Medicaid CHIP Data Analytics Unit Quarterly Report of Activities State Fiscal Year 2021, Quarter 2

As Required by

2020-21 General Appropriations

Act, House Bill 1, 86th Legislature,

Regular Session, 2019

(Article II, HHSC, Rider 10)

Texas Health and Human Services

Commission

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Table of Contents

1. Introduction

The 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 10), directs the Health and Human Services Commission (HHSC) to "report to the Legislative Budget Board on a quarterly basis the activities and findings of the Data Analysis Unit" created by Government Code, §531.0082. The following report fulfills this requirement for the first quarter of State Fiscal Year 2021 (SFY21 Q2).

During SFY21 Q2, the Medicaid CHIP Data Analytics (MCDA) Unit within the Center for Analytics and Decision Support (CADS) completed over 40 projects supporting the direction of the Government Code to "…(1) improve contract management, (2) detect data trends, and (3) identify anomalies relating to service utilization, providers, payment methodologies, and compliance with requirements…" in the state's Medicaid and CHIP programs. The status of major projects and activities, along with findings, is described in three sections of the report: 1) Monitoring MCO Contract Compliance, 2) Tracking Service Utilization and Related Data, and 3) Enhancing Data Infrastructure. The Service Utilization section contains an update on the unit's involvement in the agency's COVID-19 response, including the posting of dedicated COVID-19 testing and diagnosis rates dashboards, the integration of demographic variables into existing service utilization dashboards, and the unit's contributions to an ongoing study of COVID-19 impacts on vulnerable populations.

MCDA collaborates closely with many units within the Medicaid and CHIP Services (MCS) department, including Policy and Program, Managed Care Compliance and Operations (MCCO), Medical Director's Office, Operations Management, Quality Assurance, and Utilization Review (UR). Much coordination occurs through MCDA's participation in committees for the following MCS initiatives: Network Adequacy and Access to Care Monitoring, Complaints Data Trending and Analysis, and Strengthening Clinical Oversight.

Beyond collaboration with MCS, Rider 10 directs that "…any anomalies identified related to service utilization, providers, payment methodologies, and compliance with the requirements in Medicaid and CHIP shall be reported to the Office of the Inspector General for further review." MCDA and the Office of the Inspector General (OIG) communicate monthly to exchange updates on respective analyses. In addition, MCDA and Actuarial Analysis continue to meet monthly, collaborating to

investigate anomalies in expenditure data and to ensure the soundness of data used for rate setting.

2. Monitoring MCO Contract Compliance

Extract, Transform, and Load Automation

MCDA is a key partner in HHSC's efforts to increase the data-driven efficiency of monitoring managed care organization (MCO) contract compliance. Due to the original Extract, Transform, and Load (ETL) automation developed by MCDA, MCS has saved staff time that would otherwise have been spent manually processing thousands of reports MCOs formerly submitted in Excel format. The ETL has also facilitated MCDA's handling of MCO deliverable data for purposes of responding to ad hoc data requests and creating data visualizations in the form of compliance dashboards.

MCDA has implemented a second ETL process that utilizes Access, SQL, Python, and Visual Basic to transform data received via the HHSC TexConnect portal and stored in the TexConnect Oracle database and load it onto the MCDA Oracle data platform. MCO data received via a legacy system and MCO data received via TexConnect are combined in the production of MCDA's compliance dashboards.

Several of the deliverables that were reported at an aggregated level in the legacy system are now being collected at a detail level, which has allowed MCDA to do more thorough quality assurance. Data quality checks by MCDA have identified problems in certain MCO data coming through TexConnect, such as pending appeals not being carried over into the next monthly report or reporting duplicate ID numbers. MCDA provides MCS staff with lists of MCO reporting errors and helps them build tools and strategies to address these errors in time for MCOs to resubmit corrected data.

Complaints Dashboards

As a result of findings from the report responsive to Rider 61 of the 2018-2019 General Appropriations Act, House Bill (HB) 1, 85th Legislature, Regular Session, 2017 (Article II, HHSC), on Medicaid Managed Care Oversight, MCS initiated a project to revise the managed care member complaints process to streamline intake and tracking, more effectively leverage complaints data to identify risks, and ultimately improve quality of services. In the 86th Legislative Session, HB 4533 included related requirements, including making aggregated data available to the legislature and public.

Two complaints reports will be published quarterly on the HHSC website: one for initial contact complaints and complaints that were resolved within one business day and one for all other complaints. In SFY21 Q2, MCDA finalized these reports with data from SFY2020 Q3 and Q4.

Compliance Dashboards

The goal of the MCDA compliance dashboards is to enhance contract oversight by trending MCOs' compliance with standards required by MCO contracts and the Medicaid Uniform Managed Care Manual, such as claims adjudication timeliness and hotline call pick-up rate standards. The dashboards provide HHSC staff with access to compliance data in a user-friendly, flexible, and efficient format. The compliance dashboards are used to facilitate data-driven decisions concerning the need for corrective actions, including the issuance of liquidated damages. As the dashboards contain confidential agency data, they are for internal use only.

The Quality Performance Report (QPR) compliance dashboard has been updated and revised to include all new data points through SFY21 Q1. The dashboard includes compliance results at the detail level, with additional supporting details to enhance monitoring activities. Program staff use this dashboard as a tool to determine contract compliance of their assigned MCOs.

Claims Administration Contract Oversight

This quarter, MCDA provided ongoing technical consultation to MCS Claims Administration Contract Oversight (CACO) on aspects of the current Texas Medicaid & Healthcare Partnership (TMHP) contract with Accenture. MCDA serves as technical advisor to CACO on the Process and Calculation (P&C) methodology documents for Key Measures. Negotiated modifications to the P&C documents are incorporated into the claims administration contract by means of Minor Administrative Change (MAC) procedures. MCDA reviews proposed MACs, as well as a variety of periodic reports from the claims administrator. Effective monitoring of the claims administrator's performance on Key Measures helps assure the validity and availability of certain data used by MCDA in monitoring MCO contract compliance.

Teleservices

Closely tied to the topic of provider network adequacy, teleservices utilization has been the subject of several recent analyses conducted by MCDA.

- MCDA completed the seventh update to the Teleservices Quarterly Dashboard. This dashboard presents telemedicine costs, claims, clients, and providers, allowing filtering by such factors as client age and program.
- MCDA updated its COVID-19 teleservices dashboard that compares utilization trends before and during COVID-19 to evaluate the changing dynamics of provider utilization during the epidemic.
- MCDA provided Rural Health Clinic (RHC) and Federally Qualified Health Clinic (FQHC) teleservices utilization information for the State Medicaid Managed Care Advisory Committee Network Adequacy Subcommittee presentation to show COVID-19's effect on these two provider types.
- MCDA provided updated telehealth and telemedicine utilization data by race/ethnicity, urban/rural, county, diagnosis, procedure code, and month for the DSRIP milestone 9 project that analyzes teleservices for rural areas.
- MCDA analyzed teleservices utilization and rates per 1,000 members from May 2018 to May 2020 to show its increased usage over time and the impact that COVID-19 has had on the benefit.
- MCDA investigated the number and percentage of well-child visits that utilized a teleservices modality over the last year in collaboration with a project being carried out by the State Medicaid Director.

Teleservices analysis supports the MCS initiative to help ensure network adequacy and that members are receiving timely access to the services they need. The use of health teleservices is a potential solution for improving access to care in underserved areas of the state and may alleviate barriers to office-based care during the COVID-19 pandemic for some clients.

Utilization Review

MCDA continues to help the UR Team prepare for their annual reviews of clients receiving services under the STAR+PLUS Home and Community Based Services (HCBS) program and the Medically Dependent Children Program (MDCP) Waiver within the STAR Health and STAR Kids programs. The purpose of these legislatively mandated reviews is to monitor the appropriateness of care delivered by MCOs. MCDA provides sampling consultation to ensure the reviews adequately represent the targeted populations. Early in SFY21 Q2, MCDA finalized sample size estimates for the SFY21 HCBS reviews, pulled the sampled cases, and submitted them to UR.

Prior Authorization Data Collection

In the summer of 2019, MCDA helped the Prior Authorization (PA) subcommittee of the MCS Improving Clinical Oversight initiative finalize a new data survey tool to collect comprehensive aggregated data for all services requiring prior authorization from MCOs delivering managed care products on a monthly basis. Prior to the development of this tool, MCO prior authorization data was not available to HHSC unless requested on an ad hoc basis. Obtaining valid aggregated data will enhance contract oversight by allowing MCS and MCDA to track unusual trends over time and potential variations between MCO prior authorization processes. When MCDA began to process the first set of PA aggregated data deliverables from the MCOs, the unit identified problems with the data from a majority of the MCOs and participated in calls with MCOs to discuss how to improve the data quality of their submissions. In SFY20 Q4, MCDA developed a PA dashboard built from aggregated data deliverables. In SFY21 Q1, MCDA upgraded the PA dashboard based on UR input. Data was refreshed in December 2020 and in February 2021. MCDA and UR recently collaborated to develop a joint schedule for monthly PA data submission and processing that allows time for identification of data errors and notification to MCOs regarding any errors, as well as resubmission by MCOs, as needed, within the same month.

In SFY20, the Prior Authorization subcommittee also developed the Change Order Request (COR) for the second phase of the project, the Prior Authorization Member-Level Data Warehousing Project. The TMHP COR 19-013 PA Member-Level Data Mart was executed on August 6, 2020. Phase 2 will be focused on collecting data at the level of the individual transaction, rather than aggregated data. The more granular data will allow MCDA to connect client level prior authorizations to actual services delivered as reported in the encounters. The subcommittee assisted MCS with the development of the Advance Planning Document (APD) that was submitted to the Centers for Medicare and Medicaid Services (CMS) to request federal financial participation. The APD was subsequently approved by CMS on June 15, 2020. As the APD was approved, federal funding will be available to support the costs associated with automated data processing hardware and services. HHSC is coordinating with TMHP on the development of the project, participating in initial governance meetings for the new PA Member-Level Data Mart. Current efforts include refining the project timeline in response to feedback from MCOs regarding time requirements for system change development. Also, in February, MCDA participated in meetings with TMHP to finalize which variables to include in the new Member-Level Data Warehouse.

3. Tracking Service Utilization and Related Data

Service Utilization Dashboards

MCDA creates and maintains a library of dashboards displaying healthcare utilization by service type. These dashboards are designed to simplify detection of trends and variations in the data. Examination of the dashboards leads to the identification of anomalies, from billing issues to changes in service utilization levels or amounts paid for services. Currently, dashboards are maintained for internal agency use on the following services: telemedicine; emergency department (ED) visits; inpatient stays; physical therapy (PT), occupational therapy (OT), and speech therapy (ST); private duty nursing (PDN); personal care services (PCS); dental services; durable medical equipment (DME); vendor drug program (VDP); mental health (MH); substance use disorder (SUD); and well child visits.

In addition, an aggregated master utilization dashboard is published combining all these topics into one view. During the second quarter of SFY21, dashboards were updated to include data from SFY20 Q2. While most utilization dashboards are updated on a quarterly basis, MCDA has a separate, dedicated dashboard on psychotropic medications that will be refreshed annually.

Another tool developed by MCDA to help investigate data variations is the Monthly Enrollment Report. The data in this report alerts the team to fluctuations in enrollment or Medicaid program roll-outs which might impact service utilization. Enrollment data also provides denominators used in utilization rates, normalizing the rates to aid in direct comparisons between, for example, MCOs. The one-page enrollment report is distributed widely to MCS and other HHSC staff. Its use has resulted in efficiencies by replacing ad hoc data requests historically managed by CADS and HHSC Forecasting with a self-service alternative. Because the report is vetted by Forecasting before its release, its use also improves consistency in reporting.

Ongoing Trend and Anomaly Detection

In a continuous improvement initiative designed to maximize the potential to identify important data variations, MCDA has refined its internal procedures for making and analyzing quarterly updates to the key service utilization dashboards. Analysts have been designated to acquire expertise in specific areas of service. With focused subject matter expertise, the analyst can more readily interpret signals of significant variations in the data. Detection of three types of signals has

been automated: (1) "Outliers" (data points outside the control limits), (2) "Long Runs" of seven or more consecutive data points on one side of the long-term average, and (3) "Short Runs" (three of four consecutive values closer to a control limit than to the average value). See Figure 1 below for an example.

Once MCDA detects a potential anomaly, analysts take several steps to identify an explanation for the data variation. First, data quality is reviewed. Additionally, MCDA developed and updates a chronological dashboard that denotes when significant Medicaid and CHIP program and policy changes have been implemented. This dashboard helps determine whether observed irregularities in utilization data may be a result of such changes.

MCDA staff convenes to review the anomalies to identify data patterns that are explicable through such factors as policy changes and seasonality. Staff also rate the anomalies on the following factors to derive "Low," "Medium," and "High" priority classifications: Quality of Care, Access to Services, Fiscal Impact, Contract Compliance, High Profile, Data Quality, and Scope of Impact.

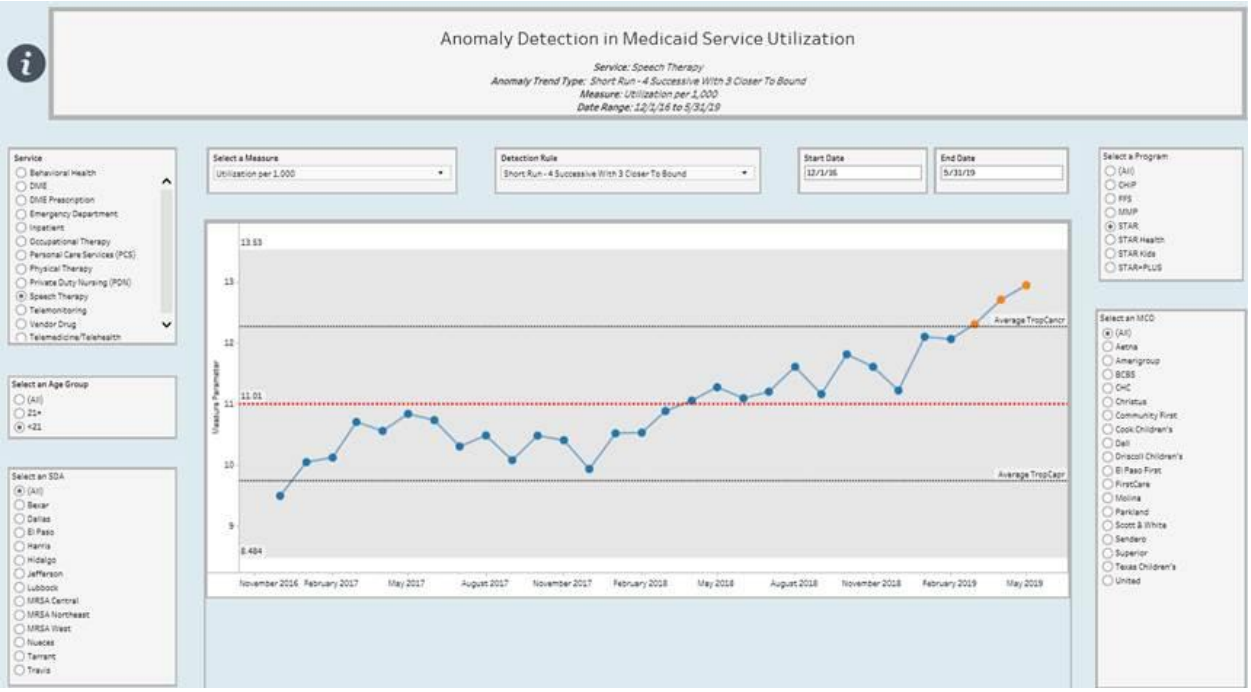
MCDA presents its highest priority or otherwise pressing findings to the Service Utilization workgroup, a committee of subject matter experts from across Medicaid and CHIP Services, such as policy and program divisions, and other areas in HHSC, including Actuarial Analysis. The team asks the workgroup members to offer ideas for what is driving the anomaly and to provide direction on next steps, including:

1. close the anomaly since it directly related to a policy change or other known event and aligns with expected trends,
2. continue to monitor the anomaly since the reason for the trend is unclear and possibly of concern,
3. investigate the anomaly further based on a theory about what may be driving it, or
4. elevate the anomaly to leadership based on its potential to significantly impact quality of care or cost to the state.

Any elevated anomalies requiring MCS leadership attention will be presented at the Managed Care Oversight Coordination meetings, a forum where information about Medicaid and CHIP program performance is exchanged between leadership in all areas of the Medicaid and CHIP Services department and related HHSC divisions. MCS is currently revamping these meetings and has agreed that both managed care and fee-for-service anomalies can be raised within this forum to ensure the engagement and awareness of MCS leadership on a regular, timely basis. If an urgent anomaly requires immediate attention between meetings, MCDA will reach

out to Managed Care Oversight Coordination meeting coordinators to request a special briefing.

Figure 1: Sample Screen Shot of Anomaly Detection Dashboard with Short Run



In the second quarter of SFY21, the initial round of signal detection on dashboards updated through SFY20 Q2 revealed 73 new anomalies in the service utilization dashboard data. Of note, anomalies are counted at the managed care program and time period level to allow for unique explanations driving the anomalies. As a result, the number of anomalies is inflated considering what is likely the same explanation for multiple anomalies. An example would be seasonality that impacts many programs within a specific service. Because not all programs are impacted and even those that are impacted exhibit slightly different seasonal patterns, the anomalies are counted and tracked separately.

Upon completion of this preliminary review, 10 new data signals were classified as high priority. These signals existed across the following service types: DME; DME Prescription; PT; OT; ST; ED; and Telemonitoring.

In its March 2021 meeting, MCDA presented some of the new high priority signals and a selection of other high interest signals to the Service Utilization Workgroup and received input on possible explanations for the signals and direction on which anomalies require further investigation. MCDA will brief the OIG on the anomalies identified in SFY21 Q2 at upcoming meetings.

The following two tables break out anomalies identified in the past six quarterly analyses by program (Table 1) and by service type (Table 2). Within each table, counts are further broken down by "closed" and "open," indicating the current status of investigations into individual findings. An investigation is closed when the observation no longer requires research, due, for example, to a sufficient explanation for the variance. However, even if an observation is "closed", MCDA continues to monitor it on a regular basis.

Table 1: Findings on SFY19 Q1 – SFY20 Q2 Data: by Program

Programs	Closed	Open	Total
All Programs	55	29	**84**
CHIP	22	13	**35**
Fee-for-Service	64	13	**77**
Medicare-Medicaid Program	40	20	**60**
STAR	54	24	**78**
STAR Health	44	32	**76**
STAR Kids	60	18	**78**
STAR+PLUS	42	12	**54**
Total	**381**	**161**	**542**

Table 2: Findings on SFY19 Q1 – SFY20 Q2 Data: by Service Type

Services	Closed	Open	Total
BH-All	16	1	**17**
BH-MH	29	10	**39**
BH-SUD	17	10	**27**
DME	38	8	**46**
DME Prescriptions	32	15	**47**
ED	22	12	**34**
Inpatient	20	10	**30**
PCS	15	3	**18**
PDN	18	11	**9**
Telemedicine	56	4	**60**
Telemonitoring	22	6	**28**

Services	Closed	Open	Total
Therapy – OT	24	4	**38**
Therapy – PT	20	11	**31**
Therapy – ST	23	11	**34**
Vendor Drug	29	12	**41**
Well Child	**-**	23	**23**
Total	**381**	**161**	**542**

COVID-19 Service Utilization Monitoring

In SFY21 Q1, MCDA completed new dashboards displaying the numbers and rates of clients receiving COVID-19 tests and receiving a service with a diagnosis of COVID-19, including emergency department visits and inpatient stays. MCDA posted the COVID-19 dashboards on an externally facing website in January 2021 and implemented a monthly schedule for refreshing the dashboard data.

MCDA also assisted with the development and writing of the COVID study, being led by a different team within CADS, on the impact of COVID on vulnerable Texans, including those who receive services through the Medicaid program. Related to the study and in anticipation of inquiries for data on the impact of COVID on service utilization from MCS, HHSC leadership, and the legislature, MCDA began to leverage its service utilization dashboard library to include demographics for comparison of utilization patterns across various groups of clients. By the end of SFY21 Q2, MCDA had added demographics to the ED, inpatient, well child, and teleservices dashboards.

Physical, Occupational, and Speech Therapy Monitoring

MCDA continues to closely monitor physical, occupational, and speech therapy utilization rates in compliance with Rider 15 of the 2020-21 General Appropriations Act, HB 1, 86th Legislature, Regular Session, 2019 (Article II, HHSC). MCDA prepared analyses on client service utilization, provider network adequacy, and services provided to clients while on wait lists, for inclusion in the March 2021 Rider 15 report.

Highlights of the report include the following:

- The COVID-19 PHE temporarily decreased the rate at which children receive a therapy service in FY 2020. From January to March 2020, the physical therapy utilization rate dropped 44 percent. Speech therapy and occupational therapy utilization rates both fell more than 30 percent. The decrease occurred across the STAR, STAR Health and STAR Kids programs. However, from March 2020 to June 2020, all therapy utilization rates rebounded more than 30 percent, making up much of the reduction observed at the beginning of the PHE.
- The COVID-19 public health emergency (PHE) caused about a 13 percent drop in active providers from February to April 2020. However, by June 2020, the number of active providers rebounded to their February 2020 levels. Generally, over time, variations in the overall trend for active providers reflect changing participation by independent therapists.
- HHSC analyzed and reviewed therapy encounters for 154 of the 163 clients reported on a waiting list during FY 2020 Quarter 4. Within three months, 87 (57 percent) of these members received a therapy service.

For more information, the reader is referred to the report: Quarterly Therapy Monitoring Report_Rider 15_March 2021.

4. Enhancing Data Infrastructure

MCDA Platform

The work MCDA conducts depends on a robust, reliable, and flexible data system. In conjunction with TMHP, MCDA developed a platform that allows analysts to access data stored at TMHP more quickly than the original process of pulling the data over an internet connection. The platform contains two servers, numerous software applications used by MCDA staff to perform analysis and reporting, and a Tableau server used by MCDA staff to produce dashboards. The platform houses other data produced by MCDA staff, such as Medicaid and CHIP enrollment data, MCO self-reported quality measures, professional licensure data, and the Analytic Data Store (ADS, described under Data Marts in the following section). MCDA regularly tests system upgrades, performs quality control, and collaborates with TMHP staff to detect and correct errors and address any system performance issues.

Data Marts

MCDA's TMHP platform houses the Physical, Occupational, and Speech Therapy (PTOTST) and Behavioral Health (BH) Data Marts, designed to allow quick and detailed analysis of trends and variations. The PTOTST Data Mart contains the most recent seven years of data on therapy encounters, forming the basis for analysis and visualization of such variables as cost and utilization measures by factors such as year, MCO, Service Delivery Area, and Managed Care program. The current BH Data Mart, updated annually, houses behavioral health related services and non-behavioral health data to allow analysis of co-morbidities. For instance, using the BH Mart, analysts have explored differences in the behavioral health diagnoses and services by children receiving psychotropic medications in STAR, STAR Health, and STAR Kids.

The ADS is a 'Best Picture' view of the claims and encounter data, meaning that it contains only the most current version of a transaction. ADS offers a cohesive blend of managed care and fee-for-service medical and pharmacy data allowing a holistic view of a provider or member at the time a service took place for a particular claim or encounter. The ADS has become the preferred source for blended claims/encounters data and is accessible to MCDA and other CADS teams via the Data Analytics Platform (DAP). Because it is becoming more widely used, it must include additional desired data elements which are currently being derived via manual processes or merged in from external data sources. MCDA has initiated a

formal request to TMHP for a set of specific improvements to the ADS that will increase efficiency and consistency in reporting. For instance, one enhancement would define hospital length of stay, which currently requires complex manual programming to derive.

5. Goals for Next Quarter

In SFY21 Q3, MCDA will build on the work it is conducting on MCS key initiatives and other projects, including the following:

COVID-19 Analysis

The COVID-19 testing and diagnosis dashboards will be refreshed monthly on an ongoing basis. Another focus will be to continue to assist with the analysis and writing of the COVID study (being led by a different team within CADS) on the impact of COVID on vulnerable Texans, including those who receive services through the Medicaid program. As part of the study, MCDA will also continue to enhance the service utilization dashboards to monitor the impact of COVID-19 on service utilization, extending the incorporation of demographic data into additional dashboards, including BH, PTOTST, PDN, and PCS. MCDA will begin to use the enhanced dashboards (including demographics) as the basis for quarterly anomaly detection. Resulting observations will be communicated to another CADS unit as a guide to further research.

Complaints Dashboards

HB 4533 requires HHSC to make aggregated complaint data available to the legislature and public. MCDA will continue to clean and aggregate data from the three sources of complaints. MCDA anticipates posting the two complaints dashboards currently under leadership review during SFY21 Q3. Those dashboards will contain complaints from SFY20 Q3 and Q4.

Prior Authorization Data Collection and Dashboard

In the coming quarter MCDA will continue to perform ETL on the MCO deliverables and refresh the new PA dashboard with more recent data. This refresh process will occur on a monthly schedule until the design for the system for collecting client level PA data is finalized and implemented.

Compliance Dashboards and ETL

MCDA will continue to conduct careful quality assurance on the incoming deliverables and any resubmissions to ensure accurate measurement of MCO contract compliance. Also, 30-day and 45-day deliverable data refreshes for SFY21 Q1 will be conducted.

Service Utilization Dashboards

In the coming quarter, all service utilization dashboards will be updated with the most recently available final data, covering the third quarter of SFY20, including data for the most recently added service, well child visits.

Trend and Anomaly Detection

The seventh complete cycle of MCDA's quarterly control limits approach to detection of data variation signals will be implemented, culminating in a meeting in late May 2021 of the Service Utilization Workgroup. Specific findings from the quarter's analysis will be discussed by the workgroup and decisions made regarding escalation of selected findings. Also, in the coming quarter, MCDA staff will conduct any follow-up investigations recommended by the workgroup in its March 2021 meeting.

Enhancing Data Infrastructure

Given the breadth of the MCDA dashboard library, it is a resource-intensive endeavor to continuously carry out the ongoing data updates necessary keep the data in each dashboard as current as possible. To increase the efficiency of this process, MCDA is investigating the feasibility of using Tableau Python Server (TabPy) to automate these dataset refreshes. TabPy is an external server implementation which allows the execution of Python scripts on Tableau.

List of Acronyms

Acronym	Full Name
ADS	Analytic Data Store
APD	Advance Planning Document
BH	Behavioral Health
CACO	Claims Administration Contract Oversight
CADS	Center for Analytics and Decision Support
CMS	Centers for Medicare and Medicaid Services
COR	Change Order Request
DAP	Data Analytics Platform
DME	Durable Medical Equipment
ED	Emergency Department
ETL	Extract, Transform, and Load
FQHC	Federally Qualified Health Clinic
HB	House Bill
HCBS	Home and Community Based Services

Acronym	Full Name
HHSC	Health and Human Services Commission
MAC	Minor Administrative Change
MCCO	Managed Care Compliance and Operations
MCDA	Medicaid CHIP Data Analytics
MCO	Managed Care Organization
MCS	Medicaid and CHIP Services
MDCP	Medically Dependent Children Program
MH	Mental Health
MMC	Medicaid Managed Care
OIG	Office of Inspector General
OT	Occupational Therapy
P&C	Process and Calculation
PA	Prior Authorization
PCN	Patient Control Number
PCS	Personal Care Services

Acronym	Full Name
PDN	Private Duty Nursing
PT	Physical Therapy
PTOTST	Physical, Occupational, and Speech Therapy
QPR	Quality Performance Report
RHC	Rural Health Clinic
SB	Senate Bill
SDA	Service Delivery Area
SFY	State Fiscal Year
ST	Speech Therapy
SUD	Substance Use Disorder
TabPy	Tableau Python Server
TMHP	Texas Medicaid & Healthcare Partnership
UR	Utilization Review
VDP	Vendor Drug Program