Managed Care Data Quality Monitoring Webinar

Monthly Data Checks



Introduction

Amy Peterson, MPA

Managed Care Data Support Section Chief



Questions & Answers

- » For GENERAL questions, please submit your question to the WebEx Q & A message box and ensure that your questions are visible to all participants, or email the Managed Care Webinar Inbox: MCDSS@dhcs.ca.gov
- » For **SPECIFIC** questions, please reach out to your Data Mailbox as will be instructed.

DHCS Staff

- » Speakers
 - Debra Dixon
 - Jeff Jennings
 - Eugene Stevenson
 - Tyler Brennan
 - Amy Peterson

- » Support
 - Soo Jung Kim
 - Atif Habib
 - Samantha Van
 - Abiy Gebereselassie

Agenda

- 274 Medi-Cal Data Submission Standards
- 274 Medi-Cal Data Quality Monitoring Monthly Data Checks
- » DHCS Documentation Center
- » ECM/CS JSON file Submission Plan
- » Communication
- » Next Steps

274 Medical Data Submission Standards

Debra Dixon

Data Quality Branch Chief



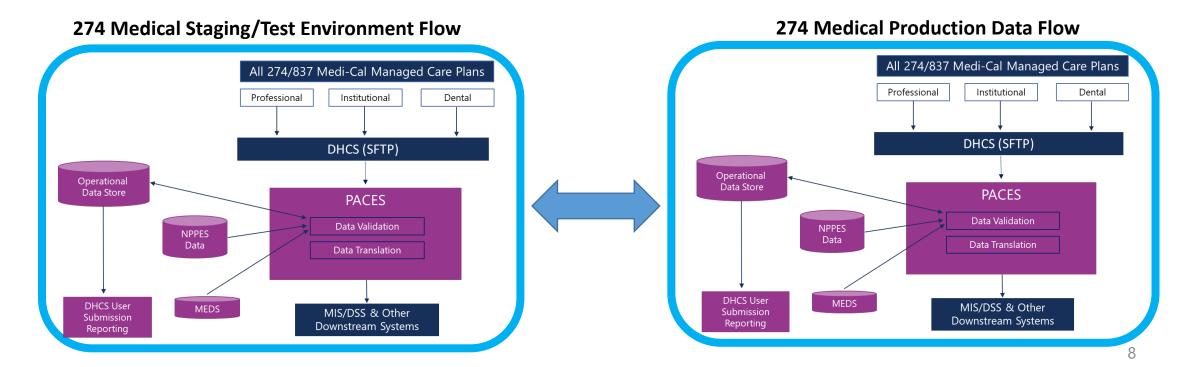
Data Quality Monitoring Objectives: Why Measure?

- » Data Quality Reporting Unit (formerly PDQU) monitors the data collection process of Electronic Data Interchange (EDI) Transaction Data from Managed Care Plans (MCP) that is submitted to the Post Adjudicated Claims and Encounters System (PACES) detailed in <u>APL 20-017</u>
- Standardized data collection of Provider 274 Medical files helps improve data quality and reporting of Medical Managed Care Plans, including annual network certification requirements detailed in <u>APL 23-001</u>

» API = All Plan Letter

Data Quality Monitoring Objectives: Test vs. Production Environment?

>> To aid in data quality, DHCS has a **Staging (Test)** environment that mirrors the **Production** environment to provide MCPs a first check of whether their 274 files will be accepted by the system.



274 Transaction Data Flow

MCP Reporting Structure

Provider Group
ABC Medical
Group

Site
A

Site
B

Provider Provider

Provider

Provider

Provider

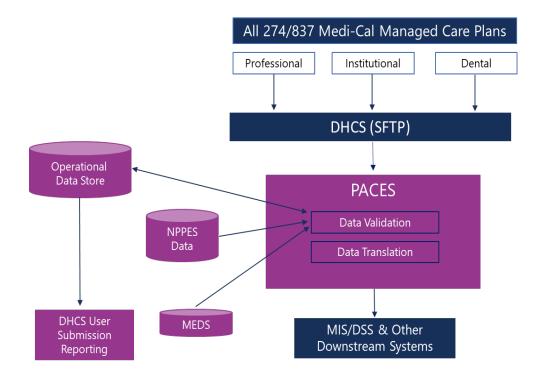
Provider

Provider

Provider

Provider

274 Medical PACES Data Flow



274 Transaction Data Flow, (cont.)

- » MCP Provider network data files should be uploaded to a plan's designated Secure File Transfer Protocol (SFTP) "submit" folder
 - A submitted provider network file should only contain the provider network in place for a single HCP and must be comprised of only 274 transactions.
 - The specific HCP must be included in the submitted file name and the file ISA segment.
 - Each submitted file must reflect the entire network.
- The process forwards the submitted file to a secure internal server for file validation.

274 Transaction Data Flow, (cont.)

- Any responses to a submitted file are posted to the MCP's designated SFTP "response" folder.
 - The sole response file returned is the Validation Response File (VRF).
 - A custom XML, (eXtensible Markup Language), error report detailing each error
 - Identification of each record found to be in error, along with the error number value and message.
- » A 274 file is accepted or rejected (no partial).
 - If a file is rejected, the MCP must make corrections and resubmit as a new file by the 10th of the month following the reporting month.
 - MCPs may submit corrections to accepted files also at any time.

274 Transaction Data Flow, (cont.)

- When processed, the submitted file is deleted from the submission folder.
- If errors are found, the file cannot be corrected at the record level; an entirely new file must be submitted.
- Occasionally, there is a glitch in the server and the VRF can be delayed.
 - Wait 24 hours and then reach out if there has been no response.
- » 274 Provider Directory Companion Guide, Version 2.2
 - Available in the <u>Documentation Center</u>

Submission Rules

- » All MCPs must submit their 274, Managed Care Program Data (MCPD) & Primary Care Provider Assignment (PCPA) data by the 10th of the month to the DHCS PACES system
- » All MCPs must submit their SRF (Submission Reconciliation Form) template by the 15th of the month following the month of submission to PACES
 - For example, data for January 2023, must be submitted no later than February 15, 2023.
 - Any warning messages in the SRF <u>must</u> be corrected & resubmitted

Major Submission Quality Issues

- » Incorrect File Names: PACES will not accept a file unless the filename strictly follows the naming convention
 - A common error is '_MCDP_' typo (instead of '_MCPD_')
 - Another common error is including an underscore "_" in the plan name ("Plan_Name" instead of "Plan-Name")
- The correct file naming convention is: XXXXX-X_TYPE_YYYYMMDD_NNNNN.json
 - MCPD example file: My-Health-Plan_MCPD_20231015_00002.json
 - 274 example file: MYHEALTHPLAN_678_274_20171002_00001.dat
- » NPI not on NPPES: Every NPI field in the 274, MCPD, and PCPA files requires the NPI to be found on NPPES

Examples of Quality Issues

- » Receiving questionable site email addresses
 - includes addresses with misspelled email hosts, addressees with forbidden special characters ('*'or '&')
 - e.g., centerfnd@gamil.com, arnoldpsy&red@yahoo.com
- » Mismatch between the county and county code reported
- » Questionable and unverifiable Site HCAI (formerly OSHPD) ID
 - Includes dummy HCAI IDs and invalid HCAI IDs

274 Medical Data Quality Monitoring Monthly Data Checks



C.A.R.T. Dimension Description

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 HCAI (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 (one) 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

Monthly Data Checks

- Every month the Data Quality Reporting Section, (formerly PDQU and EDQU), performs 17 data quality checks on the 274s submitted by Plans.
- » Each Plan receives a report which summarizes its results.
- For an MCP to receive a passing score, each of the HCPs within the Plan must pass the 17 data quality checks.
- » Plans are encouraged to refer to the reference material provided by DHCS for pass/fail thresholds.

274 MDC Reference Examples

Column	Check Name	Pass Threshold	Description
MDC101	Organization Name	Plan parent	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. This number is defined by the count of distinct values for the data element 2100AA NM103.
MDC202	Safety Net Provider (SNP) Site Count	> 1	The total Safety Net Provider (SNP) site count is the number of distinct sites flagged as SNPs. This number is defined by the count of distinct site NPIs where the Safety Net indicator (2100DA N201) equals "Y". **Specialty plans may be exempt from this measure.

Monthly Data Check Report Examples

September 2023 Network Data (Oct-2023 Submission)

P	lan Aggregate Score (Sept-202	3)
MDC000	Submission Timeliness	PASS
MDC101	Organization Name	PASS
MDC201	Total QASP Count	PASS
MDC202	Safety Net Provider Sites	PASS
MDC301	Site Email Addresses	PASS
MDC302	Site County Codes	PASS
MDC303	Site and Provider Member Counts	PASS
MDC304	Physician Extender Affiliations	PASS
MDC305	Site City Spelling	PASS
MDC306	Site OSHPD ID	PASS
MDC307	Site PCP Flags	PASS
MDC308	Site Telehealth Indicators	PASS
MDC401	Change in Distinct Site NPI Count	PASS
MDC402	Change in Distinct Provider NPI Count	PASS
MDC403	Transaction and Subnetwork Counts	PASS
MDC404	Sees-Children Indicator Distribution	PASS
MDC405	Telehealth Indicator Distribution	PASS

MDC202: Safety Net Provider Sites

МСР	НСР	Total SNP Sites	Result
XXX	XXX	120	PASS

MDC302: Site County Codes

МСР	НСР	Site Records Flagged	Total Site Records Found	Pct. Of Records Flagged	Result
XXX	XXX	0	2,150	0.00%	PASS

MDC305: Site City Spelling

МСР	НСР	Site Reco rds Flagg ed	Total Site Records Found	Pct. Of Records Flagged	Result
XXX	XXX	1	5,150	0.00%	PASS

Resubmission Guidelines

- MCPs are expected to correct all data quality issues outlined in the Monthly Data Checks and then resubmit the entire 274 data file.
- » MCPs must respond to all failed metrics.
- Files with any failed metrics that have not been granted an exemption must be corrected and resubmitted before the next Semi-Annual Data Check.

DHCS Documentation Center

Jeff Jennings

Data Exchange Design Unit Chief



Document Center Access Request Procedure

- The DHCS Documentation Center (<u>DHCS Documentation</u> <u>Center</u>) contains Companion Guides, Technical Documentation and other files/artifacts
- ECM/CS & MCPD/PCPA Technical Documentation, PACES 837,274 Companion Guides, schemas, other files and docs

Document Center Access Request Procedure, (cont.)

- » Primarily Managed Care related, (SDMC [Short-Doyle Medi-Cal] Docs stored separately), more channels and documents are added on an ongoing basis
- » For Doc Center access or Technical assistance, contact <u>DataExchange@dhcs.ca.gov</u>

ECM/CS JSON file Submission Plan

Dr. Eugene D. Stevenson III

Managed Care Plan Data Support Branch Chief



Future timeline: Dynamic Data Collection and Reporting

- » DHCS is expanding the use of JSON
- » Quarterly Implementation Monitoring Report, (QIMR), data elements build the Enhanced Care Management/ Community Support (ECM/CS) JSON files
- Will use the new straightforward onboarding process

ECM/CS Policy Guides & JSON Transition Plan

Tyler Brennan, HPSII

Managed Care Quality Monitoring Division

Program Administration Section



Policy Guides

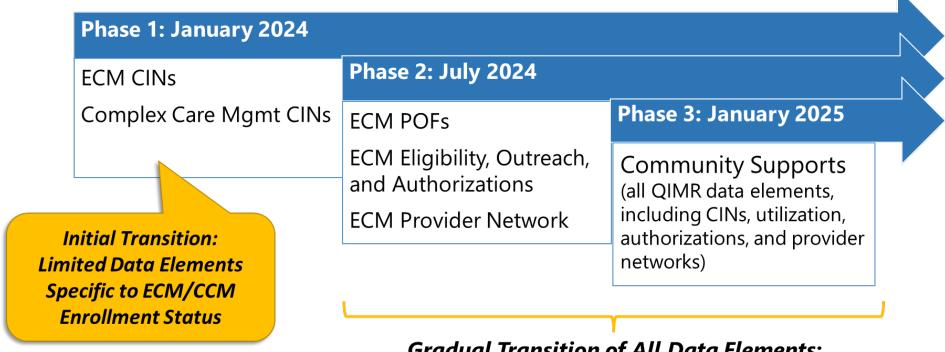
- » Boilerplate, state regulation
 - ECM APL 21-012, Community Supports APL 21-017:
 - MCPs must meet all program and reporting requirements specified by DHCS, applicable state and federal laws and regulations, and MCP contract and APL requirements including appeal rights. MCPs are expected to follow other DHCS guidance pertaining to Community Supports subsequently issued.
- » ECM/CS Companion/Technical guides
 - Available in the <u>DHCS Documentation Center</u>

JSON Transition Phases

- » ECM/CS template file conversion to JSON will be done in three phases:
 - Phase 1. ECM/CCM CIN
 - Enhanced Care Management (ECM) Client Index Number (CIN)
 - Complex Care Management (CCM) Client Index Number (CIN)
 - Phase 2. ECM expansion
 - Phase 3. Community Supports expansion

JSON Transition Timeline

The JSON transition for ECM and Community Supports will be undertaken in three phases and will take at least 18 months to complete.



Gradual Transition of All Data Elements:

DHCS will engage with MCPs in advance to share data specifications and solicit feedback.

Phase 1: ECM/CCM CIN

- MCPs must submit a JSON file containing the following information in the first phase
 - Enhanced Care Management (ECM) Client Index Number (CIN)
 - Complex Care Management (CCM) Client Index Number (CIN)
- » Please send questions to CalAIMECMILOS@dhcs.ca.gov
- » For Technical assistance, contact DataExchange@dhcs.ca.gov

Submission standards

- » All MCPs must submit:
 - ECM/CCM JSON file monthly to the DHCS PACES system
 - The first submission due date will be November 10th, 2023.
 - Files due by the 10th of every month thereafter
 - Suggested Timeline:
 - MCPs submit data by November 10th
 - DHCS validates data January 2024
- » MCPs must continue reporting as normal through the QIMR process within 45 days of the end of each quarter.

Communication

Amy Peterson, MPA

Managed Care Data Support Section Chief



Communication

- » Group mailboxes
 - 274: MCQMDProviderData@dhcs.ca.gov
 - Documentation Center Access requests: <u>DataExchange@dhcs.ca.gov</u>
 - ECM/CS JSON Transition: <u>CalAIMECMILOS@dhcs.ca.gov</u>
 - Webinar: <u>MCDSS@dhcs.ca.gov</u>
- » If the message is urgent, please mark [URGENT] in subject

MCPs Contact Guidelines

- » MCPs are limited to four plan contacts
 - Primary technical contact
 - Primary compliance contact
 - Do not include a contact that should not have access to certain information as decided by the MCP (CAPs, etc.)
- » Assign a liaison to DHCS from the MCP
 - The liaison will distribute information appropriately 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 Provider Box for clarification.
- » Provider Box MCQMDProviderData@dhcs.ca.gov

Plan Assignments & Communication

- » For plan inquiries of any type, please do the following:
 - Send the inquiry to your plan's assigned analyst
 - CC your plan's backup analyst
 - CC the provider data group: <u>MCQMDProviderData@dhcs.ca.gov</u>
 - If the message is urgent, please mark [URGENT]

Next Steps



DHCS Data Collection Status

EDI 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)	DMC-ODS plans must be in production by March 2024
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

Resources





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)
- <u>DHCS Documentation Center (DDC)</u>: 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.

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

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

Resources, (cont.)



















Managed Care Data Quality Monitoring Webinar Series

This monthly webinar series will allow for continued discussion on the status of Managed Care Data Quality Monitoring, which is currently underway at DHCS. Additionally, it will allow for ongoing plan on the development of the necessary changes of the Managed Care Data Quality Monitoring. This discussion will include on the Quality Monitoring Process of 274 Physical Health Medi-Cal Managed Care Provider Data, Dental Data, Mental Health Plan Data, Drug Medi-Cal Organized Delivery System Data, Encounter Data, and Behavioral Health Short Doyle Data.

Please contact MCDSS@dhcs.ca.gov to be invited to this webinar series.

Next webinar: October 25, 2023 at 10 a.m. (Monthly Data Check)

For frequently asked questions, please see the DHCS Managed Care Data Quality Monitoring Frequently Asked Questions page

For a list of common abbreviations and definitions, please see the Managed Care Data Quality Webinar Glossary page.

2023-24 Webinar Schedule

Month	Topic	Webinar Date	Additional Materials
April	Annual Address	4/24/2023	Presentation Slides
May	274 Medical Managed Care Provider Data	5/24/2023	<u>Presentation Slides</u>
June	274 Behavioral Health / Mental Health Program Data	6/28/2023	<u>Presentation Slides</u>
July	Semi Annual Data Checks	7/26/2023	<u>Presentation Slides</u>
August	Encounter Data	8/30/2023	Presentation Slides
September	274 Dental Data	9/27/2023	Presentation Slides

- Webinar Series Webpage
 - Recording/script
 - PPT slides deck
 - Upcoming Webinar schedule
- **Frequently Asked Questions**
- Glossary

Upcoming Webinar Schedule

Month	Focus on
October	Monthly Data Checks
November	274 DMC-ODS
December	MCPD/PCPA files and expansion
January	Semi Annual Data checks; Connected to CAPs
February	BH Short Doyle
March	Qualitative Data Templates

Upcoming Webinar Schedule, (cont.)

Month	Focus on
April	Annual Address
May	274 Medical Managed Care Provider Data
June	274 MHP
July	Semi Annual Data checks; Connected to CAPs
August	Encounter Data
September	274 Dental

Questions?



Thank you!

