Introduction

Dr. Eugene D. Stevenson III

Managed Care Plan Data Support Branch Chief

Questions & Answers

» For **GENERAL** questions, please submit your question to the WebEx Q & A message box and please ensure that your questions are visible to all participants, as opposed to sending a private chat to the host.

» For **SPECIFIC** questions, please reach out to your Data Mailbox as will be instructed.

Agenda

» Encounter Data Submission Standards

» Encounter Data Quality Overview & Monitoring
- Quality Measures for Encounter Data (QMED) report cards
- Stoplight Encounter Completeness Reports and Measurements
- Submission Reconciliation Form (SRF)

» Future ECM/CS JSON file submission Plan

» Communication

» Next Steps

» Q&A session

Encounter Data Submission Standards

Debra Dixon

Data Quality Branch Chief

Encounter Data Flow
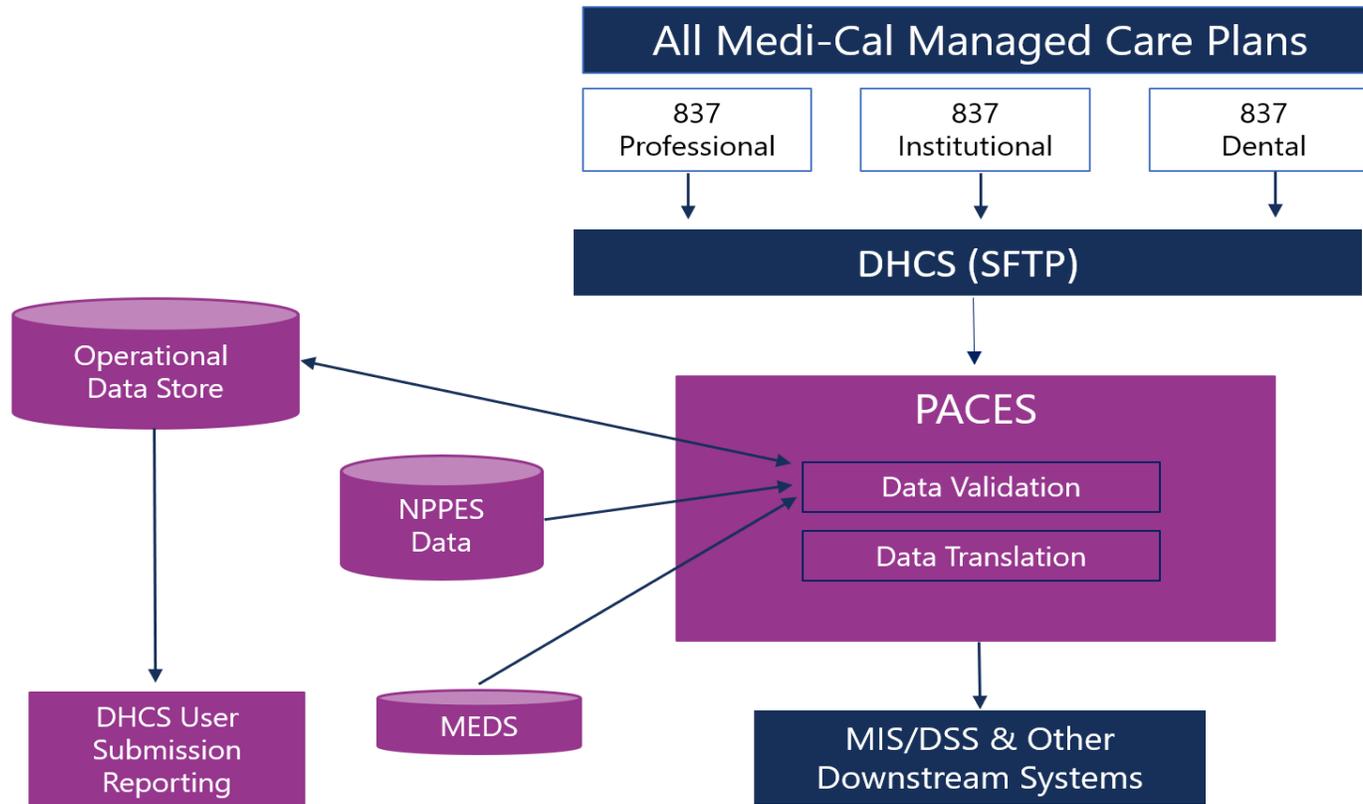
State Regulation of Encounter Data

» DHCS contractually requires Medi-Cal Managed Care Plans (MCPs) to submit complete, accurate, reasonable, and timely encounter data for all services for which they have financial liability.

» Specific encounter data reporting and quality requirements are described in DHCS All Plan Letters (APLs) 20-017:

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-017.pdf

State Regulation of Encounter Data –cont.

» Boilerplate contract Exhibit A, Attachment 3, 2. Details Encounter Data Submission Requirements.

- Two-Plan: [Two Plan Non-CCI Boilerplate (ca.gov)](#)
- GMC: [Exhibit A (ca.gov)](#)
- COHS: [MMCD COHS (ca.gov)](#)
- PACE: [PACE-Boilerplate-Contract-Oct2022-updated.pdf (ca.gov)](#)

Importance of Encounter Data

» Encounter Data is essential to:

- Monitor Medi-Cal's managed care delivery system
- Evaluating major managed care transitions
- Identifying and addressing health care disparities
- Fraud and abuse investigations
- Financial recovery efforts
- Capitated rate development
- Federal reporting requirements

Encounter Data Submission Rules -SFTP

» DHCS has established secure file transfer protocol (SFTP) accounts for each MCP.

- Each MCP must submit its data through the DHCS SFTP site.
- Necessary MCP personnel are granted access to upload data to the SFTP.
- MCPs must not change the SFTP folder structures in any way, as this will disrupt file processing.

Encounter Data Submission Rules -SFTP

» Each MCP has a set of two SFTP folders: one for test and one for production submissions.

- Each SFTP folder includes a "Submit" folder and "Response" folder.
  - Each MCP must submit data files by placing them in the "Submit" folder.

» DHCS' Post Adjudicated Claims and Encounters (PACES) system will automatically pick up the files for processing.

- Once a file has been successfully processed, the files will be automatically removed from the "Submit" folder.

Encounter Data Submission Rules -VRF

» A Validation Response File (VRF) will be returned to each MCP's "Response" folder for each submitted data file.

- The VRF will provide details on whether a file was accepted or rejected in its entirety.
- There will be no partial file acceptance.

» If a file is rejected, the VRF will include information on the errors that occurred within the file.

- A rejected file must be corrected and submitted as a new file by the 10th of the month following the reporting month, e.g., February 10th for January data.
- The file cannot be corrected at the record level; an entirely new file must be submitted.

Encounter Data Quality Overview

Stephen LeFebre

Data Quality Reporting Unit

PACES SFTP Account Requests

» **Please contact your Encounter Data Analyst for access and other requests regarding SFTP accounts for your organization**

- An EDQU staff member <u>MUST</u> approve new or other account requests. Requests are usually completed within 3-5 business days.

- DHCS requests a **limit of 5** active SFTP accounts. Plan accounts are periodically reviewed, inactive accounts may be removed

» If you do not have a specific EDQU contact, please use the MMCDEncounterData@dhcs.ca.gov address to request a contact

PACES SFTP Account Requests -cont.

» Please include the information below for the account holder in the request:

- Plan Name: XYZ
- SFTP Folder(s): DHCS-PACES/Prod/Plans/XYZ/Submit
- Name: John Doe
- Email address: John.Doe@XYZ.com
- Title: Analyst
- File Level Access: Read/Write/Delete

PACES SFTP Directory/Folder Information

» PACES Production and Test Directory paths:

- Directory path Production: /DHCS-PACES/Prod/Plans/XXX
- Directory path Test: /DHCS-PACES/Test/Plans/XXX
- Browser URL: https://etransfer.dhcs.ca.gov
- Client FTP host name: etransfer.dhcs.ca.gov
- Port number: 22

Password Reset

» Passwords expire periodically (usually every 60 days). Reminders are sent 10 days prior to expiration. Reminders include a link to the password reset website.

» If you are unable to reset your password, or your password expires before you can reset, please contact your EDQU liaison, or email:

MMCDEncounterData@dhcs.ca.gov on all SFTP related emails and copy

PACESProductionSupport@dhcs.ca.gov

- Emails regarding SFTP technical issues should be sent to the same addresses

Major Submission Quality Issues – Incorrect File Name

» Incorrect File Names: PACES will not pick up a file unless the filename strictly follows the naming convention

» A common error is including a dash"-" after the first node, instead of an underscore

- MYHEALTHPLAN-678_837P_MCE_20120930.dat

Major Submission Quality Issues – Incorrect File Name –cont.

» The correct file naming convention is:

- XXXX_HHH_837P_MCE_YYYYMMDD_NNNNN.dat
  - XXXX – First node of the file name and is the name of the Health Plan
  - HHH – HCP code
  - 837P_MCE – Designation of file as 837 professional managed care
  - YYYYMMDD – Date of submission
  - NNNNN – Unique identifier to differentiate between encounter data files submitted on the same day by the health plan
- 837 example file : MYHEALTHPLAN_678_837P_MCE_20120930_00001.dat

Major Submission Quality Issues - Duplicates

» Duplicates continue to be top denial reason in Q2 2023

- 0x000CC denials constitute **54%** of all errors
- Only 60% of 0x000CC were successfully replaced or voided
- That means **40% were not acted upon** and remain incomplete
- DHCS conducting internal discussion to address this continuing issue
- EDQU recommends screening for duplicates prior to submission

PACES Database Quality/Integrity

» DHCS PACES database currently has **29,953,938** incomplete encounters.

» Incomplete encounters include denials which **have not been** replaced or voided.

» Does not include denied replacements, voids, or for invalid frequency code, which are not correctable.

» DHCS currently discussing whether to include as a QMED threshold.

Encounter Data Quality Monitoring

C.A.R.T. Dimensions

Quality Dimension	Description
Completeness	Checks for missing, surplus, or duplicate data For instance, the site data should report all the essential details like valid city, county code, Site OSHPD IDs, etc.
Accuracy	Checks for typos and questionable records For example, site email addresses that use forbidden characters, dummy addressees, multiple and misspelled addresses are flagged
Reasonability	Checks if the data is valid and plausible For example, the number of distinct organization names reported in the 274 must be exactly 1 and must correspond to the MCP submitting the file, not any of its subnetworks
Timeliness	Checks for timely submission of data The submission date and time is taken from the most recent submission that was accepted before midnight on the submission day

Quality Measures for Encounter Data (QMED) Report Cards

» Data Quality is defined as: the fitness for use of the data

» Quality Measures for Encounter Data (QMED) defines encounter data quality. The QMED is a quarterly report card based on a series of metrics that evaluate MCP performance based on four quality dimensions – C.A.R.T.

- Data Completeness
- Data Accuracy
- Data Reasonability
- Data Timeliness

Quality Measures for Encounter Data (QMED) Report Cards

Utilizes seven threshold measures to calculate an Encounter Data Quality Grade (EDQG)

Averages the four quarterly EDQGs to arrive at an Encounter Data Grade Point Average

State of California - Health and Human Services Agency
Department of Health Care Services
Encounter Data Quality Report Card
Managed Care Plan of California
2023Q2

Encounter Data Grade Point Average (ED-GPA): 0.0*

Encounter Data Quality Grade (EDQG)

Plan Code	Encounter Data Quality Grade	Quarterly Data Quality Grade	Quarterly Averaged Rate	Quarterly Dimensional Rates			Previous QDQG		
				Completeness	Reasonability	Timeliness	2023Q1	2022Q4	2022Q3
001	Non-Compliant	Needs Improvement	83.33%	100.00%		66.67%	N	N	U
002	Low-Performing	Unacceptable	66.67%	100.00%		33.33%	N	A	N
003	High-Performing	Acceptable	83.33%	100.00%		100.00%	A	N	A
004	Non-Compliant	Needs Improvement	83.33%	100.00%		66.67%	N	N	U
005	Non-Compliant	Unacceptable	16.67%	0.00%		33.33%	N	N	U

» **Released quarterly in February, May, August, and November.**

QMED Updates/Versions

» QMED v1.1 (August 8, 2018) currently in use

- NCPDP/Rx has not yet been deleted from algorithm
- DHCS is not currently sanctioning MCPs based on QMED scores

» DHCS revisiting QMED v2.0; reviewing details

- New measures/thresholds
- NCPDP/RX will be deleted

» QMED v2.0 implementation date TBD

Stoplight Encounter Completeness Reports

» Assesses the completeness of encounter data but is currently measured and reported separately from the QMED

» Compares Encounter Data utilization to Rate Development Template (RDT) generated benchmarks to improve Encounter Data completeness

» MCPs receive either a Green, Yellow, or Red score depending on how close their utilization aligns with capitated rate benchmarks

- Member stratifications: Child, Adult, ACA Optional Expansion, SPD
- Service stratifications: Inpatient, Outpatient + ER, Pharmacy, Professional
- Delegation stratifications: direct risk, delegated risk (global sub-capitation)

Stoplight Encounter Completeness Measurements

» RED – Major encounter completeness challenges

- Encounter completeness percentage (ECP) is less than 70%

» YELLOW – Moderate encounter completeness or other reporting challenges

- ECP is between 70% and 90% or above 110%

» GREEN – No clear encounter completeness challenges

- ECP is between 90% and 110%

Stoplight Report

» Stoplight release date to plans are as follows:

- January, April, July, October

» The 2023 Q3 Stoplight reports have a labeling change to the benchmarks. However, the methodology remains the same:

- Base is now identified as Gross Medical Expense (GME)
- Base Model Average (BMA) is now GME Model Average (GMA)

Examples of Stoplight Encounter Completeness Reports
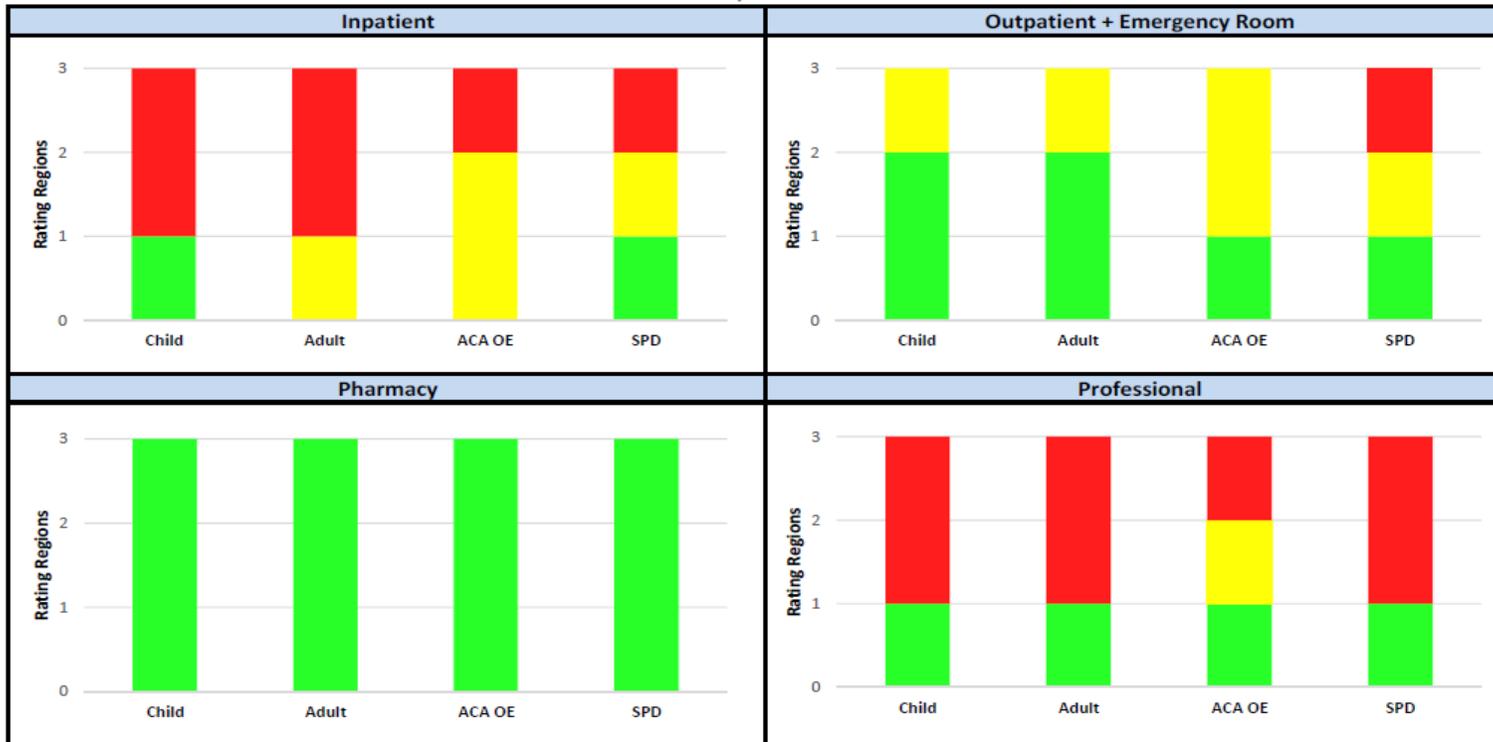
Submission Reconciliation Form (SRF)

» The updated Submission Reconciliation Form (SRF) process for 837I/837P files went live February 2023.

- Monthly SRF forms, which were submitted via Excel template, are now submitted and retrieved via Secure File Transmittal Protocol (SFTP). Files must be sent in the Java Script Object Notation (JSON) format.

- SRF files must be received by the 15th of the month, following the month of submission to PACES. All warnings (0x040000-0x040013) in the response file must be remediated within three business days.

- **"id": "0x040000" "description": "[X12837] Submitted File Name "File Name.dat" Submission Date 20230628 does not match value from PACES 20230629"**

  - Our PACES team has identified an error in their coding which is resulting in the above erroneous "warning" message in response files. If you receive this error, please disregard it until further notice.

  - For any questions regarding the SRF you can contact your plan liaison. Additionally, a technical document is available at the DHCS Documentation Center.

Future ECM/CS JSON file Submission Plan

Dr. Eugene D. Stevenson III

Managed Care Plan Data Support Branch Chief

DHCS

Future timeline: Dynamic Data Collection and Reporting

» DHCS is expanding the use of JSON

» DHCS is making use of the data collected in new ways

» QIMR data elements build the Enhanced Care Management/ Community Support (ECM/CS) JSON files

» Will use the new straightforward onboarding process

JSON Details

» ECM/CS template file conversion to JSON will be done in three phases:

- Managed Care Plans (MCP) will initially submit JSON files for the following:
  - Enhanced Care Management (ECM) Client Index Number (CIN)
  - Complex Care Management (CCM) Client Index Number (CIN)
- Phase 1. ECM expansion
- Phase 2. CS expansion
- Phase 3. CCM expansion

Introduction to ArcGIS visualization tools

» ArcGIS

- Story map
- Experience Builder
- Survey 1, 2, 3
- Dashboard
- Geospatial analysis

ECM/CS JSON Questions

» DHCS sent a revised ECM-CS reporting template that will be effective in Nov for Q3 2023 data. Will they be replaced at the end of the year?

» We have started submitting the ECM encounters, so will we have to submit the JSON file for the ECM in near future?

» Can you provide more details in regard to the ECM and CCM files that will be moving to a new JSON format? Which files will be replaced?

ECM/CS JSON Questions –cont.

» Is ECM/CS data (JSON) submission going to be monthly?

» JSON file be separate from MCPD file?

» When can the plans expect to have the ECM/CS/CCM separate Companion Guide? Will an early draft of the ECM/CS/CCM companion guide be available for comments?

Communication

Communication

» Data group mailboxes

- 274, MCPD/PCPA: MCQMDProviderData@dhcs.ca.gov

- Encounter: MMCDEncounterdata@dhcs.ca.gov

- Documentation Center Access requests: DataExchange@dhcs.ca.gov

- Webinar: MCDSS@dhcs.ca.gov

» If the message is urgent, please mark [URGENT]

MCPs Contact Guidelines

» MCPs shall provide the following at minimum for plan contacts

- Primary technical contact

- Primary compliance contact

- Do not include a contact that plans would not want to have access to certain information (CAPs, etc.)

» MCPs should assign a liaison on their end

- The liaison will distribute as needed internally

Plan Assignments & Communication

» All plans have assigned analysts, a primary contact and a backup contact. If you are unsure about who your current analyst is, please reach out to the Encounter Data group mailbox for clarification.

» Encounter Data mailbox- MMCDEncounterdata@dhcs.ca.gov

Plan Assignments & Communication

» Every time a plan has an inquiry of any type, please do all of the following:

- Send the inquiry to your plan's assigned analyst

- CC the Encounter Data group mailbox at MMCDEncounterdata@dhcs.ca.gov

- If the message is urgent, please mark [URGENT]

Next Steps

Quality Monitoring Status Update

Data Transaction type	Status
Medi-Cal Managed Care Provider Network data (274 Medical MCP)	In production
County Mental Health Plan 274 Provider Network Data (274 MHP)	Counties are being Phased in (90% counties in production)
274 Drug Medi-Cal ODS data (274 DMC-ODS)	DHCS is in the beginning stages with Counties
Dental Managed Care Plans 274 Provider Network Data (274 Dental)	In production
BH – Short Doyle	In production
Encounter data	In production
MCPD/PCPA JSON file expansion	In production

Upcoming Webinar

Month	Focus on
January	**Semi Annual Data checks**
February	BH Short Doyle
March	Qualitative Data Templates
April	**Annual Address**
May	274 Medical Managed Care Provider Data
June	274 MHP

Upcoming Webinar –cont.

Month	Focus on
July	**Semi Annual Data checks**
August	Encounter
September	274 Dental
October	**Monthly Data Checks**
November	274 DMC-ODS
December	MCPD/PCPA files and expansion

DHCS Quality Webinar Series webpage

Quality Measures & Reporting

DHCS monitors the quality of care provided to its members in a number of ways. Below are links to different types of reports that have been developed to monitor DHCS programs and the quality of care provided to our members.

Quality Webinar Series

The resources below provide materials and webinar information related to the quality of managed care data.

- Managed Care Data Quality Monitoring Webinar Series: DHCS is currently hosting a monthly webinar series to improve quality monitoring of Managed Care Data.
- Frequently Asked Questions (FAQ)
- DHCS Documentation Center (DDC): The DDC is our solution for sharing Companion Guides and other Managed Care docs and artifacts used by trading partners (MCPs). The PACES, CAPMAN, MCPD and PCPA Companion Guides and other docs and artifacts are posted here and are available to trading partner staff. Access to the DDC is available to trading partners upon request. Access requests can be sent to dataexchange@dhcs.ca.gov.

Quality Measures

The reports below provide quality measures based on administrative and clinical data such as the Healthcare Effectiveness Data and Information Set (HEDIS) measures and self-reported data such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.

- Dashboard Initiative: DHCS is developing a comprehensive dashboard initiative to strengthen public reporting practices throughout the department while improving transparency and accountability.

» DHCS -> Data & Statistics -> Reports -> Quality Measures and Reporting

https://www.dhcs.ca.gov/dataandstats/Pages/Quality-Webinar-Series.aspx

Resources

» Webinar Series Webpage

- Recording/script, PPT slides deck

- Upcoming Webinar schedule

- Frequently Asked Questions page

- Glossary page

Glossary

Abbreviation	Definition
APL	All Plan Letter
BMA	Base Model Average
CCM	Complex Care Management
ECM/CS	Enhanced Care Management / Community Supports
ECP	Encounter Completeness Percentage
EDQG	Encounter Data Quality Grade
EVR	Encounter Validation Response
GME	Gross Medical Expense
HCP	Health Care Provider
MCPD/PCPA	Managed Care Program Data / Primary Care Provider Assignment

Glossary – cont.

Abbreviation	Definition
MCPs	Medi-Cal Managed Care Providers
MEDS	Medi-Cal Eligibility Data System
MIS/DSS	Management Information System / Decision Support System
NPPES	National Plan & Provider Enumeration System
PACES	Post-Adjudicated Claim and Encounter System
QIMR	Quarterly Implementation Monitoring Report
QMED	Quality Measures for Encounter Data
RDT	Rate Development Template
SFTP	Secure File Transfer Protocol
SRF	Submission Reconciliation Form

Questions ?

Thank you!