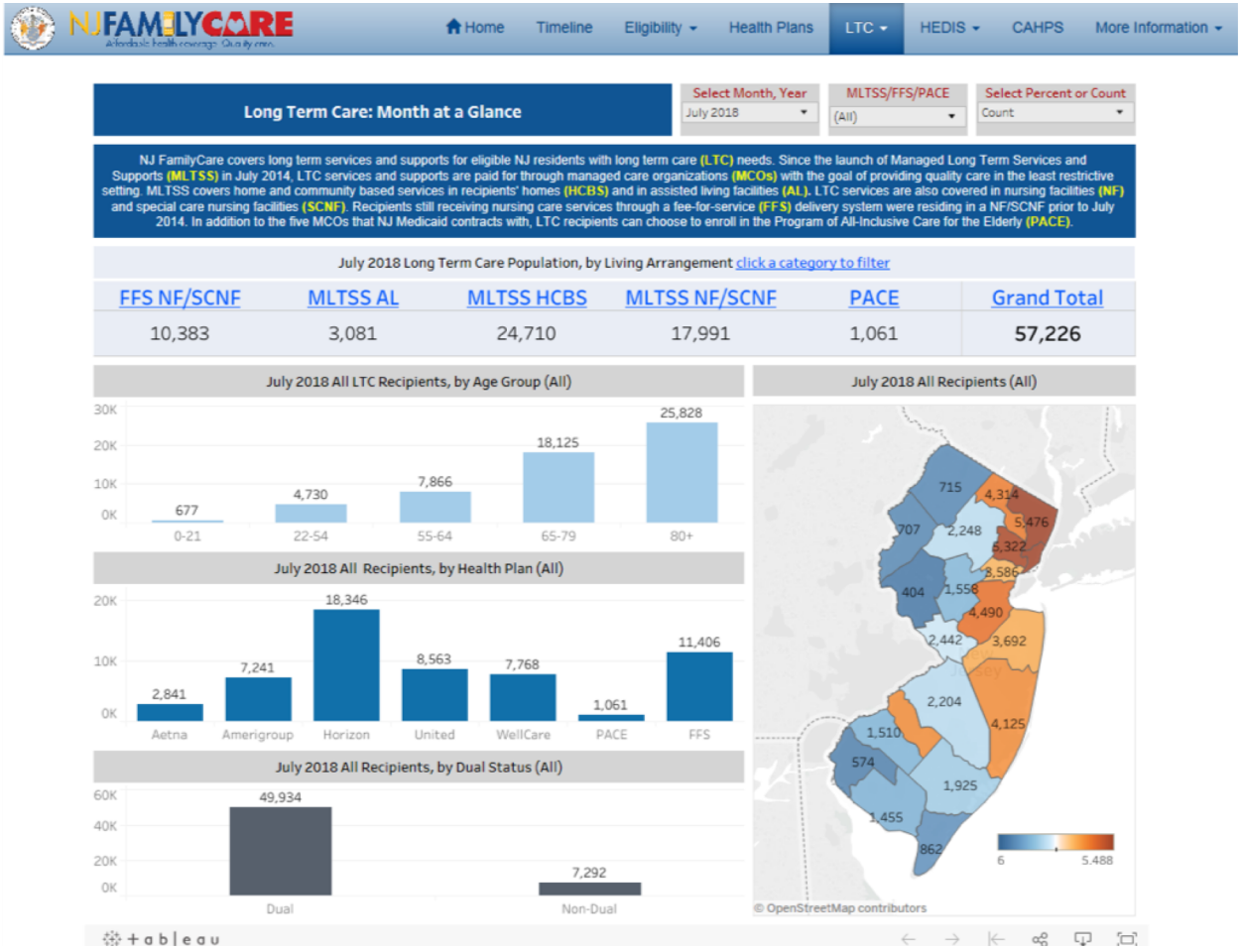


Currently Published - Consumer Assessment of Healthcare Providers and Systems (CAHPS)

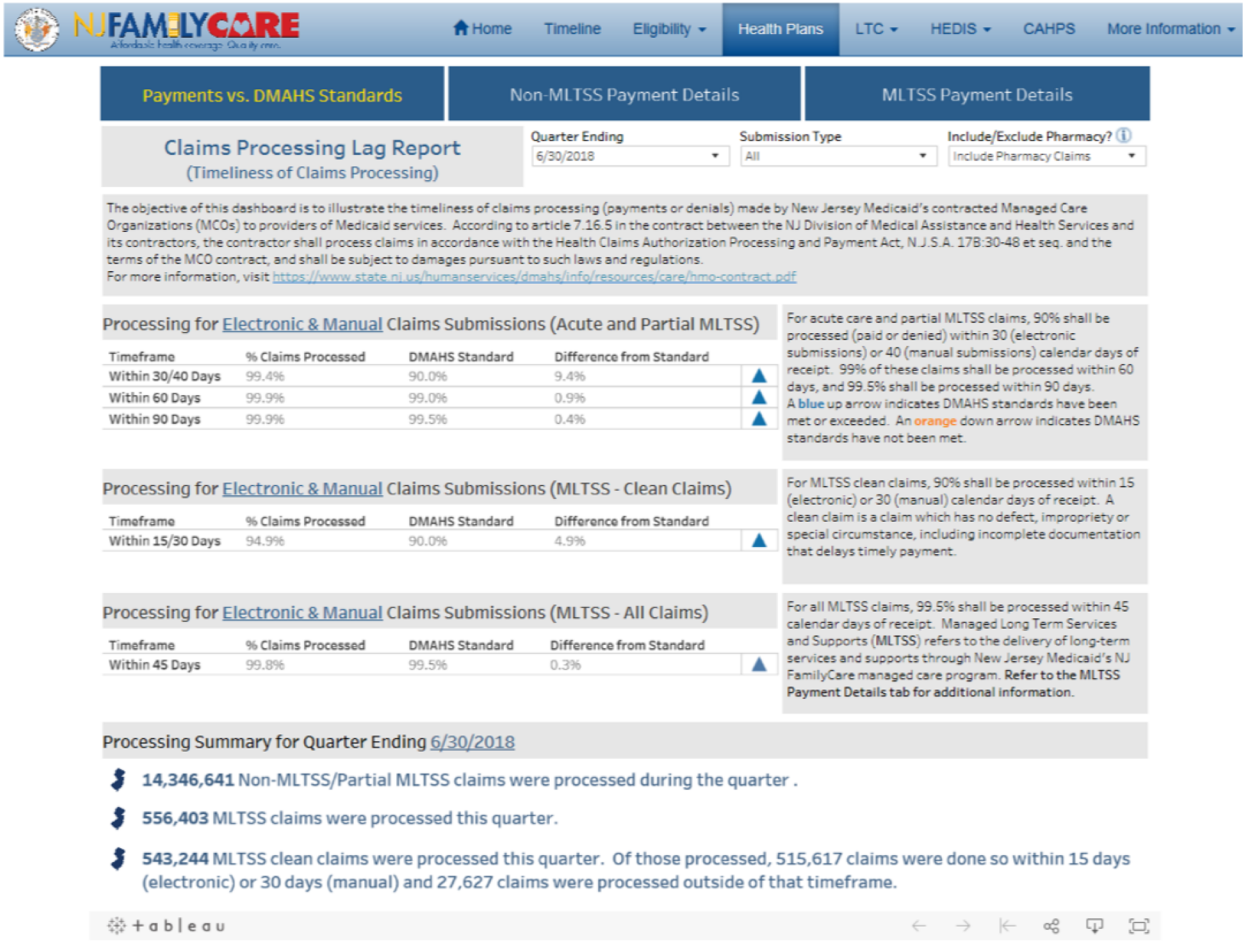


	Health Care			Health Plan			Personal Doctor			Specialists		
	2015	2016	2017	2015	2016	2017	2015	2016	2017	2015	2016	2017
Aetna		83%	83%		74%	77%		87%	86%		84%	78%
Amerigroup	81%	84%	85%	84%	83%	85%	89%	89%	88%	90%	84%	87%
Horizon	85%	83%	83%	87%	87%	84%	91%	87%	87%	88%	88%	89%
United	83%	83%	86%	83%	80%	84%	87%	86%	86%	85%	93%	86%
Wellcare	82%	85%	84%	83%	77%	83%	91%	88%	88%	86%	84%	92%

Currently Published – Long Term Care



Currently Published – Timeliness of Claims Processing



NJ FAMILYCARE
Affordable health coverage. Quality care.

Home | Timeline | Eligibility | Health Plans | LTC | HEDIS | CAHPS | More Information

Payments vs. DMAHS Standards | Non-MLTSS Payment Details | MLTSS Payment Details

Claims Processing Lag Report
(Timeliness of Claims Processing)

Quarter Ending: 6/30/2018 | Submission Type: All | Include/Exclude Pharmacy?: Include Pharmacy Claims

The objective of this dashboard is to illustrate the timeliness of claims processing (payments or denials) made by New Jersey Medicaid's contracted Managed Care Organizations (MCOs) to providers of Medicaid services. According to article 7.16.5 in the contract between the NJ Division of Medical Assistance and Health Services and its contractors, the contractor shall process claims in accordance with the Health Claims Authorization Processing and Payment Act, N.J.S.A. 17B:30-48 et seq. and the terms of the MCO contract, and shall be subject to damages pursuant to such laws and regulations.
For more information, visit https://www.state.nj.us/humanservices/dmahs/info/resources/care/hmo-contract.pdf

Processing for Electronic & Manual Claims Submissions (Acute and Partial MLTSS)

Timeframe	% Claims Processed	DMAHS Standard	Difference from Standard	
Within 30/40 Days	99.4%	90.0%	9.4%	▲
Within 60 Days	99.9%	99.0%	0.9%	▲
Within 90 Days	99.9%	99.5%	0.4%	▲

For acute care and partial MLTSS claims, 90% shall be processed (paid or denied) within 30 (electronic submissions) or 40 (manual submissions) calendar days of receipt. 99% of these claims shall be processed within 60 days, and 99.5% shall be processed within 90 days. A blue up arrow indicates DMAHS standards have been met or exceeded. An orange down arrow indicates DMAHS standards have not been met.

Processing for Electronic & Manual Claims Submissions (MLTSS - Clean Claims)

Timeframe	% Claims Processed	DMAHS Standard	Difference from Standard	
Within 15/30 Days	94.9%	90.0%	4.9%	▲

For MLTSS clean claims, 90% shall be processed within 15 (electronic) or 30 (manual) calendar days of receipt. A clean claim is a claim which has no defect, impropriety or special circumstance, including incomplete documentation that delays timely payment.

Processing for Electronic & Manual Claims Submissions (MLTSS - All Claims)

Timeframe	% Claims Processed	DMAHS Standard	Difference from Standard	
Within 45 Days	99.8%	99.5%	0.3%	▲

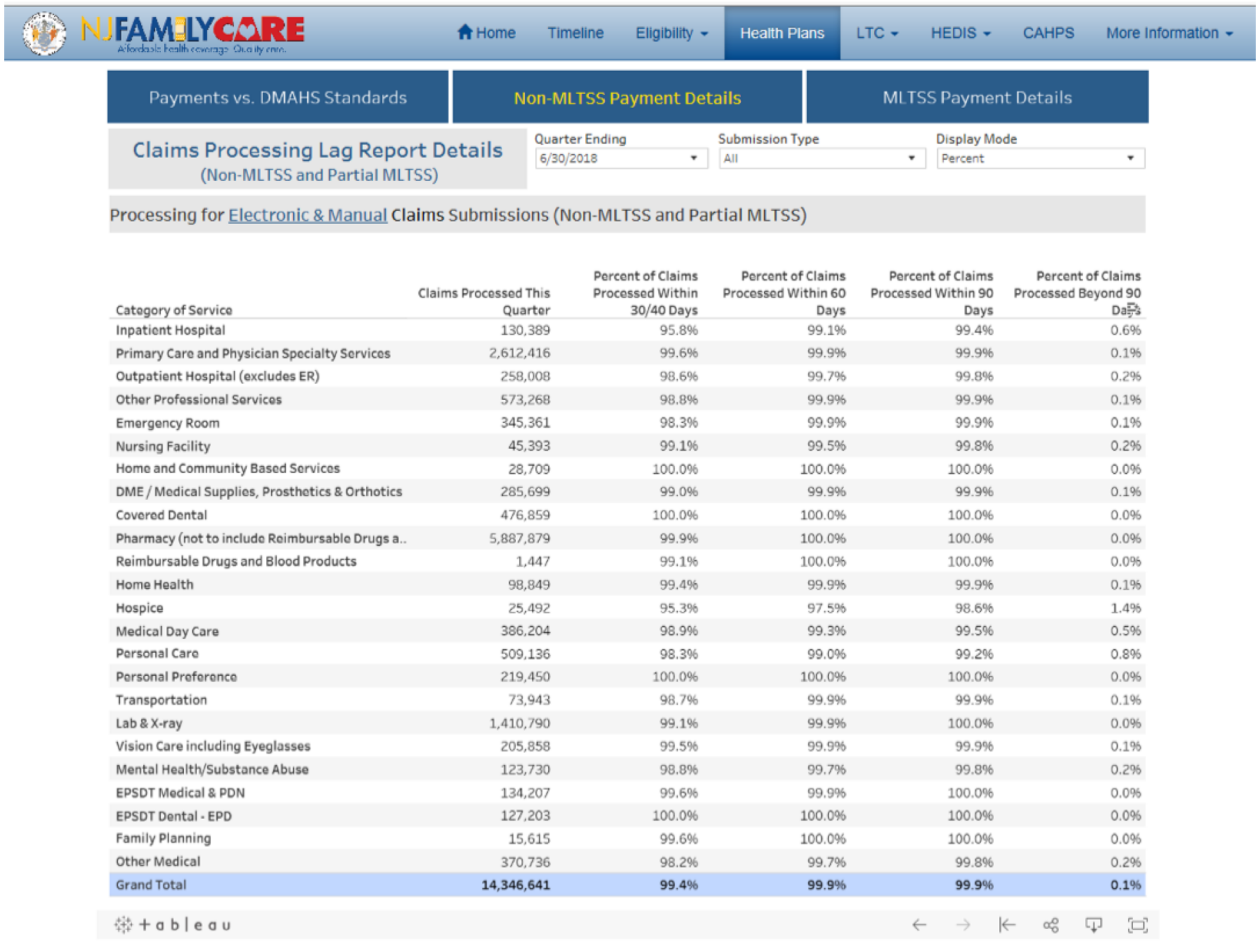
For all MLTSS claims, 99.5% shall be processed within 45 calendar days of receipt. Managed Long Term Services and Supports (MLTSS) refers to the delivery of long-term services and supports through New Jersey Medicaid's NJ FamilyCare managed care program. Refer to the MLTSS Payment Details tab for additional information.

Processing Summary for Quarter Ending 6/30/2018

- **14,346,641** Non-MLTSS/Partial MLTSS claims were processed during the quarter .
- **556,403** MLTSS claims were processed this quarter.
- **543,244** MLTSS clean claims were processed this quarter. Of those processed, 515,617 claims were done so within 15 days (electronic) or 30 days (manual) and 27,627 claims were processed outside of that timeframe.

tableau

Currently Published – Timeliness of Claims Processing *(continued)*



NJFAMILYCARE Affordable health coverage. Quality care.

Home | Timeline | Eligibility | Health Plans | LTC | HEDIS | CAHPS | More Information

Payments vs. DMAHS Standards | Non-MLTSS Payment Details | MLTSS Payment Details

Claims Processing Lag Report Details
(Non-MLTSS and Partial MLTSS)

Quarter Ending: 6/30/2018 | Submission Type: All | Display Mode: Percent

Processing for Electronic & Manual Claims Submissions (Non-MLTSS and Partial MLTSS)

Category of Service	Claims Processed This Quarter	Percent of Claims Processed Within 30/40 Days	Percent of Claims Processed Within 60 Days	Percent of Claims Processed Within 90 Days	Percent of Claims Processed Beyond 90 Days
Inpatient Hospital	130,389	95.8%	99.1%	99.4%	0.6%
Primary Care and Physician Specialty Services	2,612,416	99.6%	99.9%	99.9%	0.1%
Outpatient Hospital (excludes ER)	258,008	98.6%	99.7%	99.8%	0.2%
Other Professional Services	573,268	98.8%	99.9%	99.9%	0.1%
Emergency Room	345,361	98.3%	99.9%	99.9%	0.1%
Nursing Facility	45,393	99.1%	99.5%	99.8%	0.2%
Home and Community Based Services	28,709	100.0%	100.0%	100.0%	0.0%
DME / Medical Supplies, Prosthetics & Orthotics	285,699	99.0%	99.9%	99.9%	0.1%
Covered Dental	476,859	100.0%	100.0%	100.0%	0.0%
Pharmacy (not to include Reimbursable Drugs a..	5,887,879	99.9%	100.0%	100.0%	0.0%
Reimbursable Drugs and Blood Products	1,447	99.1%	100.0%	100.0%	0.0%
Home Health	98,849	99.4%	99.9%	99.9%	0.1%
Hospice	25,492	95.3%	97.5%	98.6%	1.4%
Medical Day Care	386,204	98.9%	99.3%	99.5%	0.5%
Personal Care	509,136	98.3%	99.0%	99.2%	0.8%
Personal Preference	219,450	100.0%	100.0%	100.0%	0.0%
Transportation	73,943	98.7%	99.9%	99.9%	0.1%
Lab & X-ray	1,410,790	99.1%	99.9%	100.0%	0.0%
Vision Care including Eyeglasses	205,858	99.5%	99.9%	99.9%	0.1%
Mental Health/Substance Abuse	123,730	98.8%	99.7%	99.8%	0.2%
EPSDT Medical & PDN	134,207	99.6%	99.9%	100.0%	0.0%
EPSDT Dental - EPD	127,203	100.0%	100.0%	100.0%	0.0%
Family Planning	15,615	99.6%	100.0%	100.0%	0.0%
Other Medical	370,736	98.2%	99.7%	99.8%	0.2%
Grand Total	**14,346,641**	**99.4%**	**99.9%**	**99.9%**	**0.1%**

tableau

Lessons Learned

Assess which data topics are of greatest public need and interest.

Present context within dashboard. Answer the question "Why should I care?"

Simpler is more user friendly. Make the interface straightforward.

Lessons Learned *(continued)*

Choose datasets thoughtfully – focus on data that is consistent with other publications

Establish a process for review and sign off with internal and external stakeholders.

Build a good team of analysts and subject matter experts. Executive level sponsorship and guidance are vital.

Questions?

Email:

Felicia.Wu@dhs.state.nj.us

Brian.Leip@dhs.state.nj.us

Washington State Health Care Authority

Rapid Cycle Monitoring reports for opioid projects

November 2018

Analytics, Research and Measurement (ARM) Team

Agenda

- Background
- Selection criteria
- Metrics under development
- Sneak peak at the dashboards
- Update schedule
- Timelines for release

Washington State Health Care Authority

Background

- In 2017, the Washington State Health Care Authority (HCA) received technical assistance (TA) under the Medicaid Innovator Accelerator Program (IAP).
- Our technical support included assistance with identification, development and dissemination of metrics to monitor near real-time opioid projects under the Medicaid Transformation Project (MTP).
- Under Washington's MTP, localized projects, focused on targeted issues, are led by the nine Accountable Communities of Health (ACHs).

Background (cont'd)

- Over the course of 14 months, the TA included
  - Interviews with ACHs about their opioid project plans.
  - Feasibility assessments of potential project monitoring metrics.
  - Recommendations for monitoring metrics.
  - Assistance with visualization of monitoring metrics.
- Based on consultation with Research and Data Analysis (RDA) and the Health Care Authority medical director, the measures were finalized.

Washington State Health Care Authority

Monitoring metrics selection criteria

- Data availability
- Short data lag
- Feasibility of updates
- Actionable metrics
- Drill-down capacity on demand
- Pay-for-performance measures are not used
- Metrics meet privacy standards

Monitoring metrics scope

- Recommended measures span three areas of focus of ACH opioid projects
  - Prevention of opioid use and misuse
  - Treatment of Opioid Use Disorder (OUD)
  - OUD treatment provider capacity
  - Local opioid provider profiling
  - Intervention in opioid overdoses to prevent deaths
- First release will include metrics around treatment of OUD

Washington State Health Care Authority

Monitoring metrics

OUD treatment and provider capacity focused measures:

- Medication-Assisted Therapy (MAT) waivered provider capacity per 1,000 Medicaid enrollees with OUD
- Percent (%) of active waivered MAT providers (prescribing to Medicaid enrollees)
- Percent (%) of Medicaid enrollees with OUD receiving medication assisted treatment (MAT)
- Percent (%) of Medicaid enrollees with OUD initiating MAT
- Percent (%) of Medicaid enrollees receiving MAT in discontinuous manner (< 15 days)
- Continuous use of MAT therapy (>=180 days in a year)

Monitoring metrics (cont'd)

Measures focused on preventing opioid use and misuse:

- Rate of Medicaid beneficiaries prescribed any opioids
- Percent (%) of Medicaid beneficiaries prescribed chronic opioids
- Percent (%) of Medicaid beneficiaries prescribed high-dose chronic opioids
- Percent (%) of Medicaid beneficiaries prescribed chronic concurrent opioids and sedatives
- Percent (%) of Medicaid beneficiaries whose days supply of first opioid prescription is <=7days, is >7days
- Percent (%) of new opioid Medicaid beneficiaries subsequently prescribed chronic opioids
- Prevalence of OUD in the Medicaid population (per 10,000 enrollees)

Metrics under development

Prescriber focused measures: Distribution of prescribers (panels- high, medium, low) based on following prescribing patterns for Medicaid enrollees:

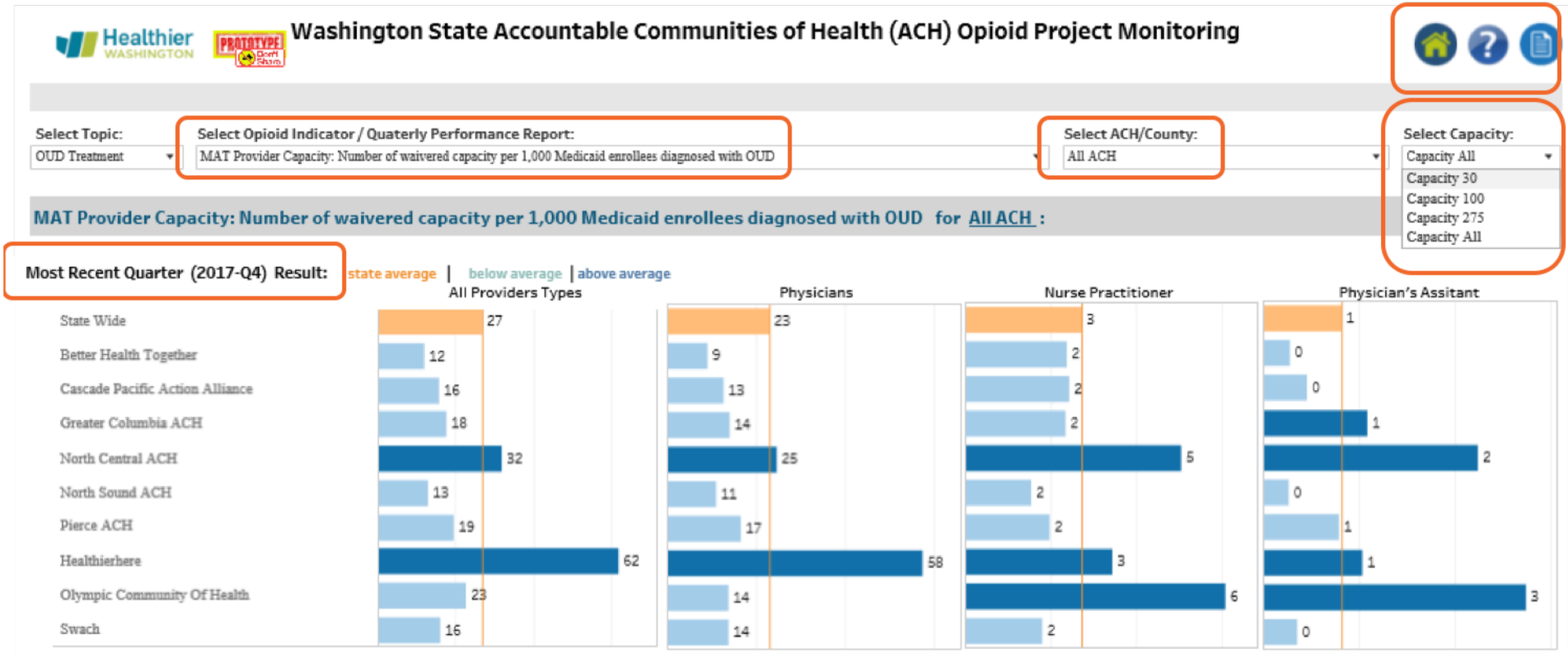
- Prescribed any opioid
- Prescribed chronic opioids
- Prescribed high dose chronic opioids
- Prescribed chronic current opioids and sedative

Metrics under development (cont'd)

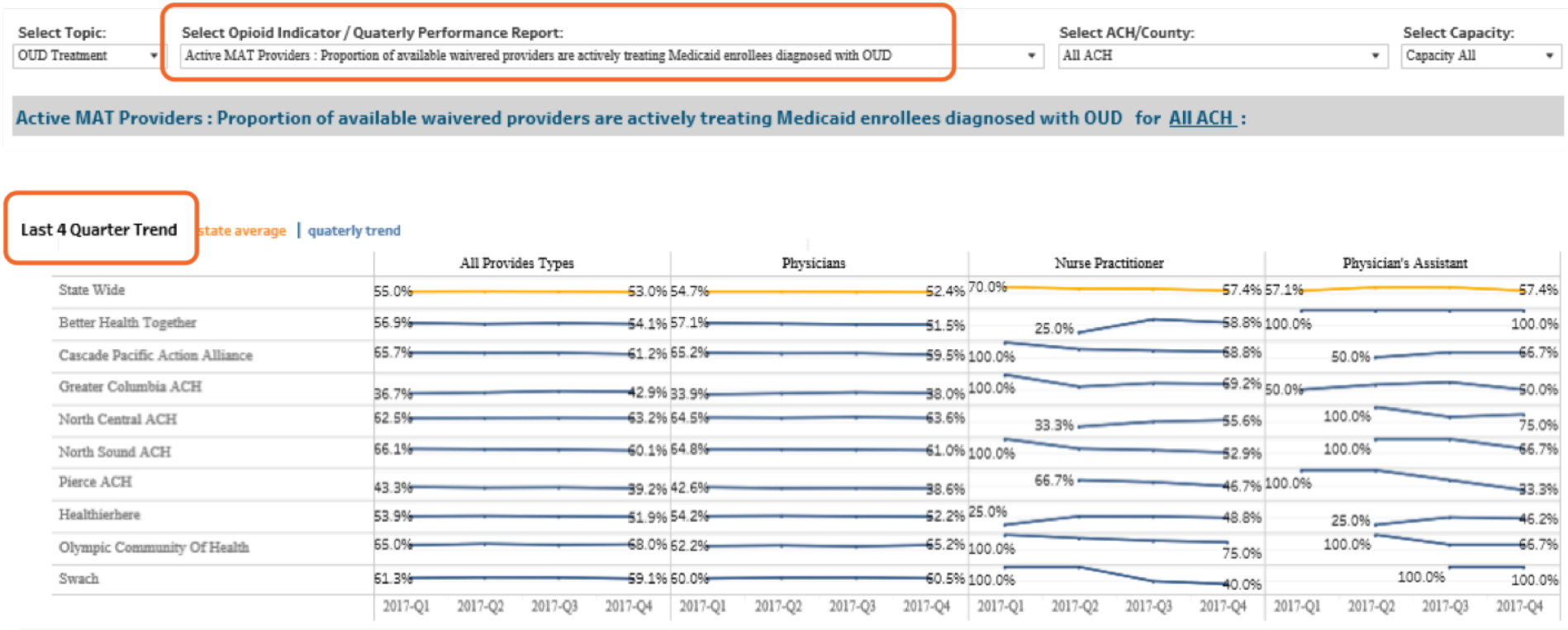
Panel Profile	Number of Physicians
20% or fewer of the physicians' Medicaid patients have an opioid prescription	#
21% – 49% of the physicians' Medicaid patients have an opioid prescription	#
50% or more of the physicians' Medicaid patients have an opioid prescription	#

Washington State Health Care Authority

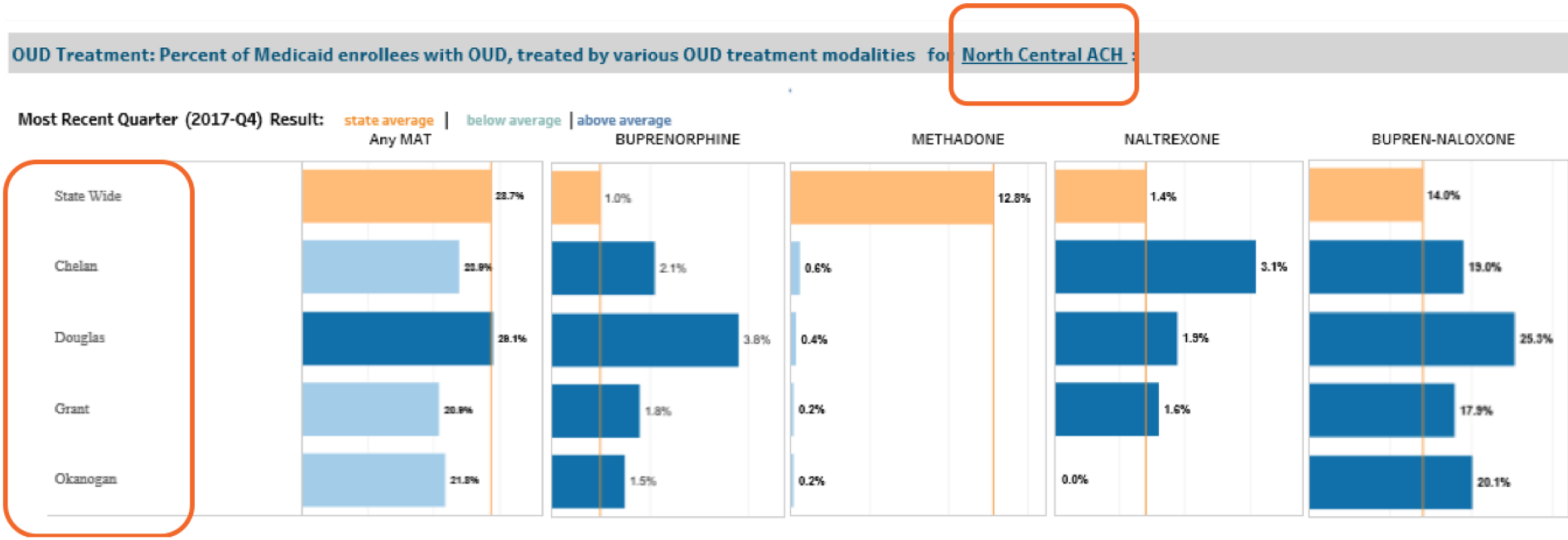
Provider capacity metric – live demo



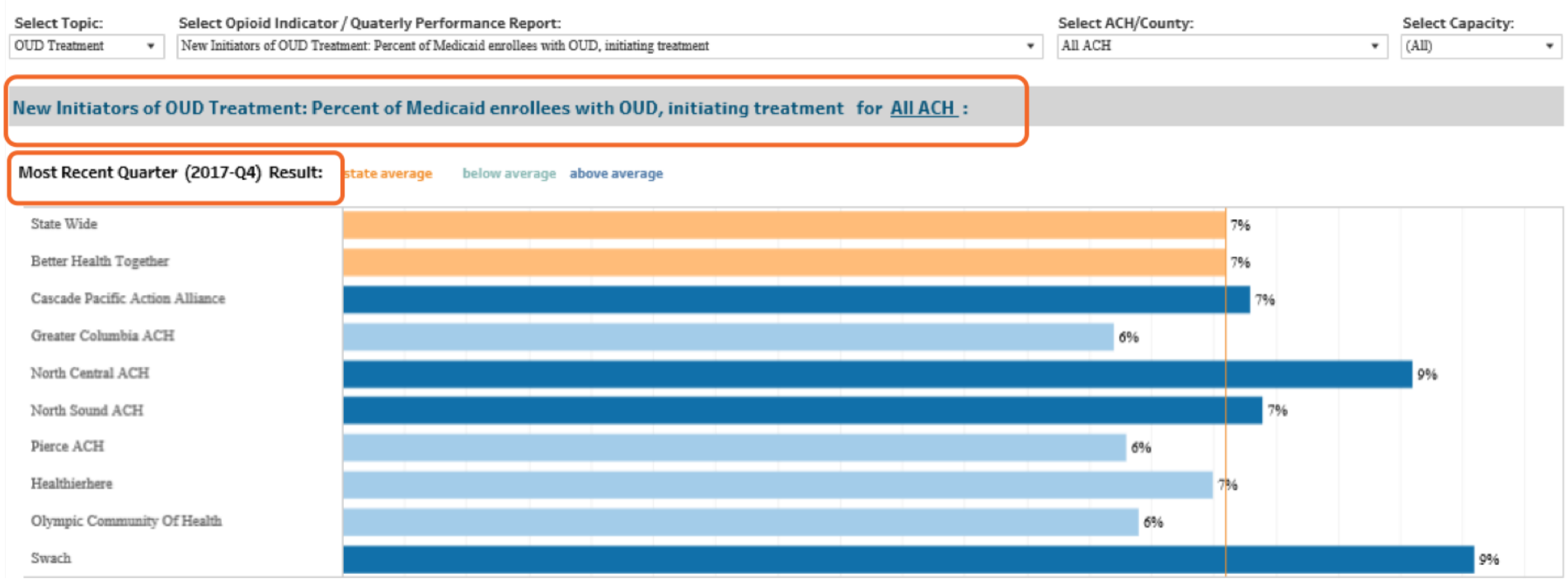
Active providers metric – live demo



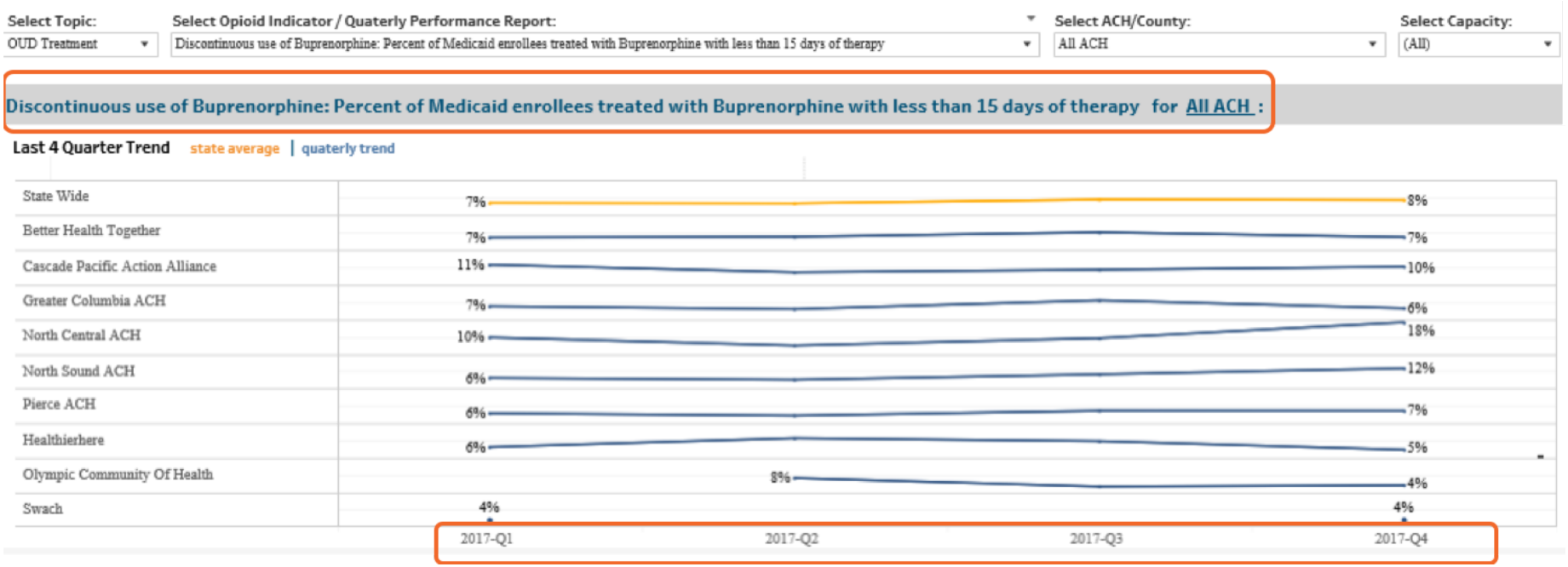
OUD treatment metric – live demo



Initiators of MAT metric – live demo



Discontinuous use of MAT metric – live demo



Challenges

- Audience needs
  - Varying needs
  - Varying focus areas
- Agency requirements
  - Changing requirements
  - Data governance teams are not aware of context
- Provider privacy
  - Cannot disclose providers individually
  - Hard to do in rural areas with fewer providers

Challenges (pg 2)

- Patient privacy
  - Demographic information could jeopardize privacy
  - Hard to identify under-served groups
- Timeliness
  - Data lag of claims data renders it minimally useful
  - Data is not actionable for users if not near real-time
- Automation
  - Automated updates with changing needs
  - Automated updates with changing specifications

Challenges (pg 3)

- Data gaps
  - Data sources unavailable/ minimally useful
  - Cash transactions not tracked in claims
- Metric specifications
  - Changing national landscape
  - No national benchmarks
  - No ready-made specifications

Timelines & next steps

- Release is tentatively scheduled for end of 2018.
- Data will be as recent as October 2018.
- First quarter of reporting will include Q4 2017, Q1 2018, Q2 2018 and Q3 2018.

Next steps:

- We have stakeholder input from ACHs
- We have completed HCA executive sponsor reviews
- We are undergoing HCA data governance review prior to release
- We plan to include opioid prevention & provider profiles in future release

Key Takeaways

- Long runway
  - Understand audience needs and changing priorities
- Plan ahead & engage
  - Based on the complexity of the topic, we engaged with multiple stakeholders including clinical directors, agency policy & privacy office staff members
- Setting scope & expectations
  - Data limitations

Questions?

More information:

Shalini.prakash@hca.wa.gov

Data Scientist

Analytics, Research and Measurement

Washington State Health Care Authority

Q&A

Webinar Takeaways

- Assess which data topics are of greatest need and interest, with an understanding that the audience may also have changing priorities over time.
- It is important to present context within dashboard. A key question to keep in mind is, “Why should I care?”
- Understanding the limitations of the data presented will help set the scope and expectations.
- Establish a process for review and sign off with internal and external stakeholders. Executive level sponsorship and guidance are vital.

Thank You

Thank you for joining today's webinar!

Please take a moment to complete

the post-webinar survey.

We appreciate your feedback!

For more information & resources, please contact MedicaidIAP@cms.hhs.gov