

Managed Care Data Quality Monitoring Webinar

Semi Annual Data Checks and Updates
(274 Medical Data, Encounter data, ECM/CS/CCS JSON)

Introduction

Amy Peterson, MPA

Managed Care Data Support Section Chief

Agenda

- » Semi Annual Data Checks
- » Frequent Issues and Warnings
- » Encounter Data Improvement Project
- » ECM/CS/CCM JSON Exchange
- » Communication & Resources

DHCS Staff

» Speakers

- Amy Peterson
- Christine Fesler
- Paul Lee
- Janet Oto

» Support

- Abiy Gebereselassie
- Mei Shan Ng
- Samantha Van
- Xiaoyan Ma
- Soo Jung Kim

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.

274 Medical Data Quality Monitoring

Semi Annual Data Checks

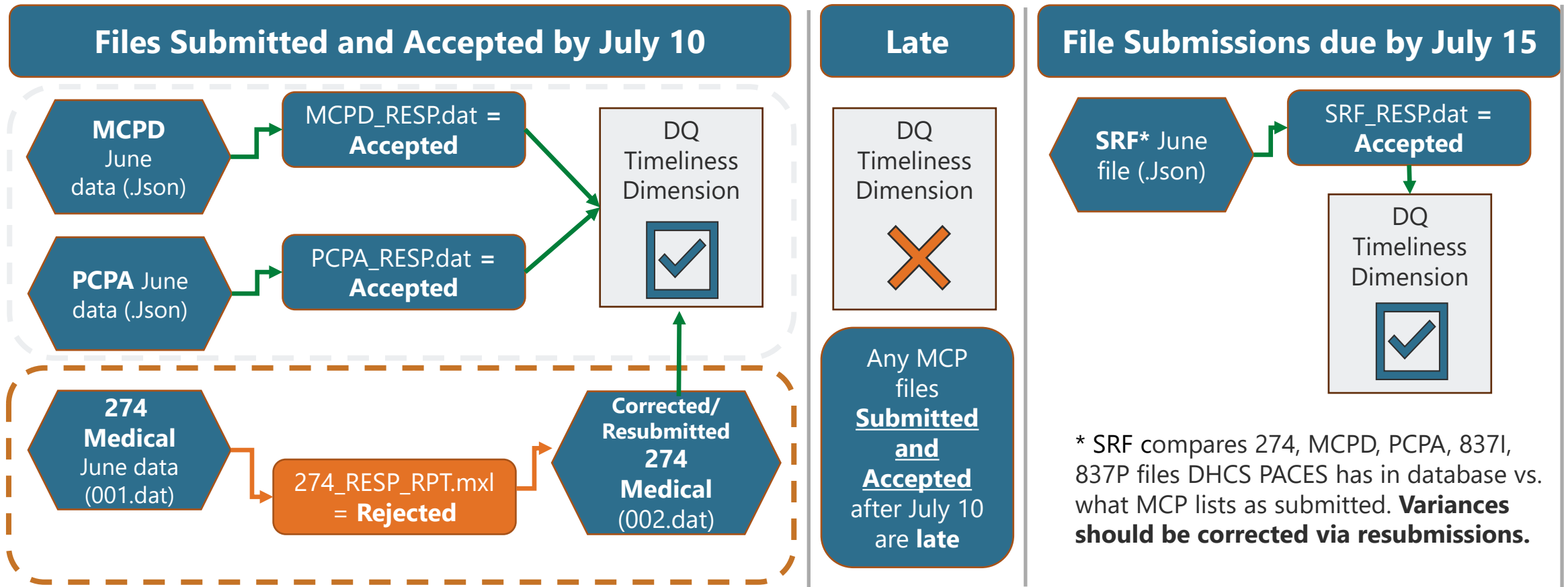
Christine Fesler

Data Quality Reporting Unit Chief

What is Data Quality?

- » Systematic approach to establish and enforce standards, rules and guidelines that ensure DHCS data is fit for use. All Plan Letters, [APL 20-017](#) and [APL 23-001](#), establish criteria for reporting data.
- » Definition of “**fit for use**” will vary based on the type of data and the data owner/stakeholders that will use the data to make decisions. Example: Health Services Advisory Group – [Timely Access Report CY2022](#) links 274 provider data quality and its impact to health care delivery.
- » The higher the data quality, the more the data meets defined expectations and the more confidence data owners/stakeholders have in making decisions based on the data.
- » Focus is on measuring and increasing the quality of data and exists at different levels of granularity including:
 - Data Element
 - Data Record
 - Data File

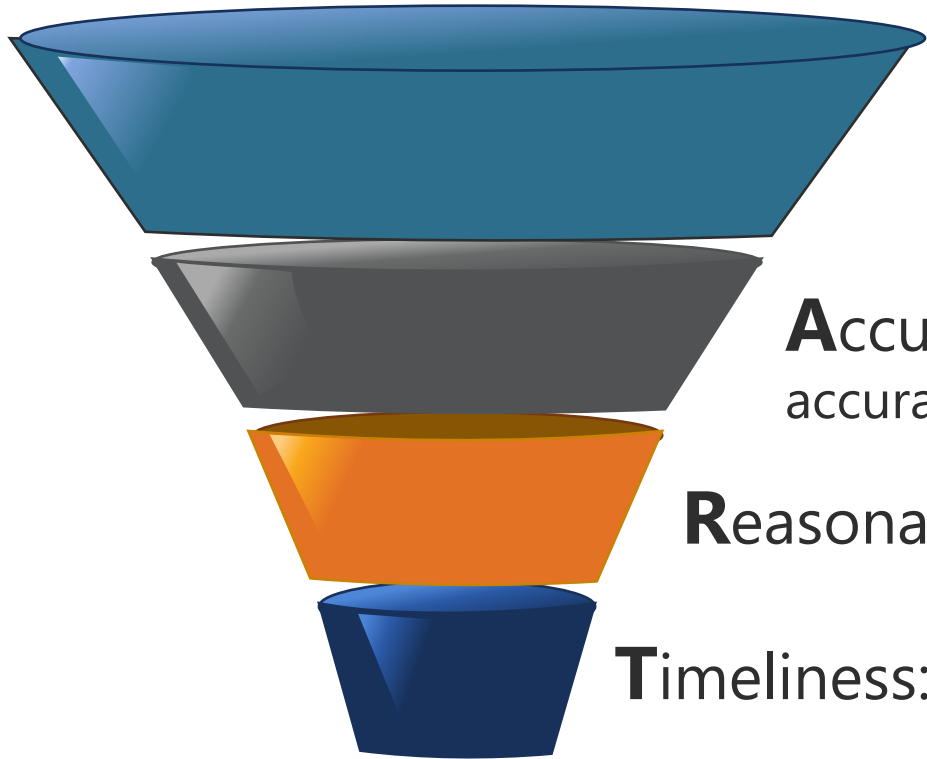
274 June Data Files: Data Quality Submission Lifecycle



Resubmission Guidelines

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

274 Medical Data Quality Dimensions



Completeness: are REQUIRED data fields included?

Accuracy: do data fields match expected formats and meet accuracy thresholds?

Reasonability: do the populated data fields consist of valid options?

Timeliness: was the file SUBMITTED and ACCEPTED by deadline?

C.A.R.T

How to Measure Data Quality Dimensions?

- » **Threshold Based Assessments:** DHCS has a threshold-based assessment of the monthly 274 Medical files submitted by Managed Care Plans ("MCP") to DHCS PACES.
- » **The Monthly Data Check ("MDC"):** 17 data quality ("DQ") measures assess 274 Medical data against a variance threshold (the **C.A.R.T** dimensions).
 - If data > (greater) than measure's threshold, then measure score = **"FAIL"**.
 - MCPs are expected to correct and **resubmit** 274 Medical files before the expected SDC reporting period to address data deficiencies.
- » **The Semi-annual Data Check ("SDC"):** Same DQ measures as MDC. Assesses MCP responsiveness to reported data quality issues flagged in the prior six MDCs.
- » **Accuracy:** 274 Medical resubmissions are included in the SDC report with a six-month look-back to ensure any corrected data is captured and reflected in DQ scores.
 - Season 1 2024 (Jan. – Jun. data) SDC was sent to MCPs 7/16/2024.
 - Season 2 2024 (July – Dec. data) is expected to be sent Jan. 2025.

How to Report Data Quality Dimensions?

Data Quality Reporting: Threshold Based Assessment

Track and Communicate Ongoing Data Quality Issues

Mar. 2024 Example Plan Provider Data Check ("MDC")

(April 2024 274 Medical Submissions)		
Submission Timeliness Met	Yes	PASS
Organization Name	1	PASS
Total QASP Count	≥1	PASS
Safety Net Provider Sites	≥1	FAIL
Site Email Addresses	<2%	FAIL
Site County Codes	<2%	PASS
Site and Provider Member Counts	<50%	PASS
Physician Extender Affiliations	<50%	PASS
Site City Spelling	<2%	PASS
Site OSHPD ID	<5%	PASS
Site PCP Flags	<5%	PASS
Site Telehealth Indicators	<2%	PASS

Within 15 days of receiving MDC, Plan Provides explanation **WHY** and steps to remedy DQ issue(s).

DHCS will assist Plan with DQ issues arising from tech/ Companion Guide change requests

July Semi-annual Data Check ("SDC")

Uses MDC data quality ("DQ") measures

Jan.
MDC

Feb.
MDC

Mar.
MDC

Apr.
MDC

May
MDC

Jun.
MDC

Example Plan June 2024 SDC Report

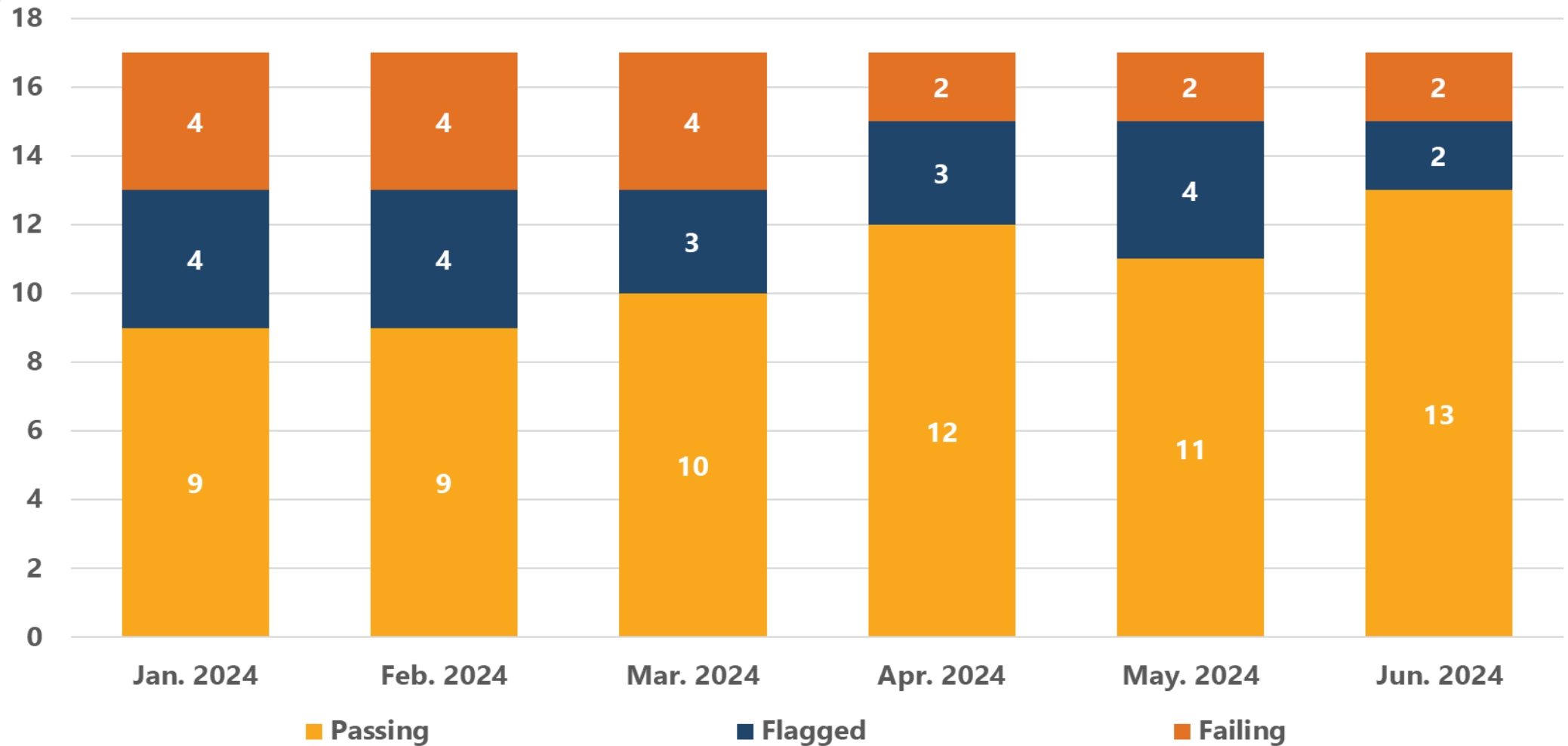
Safety Net Provider Sites

HCP 001	202401	PASS
HCP 001	202402	PASS
HCP 001	202403	FAIL
HCP 001	202404	FAIL
HCP 001	202405	PASS
HCP 001	202406	PASS

Plan has **HAS** improved its DQ score over the last two months of SDC period

Example Plan's SDC Report: 1H 2024

Monthly 274 Medical Submissions



Frequent Issues and Warnings

Christine Fesler

Data Quality Reporting Unit Chief

SDC 1H 2024 Data Quality Issues

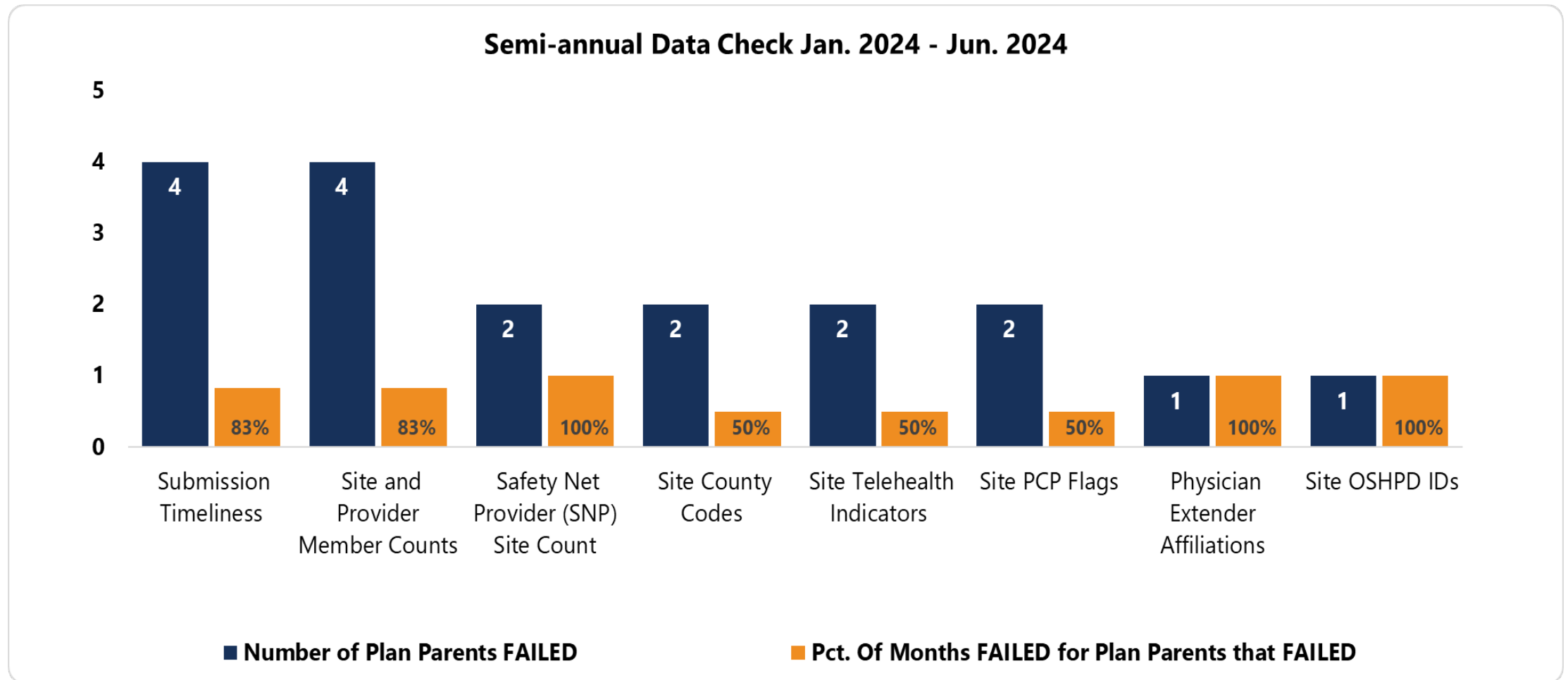
- » Top DQ measures not meeting threshold
- » Purpose of reviewing Flagged issues
 - June 2024 Flagged Records Report: thousands to address

DQ Measure Flagged	Count of Flagged Records	Count of Plan Parents
Site and Provider Member Counts	37,343	24
Site County Codes	1,413	8
Site PCP Flags	1,353	13
Site Telehealth Indicators	963	14
Site City Spelling	322	12
Site Email Address	129	12
Site OSHPD IDs	74	12

Top DQ Measures Not Meeting Threshold

- » 1H 2024 SDC Data: January 2024 – June 2024
- » Avg. 25 MCPs/Plan Parents per month
 - six months of 274 submitted files
 - 12 DQ threshold measures
- » Take-Away: Most MCPs **PASS** DQ measure
 - 21 MCPs **PASS** 11 DQ Measures
 - Three MCPs **FAIL** ~75% of all DQ measures in the SDC
 - ~Two MCPS **FAIL same measure** every month in the SDC
- » Managed Care Plans/Plan Parents consistently performing below threshold for same measure, **subject to DHCS enforcement pathways per the APLs**

Top DQ Measures Not Meeting Threshold



SDC Measure Reference

- » MCPs: know the DQ measure descriptions. This is included in every SDC and MDC for Managed Care Plans to review. Know your measures.

274 Data Checks Reference			
Measure ID	Measure Name	PASS Threshold	Description
MDC303	Site and Provider Member Counts	< 50%	<p>The percentage of records which are identified as questionable is the percentage of all Primary Care Physician (PCP) site and provider records with questionable member counts. This includes:</p> <ul style="list-style-type: none">- sites with an assigned member count greater than its maximum member count- providers with an assigned member count greater than their maximum member count- providers with maximum or assigned member counts of 1 or fewer at both the site and provider level <p>The numerator is the sum of the number of distinct PCP site records and the number of PCP provider records meeting any of the above criteria. The denominator is the sum of the number of distinct PCP site records and the number of distinct PCP provider records. The number of distinct site records is based on site NPI, site name, and site address, and only includes sites that have been flagged as PCP (2120DA TPB01 = "3E"). The number of distinct provider records is based on provider name and provider NPI and only includes providers that have been flagged as a PCP at a given site (2120EA TPB01 = "3E").</p>

June 2024 Flagged Records

- » Along with the MDC, Managed Care Plans receive a Flagged Records report for the DQ Measures.
- » Flagged Records reflect DQ issues the Managed Care Plan should review and correct.
- » Warnings could turn into Errors (file rejections) and potential enforcement actions if Managed Care Plan continues to submit inconsistent data quality.

DQ Measure Flagged	Count of Flagged Records	Count of Plan Parents
Site and Provider Member Counts	37,343	24
Site County Codes	1,413	8
Site PCP Flags	1,353	13
Site Telehealth Indicators	963	14
Site City Spelling	322	12
Site Email Address	129	12
Site OSHPD IDs	74	12

Encounter Data Improvement Program (EDIP)

Paul Lee

Health Care Delivery Systems Specialist

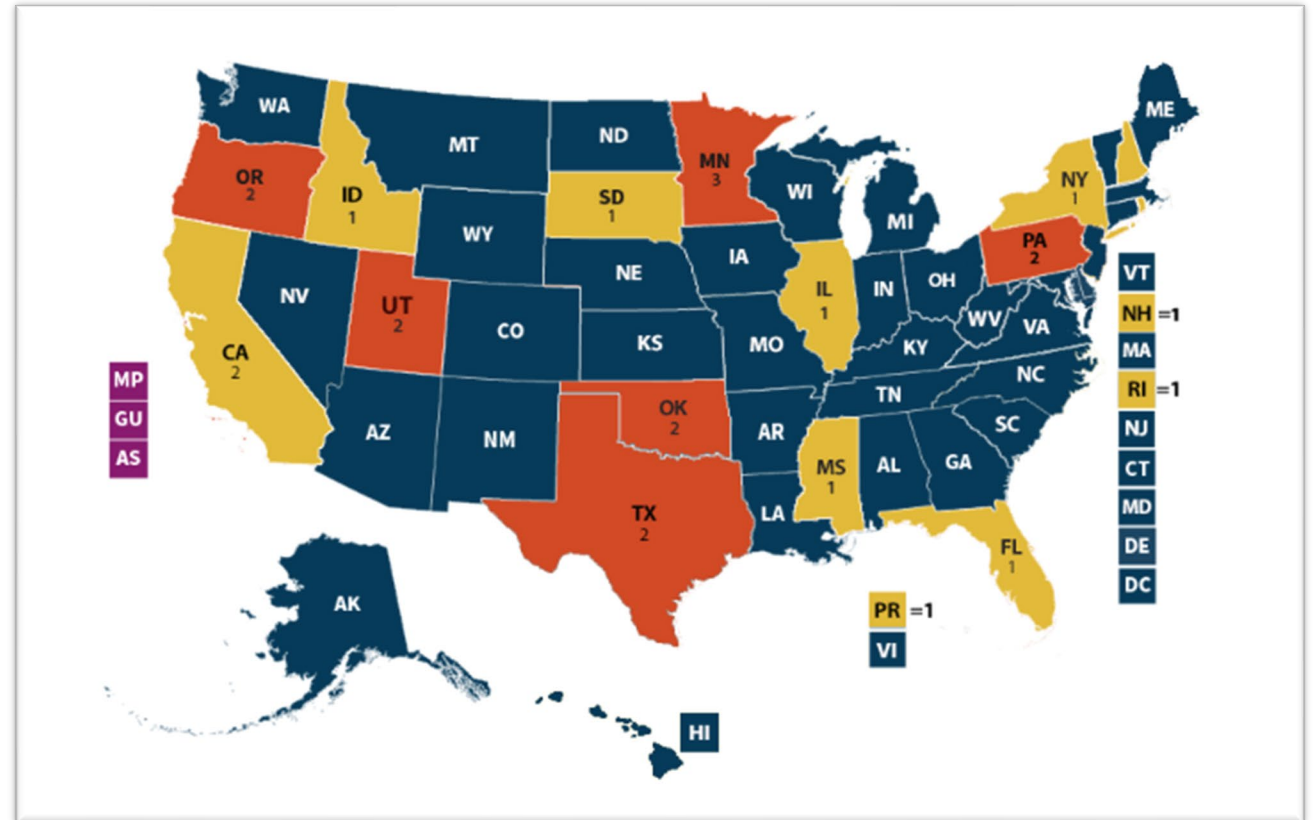
Why is the Quality of Encounter Data So Important?

- » Encounter Data is used by CMS to evaluate the effectiveness of Medicaid policy, ensuring public trust and enabling innovation.
- » Encounter Data is used by DHCS to set actuarially sound rates, evaluate quality performance, ensure integrity, and monitor program compliance.
- » Plans use Encounter Data to fulfill reporting obligations, continuously improve their delivery systems, and collaborate with Partners.
- » Providers report high quality encounter data as a basis for fair compensation and as an integral dimension of delivering whole-person care for all Medi-Cal members.

We're getting better!

T-MSIS Data Quality Progress for Outcomes Based Assessment (OBA)

- » California is no longer "in the **RED**" on the CMS map showing states that are failing to meet data quality targets in critical priority areas
- » California is currently "in the **YELLOW**" because we still have room for improvement in some high priority areas including expenditure data
- » Working together, we expect to get "in the **BLUE**" - consistently achieving all CMS data quality targets



New Work in Progress -->

Encounter Data Quality Improvement (EDQI) projects

» **Encounter Data Improvement Program (EDIP)**

- Grant funding will enable Vendors to work with selected Providers to identify and remediate encounter data issues.
- The project will be managed by a Third-Party Administrator chosen by DHCS.
- The project will address issues across the encounter data lifecycle, starting with a special emphasis on Provider workflows.
- DHCS will engage MCPs to help identify specific providers with encounter data reporting issues and demonstrate how to apply.

» **Quality Measures for Encounter Data (QMED 2.0)**

- The DHCS Data Quality Planning team is working with partners on a refresh of our original QMED report design.
- For many Plans, pharmacy services were carved out, so these measures have been taken out of their QMED reports.
- Our DHCS data quality framework for assessing Completeness, Accuracy, Reasonableness, and Timeliness is getting fine tuned.
- New dimensions that are being developed in response to DHCS & CMS priorities include Uniqueness and Consistency.
- We are developing a technical assistance process to support Plans as they address issues identified in the QMED 2.0 reports.

All-comers webinars later this summer will present program details and timelines

ECM/CS/CCM JSON Exchange

Janet Oto

Data Exchange Integration Unit Specialist

ECM/CS/CCM JSON Timeline

Timeline is subject to change.

Phase 1: Jan 2024

Enhanced Care Management CINs

Complex Care Management CINs
(New for JSON only)

Phase 2: June 2024 (Currently In)

Enhanced Care Management

QIMR data elements

Phase 3: December 2024

Community Supports

QIMR data elements

Phase 4: April 2025

Complex Care Management

CCM data elements

(New for JSON only)

Plans will report via *both* JSON and QIMR Excel simultaneously.

ECM/CS/CCM JSON Exchange

Important Information Regarding Phase 2

» Important Dates

- **Testing/Staging**
 - Started June 2024
- **Production**
 - Starts August 2024



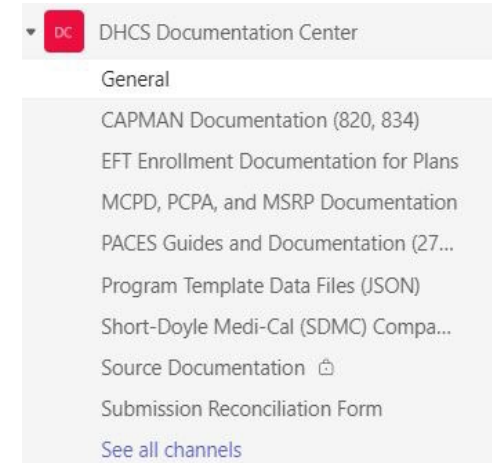
ECM/CS/CCM JSON Exchange Important Resources

» Documentation Center

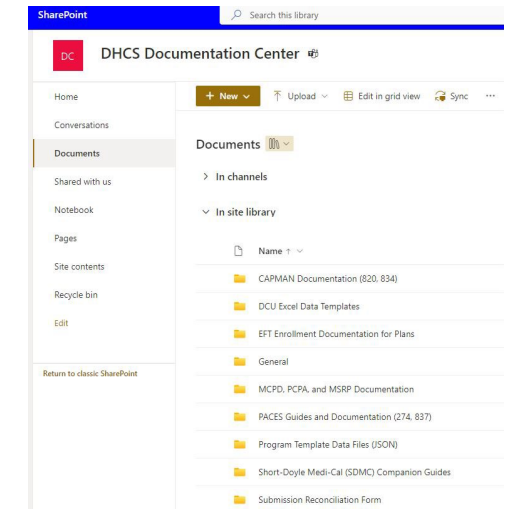
- [DHCS Documentation Overview](#)
- [Technical Document Guide_v2.0](#)
- [Data Dictionary_v2.0](#)

» Contact EDIMdatasupport@dhcs.ca.gov mailbox with any questions regarding ECM/CS/CCM JSON Exchange.

Teams View of Doc Center



SharePoint View of Doc Center



Communication & Resources

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

Communication

» Data group mailboxes

- 274 Medical (Physical Health): MCQMDProviderData@dhcs.ca.gov
- 274 Behavioral Health Plans (MHP & DMC-ODS): 274Expansion@dhcs.ca.gov
- 274 Dental: DMCdeliverables@dhcs.ca.gov
- Encounter: MMCDEncounterData@dhcs.ca.gov
- BH Short Doyle: MEDCCC@dhcs.ca.gov
- PACE: PACECompliance@dhcs.ca.gov
- DHCS Documentation Center Access requests: dataexchange@dhcs.ca.gov
- Technical questions, ECM/CS/CCM JSON: EDIMDataSupport@dhcs.ca.gov
- MCDSS Webinar Support: MCDSS@dhcs.ca.gov

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

Resources



Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

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 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.

If you would like notifications regarding these and any upcoming webinars, [please click here](#) to Subscribe/Unsubscribe.

Please contact MCDSS@dhcs.ca.gov if you have questions about this webinar series.

Next webinar: July 31, 2024 at 10 a.m.

Additional Resources and Related Materials

- [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.
- [DHCS Managed Care Data Quality Monitoring Frequently Asked Questions](#)
- [Managed Care Data Quality Webinar Glossary](#)

[Back to the Quality and Measures Reporting page](#)

2024 Webinar Schedule

Month	Topic	Webinar Date	Webinar Materials
January	Semi Annual Data Checks	1/31/2024	Presentation Slides
February	Behavioral Health Short Doyle	2/28/2024	Presentation Slides
March	Excel Data Templates	3/27/2024	Presentation Slides
April	Annual Address	4/24/2024	Presentation Slides
May	Encounter Data Validation Testing	5/29/2024	Presentation Slides
June	274 Behavioral Health	6/26/2024	Presentation Slides
July	Semi Annual Data Checks	7/31/2024	Available August 2024
August	Encounter Data	8/28/2024	Available September 2024
September	274 Dental Data	9/25/2024	Available October 2024
October	Monthly Data Checks	10/30/2024	Available November 2024
November	274 Behavioral Health / Drug Medi-Cal ODS	11/27/2024	Available December 2024
December	MCPD/PCPA files and expansion	To be determined	Available January 2025

» [Webinar Series Webpage](#)

- Recording/script
- PPT slides deck
- Upcoming Webinar schedule
- Distribution List Subscription Link

» [Frequently Asked Questions](#)

» [Glossary](#)

DHCS Data Collection Status

Data Transaction type	Status
Med-Cal Managed Care Plans 274 Provider Network data (274 MCP)	In production
County Mental Health Plans 274 Provider Network Data (274 MHP)	In production
County Drug Medi-Cal Organized Delivery Systems 274 Provider Network Data (274 DMC-ODS)	75% of DMC-ODS plans are in production
Dental Managed Care Plans 274 Provider Network Data (274 Dental)	In production
BH – Short Doyle	In production
Encounter data	In production
Excel Data Templates	In production
MCPD/PCPA JSON file expansion	In production

Questions ?

Thank you!

