SAN DIEGO: AUDIT & MANAGEMENT ADVISORY SERVICES
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October 24, 2019

CHAD VANDENBERG
Chief Quality and Patient Safety Officer, UC San Diego Health
8915

Subject: ***Quality Measures for Reimbursement and Incentive Programs***
Report 2019-14

The final report for Quality Measures for Reimbursement and Incentive Programs. Report 2019-14, is attached. We would like to thank all members of the department for their cooperation and assistance during the review.

Because we were able to reach agreement regarding management action plans in response to the audit recommendations, a formal response to the report is not requested. The findings included in this report will be added to our follow-up system. We will contact you at the appropriate time to evaluate the status of the management action plans.

UC wide policy requires that all draft reports be destroyed after the final report is issued. We also request that draft reports not be photocopied or otherwise redistributed.

Christa Perkins
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Attachment

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UC San Diego

AUDIT & MANAGEMENT ADVISORY SERVICES

Quality Measures for Reimbursement and Incentive Programs
Report No. 2019-14
October 2019

FINAL REPORT

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I. EXECUTIVE SUMMARY

Audit & Management Advisory Services (AMAS) has completed a review of Quality Measures for Reimbursement and Incentive Programs as part of the approved audit plan for Fiscal Year 2018-19. The objective of our review was to evaluate whether internal controls provided reasonable assurance that processes and systems for managing quality measures and incentives were effective, and data which supports reporting to DHCS to receive incentive payments was reliable and accurate.

We concluded that internal controls provided reasonable assurance that processes and systems for managing PRIME quality measures and incentives were effective and that data which supports results reported to the DHCS was reliable and accurate. UCSDH Quality and Patient Safety team had established procedures and processes that effectively manage, monitor and communicate performances for PRIME measures.

We observed that UCSDH tracked and reported performances using 360-day rolling real-time data through monthly and quarterly dashboards. A team of experts in data analytics, clinical, and quality improvement regularly communicates to review processes, workflows and outcomes, and collaborate on identifying improvement opportunities, and developing and implementing actions. The team carefully reviewed and analyzed results and trends, and appropriately addressed any issues/errors in a timely manner. PRIME metric changes implemented were documented, including additional validations performed to ensure accuracy and that results met new or additional metric requirements. Performance was also reported regularly to the PRIME Executive Committee and other PRIME committees weekly to discuss updates and new information. PRIME Committee leads meet quarterly to review and communicate measure results, regulatory and metric-specific updates, quality improvement efforts as well as opportunities and action plans.

We noted that UCSDH could further benefit from effective management of supporting documentation when metrics require rates tracked through external organizations and government systems to facilitate and ensure efficiency in retrieval of supporting data in the event of an audit, or for use in other quality measures for reimbursement and incentive programs. Management Action Plans to address these opportunities for improvement are summarized below.

A. Management of Supporting Documentation

1. For PRIME metrics requiring rates tracked by external organizations, management will document processes and build redundancies in staffing resources for validating and ensuring final data submitted and any revisions are adequately supported.

2. Management will ensure organized and updated files are protected and maintained in dedicated PRIME iShare location for all supporting documentation and source data.

Management agreed to all corrective actions recommended to address risks identified in these areas. Observations and related Management Action Plans are described in greater detail in section V. of this report.

II. BACKGROUND

Audit & Management Advisory Services (AMAS) has completed a review of Quality Measures for Reimbursement and Incentive Programs as part of the approved audit plan for Fiscal Year 2018-19. This report summarizes the results of our review.

University of California San Diego Health (UCSDH) participates in various programs through the Centers for Medicare and Medicaid Services (CMS) that measure healthcare quality for public reporting, alternative payment methods[1], and incentives. These quality programs promote better health outcomes and delivery of higher quality of patient care. The amount of potential reimbursements, cost savings, and incentives for meeting the target performance is significant. There are a variety of ways to collect and report data to measure healthcare quality from internal and external data sources. CMS provides guidance, instructions, specifications, and other requirements as well as terms and conditions for participating in these quality programs that often include multiple and complex frameworks. UCSDH places a considerable effort to focus on meeting metric goals, and ensuring data integrity and accuracy, which is key to the success of the program participation.

The Public Hospital Redesign & Incentives in Medi-Cal (PRIME) program is a pay-for-performance (P4P) delivery system transformation and alignment program for California's public health care systems and district municipal hospitals which uses evidence-based quality improvement methods. It is part of Medi-cal 2020, a five-year renewal of California's Section 11115 Medicaid waiver. According to the PRIME fact sheet, the Department of Health Care Services (DHCS) approved plans submitted by 17 Designated Public Hospitals (DPHs) and 37 District/Municipal Public Hospitals (DMPHs) to implement PRIME. In order to receive funding, each PRIME entity must report on progress and achievement of the metrics to DHCS[2]. Performance targets, which are largely based on state and national benchmarks, must be met and consistently maintained or improved over five demonstration years (DY)[3]. The first reporting period was from July 1, 2015 through June 30, 2016 or DY11. Participants reported baseline data in September 2016 for DY11. The PRIME program includes three domains with 18 clinical project areas tied to a set of performance metrics and reports. Participating DPHs[4] must select and implement a minimum of nine projects, six of which are mandatory, including at least four projects from Domain 2 and at least one from Domain 3. Measurement results are reported twice a year. The year-end report provides achievement results during the period July 1 through June 30. This overlaps with the mid-year (MY) reporting of achievement results during the period January 1 through December 31.

The PRIME Executive Committee[5] has authority over quality measures and organizational changes, and meets monthly to monitor project performances. The PRIME Steering Committee[6] has institutional

[1] Processed through intergovernmental transfers, capitated payments or cost reimbursement.
[2] Fifty percent of these funds will be provided by the federal government and the remaining fifty percent will come from the public hospitals via intergovernmental transfers. *(Source: DHCS PRIME Fact Sheet)*
[3] PRIME Program is a five-year initiative that builds upon the Delivery System Reform Incentive Payment (DSRIP) program. The first year of California DSRIP 2010 - 2015 implementation and statewide aggregate reporting was known as Demonstration Year (DY) 6. It ended on December 31, 2015 at the end of DY10.
[4] There are currently 17 DPHs and 37 District/Municipal Public Hospitals (DMPHs) approved by DHCS as PRIME entities. The requirements for DPHs is slightly different from DMPHs.
[5] A subset of the Executive Governing Body of the UC San Diego Health, members include the UCSDH Chief

oversight of the PRIME quality projects from inception to completion, and assures data quality and integrity. The PRIME Steering Committee provides regular updates to the PRIME Executive Committee. The Chief Medical Officer (CMO) and the Chief Quality and Patient Safety Officer (CQPSO) have executive oversight and lead project submissions and reporting. Each PRIME project is also assigned a clinical lead and data analytics lead. Project leads work with stakeholders in their respective clinical domains to ensure communication of goals and metrics throughout the UCSDH and community partners. PRIME project managers provide administrative support to the PRIME operational and project leads.

The Epic Electronic Health Record (EHR) is the primary source of data reported for quality measures. The UCSDH data warehouse allows real-time reporting in Epic through data extraction using Structured Query Language (SQL) programming. Some of the measures require manual data abstraction and/or collaboration with community and external organizations, as well as interface with government systems. The UCSDH Enterprise Reporting unit is responsible for supplying patient-level detail reports to the Quality and Patient Safety (QPS) office. QPS is responsible for maintaining records for PRIME plans, data source and methodology, and supporting evidence including final submitted patient level detail reports using a dedicated internal PRIME iShare site.

The volume of quality measures, variety of metrics, and the frequency of revisions in requirements present significant challenges in managing these programs and maintaining current documentation. In some cases, external reviews[7] mandated by the State are performed in specific quality programs[8], which incorporates Healthcare Effectiveness Data and Information System (HEDIS) compliance audits. To prepare for these requirements, UCSDH performs internal reviews and assessments for its quality program projects, using a HEDIS roadmap. These review and monitoring processes are performed in partnership with QPS, Infection Prevention Control (IPC) and Clinical Epidemiology, Clinical Integrative Network (CIN), Information Services (IS) and Enterprise Reporting units.

UCSDH also hired the services of Attest Healthcare Advisors to evaluate its PRIME program technical specifications for the measures submitted and reported. In September 2018, Attest Healthcare Advisors completed and reported the result of their evaluation, and referenced the standards issued by the National Committee for Quality Assurance (NCQA) in their review.

Executive Officer (CEO), CEO of Faculty Practice, Chief Financial Officer, Chief Information Officer, Chief Clinical Officer, Chief Medical Officer (CMO), and Chief Compliance and Privacy Officer.

[6] Members include the CMO, Chief Quality and Patient Safety Officer (CQPSO), Director of Enterprise Reporting, Chief Medical Information Officer (CMIO) of Population Health, Chief Ambulatory Officer, Associate Dean for Clinical Affairs, PRIME Project Managers, and the Director of Compliance and Privacy.

[7] Reviews are conducted by a Certified Auditor for the National Committee for Quality Assurance (NCQA)

[8] Value-Based Pay-for-Performance Quality Programs such as AMP particularly incorporates HEDIS Compliance reviews.

III. AUDIT OBJECTIVE, SCOPE, AND PROCEDURES

The objective of our review was to evaluate whether internal controls provided reasonable assurance that processes and systems for managing quality measures and incentives were effective, and data which supports reporting to DHCS to receive incentive payments was reliable and accurate. In order to achieve our objective, we performed the following:

- Reviewed the prior audit report completed by Attest Health Care;
- Interviewed the following:
  - Director of Clinical Integrated Network (CIN) and Information Services (IS) for Quality Programs,
  - Program Manager for PRIME and Quality Improvement Program (QIP),
  - IS Project Manager for PRIME and QIP,
  - Quality Improvement Specialist for QPS
  - Principal Analyst for Infection Prevention and Clinical Epidemiology,
  - IS Programmer/Analyst for Quality Programs;
- Reviewed existing policies, procedures and processes for UCSDH Quality Programs;
- Reviewed Reporting Manual and other reference materials for PRIME and QIP Programs and Measures;
- Reviewed relevant guidance and authority on PRIME and QIP;
- Evaluated a small sample of PRIME metrics and validated methods applied for consistency with program requirements, and verified whether DY13 results were adequately supported;
- Reviewed processes for monitoring progress, changes, revisions and performance results and evaluated consistency and adequacy of supporting documentation for DY12, DY13, and DY14MY;
- Evaluated reporting process and analyzed DY13 results for selected PRIME metrics sample;
- Reviewed a small sample of metrics included in PRIME supplemental funding application and evaluated monitoring process for ensuring accuracy and completeness; and
- Reviewed and evaluated procedures for data transmission to external systems as well as validation processes

Our review focused on the PRIME program, and did not include areas evaluated by Attest Healthcare. Our review did not include an evaluation of the clinical procedures and workflow underlying the quality measures reported.

IV. CONCLUSION

Based on our review, we concluded that internal controls provided reasonable assurance that processes and systems for managing PRIME quality measures and incentives were effective and that data which supports results reported to the DHCS was reliable and accurate. UCSDH Quality and Patient Safety had established procedures and processes that effectively manage, monitor and communicate performances for PRIME measures.

We observed that UCSDH tracked and reported performances using 360-day rolling real-time data through monthly and quarterly dashboards. A team of experts in data analytics, clinical, and quality improvement regularly communicates to review processes, workflows and outcomes, and collaborate on identifying improvement opportunities, and developing and implementing actions. The team carefully reviewed and analyzed results and trends, and appropriately addressed any issues/errors in a timely manner. PRIME metric changes implemented were documented, including additional validations performed to ensure accuracy and that results met new or additional metric requirements. Performance was also reported regularly to the PRIME Executive Committee and other PRIME committees weekly to discuss updates and new information. PRIME Committee leads meet quarterly to review and communicate measure results, regulatory and metric-specific updates, quality improvement efforts as well as opportunities and action plans.

We also noted that UCSDH could further benefit from effective management of supporting documentation when metrics require rates tracked through external organizations and government systems to facilitate and ensure efficiency in retrieval of supporting data in the event of an audit, or for use in other quality measures for reimbursement and incentive programs. This opportunity for improvement is discussed further in the balance of this report.

V. OBSERVATION REQUIRING MANAGEMENT ACTION

A.	Management of Supporting Documentation
Evidence of modifications to data made directly onto the external systems was not always maintained. This evidence and a documented process should support any variance between the source and final data submitted in the event of an audit. Records maintained in PRIME iShare site were not always complete and timely.	
Risk Statement/Effect	
Effective data and document management processes provide assurance of timely and adequate documentation and ensure accuracy and reliability of results reported for PRIME and other quality program measures.	
Management Action Plans	
A.1	For PRIME metrics requiring rates tracked by external organizations, management will document processes and build redundancies in staffing resources for validating and ensuring final data submitted and any revisions are adequately supported.
A.2	Management will ensure organized and updated files are protected and maintained in dedicated PRIME iShare location for all supporting documentation and source data.

A. Management of Supporting Documentation – Detailed Discussion

PRIME evidence documentation and other files related to processes and procedures performed were maintained by PRIME project managers and the Enterprise Reporting unit in secured electronic location. QPS Data Integrity Policy related to PRIME Medi-Cal Waiver 1115a Reporting requires that PRIME data and applicable supporting documentation be maintained using the internal PRIME iShare site.

Documentation also included processes for data submission to outside entities. Data security is maintained during transmission of EHR data to external organizations and government systems when performed via encrypted file upload to a secure site. In cases when PRIME measures require external rates tracked by government entities, other departments outside of QPS may be responsible for data submission to the external organization or government systems. In those cases, internal data validation is performed by the responsible department within the external organization's web portal. Chart review is performed as part of a clinical validation when there are significant changes to metric specifications to ensure data requiring revision is accurate, complete, and meets new requirements.

We observed however that the data validation process lacked documentation of the evidence for revisions made, and no secondary review of revisions was conducted. We noted this in reviewing two selected samples as follows:

- For Metric 2.1.2, QPS receives a raw data file from Enterprise Reporting and uploads the data to the CQMCC maternal data center (MDC). Modifications to correct any errors were made directly to the maternal data center. However, there was no documentation maintained within UCSDH records on modifications made. The raw data (.csv file) was maintained within the Enterprise Reporting unit. The CMQCC rate was maintained as PRIME evidence, but not data supporting final rate. There was no evidence of reconciliation of the source and final data submitted. During our review, QPS was unable to confirm whether CMQCC data remained PRIME eligible as denominator or PRIME population.

- For Metric 3.1.5, Enterprise Reporting prepares the appropriate batch file within a dedicated folder in Epic for upload to National Health and Safety Network (NHSN)[9] by the IPC unit. This method assures data security and integrity. The PRIME IS project manager and IPC unit accessed the raw data (.csv file) within Epic for data validation prior to NHSN upload. IPC uploaded the validated data through a secure NHSN site. During NHSN upload, any modifications were made by IPC directly to the NHSN portal, and the raw data (.csv file) was deleted from the Epic folder. Clinical validation was performed by a clinician if any significant error was noted. We noted during this process that there was no secondary review of the final data submission and any modifications performed directly to the NHSN site. QPS and IPC rely on periodic audits performed by CMS and other organization with access to national data. We noted that while source data may be maintained within Epic, documentation of any revisions

[9] NHSN is the Center for Disease Control and Prevention (CDC)'s healthcare-associated infection tracking system.

made was not always maintained for evidence. Additionally, there was no documentation of the validation performed by the IPC unit.

We also noted there is currently only one person responsible for submission and validation of data submitted by the IPC unit for PRIME metrics, and this person was planning retirement in the near future. This presented increased risk that knowledge for executing the transmission of data and revisions could be lost to the organization if additional resources are not identified and cross-training on these processes performed. This risk can be mitigated by documenting the process and performing secondary review.

We also noted inconsistencies in other PRIME evidence documents maintained in the dedicated iShare location. We were advised that that this was a matter of delay in saving a copy, however, source data was always maintained within the Enterprise Reporting unit.