pennsylvania
DEPARTMENT OF HUMAN SERVICES

Unreported and Underreported Incident Detection using Medicaid Claim Data: Administrative Entity (AE) Process

ODP Announcement 22-115

AUDIENCE:

Administrative Entities (AEs)

PURPOSE:

The purpose of this announcement is to inform AEs of a new process to detect unreported and under-reported incidents. This process links together ICD-10 diagnostic codes with corresponding incidents with the Enterprise Incident Management (EIM) System, and to announce a phased oversite approach to monitoring unreported and underreported Incidents.

DISCUSSION:

The Office of the Inspector General (OIG) conducted an audit in 2018-19 to determine whether Pennsylvania complied with Federal waiver and State requirements related to 24-hour critical incident reporting requirements for Medicaid beneficiaries with developmental disabilities that resided in community-based settings. The audit focused on controls to detect unreported critical incidents of beneficiaries by leveraging hospital and emergency room encounter claims that contain certain diagnosis codes that may be indicative of abuse, neglect, or other reportable incident events.

In response to the OIG audit results communicated to the Office of Developmental Programs (ODP) in October 2019, ODP set out to create a technology solution to fulfill the recommendations. In October 2021, ODP and Deloitte Consulting LLP released the

Incident Reporting Fidelity Dashboard for internal use by ODP staff. As the oversight entity of the HCBS waivers, the State of Pennsylvania is required to oversee the health, safety, and welfare of waiver participants. The Incident Reporting Fidelity Dashboard links together ICD-10 diagnostic codes from Acute Care Facility and Emergency Room Medicaid claims data to corresponding incidents within the EIM System. This is done with the goal of detecting unreported critical incidents as well as estimating the prevalence of suspected incident underreporting. The dashboard is built on the Tableau platform. The dashboard not only identifies unreported and underreported incidents, it also trends diagnosis patterns among beneficiaries, displays race and ethnicity trends, as well as geographies and patterns of providers. The dashboard is equipped with robust filtering capabilities to target specific reporting provider types, diagnoses, waiver programs, living arrangements, participant Needs Levels and Needs Groups, etc.

The goal of the dashboard is to estimate the prevalence of suspected incident underreporting and identify providers with patterns of suspected incident unreporting/underreporting.

- The ODP Incident Reporting Fidelity Dashboard will link Medicaid and Medicare claims with ICD-10 diagnostic codes indicative of critical incidents, including abuse or neglect, to a corresponding incident report in the EIM system.
- The dashboard currently focuses exclusively on the ODP population receiving services through the Adult Autism, Community Living, Consolidated, and Person/Family Directed Support (P/FDS) Waivers.
- Certain Medicaid and Medicare claims are indicative of high risk that a critical incident occurred. In accordance with policy, claims that match to a corresponding incident category should match to an incident report in EIM.

While the goal is to utilize tools across the entire waiver beneficiary population, ODP recognizes that provider incident reporting requirements are nuanced and vary depending on a variety of factors. Factors such as whether a beneficiary was receiving a provider delivered service at the time of the Acute Care Facility or Emergency Room Visit encounter, the specific nature or cause of the encounter, or if there was suspicion that abuse or neglect occurred, may impact whether an encounter would require reporting in the EIM as a reportable incident. This work will be ongoing throughout and beyond the phases of implementation.   Therefore, ODP is approaching this oversight and monitoring activity in phases. ODP will continually evaluate the process for effectiveness and efficiency.

Phase 1:

Phase 1 will focus on only the reporting of incidents as required by the Incident Management Bulletin that was in effect at the time of the Claim Begin Date. The review criteria includes:

- A waiver participant has an active authorization for a Provider Type 52 (PT 52) Service Location (residential habilitation providers) that matches an Acute Care Hospitalization Claim Begin Date (i.e. they were hospitalized during the provision of service), all Diagnosis Categories will be examined to ensure that a reportable incident exists as hospitalizations are always reportable by PT 52 Resident Habilitation providers.

- A waiver participant has an active authorization for a Provider Type 52 Service Location (residential habilitation providers) that matches an Emergency Room Arrangement 1 or Emergency Room Arrangement 2 Claim Date of Service (i.e. they were treated at an Emergency Room during the provision of service), Diagnostic Categories indicative of Serious Injuries as

well as T74/76 codes (Confirmed and Suspected Abuse Neglect, Exploitation or Forced Labor) will be examined to ensure that a reportable incident exists. Illnesses will not be examined for ER visits, as they are not reportable under the IM Bulletin until their severity rises to the level of requiring hospitalization.

- A waiver participant has an Acute Care Hospitalization or Emergency Room encounter that contains Diagnostic Categories of T74/76 codes.

Process:

Record Review- County/AE

Once the Regional record review is concluded, the ODP Regional Office will provide claim and record review information to the registration County/AE. The ODP Regional Office will indicate that the regional review is complete in column X on your county's specific spreadsheet that is available in SharePoint. The County/AE will research the circumstances surrounding the generated hospital/ER claim and determine the most appropriate resolution, such as entering an incident for the claim, the primary category of the incident to be entered, or if technical assistance is needed. The AE should consider the following questions:

1. Does this claim require follow-up?
2. If this claim requires follow-up, is it reported, unreported, or underreported?
3. What is the expected follow-up action?

Follow-up and Resolution of Need for Reporting with Provider- County/AE, ODP

The AE will contact the Provider/SCO responsible for incident reporting and will complete the follow-up activities agreed upon for that claim by ODP and the AE. Follow-up activities may include, but are not limited to:

- Incidents being entered
- Technical assistance provided surrounding proper incident management policies and procedures
- Issuance of a CAP
- Issuance of a DCAP
- Licensing activity
- Sanctions

The AE will report all resolved need for reports (unreported or underreported incidents), including incident IDs and dates of technical assistance to the ODP Regional Office upon conclusion of follow-up activities.

If the AE is unable to resolve the need for reporting the AE must report the issue to the ODP regional lead for technical assistance.

ICD-10 Identification:

To research or lookup specific ICD-10 codes there are many helpful online resources. Here is a link to one such resource: https://www.icd10data.com/. It may be helpful to bookmark or save a website as a favorite for future use.

Follow up action:

AEs should send the name and email address of the County/AE Designee(s) to the appropriate regional ODP contacts below so that access to the OneDrive tracking sheets can be granted and follow-up activities can be documented.

Your regional office will notify the AE point person when the data and folders are available for use.

Central	Robyn Seville Teresa Burgard	c-rseville@pa.gov c-tburgard@pa.gov
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