

## Overview: Medi-Cal Managed Care Encounter Data Monitoring

<p><b>Contract Requirements</b></p>	<p>Monthly submission to DHCS of complete, accurate, timely data for all services for which the Medi-Cal managed care plan has incurred any financial liability, whether directly or through subcontracts or other arrangements. Insufficient or inaccurate data shall be corrected and resubmitted within 15 days of receipt of DHCS' written notice.</p> <p><i>Note:</i> Lag time applies, so we generally assume it takes 9 to 12 months before encounter data can be considered substantially complete in all categories.</p>
<p><b>What We Monitor</b></p>	<p>Completeness:</p> <ul style="list-style-type: none"> <li>• All data elements are reported.</li> <li>• Volume and type of reported encounters appear appropriate to the population.</li> </ul> <p>Accuracy:</p> <ul style="list-style-type: none"> <li>• Percentage of data elements and records containing errors</li> <li>• Data elements are populated appropriately</li> </ul> <p>Timeliness:</p> <ul style="list-style-type: none"> <li>• Data is submitted monthly.</li> <li>• Encounters are submitted within a reasonable time after the service is rendered.</li> </ul> <p>Consistency:</p> <ul style="list-style-type: none"> <li>• Amount of data submitted does not vary widely over a 12-month period.</li> <li>• Volume and types of encounters are appropriate for the population enrolled.</li> </ul>
<p><b>How We Monitor</b></p>	<ul style="list-style-type: none"> <li>• Policy &amp; Procedure review (plan “deliverables”)</li> <li>• Quality control checks of data on receipt</li> <li>• Monthly, quarterly, annual and ad hoc analyses and trending</li> <li>• Issue resolution and quality improvement efforts</li> </ul>
<p><b>Strengths</b></p>	<ul style="list-style-type: none"> <li>• Plans are generally cooperative and responsive; strong desire to “get it right”.</li> <li>• Staff at DHCS, the data processing contractor, and plans partner to resolve data</li> </ul>

	<p>issues.</p> <ul style="list-style-type: none"> <li>• Encounters derived from paid claims generally are received very quickly.</li> <li>• MMCD actuarial consultant performed extensive analyses of the submitted encounter data and found a significant amount of viable data exists for all three managed care contracting models. As a result, encounter data is used as a resource in determining the plans' risk adjusted rates, spurring increased plan diligence.</li> </ul>
<p><b>Challenges</b></p>	<ul style="list-style-type: none"> <li>• Variances in data systems and capabilities among plans and their subcontractors.</li> <li>• Plans' ability to obtain data from capitated providers.</li> <li>• Data is submitted to DHCS in two different forms depending on plan model type.</li> <li>• Submission and monitoring processes are split among many entities.</li> <li>• Frequent IT staff turnover at plans leads to periodic submission problems.</li> <li>• Need for more rigorous contract requirements.</li> <li>• Lack of funding to modify DHCS and contractor systems to keep up with HIPAA and other change mandates.</li> </ul>
<p><b>Internal Encounter Data Monitoring Reports</b></p>	<ul style="list-style-type: none"> <li>• <i>Encounter Data Submission Log</i> – tracks regularity of plans' submissions</li> <li>• <i>Encounter Data Error Reports</i> – identifies data element errors exceeding 1% threshold</li> <li>• <i>Percent Change of Encounters Report</i> – measures whether amount of data submitted is consistent with prior 12-month period</li> <li>• <i>Encounters Per 1,000 Member Months</i> – measures whether amount of encounters is consistent per 1,000 with enrollment</li> <li>• <i>Old Dates of Service Report</i> – shows if plans are submitting encounter data promptly after the service is rendered</li> <li>• <i>Other reports as needed</i></li> </ul>