

# Encounter Data Quality Improvement Efforts: August 2025 Webinar Questions and QMED 2.0 New Measures

September 24, 2025

Data Reporting and Monitoring Webinar Series

# Introduction

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Research Data Specialist II/Webinar Moderator  
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# Agenda

- » August Webinar Questions #1-5
- » Documentation Center and Guidance
- » QMED 2.0 New Measures
  - Duplicate Service Lines
  - Denied Encounter Turnaround

# DHCS Staff

## » Speaker

- Christine Fesler

## » Support

- Felicia Oropeza
- Abiy Gebereselassie
- Mei Shan Ng
- Xiaoyan Ma
- Alvin Bautista

# Questions & Answers

- » For **GENERAL** questions, please submit your question to the WebEx chat and please ensure that your questions are visible to all participants, because the host is not monitoring private chat to the host.
- » For **SPECIFIC** questions, please reach out to the appropriate Data Mailbox as will be instructed closer to the end of this presentation.

# Before we move on

- » Today's webinar is being recorded for documentation purposes.
- » Link to Part One of the EDIP Series – November 2024 Webinar: [Encounter Data Quality Improvement Efforts: Part One](#)
- » Link to Part Two of the EDIP Series – February 2025 Webinar: [Encounter Data Quality Improvement Efforts: Part Two](#)
- » Link to Part Three of the EDIP Series – June 2025 Webinar: [Encounter Data Quality Improvement Efforts: Part Three](#)
- » The recorded video, script, and presentation materials will be uploaded to [Data Reporting and Monitoring Webinar Series](#)
- » The glossary and FAQs are also updated regularly every month.

# August Webinar Questions

Christine Fesler

Data Quality Reporting Unit

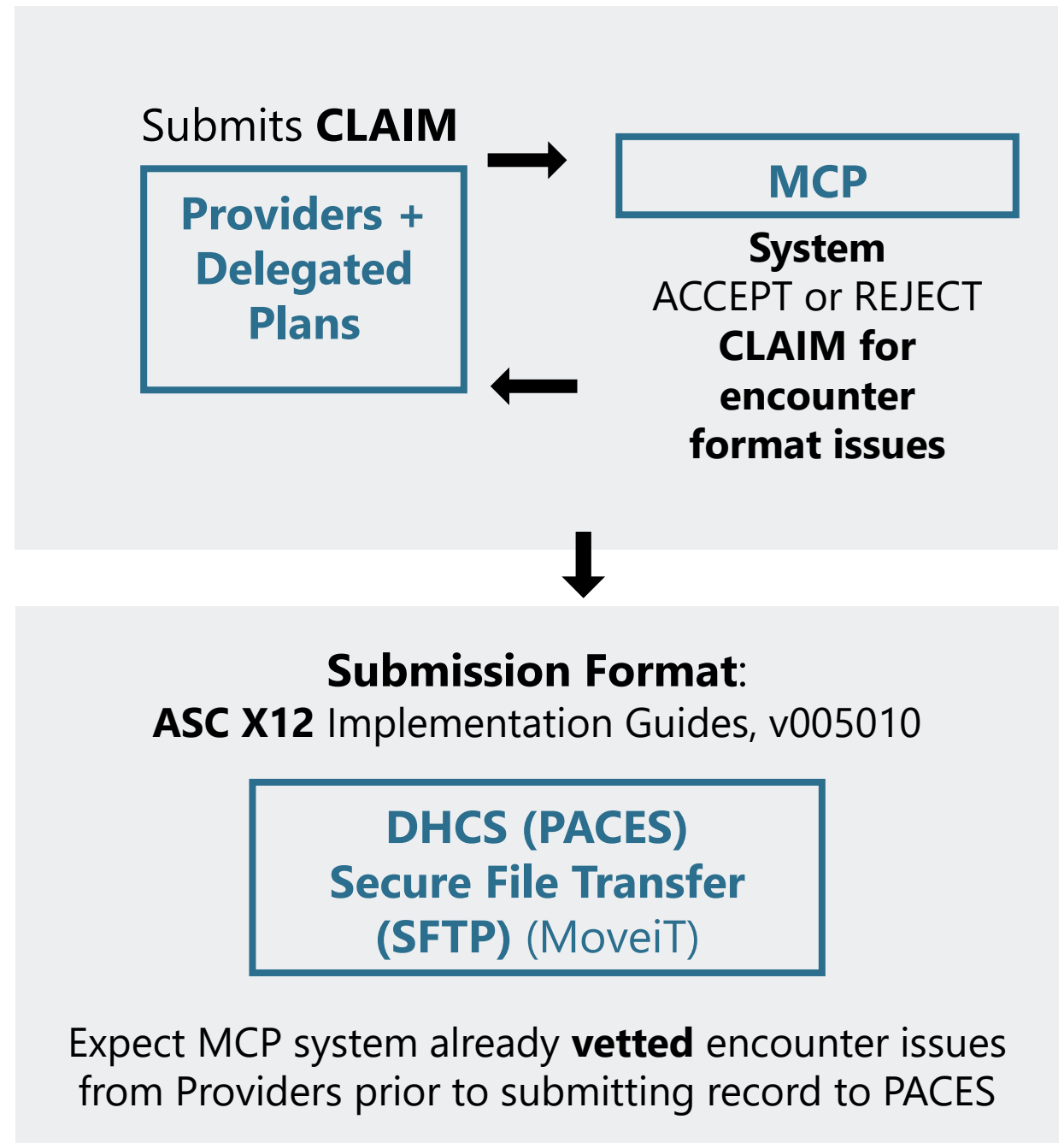
Health Information Management Division

# August Webinar Questions

1. Encounter Data Corrections and Resubmissions
2. Denied Encounter Turnaround
  - a. Institutional Encounters
  - b. Professional Encounters
3. How this QMED 2.0 Measure differs from current QMED Measure
4. QMED 2.0 Measure Submission Lagtime
  - a. Institutional Encounters
  - b. Professional Encounters
5. Denied Encounters due to Non-Unique Claim Control Number
  - a. Correcting a Submitted Encounter (Use of CGs and IGs.)
  - b. DHCS Companion Guide and ASC X12 guide

# Managed Care Plan: Encounter Data

- » Denied encounters must be resubmitted within 15 days from denial.
- » The 15-day timeframe begins upon receipt of denial notice (EVR) from PACES.



# August Webinar Question 1

## **Encounter Data Corrections and Resubmissions**

If the correction needs to come from a provider how will the MCO/MCP meet the 15-day deadline?

» What does contract say?

- 1.2.6 Contractor's Obligations (i.e. payment and claims data)
- 2.1.2 Encounter Data Reporting
- 2.1.4 Network Provider Data Reporting
- 2.1.8 Management Information System/Data Correspondence
- 3.1 Network Provider Agreements, Subcontractor Agreements, Downstream Subcontractor Agreements, and Contractor's Oversight Duties

# August Webinar Question 2.a: 2024 Boilerplate Contract and QMED 2.0: Timeliness of Corrections

"...Contractor must ensure that corrected Encounter Data is resubmitted within 15 calendar days of the date of DHCS' notice, or as mandated through federal law."

- » At least 99.5% of denied encounters that can be corrected are submitted and accepted within 15 days to be compliant

## Denied Encounter Turnaround – Institutional Encounters

$$\left( \frac{\text{Number of 837I encounters denied in the reporting quarter BUT corrected within 15 days of PACES VRF}}{\text{Number of 837I encounters denied in the reporting quarter that are **correctable**}} \right) * 100$$

# August Webinar Question 2.b: 2024 Boilerplate Contract and QMED 2.0: Timeliness of Corrections

"...Contractor must ensure that corrected Encounter Data is resubmitted within 15 calendar days of the date of DHCS' notice, or as mandated through federal law."

- » At least 99.5% of denied encounters that can be corrected are submitted and accepted within 15 days to be compliant

## Denied Encounter Turnaround – Professional Encounters

$$\left( \frac{\text{Number of 837P encounters denied in the reporting quarter BUT corrected within 15 days of PACES VRF}}{\text{Number of 837P encounters denied in the reporting quarter that are **correctable**}} \right) * 100$$

# August Webinar Question 3:

## 2024 Boilerplate Contract and QMED 2.0

How this QMED 2.0 Measure differs from current QMED Measure

- » Denominator excludes denied encounters that cannot be corrected (see DHCS PACES Error Addenda in Documentation Center)
- » At least 99.5% must be corrected within 15 days to be compliant

Excluded denied encounters are those that may be...

- » Denied replacement encounters
- » Denied void encounters
- » Encounters denied for invalid frequency type

# August Webinar Question 4:

## 2024 Boilerplate Contract and QMED 2.0

How does this QMED 2.0 Measure differ from current QMED Measure?

- » Compliance no longer measured against rolling timeframe
- » At least 90% must be submitted within 60 days from Date of Service to be compliant

# August Webinar Question 4.a: 2024 Boilerplate Contract and QMED 2.0: Timeliness of Submissions

"Contractor must submit complete, accurate, reasonable, and timely Encounter Data within six Working Days of the end of each month following the month of payment..."

» At least 90% of encounters must be within 60 days to be compliant

## **QMED 2.0 Measure Submission Lagtime for Institutional Encounters**

Percent of 837I encounters with lagtime < 60 days =

$$\left( \frac{\text{Number of 837I encounters submitted in the quarter with (Submission Date – Date of Service) < 60 days}}{\text{Number of 837I encounters submitted in the quarter}} \right) * 100$$

# August Webinar Question 4.b: 2024 Boilerplate Contract and QMED 2.0: Timeliness of Submissions

“Contractor must submit complete, accurate, reasonable, and timely Encounter Data within six Working Days of the end of each month following the month of payment...”

» At least 90% of encounters must be within 60 days to be compliant

## **QMED 2.0 Measure Submission Lagtime for Professional Encounters**

Percent of 837P encounters with lagtime < 60 days =

$$\left( \frac{\text{Number of 837P encounters submitted in the quarter with (Submission Date – Date of Service) < 60 days}}{\text{Number of 837P encounters submitted in the quarter}} \right) * 100$$

# August Webinar Question 5

## **Denied Encounters due to Non-Unique Claim Control Number**

- » Why are 20% of denied encounters due to the Claim Control Number being a duplicate?
  - Claim Control Number is created by MCPs for the 837 files
  - What does X12 documentation say?
  - Revisit August Webinar material

# August Webinar Question 5.a:

## Documentation Guidance

- » DHCS 837P X12 Companion Guide Section 3.24 Correcting a Submitted Encounter
- When a submitter needs to correct an encounter, the following data must be provided
  - Ref: Payer Claim Control Number, REQUIRED if Loop ID 2300 CLM CLM05- 3 indicates **this encounter is a replacement or a void of a previous encounter.**

To Replace Previously Submitted and Accepted Encounter		Notes
CLM01	== CLM01 on the encounter being replaced or voided	
Encounter-ID to be corrected	Used/placed in Payer Claim Control Number REF Segment in 2300 Loop-ID (REF*F8)	From 277 or EVR
Claim Frequency Code	A value of either "7" (replacement) or "8" (void) must be placed in the CLM05-03	<b>MUST USE</b> ASCX12 Implementation Guide

# August Webinar Question 5.a: Documentation Guidance Cont.

DHCS 837P X12 Companion Guide Section 3.3 Claim Level Detail				ASC X12 Implementation Guide: Health Care Claim: Professional (837)
Loop ID	Ref:	Claim Information	Notes/Comments	Starts on page 157
2300	CLM01	Claim Control Number	Must be a unique number when Claim Frequency Code = '1'. The <b>first three characters must be the HCP number</b> of the plan the beneficiary was enrolled in at the time of the encounter	<b>Source:</b> Identifier created for the purpose of tracking a claim created by the Health Care Provider via payment <b>Maximum Character Limit:</b> 20

- » From the Implementation Guide and DHCS CG, what should the first three characters of the CLM01 be? **Please put your answer in chat.**

# August Webinar Question 5.b: Medi-Cal Managed Care Specific Guides

**Note:** DHCS Documentation Center Access requests: [dataexchange@dhcs.ca.gov](mailto:dataexchange@dhcs.ca.gov)

» DHCS Companion Guides used in conjunction with the ASC X12 Implementation Guides for California-specific reporting requirements.

» **Resources for QMED 2.0**

DHCS Companion Guide	ASC X12 Implementation Guide	ASC X12 Unique ID
837 Institutional (837I) v3.9	ASC X12 Implementation Guide: Health Care Claim: Institutional (837)	005010X223A1
<b>837 Professional (837P) v3.7</b>	<b>ASC X12 Implementation Guide: Health Care Claim: Professional (837)</b>	<b>005010X222A1</b>

# Low Hanging Fruit

- » What this means for second largest cause of 837P medical encounter denials:
  - MCOs/MCPs are submitting Claim Control Numbers for encounters that were previously used by MCO/MCP; meaning they ARE NOT unique
    - **or IsUniqueClaimControl == FALSE** and generates EVR Error Code **0x00222**
  - Per Implementation Guide, these identifiers arise from payments to Health Care Providers for services rendered to member
  - This means MCOs/MCPs are responsible for ensuring Claim Control Numbers they use for an encounter in CLM01 is unique **UNLESS** it is for a replacement or void for a previously accepted encounter (the original encounter must have unique CLM01 though!)

# Feedback Time

## **Please put in chat**

- » Do MCPs have a process to manage CLM01?
- » How can DHCS better understand some reasons why CLM01s are not properly used per Implementation Guide?

# Documentation Center and Guidance

Data Quality Reporting Unit

Health Information Management Division

# What is the DHCS Documentation Center?

- » DHCS Documentation Center: [DHCS Documentation Center Overview.pdf](#)
- » DHCS Documentation Center Subjects Covered:
  - **MCPD, PCPA, MSRP**
  - **CAPMAN** (820, 834) member data
  - **Short-Doyle** Medi-Cal (SDMC)
  - **ECM-CS JSON** guides/schemas
  - **PACES guides** (274 Provider, 837 Encounters)
    - 837 guides/schemas
    - PACES test CINs
    - 274 guides/schemas
- » DHCS Documentation Center Access requests: [dataexchange@dhcs.ca.gov](mailto:dataexchange@dhcs.ca.gov)

# QMED 2.0 Measures: Duplicate Service Lines and Denied Encounter Turnaround Time

Statistics and Compliance

# Duplicate Service Lines: 837 Medical Encounters\*

QMED 2.0 Measure of  
Uniqueness:

QMED 2.0 Compliance  
threshold starting at 5%.

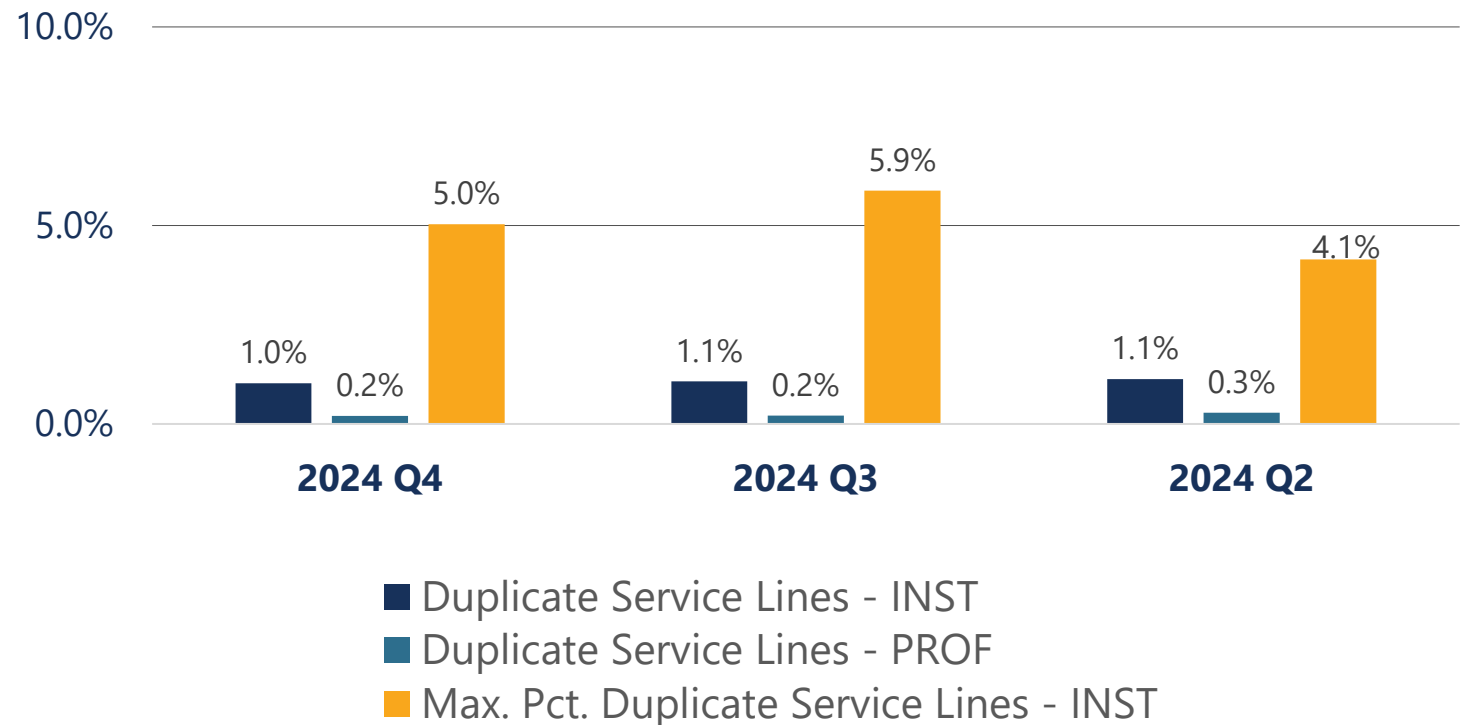
**Will go to 0% post QMED  
2.0 roll-out**

837 – INST encounter  
service lines have the  
highest rate of duplicates

Driven by < 5 MCPs

\*Values exclude PACE, SCAN,  
and other non-Medical  
Medi-Cal Plan Types

**Duplicate Service Lines by Quarter and  
Transaction Type**



# QMED 2.0: Duplicate Service Line Measure Logic

Service Line Elements Compared	837I Duplicate SL Logic	837P Duplicate SL Logic
HCP	Yes	Yes
Client Index Number (CIN)	Yes	Yes
Date of Service (Start and End)	Yes	Yes
Admission Date and Discharge Hour	Yes	N/A
Rendering Provider ID (Type 1)	Yes	Yes
Procedure Code	Yes	Yes
Procedure Modifier 1 - 4	Yes	Yes
Drug Code	Yes	Yes
Revenue Code	Yes	N/A
Attending Provider Identifier	Yes	N/A
Diagnosis Code	Yes	N/A
*Excluded encounters with modifiers:	59, 76, 77, XS, 25, XE, XP, XU	

# Denied Encounter Turnaround: 837 Medical Encounters\*

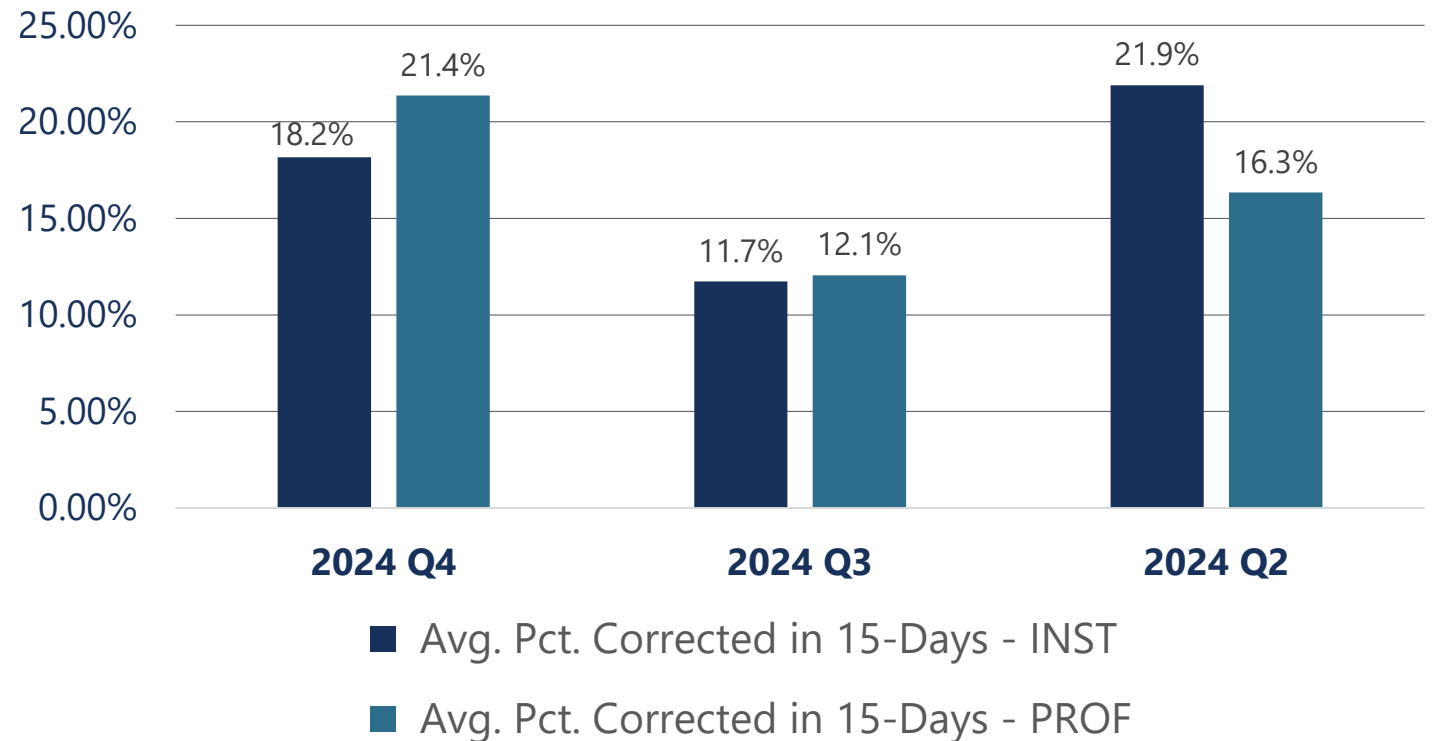
QMED 2.0 Measure of  
Timeliness:

QMED 2.0 Compliance  
threshold of 99.5%. \*

In 2024 Q4, **zero of 24**  
MCPs / MCOs PASS  
Compliance. This is a  
contract requirement

\*Values exclude PACE, SCAN,  
and other non-Medical  
Medi-Cal Plan Types

**Average Percent of Denied Encounters Corrected  
in 15-Days by Quarter and Transaction Type**



Questions?

# Communication & Resources

# Communication

## » Data group mailboxes

- 274 Medical Provider, Encounter (837I/837P, 837D) Data Quality Reports: [DataQualityReportingUnit@dhcs.ca.gov](mailto:DataQualityReportingUnit@dhcs.ca.gov)
- DHCS Documentation Center Access requests: [dataexchange@dhcs.ca.gov](mailto:dataexchange@dhcs.ca.gov)
- Technical questions related to Data Feed, ECM/CS/CCM JSON: [EDIMDataSupport@dhcs.ca.gov](mailto:EDIMDataSupport@dhcs.ca.gov)
- MCDSS Webinar Support: [MCDSS@dhcs.ca.gov](mailto:MCDSS@dhcs.ca.gov)

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

# Medical Managed Care Program

Resource Emails	Topics
<a href="mailto:MCQMD@dhcs.ca.gov">MCQMD@dhcs.ca.gov</a>	<ul style="list-style-type: none"> <li>» MCPAR Critical Incidences</li> <li>» CMS Requirement for Managed Care Program Annual Report (MCPAR)</li> <li>» Primary Care Provider Assignment (PCPA) Policy</li> <li>» Managed Care Program Data (MCPD)</li> </ul>
<a href="mailto:MCBHOMD@dhcs.ca.gov">MCBHOMD@dhcs.ca.gov</a>	Managed Care Plans send Managed Care Plan Annual Reports to DHCS for each delivery system by email to this address
<a href="mailto:MMCDPMB@dhcs.ca.gov">MMCDPMB@dhcs.ca.gov</a>	<ul style="list-style-type: none"> <li>» General Inquiries</li> <li>» <a href="#">Medi-Cal Managed Care</a></li> <li>» Managed Care contract managers</li> </ul>
<a href="mailto:MCODReadiness@dhcs.ca.gov">MCODReadiness@dhcs.ca.gov</a>	<ul style="list-style-type: none"> <li>» SFTP Access Set Up</li> <li>» Plan Onboarding</li> <li>» Managed Care Contracts</li> </ul>

# Dental Managed Care

Resource Emails	Topics
<a href="mailto:DMCdeliverables@dhcs.ca.gov">DMCdeliverables@dhcs.ca.gov</a>	274 Dental Provider and 837 Encounters
<a href="mailto:Dental@dhcs.ca.gov">Dental@dhcs.ca.gov</a>	Medi-Cal Dental Information
<a href="mailto:DentalManagedCare@dhcs.ca.gov">DentalManagedCare@dhcs.ca.gov</a>	Dental Managed Care

# Behavioral Health Managed Care

Resource Emails	Topics
<a href="mailto:CountySupport@dhcs.ca.gov">CountySupport@dhcs.ca.gov</a>	<ul style="list-style-type: none"><li>» Behavioral Health Managed Care Plan Annual Report</li><li>» Behavioral Health 1915 (b) Appeals and Grievance Report</li></ul>
<a href="mailto:NAOS@dhcs.ca.gov">NAOS@dhcs.ca.gov</a>	Behavioral Health Network Adequacy
<a href="mailto:MEDCCC@dhcs.ca.gov">MEDCCC@dhcs.ca.gov</a>	<ul style="list-style-type: none"><li>» Behavioral Health Short Doyle Claims</li><li>» Short Doyle Claim Denials/Recoupments</li></ul>

# Programs for All-Inclusive Care for the Elderly (PACE) Organizations

Resource Emails	Topic(s)
<a href="mailto:PACECompliance@dhcs.ca.gov">PACECompliance@dhcs.ca.gov</a>	Program for All-Inclusive Care for the Elderly (PACE) Plan policy and compliance questions
<a href="mailto:pacecontractmanager@dhcs.ca.gov">pacecontractmanager@dhcs.ca.gov</a>	<ul style="list-style-type: none"><li>» SFTP Access and changes</li><li>» PACE Organization onboarding</li></ul>

# Technical Support

Resource Emails	Topics
<a href="mailto:DataExchange@dhcs.ca.gov">DataExchange@dhcs.ca.gov</a>	<ul style="list-style-type: none"><li>» Technical Assistance with Submitting a JSON file</li><li>» DHCS Documentation Center access</li><li>» Excel Data Template questions that Data Collection Unit (DCU) handles</li></ul>
<a href="mailto:EDIMDataSupport@dhcs.ca.gov">EDIMDataSupport@dhcs.ca.gov</a>	Technical Questions related to Data Feed, ECM/CS/CCM JSON
<a href="mailto:CalAIMECMILOS@dhcs.ca.gov">CalAIMECMILOS@dhcs.ca.gov</a>	<ul style="list-style-type: none"><li>» ECM/CS/CCM JSON Exchange</li><li>» Monitoring and compliance oversight of Managed Care Plans' implementation of the new ECM/CS benefits</li></ul>
<a href="mailto:MCDSS@dhcs.ca.gov">MCDSS@dhcs.ca.gov</a>	Data Reporting and Monitoring Webinar Technical Support

# Next Webinar Preview

» **October 2025 Webinar topic TBD**

» Meeting Information

- Date: October 29, 2025
- Time: 10 a.m. to 11:30 a.m.

# Thank you!

Please send any questions and comments about the webinar series or this event to [MCDSS@dhcs.ca.gov](mailto:MCDSS@dhcs.ca.gov)

