2024–25 ENCOUNTER DATA VALIDATION STUDY REPORT

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

HSAG HEALTH SERVICES ADVISORY GROUP

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COMMONLY USED ABBREVIATIONS AND ACRONYMS

Following is a list of abbreviations and acronyms used throughout this report.

- §—Section
- ACU—data element accuracy rate
- CA—California
- CFR—Code of Federal Regulations
- CHIP—Children's Health Insurance Program
- CSA—California State Auditor
- DAMT—Data Accuracy Measure Threshold
- DBA—doing business as
- DCMT—Data Completeness Measure Threshold
- DDG—DHCS Data De-Identification Guidelines
- DHCS—California Department of Health Care Services
- DME—durable medical equipment
- E&M—evaluation and management
- EDO—encounter data omission rate
- EDV—encounter data validation
- HCP—Health Care Plan
- HSAG—Health Services Advisory Group, Inc.
- MCMC—Medi-Cal Managed Care program
- MCP—managed care health plan
- MRO—medical record omission rate
- MRR—medical record review
- NPI—national provider identifier
- PSP—population-specific health plan
- QMED—quality measures for encounter data

EXECUTIVE SUMMARY

Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. Therefore, the California Department of Health Care Services (DHCS) requires its contracted Medi-Cal Managed Care program (MCMC) managed care health plans (MCPs) and population-specific health plans (PSPs) (collectively referred to as "plans") to submit high-quality encounter data. Completeness and accuracy of these data are essential to the success of DHCS' overall management and oversight of the MCMC.

In accordance with Title 42 Code of Federal Regulations (CFR) Section (§) 438.358(c)(1), DHCS contracts with Health Services Advisory Group, Inc. (HSAG), to conduct encounter data validation (EDV) studies. DHCS agreed to conduct the EDV study annually in response to findings and recommendations from California State Auditor (CSA) audit 2018-111 (C18-16), *Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services*.[1] For contract year 2024–25, the goal of the EDV study was to continue to examine the completeness and accuracy of the professional encounter data submitted to DHCS by the plans through a review of medical records. HSAG assessed the encounter data submitted by 21 MCPs and two PSPs.[2]

Methodology

Medical and clinical records are considered the "gold standard" for documenting access to and quality of health care services. During contract year 2024–25, HSAG evaluated MCMC encounter data completeness and accuracy via a review of medical records for physician services rendered between January 1, 2023, and December 31, 2023. The study answered the following question:

- Are the data elements *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name*, found on the professional encounters, complete and accurate when compared to information contained within the medical records?

[1] Auditor of the State of California. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services. March 2019. Available at: Report 2018-111 (ca.gov). Accessed on: Oct 22, 2025.

[2] Refer to Appendix A for a list of plans included in this study.

HSAG conducted the following actions to answer the study question:

- Identified the eligible population and generated samples from data extracted from the DHCS data warehouse.
- Assisted the plans to procure medical records from providers, as appropriate.
- Reviewed medical records against DHCS encounter data.
- Calculated study indicators.

Key Findings from Medical Record Review

Table 1 displays the statewide results for each study indicator. Of note, for the medical record omission rate and encounter data omission rate, lower values indicate better performance.

Table 1—Statewide Results for Study Indicators

Note: Rates shaded in gray and denoted with a cross (+) indicate having met the EDV study standards.

— indicates that the study indicator is not applicable for a data element.

*This data element is calculated based on the results from the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements.

Key Data Elements	Medical Record Omission Rate	Encounter Data Omission Rate	Element Accuracy Rate
EDV Study Standards	Less than 10 percent	Less than 10 percent	More than 90 percent for each data element or 80 percent for all-element accuracy rate
Date of Service	10.2%	3.3%+	—
Diagnosis Code	14.3%	1.6%+	99.5%+
Procedure Code	19.4%	7.5%+	98.4%+
Procedure Code Modifier	27.7%	3.2%+	93.6%+

Key Data Elements	Medical Record Omission Rate	Encounter Data Omission Rate	Element Accuracy Rate
Rendering Provider Name	11.0%	3.3%+	68.9%
All-Element Accuracy	—	—	45.3%
All-Element Accuracy Excluding Rendering Provider Name*	—	—	65.0%

Encounter Data Completeness

Omissions identified in the medical records (services located in the encounter data but not supported in the medical records) and omissions identified in the encounter data (services located in the medical records but not in the encounter data) illustrate discrepancies in completeness of DHCS' encounter data. Overall, DHCS' encounter data were relatively complete for the key data elements when compared to the medical records. Below are relevant findings.

- None of the five data elements assessed for this study had medical record omission rates (services located in the encounter data but not supported in the medical records) of less than 10 percent and therefore did not meet the EDV study standard. The data elements had medical record omission rates ranging from 10.2 percent (*Date of Service*) to 27.7 percent (*Procedure Code Modifier*).
- None of the medical record omission rates meeting the standard was partly attributed to the low medical record submission rates (plans with lower medical record submission rates would be expected to have higher [i.e., poorer] medical record omission rates for each key data element) among two large plans. Since the statewide medical record omission rates are calculated using weighted averages, the rates for these two plans had a greater effect on the statewide rates.
- All five data elements shown in Table 1 had encounter data omission rates (services located in the medical records but not in the encounter data) of less than 10 percent, indicating they met the EDV study standard.

Encounter Data Accuracy

- Among the four data elements evaluated for accuracy, three data elements (*Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) had accuracy rates greater than 90 percent, which met the EDV study standard. Statewide, 68.9 percent of rendering provider names identified in the electronic encounter data were supported by medical record documentation.
- Nearly half of the dates of service (45.3 percent) present in both data sources contained matching values for all four key data elements (*Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name*). This accuracy rate increased to 65.0 percent when the matched values included only three data elements—*Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*.

When comparing the 2024–25 results to the 2023–24 results, the number of statewide rates meeting the EDV study standards decreased by two, resulting in none of the medical record omission rates meeting the 2024–25 EDV study standard. For this study, lower medical record submission rates for Anthem Blue Cross and L.A. Care contributed to the increased statewide weighted rates for medical record omission.

Recommendations

Similar to the 2023–24 EDV study, results from the 2024–25 study show continued opportunities for improvement. DHCS should continue to work with the plans to identify the factors affecting data completeness and accuracy and determine ways to improve study results that did not meet the EDV study standards.

OVERVIEW AND METHODOLOGY

Overview

Accurate and complete encounter data are critical to assessing quality, monitoring program integrity, and making financial decisions. Therefore, DHCS requires its plans to submit high-quality encounter data. Completeness and accuracy of these data are essential to the success of DHCS' overall management and oversight of the MCMC.

In keeping with 42 CFR §438.358(c)(1), DHCS contracts with HSAG to conduct EDV studies. The EDV studies HSAG conducts are designed to supplement the quality assurance protocols and procedures maintained internally by DHCS according to §438.242. These protocols are in place to ensure that enrollee encounter data, submitted by the plans, are a complete and accurate representation of the services provided to Medi-Cal members under the plans' contracts with the State. Additionally, the EDV studies HSAG conducts are designed to meet the periodicity schedule required in §438.602(e) for an independent audit of the accuracy, truthfulness, and completeness of encounter data submitted by, or on behalf of, each plan. Note that §438.602(e) originated in the 2016 Children's Health Insurance Program (CHIP) and Medicaid Final Rule and is effective for Medicaid managed care contracts started on or after July 1, 2017.[3]

Additionally, DHCS agreed to conduct the EDV study annually in response to findings and recommendations from CSA audit 2018-111 (C18-16), *Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services*.[4]

For contract year 2024–25, the goal of the EDV study was to continue to examine the completeness and accuracy of the professional encounter data submitted to DHCS by the plans through a review of medical records. HSAG assessed the encounter data submitted by 21 MCPs and two PSPs.[5]

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[3] Medicaid and Children's Health Insurance Program (CHIP) Programs; Medicaid Managed Care, CHIP Delivered in Managed Care, and Revisions Related to Third Party Liability (CHIP and Medicaid Final Rule), (May 6, 2016) Federal Register Document Citation No. 81 FR 27497. Accessed on: Oct 22, 2025.

[4] Auditor of the State of California. Department of Health Care Services: Millions of Children in Medi-Cal Are Not Receiving Preventive Health Services. March 2019. Available at: Report 2018-111 (ca.gov). Accessed on: Oct 22, 2025.

[5] Refer to Appendix A for a list of plans included in this study.

Methodology

Medical and clinical records are considered the "gold standard" for documenting access to and the quality of health care services. For contract year 2024–25, HSAG evaluated MCMC encounter data completeness and accuracy via a review of medical records for physician services rendered between January 1, 2023, and December 31, 2023. This study answered the following question:

- Are the data elements in Table 2 found on the professional encounters complete and accurate when compared to information contained within the medical records?

Of note, DHCS included the rendering provider names in the professional encounter data by linking the rendering national provider identifier (NPI) in the encounter data to the provider data in DHCS' data warehouse. Also, as rendering provider names may not be legibly documented in members' medical records, results for the data element *Rendering Provider Name* should be interpreted with caution.

Table 2—Key Data Elements for Medical Record Review

Key Data Elements	
Date of Service	Diagnosis Code
Procedure Code	Procedure Code Modifier
Rendering Provider Name	

To answer the study question, HSAG conducted the following steps:

- Identified the eligible population and generated samples from data extracted from the DHCS data warehouse.
- Assisted the plans with the procurement of medical records from providers, as appropriate.
- Reviewed medical records against the DHCS encounter data.
- Calculated study indicators.

Study Population

To be eligible for the medical record review (MRR), a member had to be continuously enrolled in the same plan during the study period (i.e., between January 1, 2023, and December 31, 2023), and had to have at least one professional visit during the study period. In addition, HSAG excluded members with Medicare or other insurance coverage from the eligible population[6] because DHCS does not have complete encounter data for all services that these members received. In this report, HSAG refers to "professional visits" as the services that meet all criteria in Table 3.

Table 3—Criteria for Professional Visits Included in the Study

Note: The names and abbreviations for all plans included in the study are shown in Appendix A.

*The 274 provider data refer to the provider network data that plans submitted to DHCS using the X12 Healthcare Provider Information Transaction Set (274).

**The Fiscal Intermediary Provider Type descriptions are associated with the billing provider.

Data Element	Criteria
Criteria for Claim Type	
Claim Type	Claim Type = "4" (Medical/Physician) or other encounters submitted to DHCS in the 837 professional format **AND** PGM_CD = "2" (Managed care encounter data)
Criteria for Providers	
Fiscal Intermediary Provider Type**	Audiologists
	Certified nurse midwife
	Certified nurse practitioner
	Community clinic
	County clinics not associated with hospital
	Group certified nurse practitioner

[6] SCAN Health Plan members are exceptions to this exclusion since all SCAN members are dual eligible (i.e., have Medi-Cal and Medicare coverage).

Data Element	Criteria
	Group optometrists
	Home health agencies
	Licensed clinical social worker—group
	Licensed clinical social worker—individual
	Licensed professional clinical counselor—group
	Licensed professional clinical counselor—individual
	Licensed professionals
	Marriage and family therapist—group
	Marriage and family therapist—individual
	Multispecialty clinic
	Occupational therapists
	Optometrists
	Otherwise undesignated clinic
	Physical therapists
	Physicians
	Physicians group
	Podiatrists
	Psychologists
	Rural health clinic or federally qualified health center
	Speech therapists
	Unknown when billing provider is Kaiser for Kaiser Permanente, and Kaiser Permanente's plan partners (i.e., AAH, CalOptima, CCHP, GCHP, HPSJ—San Joaquin, HPSM, IEHP—Riverside/San Bernardino, KHS, L.A. Care, Partnership—Southeast, Partnership—Southwest, SCFHP, and SFHP). Note: Additional providers with "Unknown" provider type may be added to the study based on the data review and approval from DHCS.

Data Element	Criteria
OR	
Primary care providers based on the 274 provider data*	PROV_PRIMARYCARE_PHYSICIAN = "true" and LICENSURE_TYPE is "MD" or "NPA"
OR	
Specialists based on the 274 provider data*	PROV_SPECIALIST = "true" and LICENSURE_TYPE = "MD"
Criteria for Place of Service	
Place of Service	Assisted living facility
	Emergency room (hospital)
	Federally qualified health center
	Group home
	Home
	Independent clinic
	Office
	Public health clinic
	Rural health clinic
	Telehealth provided in patient's home
	Telehealth provided other than in patient's home
	Urgent care facility
Criteria for Procedure Code	
Procedure Code	If all detail lines for a visit had one of the following procedure codes, the visit was excluded from the study since these procedure codes are for services outside the scope of work for this study (e.g., durable medical equipment [DME], dental, vision, and ancillary providers).

Data Element	Criteria
	» A procedure code starting with "B," "E," "D," "K," or "V" » Procedure codes between A0021 and A0999 (i.e., codes for transportation services) » Procedure codes between A4206 and A9999 (i.e., codes for medical and surgical supplies, miscellaneous, and investigational) » Procedure codes between T4521 and T4544 (i.e., codes for incontinence supplies) » Procedure codes between L0112 and L4631 (i.e., codes for orthotic devices and procedures) » Procedure codes between L5000 and L9900 (i.e., codes for prosthetic devices and procedures) » Procedure codes with "F" as the fifth digit » Procedure codes related to blood pressure quality measures (i.e., G8476, G8477, G8752, G8753, G8754, G8755, G8783, G8785, G8950, and G9273)

Sampling Strategy

HSAG used a two-stage sampling technique to select samples based on the member enrollment and encounter data extracted from the DHCS data warehouse. HSAG first identified all members who met the study population eligibility criteria. HSAG then randomly selected 411 members[7] from the eligible population for each of the 23 participating plans. Then, for each selected sampled member, HSAG used the SURVEYSELECT procedure in SAS®[8] to

[7] The sample size of 411 is based on a 95 percent confidence level and a margin of error of 5 percent for potential plan-to-plan comparisons.

[8] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

randomly select one professional visit[9] that occurred in the study period (i.e., between January 1, 2023, and December 31, 2023). Additionally, to evaluate whether any of the dates of service were omitted from DHCS' encounter data, HSAG reviewed a second date of service rendered by the same billing or rendering provider (i.e., based on billing or rendering identifier) during the review period. The providers selected the second date of service, which was within the study period and closest to the sampled date of service, from the medical records for each sampled member. If a sampled member had no second visit with the same provider during the review period, HSAG evaluated only one date of service for that member. As such, the final number of cases reviewed was between 411 and 822 cases in total for each plan.

HSAG selected an equal number of cases from each plan to ensure an adequate sample size when reporting rates at the plan level; therefore, adjustments were required to calculate the statewide rates to account for population differences among plans. When reporting statewide rates, HSAG weighted each plan's raw rates based on the volume of professional visits among the eligible population for each plan. This approach ensured that no plan was over- or underrepresented in the statewide rates.

Medical Record Procurement

Once the methodology was finalized, HSAG met with the plans in November 2024 to introduce the study and inform the plans about the medical record procurement process. During the meeting, HSAG also shared example documents such as a sample list, a template of a letter sent to providers, and medical record tracking sheets to assist the plans with preparing for medical record procurement. Also, HSAG developed a process to ensure that all plans acknowledge receipt of information about the study and subsequent milestones for the medical record procurement process.

HSAG submitted the final sample lists to the plans on January 31, 2025. Upon receiving the final sample lists, the plans began procuring the sampled members' medical records from contracted providers for services that occurred on the sampled date of service and the second date of service, if available. The plans subsequently submitted the documentation to HSAG. To improve the procurement rate, HSAG conducted another technical assistance meeting with the

[9] To ensure that the MRR included all services provided on the same date of service, encounters with the same date of service and same rendering provider were consolidated into one visit for sampling purposes.

participating plans to review the EDV project and the procurement protocols in early February 2025. The plans were instructed to submit medical records electronically via a secure file transfer protocol site to ensure the protection of personal health information. During the procurement process, HSAG worked with the plans to answer questions and monitor the number of medical records submitted. HSAG provided two intermediate submission updates during the procurement period (e.g., one update on March 18, 2025, and one update on April 18, 2025), and a final submission status update following completion of the procurement period in May 2025.

HSAG maintained all received electronic medical records on a secure site, which allowed HSAG's trained reviewers to validate the cases from a centralized location under supervision and oversight. As with all MRR and research activities, HSAG has implemented a thorough Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance and protection program in accordance with federal regulations that includes recurring training as well as policies and procedures that address physical security, electronic security, and day-to-day operations.

Review of Medical Records

Concurrent with medical record procurement activities, HSAG developed detailed training documents for MRR, trained its review staff on specific study protocols, and conducted interrater reliability and rater-to-standard testing. All reviewers were required to achieve a 95 percent accuracy rate prior to reviewing medical records and collecting data for the study.

HSAG's trained reviewers first verified whether the sampled date of service from the DHCS encounter data could be found in the member's medical record. If found, the reviewers documented that the date of service was valid; if not found, the reviewers reported the date of service as a *medical record omission*. The reviewers then reviewed the services provided on the selected date of service and validated the key data elements listed in Table 2. All reviewers entered their findings into an electronic tool to ensure data integrity.

After the reviewers evaluated the sampled date of service, they determined if the medical record contained documentation for a second date of service in the study period. If the documentation for a second date of service was available, the reviewer evaluated the services rendered on this date and validated the key data elements associated with the second date of service. If the documentation contained more than one second date of service, the reviewer selected the date closest to the sampled date of service to validate. If the second date of

service was missing from the DHCS encounter data, it was reported as an *encounter data omission,* and the missing values associated with this visit were listed as an omission for each key data element, respectively.

Study Indicators

Once HSAG's trained reviewers completed the MRR, HSAG analysts exported the information collected from the electronic tool, reviewed the data, and conducted the analyses. Table 4 displays the study indicators used to report the MRR results.

Table 4—Study Indicators

Study Indicator	Denominator	Numerator
Medical Record Procurement Rate: Percentage of medical records submitted and the reasons for missing medical records.	Total number of samples.	Number of samples with medical records submitted for either the sampled date of service or the second date of service.
Second Date of Service Submission Rate: Percentage of samples with a second date of service submitted in the medical records.	Number of samples with medical records submitted for either the sampled date of service or the second date of service.	Number of samples with a second date of service submitted in the medical records.
Medical Record Omission Rate: Percentage of key data elements (e.g., *Date of Service*) identified in DHCS' data warehouse but not found in the members' medical records. HSAG calculated the study indicator for each key data element listed in Table 2.	Total number of key data elements (e.g., *Date of Service*) identified in DHCS' data warehouse (i.e., based on the sample dates of service and the second dates of service that were found in DHCS' data warehouse).	Number of key data elements (e.g., *Date of Service*) in the denominator but not found in the medical records.

Study Indicator	Denominator	Numerator
Encounter Data Omission Rate: Percentage of key data elements (e.g., *Date of Service*) identified in members' medical records but not found in DHCS' data warehouse. HSAG calculated the study indicator for each key data element listed in Table 2.	Total number of key data elements (e.g., *Date of Service*) identified in members' medical records (i.e., based on the medical records procured for the sample dates of service and second dates of service).	Number of key data elements (e.g., *Date of Service*) in the denominator but not found in DHCS' data warehouse.
Diagnosis Code Accuracy: Percentage of diagnosis codes supported by the medical records and the associated reasons for inaccuracy including specificity errors and inaccurate codes.	Total number of diagnosis codes that met the following two criteria: » For dates of service (i.e., including both the sample dates of service and the second dates of service) that existed in both DHCS' encounter data and the medical records. » Diagnosis codes present for both DHCS' encounter data and the medical records.	Number of diagnosis codes supported by the medical records.
Procedure Code Accuracy: Percentage of procedure codes supported by the medical records and the associated reasons for inaccuracy including inaccurate codes, higher levels of service found in medical records, and lower levels of service found in medical records.	Total number of procedure codes that met the following two criteria: » For dates of service (i.e., including both the sample dates of service and the second dates of service) that existed in both DHCS'	Number of procedure codes supported by the medical records.

Study Indicator	Denominator	Numerator
	encounter data and the medical records. » Procedure codes present for both DHCS' encounter data and the medical records.	
Procedure Code Modifier Accuracy: Percentage of procedure code modifiers supported by the medical records.	Total number of procedure code modifiers that met the following two criteria: » For dates of service (i.e., including both the sample dates of service and the second dates of service) that existed in both DHCS' encounter data and the medical records. » Procedure code modifiers present for both DHCS' encounter data and the medical records.	Number of procedure code modifiers supported by the medical records.
Rendering Provider Name Accuracy: Percentage of rendering provider names supported by the medical records and the associated reasons for inaccuracy including incorrect names and illegible names.	Total number of rendering provider names that met the following two criteria: » For dates of service (i.e., including both the sample dates of service and the second dates of service) that existed in both DHCS' data	Number of rendering provider names supported by the medical records. If one rendering provider name from DHCS' data approximately matched the name in the medical record (e.g., a typographical error or "Rob Smith" versus "Robert Smith"), HSAG

Study Indicator	Denominator	Numerator
	warehouse and the medical records. » Rendering provider names present for both DHCS' data warehouse and the medical records.	considered the names from both sources a match.
All-Element Accuracy Rate with Rendering Provider Name: Percentage of dates of service present in both DHCS' encounter data and the medical records, with the same values for all key data elements listed in Table 2.	Total number of dates of service (i.e., including both the sample dates of service and second dates of service) that were in both DHCS' encounter data and the medical records.	The number of dates of service in the denominator with the same diagnosis codes, procedure codes, procedure code modifiers, and rendering provider names for a given date of service.
All-Element Accuracy Rate without Rendering Provider Name: Percentage of dates of service present in both DHCS' encounter data and the medical records, with the same values for all key data elements listed in Table 2 except the *Rendering Provider Name* field.	Total number of dates of service (i.e., including both the sample dates of service and second dates of service) that were in both DHCS' encounter data and the medical records.	The number of dates of service in the denominator with the same diagnosis codes, procedure codes, and procedure code modifiers for a given date of service.

HSAG used the standards listed in the Quality Measures for Encounter Data[10] (QMED) to evaluate the plans' performance. Table 5 shows the standards for each study indicator.

[10] California Department of Health Care Services, Managed Care Quality and Monitoring Division. *Quality Measures for Encounter Data—Version 1.1*; August 8, 2018. Available at: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/DHCSQualityMeasuresforEncounterData.pdf. Accessed on: Oct 22, 2025.

Table 5—Standards from Quality Measures for Encounter Data

* The standards for these study indicators are based on the statement "Fewer than 10% of the visits identified in medical records are unmatched to DHCS encounter data; AND fewer than 10% of the DHCS encounter data are unmatched to the medical records" from QMED for measure *DCMT.003*.

** The standard for this indicator is based on the statement "No less than 80% of matched records have all key data elements matching between the medical records and the encounter data" from QMED for measure *DAMT.001*.

Study Indicator	Standards
Medical record procurement rate	More than 90 percent*
Second date of service submission rate	Informational only
Medical record omission rate	Less than 10 percent*
Encounter data omission rate	Less than 10 percent*
Data element accuracy rate	More than 90 percent*
All-element accuracy rate	More than 80 percent**

This report displays numerical results for study indicators except in the following scenario:

- If the numerator is between one and 10, this report displays "S" for the numerator and rate. HSAG suppresses displaying the rate in this report to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

MEDICAL RECORD REVIEW RESULTS

Medical Record Procurement Status

After receiving their sample files, the plans were responsible for procuring the medical records from their contracted providers. Table 6 shows the medical record procurement status (i.e., submitting medical records for either the sampled date of service or the second date of service) for each plan. For ease of reference, HSAG uses plan abbreviations in this report. The names and abbreviations for all plans included in the study are shown in Appendix A.

Table 6—Medical Record Procurement Status

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
AAH	411	389	94.6%+
AHF	362	305	84.3%
Anthem Blue Cross	411	352	85.6%
Blue Shield Promise	411	379	92.2%+
CCAH	411	404	98.3%+
CCHP	411	398	96.8%+
CHG	411	378	92.0%+
CalOptima	411	395	96.1%+
CalViva	411	405	98.5%+
CenCal	411	404	98.3%+
GCHP	411	329	80.0%
HPSJ	411	385	93.7%+
HPSM	411	402	97.8%+
Health Net	411	379	92.2%+
IEHP	411	404	98.3%+
KHS	411	409	99.5%+

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Kaiser	411	402	97.8%+
L.A. Care	411	283	68.9%
Molina	411	391	95.1%+
Partnership	411	394	95.9%+
SCAN	411	355	86.4%
SCFHP	411	407	99.0%+
SFHP	411	336	81.8%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Overall, the statewide medical record submission rate was 92.4 percent. A total of 23 plans submitted medical records, and 17 plans had a submission rate greater than the EDV standard of 90 percent. The submission rates ranged from 68.9 percent (L.A. Care) to 99.5 percent (KHS). When comparing the 2024–25 results to the 2023–24 EDV study, some plans had a higher medical record procurement rate and others showed a decrease. For example, in the 2023–24 study, GHCP procured only 41.6 percent of the requested records, whereas in the 2024–25 study, it procured 80.0 percent of the requested records. Conversely, Anthem Blue Cross and L.A. Care procured 95.6 percent and 82.5 percent of the requested records in the 2023–24 study, respectively, and 85.6 and 68.9 percent in the 2024–25 study, respectively.

Cases without medical records contributed to higher (i.e., poorer) medical record omission rates shown throughout the report. For example, if medical records were not submitted for a sampled date of service, all data elements (*Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name*) associated with that date of service were scored as medical record omissions. Therefore, the plans with lower medical record submission rates would be expected to have higher (i.e., poorer) medical record omission rates for each key data element.

Table 7 lists the reasons for missing medical records at the statewide level, as well as the count and percent for each reason.

Table 7—Reasons for Missing Medical Records

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	455	63.3%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	98	13.6%
Member was not a patient of the practice.	49	6.8%
Provider refused to release medical records.	41	5.7%
Other.	36	5.0%
Medical records were not located at the facility.	29	4.0%
Closed facility.	11	1.5%
Total	**719**	**100.0%**

Table 7 shows the top reason for missing medical records was "Non-responsive provider or provider did not respond in a timely manner," accounting for 63.3 percent of the medical records that were not submitted. This could indicate that the plans have incorrect provider information or that the contracted providers were unaware of the submission requirements or submission deadline. In addition, this same reason accounted for 91.4 percent of the non-submissions for L.A. Care, which had the lowest medical record submission rate among the plans. The second most common non-submission reason among all the plans was "Member was a patient of the practice; however, no documentation was available for requested dates of service." This could indicate inconsistencies between the information stored in the provider's office versus DHCS' encounter data or that an encounter was submitted to DHCS even though a member did not access care. The third most common non-submission reason was "Member was not a patient of the practice." The two plans that contributed the most cases to this reason were Anthem Blue Cross and Blue Shield Promise, with 13 cases and six cases, respectively. Again, this could indicate inconsistencies between the information stored in the provider's office versus DHCS' encounter data.

Table 8 displays the number and percent of cases with one additional date of service selected and submitted for the study.

Table 8—Medical Record Submission Status for Second Date of Service

Plan	Number of Records Submitted	Number of Records with Second Date of Service	Percent
AAH	389	264	67.9%
AHF	305	222	72.8%
Anthem Blue Cross	352	146	41.5%
Blue Shield Promise	379	233	61.5%
CCAH	404	216	53.5%
CCHP	398	246	61.8%
CHG	378	262	69.3%
CalOptima	395	248	62.8%
CalViva	405	153	37.8%
CenCal	404	196	48.5%
GCHP	329	132	40.1%
HPSJ	385	131	34.0%
HPSM	402	216	53.7%
Health Net	379	162	42.7%
IEHP	404	149	36.9%
KHS	409	247	60.4%
Kaiser	402	345	85.8%
L.A. Care	283	161	56.9%
Molina	391	200	51.2%
Partnership	394	260	66.0%
SCAN	355	200	56.3%
SCFHP	407	204	50.1%

Plan	Number of Records Submitted	Number of Records with Second Date of Service	Percent
SFHP	336	232	69.0%
Statewide Total	**8,685**	**4,825**	**55.6%**

Overall, 55.6 percent of procured medical records contained a second date of service. The individual plan submission rates ranged from 34.0 percent (HPSJ) to 85.8 percent (Kaiser). A 100 percent submission rate is not expected for the second date of service as a member may not have had a second date of service within the review period. However, three plans had relatively low submission rates [CalViva (37.8 percent), HPSJ (34.0 percent), and IEHP (36.9 percent)] that may indicate potential issues during procurement (e.g., the provider did not follow the instructions to submit the second date of service, or the plans did not properly communicate procurement instructions to the providers).

Encounter Data Completeness

HSAG evaluated encounter data completeness by identifying differences between the electronic encounter data and the members' medical records. Medical record omission and encounter data omission represent two aspects of encounter data completeness. A medical record omission occurs when an encounter data element (e.g., *Date of Service* or *Diagnosis Code*) is not supported by documentation in a member's medical record or the medical record could not be found. Medical record omissions suggest opportunities for improvement within the provider's internal processes, such as billing processes and record documentation.

The statewide medical record omission and encounter data omission rates are calculated using a weighted average of the 23 plans. This means the calculated rates for individual plans that have higher encounter volume in the DHCS encounter data will have a greater effect on the statewide weighted averages. For medical record omission, low medical record procurement rates contribute to higher (i.e., poorer) medical record omission rates. When compared to the 2023–24 study, two plans with high encounter volume (i.e., Anthem Blue Cross and L.A. Care) had a notable decrease in medical record procurement rates, which resulted in increased (i.e., poorer) statewide medical record omission rates for 2024–25.

An encounter data omission occurs when an encounter data element (e.g., *Date of Service* or *Diagnosis Code*) is found in a member's medical record but is not present in the electronic

encounter data. Encounter data omissions suggest opportunities for improvement in the submission of claims and encounters or processing procedures among the providers, plans, and DHCS.

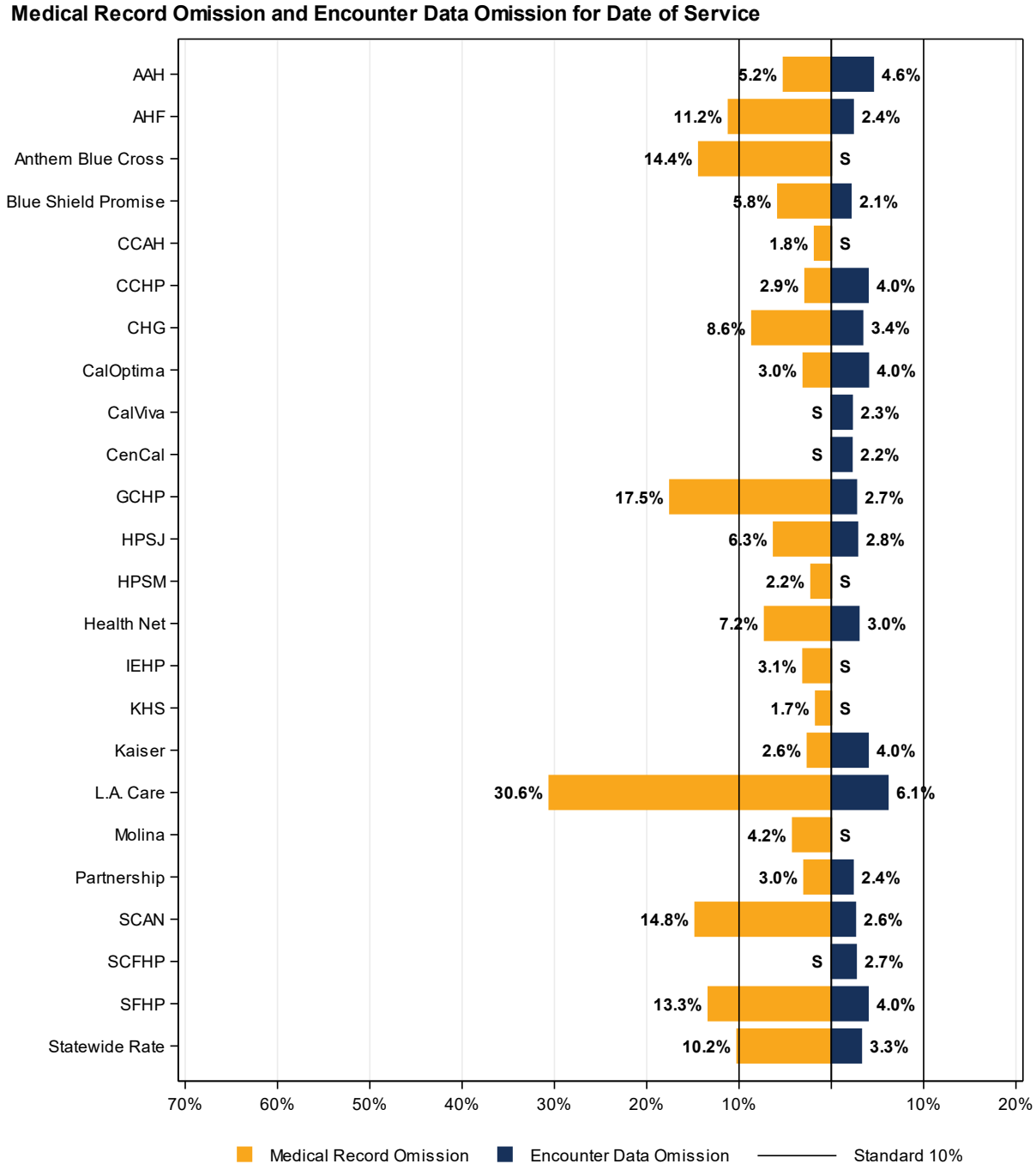
HSAG evaluated the medical record omission rates and the encounter data omission rates for each plan using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. If more than one additional date of service was available from the medical record, the provider was instructed to select the one closest to HSAG's selected date of service. For both rates, lower values indicate better performance.

Date of Service Completeness

Figure 1 displays statewide and plan-level medical record omission and encounter data omission rates for the *Date of Service* data element. HSAG conducted the analyses at the date of service level.

Figure 1—Medical Record Omission and Encounter Data Omission for Date of Service

Note: Omission rates of less than 10 percent indicate that the plan met the EDV study standard. "S" indicates that the numerator for this indicator was between one and 10; therefore, this report suppresses the rate to satisfy the DHCS DDG V2.2 de-identification standard.



Key findings for the medical record omission rates:

- Statewide, 10.2 percent of the dates of service in the electronic encounter data were not supported by members' medical records (i.e., medical record omission). This rate did not meet the EDV study standard shown in Table 5.
- The medical record omission rates ranged from 1.7 percent (KHS) to 30.6 percent (L.A. Care) among non-suppressed rates.
- Overall, 17 of the 23 plans (73.9 percent) met the EDV study standard.
- Of the six plans that did not meet the EDV study standard, all had medical record submission rates of less than 90 percent (i.e., they did not meet the medical record submission standard). In general, a plan with a relatively low medical record submission rate would have a relatively high medical record omission rate (i.e., poor performance) for each data element.

Key findings for the encounter data omission rates:

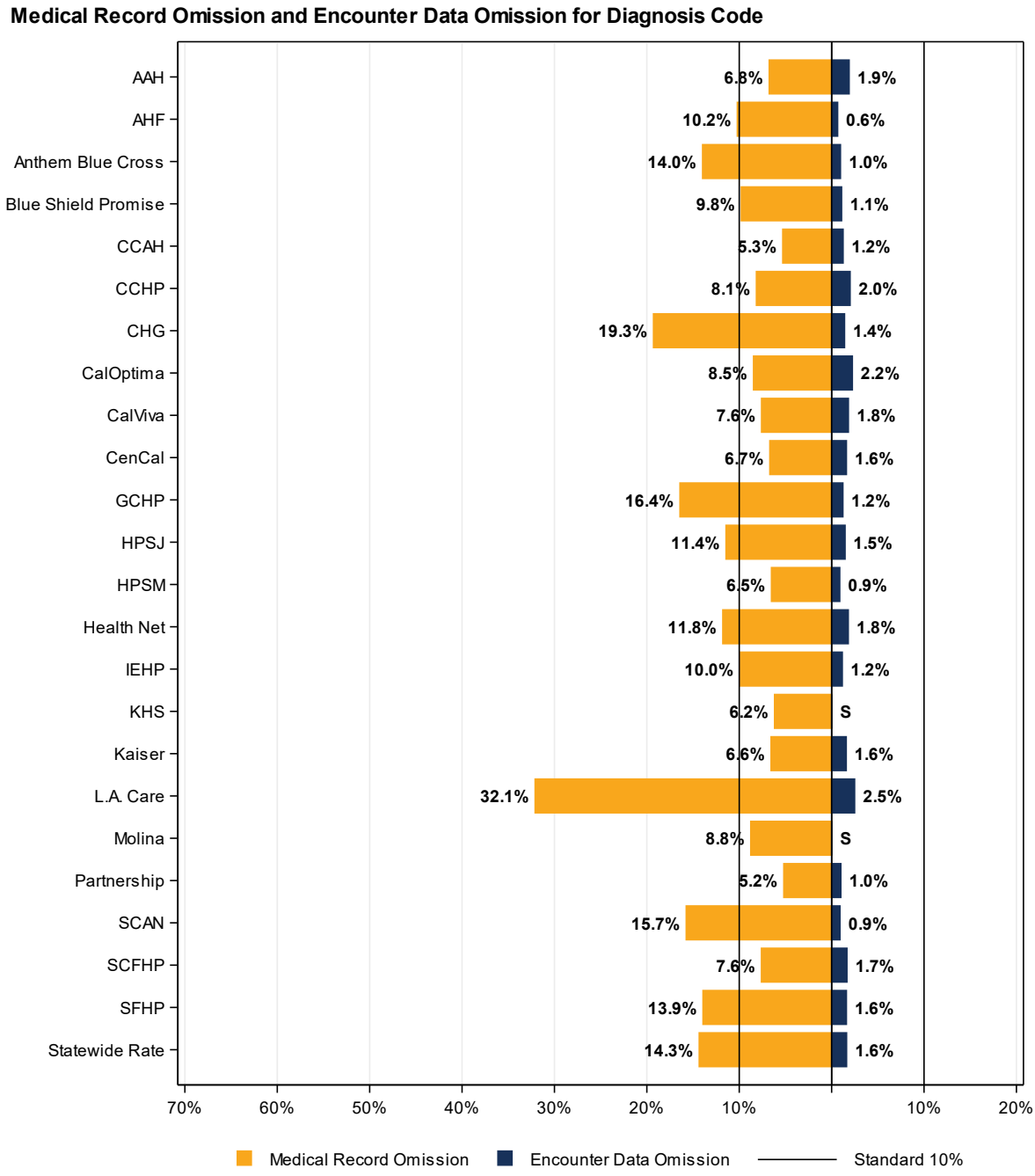
- Statewide, 3.3 percent of the dates of service in the medical records were not found in the electronic encounter data (i.e., encounter data omission). This rate met the EDV study standard shown in Table 5.
- All 23 plans met the study standard. The encounter data omission rates ranged from 2.1 percent (Blue Shield Promise) to 6.1 percent (L.A. Care) among non-suppressed rates.
- The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service with no evidence of submission in the electronic encounter data. If no second date of service was available in the medical records for validation, then no date of service would have contributed to the numerator. Table 8 shows that CalViva (37.8 percent), HPSJ (34.0 percent), and IEHP (36.9 percent) had relatively low submission rates for the second date of service. Therefore, encounter data omission rates found in this report should be interpreted with caution for these three plans.

Diagnosis Code Completeness

Figure 2 displays the statewide and plan-level medical record omission and encounter data omission rates for the *Diagnosis Code* data element. HSAG conducted the analyses at the diagnosis code level.

Figure 2—Medical Record Omission and Encounter Data Omission for Diagnosis Code

Note: Omission rates of less than 10 percent indicate that the plan met the EDV study standard. "S" indicates that the numerator for this indicator was between one and 10; therefore, this report suppresses the rate to satisfy the DHCS DDG V2.2 de-identification standard.



Key findings for the medical record omission rates:

- Statewide, 14.3 percent of the diagnosis codes in the electronic encounter data had no supporting documentation in the members' medical records (i.e., medical record omission). Non-submitted medical records accounted for 50.7 percent of the diagnosis codes omitted from the medical records. In the analysis, when no medical records were submitted for a sampled date of service, all diagnosis codes associated with that date of service were treated as medical record omissions. Of the remaining diagnosis codes that were omitted from the medical records, 59.8 percent were "Z" diagnosis codes (i.e., codes used when circumstances other than disease, injury, or external cause classifiable to categories A00-Y89 and are recorded as "diagnosis" or "problems," such as health hazards related to socioeconomic or psychosocial circumstances). Among the "Z" codes, the dominant sub-category was for "Persons encountering health services for examinations," accounting for approximately 31.2 percent of the "Z" codes.
- The medical record omission rates ranged from 5.2 percent (Partnership) to 32.1 percent (L.A. Care).
- Overall, 13 of the 23 plans (56.5 percent) met the EDV study standard.

Key findings for the encounter data omission rates:

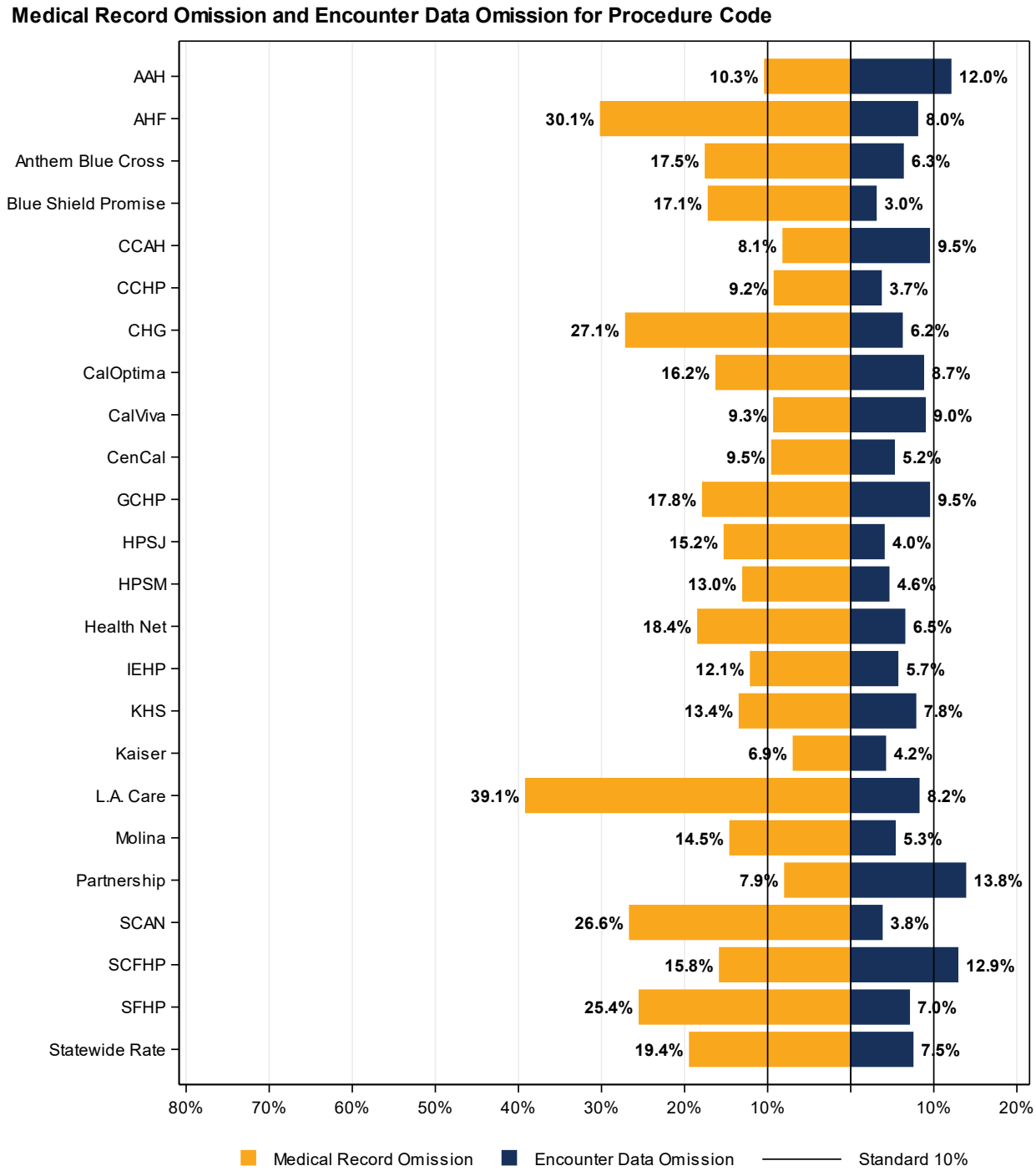
- Statewide, 1.6 percent of the diagnosis codes identified in the medical record were not found in the electronic encounter data (i.e., encounter data omission).
- The encounter data omission rates ranged from 0.6 percent (AHF) to 2.5 percent (L.A. Care) among non-suppressed rates.
- All plans met the EDV study standard.

Procedure Code Completeness

Figure 3 displays the statewide and plan-level medical record omission and encounter data omission rates for the *Procedure Code* data element. HSAG conducted the analyses at the procedure code level.

Figure 3—Medical Record Omission and Encounter Data Omission for Procedure Code

Note: Omission rates of less than 10 percent indicate that the plan met the EDV study standard.



Key findings for the medical record omission rates:

- Statewide, 19.4 percent of the procedure codes in the electronic data were not supported by the members' medical records (i.e., medical record omission).
- The medical record omission rates ranged from 6.9 percent (Kaiser) to 39.1 percent (L.A. Care).
- Only six of the 23 plans (26.1 percent) met the EDV study standard.
- In the analysis, when no medical records were submitted for a sampled date of service, all procedure codes associated with that date of service were treated as medical record omissions. Non-submitted medical records accounted for 36.8 percent of the procedure codes omitted from the medical records.
- Other potential contributors to the *Procedure Code* medical record omissions are listed below:
  - The provider did not document the services performed in the medical record, despite submitting the procedure code to the plan.
  - The provider did not perform the service that was submitted to DHCS.
  - Due to possible inclusion of the adjudication history, DHCS' encounter data contained additional procedure codes which should not have been included for comparison with the medical records.

Key findings for the encounter data omission rates:

- Statewide, 7.5 percent of the procedure codes identified in the medical records were not present in the electronic data (i.e., encounter data omission).
- The encounter data omission rates ranged from 3.0 percent (Blue Shield Promise) to 13.8 percent (Partnership).
- Overall, 20 of the 23 plans (87.0 percent) met the EDV study standard.
- Approximately 21.0 percent of the procedure codes that were omitted from the electronic encounter data were due to the associated dates of service being omitted from the electronic encounter data.
- The other potential contributors to the *Procedure Code* encounter data omissions were as follows:
  - The provider made a coding error or did not submit the procedure code despite performing the service.

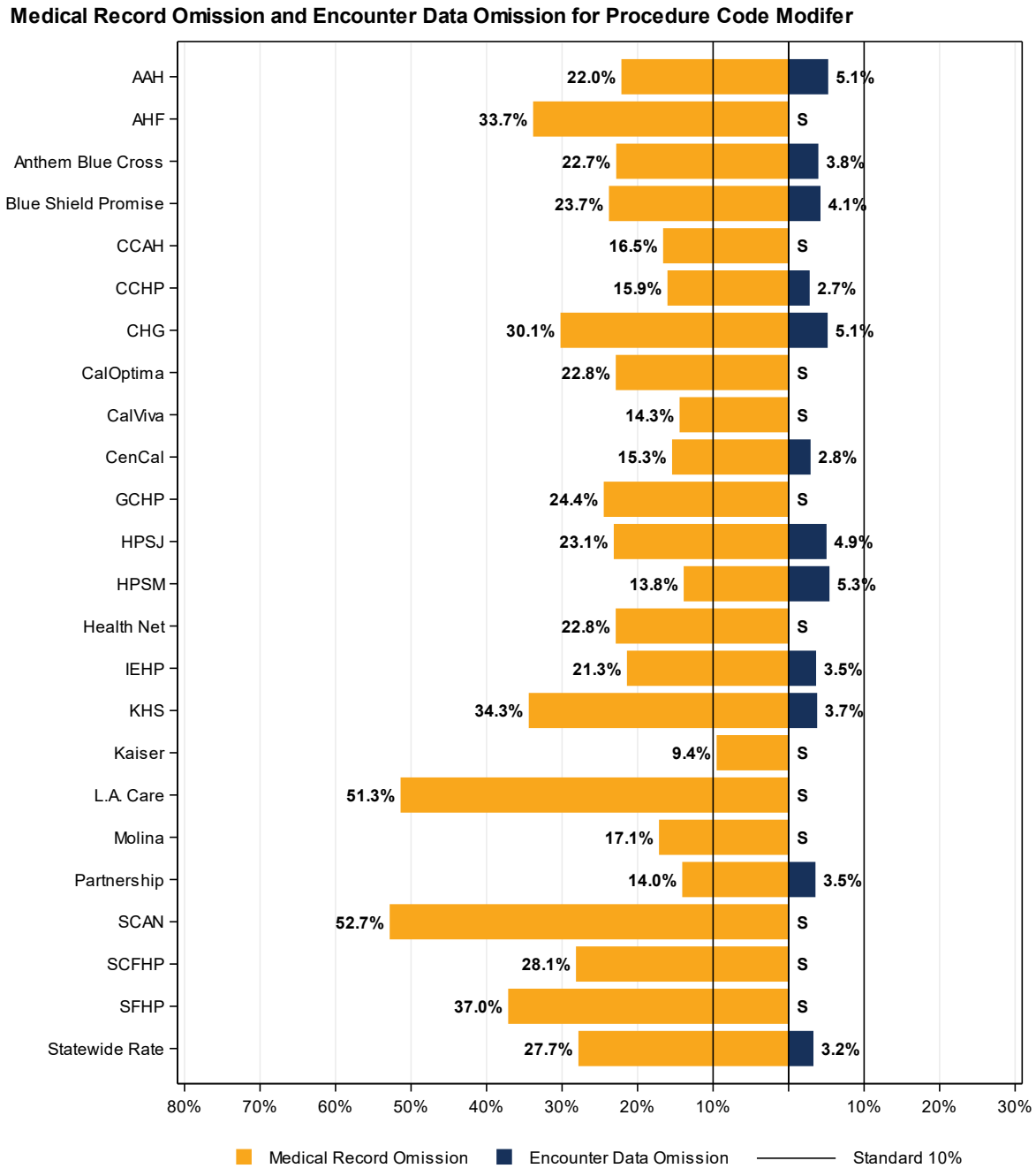
- Deficiencies existed from the plan's resubmissions of denied or rejected encounters to DHCS. For example, if DHCS rejected certain encounters or lines and the plan did not resubmit them, procedure codes associated with these encounters or lines would have contributed to the *Procedure Code* encounter data omissions.
- A lag occurred between the time the provider performed the service and the submission of the encounter to the plan and/or DHCS.

Procedure Code Modifier Completeness

Figure 4 displays the statewide and plan-level medical record omission and encounter data omission rates for the *Procedure Code Modifier* data element. HSAG conducted the analyses at the procedure code modifier level.

Figure 4—Medical Record Omission and Encounter Data Omission for Procedure Code Modifier

Note: Omission rates of less than 10 percent indicate that the plan met the EDV study standard. "S" indicates that the numerator for this indicator was between one and 10; therefore, this report suppresses the rate to satisfy the DHCS DDG V2.2 de-identification standard.



Key findings for the medical record omission rates:

- Statewide, 27.7 percent of the procedure code modifiers in the electronic encounter data were not supported by the members' medical records (i.e., medical record omission).
- The medical record omission rates ranged from 9.4 percent (Kaiser) to 52.7 percent (SCAN), with Kaiser being the only plan that met the EDV study standard.
- In the analysis, when no medical records were submitted for a sampled date of service, all procedure code modifiers associated with that date of service were treated as medical record omissions. Non-submitted medical records accounted for 29.2 percent of the procedure code modifiers omitted from the medical records.
- Other potential contributors to *Procedure Code Modifier* medical record omissions included the following:
  - Procedure codes associated with modifiers were omitted from the medical records.
  - Providers did not document the evidence related to the modifiers in the medical records despite submitting the modifiers to the plans.
  - Due to the possible inclusion of the adjudication history, DHCS' encounter data contained additional procedure codes and associated modifiers which should not have been included for comparison with the medical records.

Key findings for the encounter data omission rates:

- Statewide, 3.2 percent of the procedure code modifiers identified in the medical records were not present in the electronic encounter data (i.e., encounter data omission).
- The encounter data omission rates ranged from 2.7 percent (CCHP) to 5.3 percent (HPSM) among non-suppressed rates.
- All plans met the EDV study standard.
- The procedure code modifier most frequently found in the medical records but omitted from the electronic encounter data was "95" (telemedicine), which accounted for 36.6 percent of the omissions.

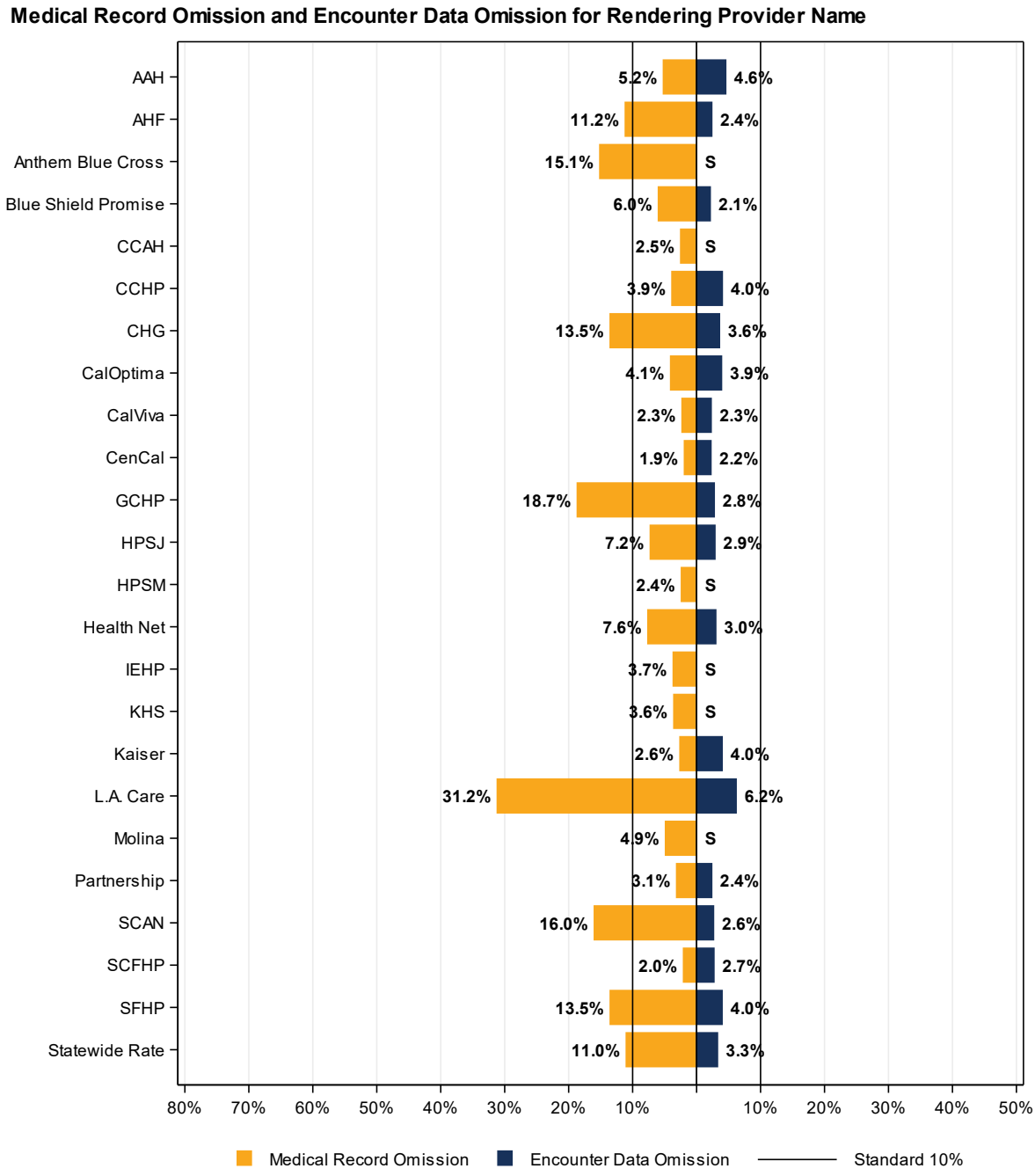
- Potential contributors to the *Procedure Code Modifier* encounter data omissions included the following:
  - Dates of service were omitted from the encounter data; therefore, all procedure code modifiers associated with those dates of service were treated as encounter data omissions.
  - Procedure codes were omitted from the encounter data; therefore, all procedure code modifiers corresponding to those procedure codes were treated as encounter data omissions.
  - The provider made a coding error or did not submit the procedure code modifiers despite performing the specific services.

Rendering Provider Name Completeness

Figure 5 displays the statewide and plan-level medical record omission and encounter data omission rates for the *Rendering Provider Name* data element.

Figure 5—Medical Record Omission and Encounter Data Omission for Rendering Provider Name

Note: Omission rates of less than 10 percent indicate that the plan met the EDV study standard. "S" indicates that the numerator for this indicator was between one and 10; therefore, this report suppresses the rate to satisfy the DHCS DDG V2.2 de-identification standard.



Key findings for the medical record omission rates:

- Statewide, 11.0 percent of the rendering provider names associated with the electronic encounter data were not found in the medical records (i.e., medical record omissions). The primary reason for the omission of rendering provider names from the medical records was that the medical records were not submitted for the study. In the analysis, when a medical record was not submitted for a sampled date of service, the rendering provider name associated with that date of service was treated as a single medical record omission.
- The medical record omission rates ranged from 1.9 percent (CenCal) to 31.2 percent (L.A. Care).
- Overall, 16 of the 23 plans (69.6 percent) met the EDV study standard.

Key findings for the encounter data omission rates:

- Statewide, 3.3 percent of the rendering provider names in the medical records were not found in the DHCS data warehouse (i.e., encounter data omission).
- The encounter data omission rates ranged from 2.1 percent (Blue Shield Promise) to 6.2 percent (L.A. Care) among non-suppressed rates.
- All plans met the EDV study standard.
- Potential contributors to the *Rendering Provider Name* encounter data omissions included the following:
  - Dates of service were omitted from the encounter data; therefore, all rendering provider names associated with those dates of service were treated as encounter data omissions.
  - The plans did not populate the rendering provider identification number field or populated the field with an invalid rendering provider identification number when submitting data to DHCS; therefore, the rendering provider names were not identifiable in the DHCS data warehouse.
  - The provider files submitted to DHCS by the plans were incomplete or inaccurate; therefore, the rendering provider names could not be cross-referenced in the DHCS data warehouse although the rendering provider identification numbers in the encounter data were valid.

Encounter Data Accuracy

Encounter data accuracy was evaluated for dates of service that existed in both the electronic encounter data and the medical records and which had values present in both data sources for the evaluated data element. HSAG considered the encounter data elements (e.g., *Diagnosis Code* and *Procedure Code*) accurate if documentation in the medical record supported the values contained in the electronic encounter data. Higher accuracy rates for each data element indicate better performance.

To assist with subsequent investigations conducted by DHCS, HSAG separated inaccurate values for the key data elements into different categories so that the reader could identify the dominant reason(s) for the inaccurate values. In this section, the left-most horizonal bars (shaded dark blue) show the accuracy rates, and the remaining bars to the right display the proportion of inaccuracy reasons. The longest horizonal bar to the right indicates the dominant reason for the inaccuracy.

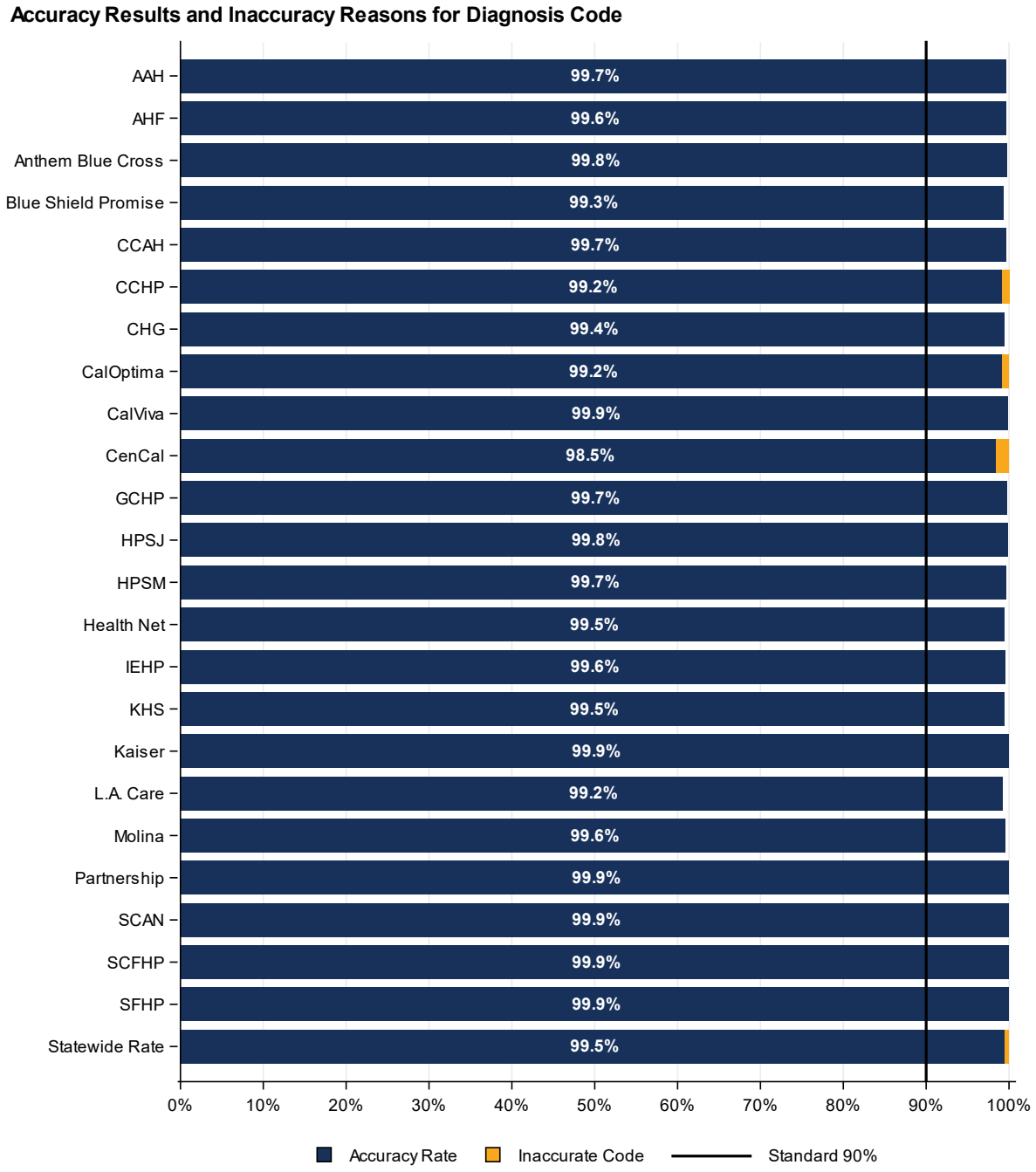
Diagnosis Code Accuracy

Figure 6 displays the statewide and the plan-level accuracy rates for the data element *Diagnosis Code*. In addition, errors found in the diagnosis coding were separated into two categories: specificity errors and inaccurate codes. Specificity errors occur when the documentation supports a more specific code than was listed in the DHCS encounter data (i.e., unspecified abdominal pain [R10.9] when the provider noted during the exam that the abdominal pain was in the right lower quadrant [R10.31]). Specificity errors also include diagnosis codes that do not have the required fourth or fifth digit. An inaccurate code occurs when the diagnosis code submitted by the provider should have been selected from a different family of codes based on the documentation in the medical record (i.e., R51 [headache] versus the documentation supporting G43 [migraine]) or when documentation in the medical records did not support the diagnosis code. Because error percentages from the specificity errors were less than 0.5 percent, HSAG did not display them in Figure 6.

Figure 6—Accuracy Results and Inaccuracy Reasons for Diagnosis Code

Note: Data element accuracy rates greater than 90 percent indicate that the plan met the EDV study standard.

Please note, this report suppresses results if the numerator for the inaccuracy reason is between one and 10.



Key findings for the accuracy rates:

- Statewide, 99.5 percent of the diagnosis codes were accurate when the diagnosis codes were present in both the electronic encounter data and the medical records. The accuracy rates ranged from 98.5 percent (CenCal) to 99.9 percent (CalViva, Kaiser, Partnership, SCAN, SCFHP, and SFHP).
- All plans met the EDV study standard.
- At the statewide and plan levels, the percentages of diagnosis codes with inaccurate codes were very low; therefore, the data labels were not displayed in Figure 6.

Procedure Code Accuracy

Errors found in the procedure coding were separated into three categories: higher level of service found in medical records, lower level of service found in medical records, and inaccurate codes.

- Higher level of service in medical records: Evaluation and management (E&M) codes documented in the medical record reflected a higher level of service performed by the provider than the E&M codes submitted in the encounter. For example, a patient was seen by a physician for a follow-up appointment for a worsening earache. The physician noted all key elements in the patient's medical record and also changed the patient's medication during this visit. The encounter submitted showed a procedure code of 99212 (established patient self-limited or minor problem). With all key elements documented and a worsening condition, this visit should have been coded with a higher level of service; for example, 99213 (established patient low to moderate severity).
- Lower level of service in medical records: E&M codes documented in the medical record reflected a lower level of service than the E&M codes submitted in the encounter. For example, a provider's notes omitted critical documentation elements of the E&M service, or the problem treated did not warrant a high-level visit. This would apply to a patient follow-up visit for an earache that was improving, required no further treatment, and for which no further problems were noted. The encounter submitted showed a procedure code of 99213 (established patient low to moderate severity). However, with an improving condition, the medical record describes a lower level of service, or 99212 (established patient self-limited or minor problem).

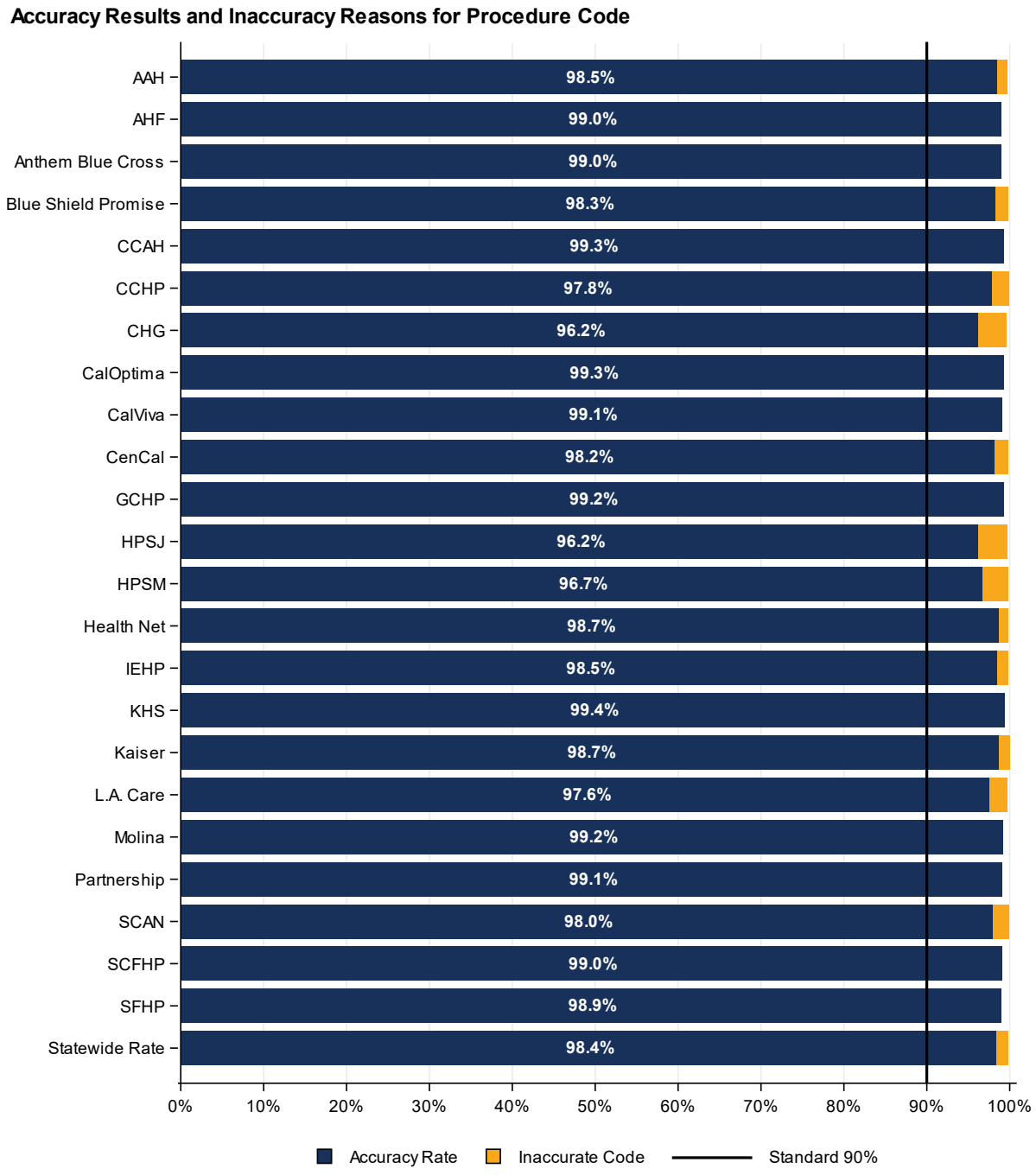
- Inaccurate codes: The documentation in the medical records did not support the procedure codes billed, or an incorrect procedure code was used in the encounter for scenarios other than the two mentioned above.

Because error percentages from the higher and lower level of service found in medical records were less than 0.5 percent, HSAG did not display them in Figure 7.

Figure 7—Accuracy Results and Inaccuracy Reasons for Procedure Code

Note: Data element accuracy rates greater than 90 percent indicate that the plan met the EDV study standard.

Please note, this report suppresses results if the numerator for the inaccuracy reason is between one and 10.



Key findings for the accuracy rates:

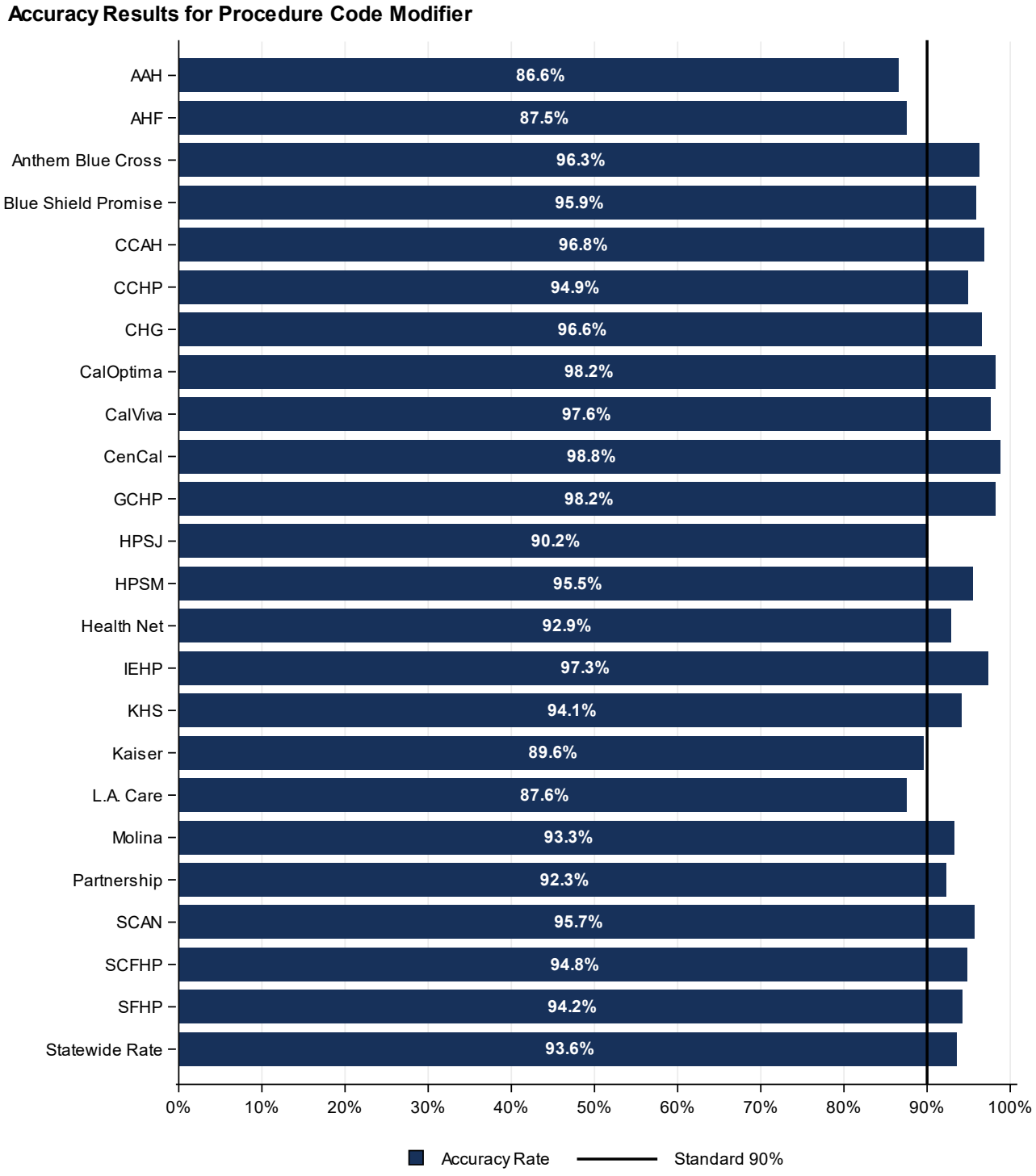
- Statewide, 98.4 percent of procedure codes were accurate when present in both the electronic encounter data and the medical record. The accuracy rates ranged from 96.2 percent (CHG and HPSJ) to 99.4 percent (KHS).
- All plans met the EDV study standard.
- At the statewide and plan levels, the percentages of procedure codes that were inaccurate were low; therefore, the data labels were not displayed in Figure 7.

Procedure Code Modifier Accuracy

Figure 8 displays the statewide and plan-level accuracy rates for the data element *Procedure Code Modifier*. The errors for this data element could not be separated into subcategories and therefore are not presented in the figure.

Figure 8—Accuracy Results for Procedure Code Modifier

Note: Data element accuracy rates greater than 90 percent indicate that the plan met the EDV study standard.



Key findings for the accuracy rates:

- Statewide, 93.6 percent of the procedure code modifiers were accurate when the procedure code modifiers were present in both the electronic encounter data and the medical records.
- The accuracy rates ranged from 86.6 percent (AAH) to 98.8 percent (CenCal).
- Overall, 19 out of 23 plans (82.6 percent) met the EDV study standard.

Rendering Provider Name Accuracy

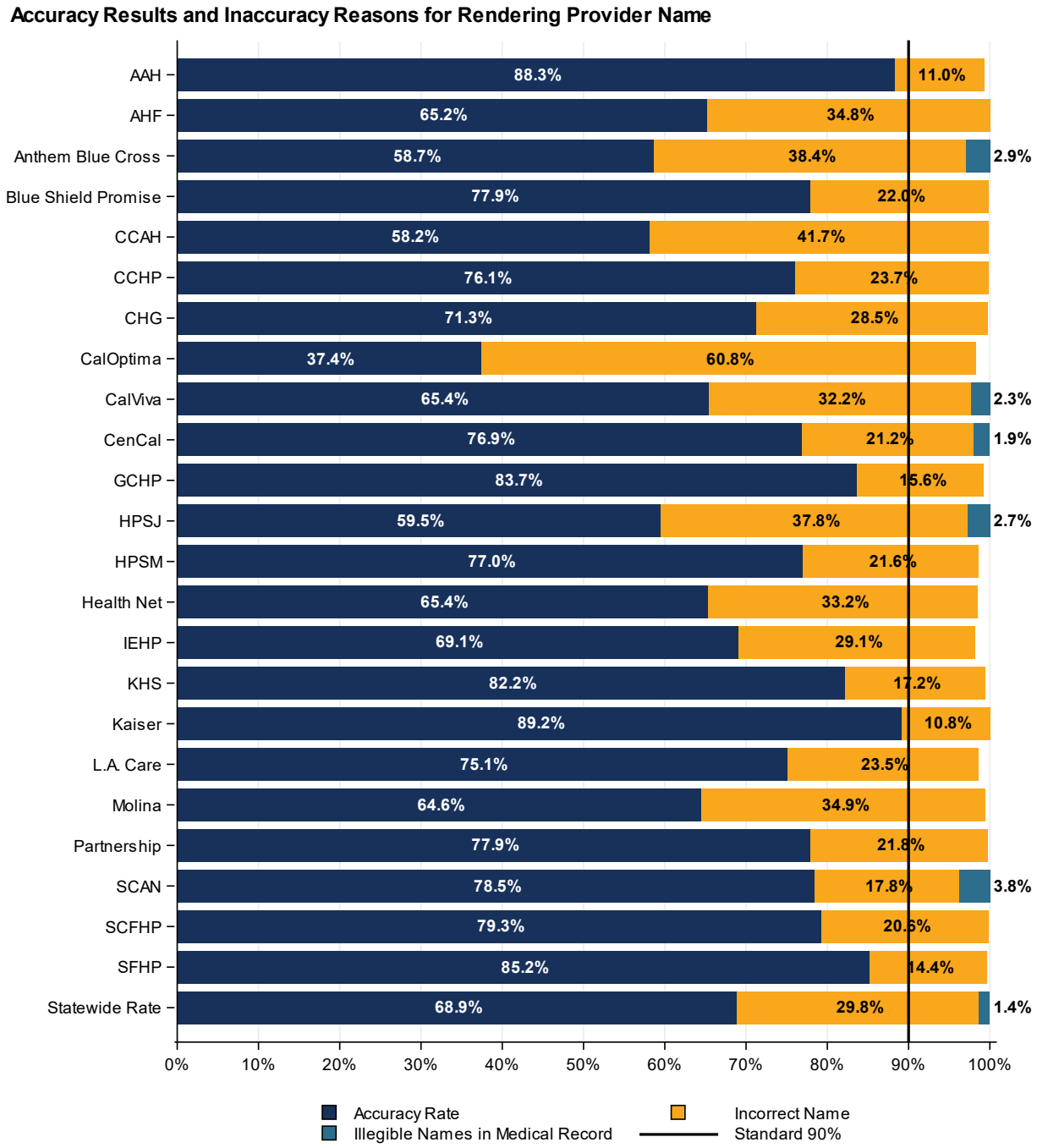
Figure 9 displays the statewide and plan-level accuracy rates for the data element *Rendering Provider Name*. If the rendering provider name from DHCS' data warehouse approximately matched the name in the medical record (e.g., a typographical error or "Rob Smith" versus "Robert Smith"), HSAG considered the names from both sources a match.

Errors found in the rendering provider names were separated into two categories: incorrect names and illegible names.

Figure 9—Accuracy Results and Inaccuracy Reasons for Rendering Provider Name

Note: Data element accuracy rates greater than 90 percent indicate that the plan met the EDV study standard.

Please note, this report suppresses results if the numerator for the inaccuracy reason is between one and 10.



Key findings for the accuracy rates:

- Statewide, 68.9 percent of rendering provider names were accurate when the rendering provider names were present in both the DHCS data warehouse and the medical records.
- The plan accuracy rates ranged from 37.4 percent (CalOptima) to 89.2 percent (Kaiser).
- None of the plans met the EDV study standard.
- When comparing the "Incorrect Name" and "Illegible Names in Medical Record" inaccuracy reasons, "Incorrect Name" was determined to be the primary reason for the inaccurate rendering provider names (i.e., the majority of errors in the rendering provider names were associated with discrepancies between the name in the medical record and the name in the DHCS data warehouse, not due to illegible names in the medical records).

Of note, the denominator for the percentages in the figure was the number of accurate and inaccurate rendering provider names, while the denominator for the error rates listed in the last column of Table 11 was the number of inaccurate (i.e., incorrect name or illegible name) rendering provider names.

All-Element Accuracy

Table 9 displays the statewide and plan-level all-element accuracy rates, calculated with and without the *Rendering Provider Name* data element included in the calculation, which describe the percentage of dates of service present in both DHCS' encounter data and in the medical records with exactly the same values for key data elements listed in Table 2. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements with and without the *Rendering Provider Name* data element. Higher all-element accuracy rates indicate that the values populated in DHCS' encounter data have greater completeness and accuracy for all key data elements when compared to the medical records.

Table 9—All-Element Accuracy Results

Note: The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

*This data element is calculated based on the results from the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements.

	Accuracy Results		
Plan	**Number of Dates of Service Present in Both Sources**	**Accuracy Rate**	**Accuracy Rate Excluding Rendering Provider Name***
AAH	566	57.1%	64.5%
AHF	494	31.4%	45.5%
Anthem Blue Cross	447	43.2%	72.0%
Blue Shield Promise	552	51.6%	64.7%
CCAH	592	38.7%	64.7%
CCHP	579	57.0%	73.1%
CHG	541	37.2%	50.8%
CalOptima	573	22.0%	61.8%
CalViva	518	45.9%	68.9%
CenCal	567	56.8%	74.1%
GCHP	429	65.5%	79.0%
HPSJ	479	38.0%	65.6%
HPSM	576	55.9%	72.6%
Health Net	487	43.9%	64.7%
IEHP	504	45.8%	65.7%
KHS	635	51.0%	60.9%
Kaiser	674	73.3%	80.6%⁺
L.A. Care	352	45.2%	60.5%
Molina	571	43.4%	64.6%
Partnership	621	58.1%	72.5%
SCAN	485	54.4%	67.4%
SCFHP	578	52.2%	65.2%

	Accuracy Results		
Plan	**Number of Dates of Service Present in Both Sources**	**Accuracy Rate**	**Accuracy Rate Excluding Rendering Provider Name***
SFHP	507	56.4%	65.1%
Statewide Total	**12,327**	**45.3%**	**65.0%**

Key findings for the all-element accuracy rates:

- Statewide, 45.3 percent of the dates of service present in both data sources contained accurate values for all four key data elements (*Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name*). The low statewide all-element accuracy rates were caused by the medical record omission, encounter data omission, and element inaccuracy from all four key data elements, with *Rendering Provider Name* contributing the most and *Diagnosis Code* contributing the least to the all-element inaccuracy.
- None of the 23 plans met the EDV study standard of 80 percent when the *Rendering Provider Name* field was included in the calculation.
- The rates among the 23 plans ranged from 22.0 percent (CalOptima) to 73.3 percent (Kaiser).
- With the *Rendering Provider Name* data element excluded from the calculation of the all-element accuracy rate, the statewide rate improved to 65.0 percent, and the range among the 23 plans narrowed (i.e., ranged from 45.5 percent [AHF] to 80.6 percent [Kaiser]). In addition, one plan met the standard (Kaiser [80.6 percent]).

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

Encounter Data Completeness

Table 10 displays the medical record and encounter data omission rates for each key data element.

Table 10—Encounter Data Completeness Summary

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

	Medical Record Omission		Encounter Data Omission	
Key Data Elements	**Statewide Rate**	**Plan Range**	**Statewide Rate**	**Plan Range**
Date of Service	10.2%	1.7%–30.6%	3.3%+	2.1%–6.1%
Diagnosis Code	14.3%	5.2%–32.1%	1.6%+	0.6%–2.5%
Procedure Code	19.4%	6.9%–39.1%	7.5%+	3.0%–13.8%
Procedure Code Modifier	27.7%	9.4%–52.7%	3.2%+	2.7%–5.3%
Rendering Provider Name	11.0%	1.9%–31.2%	3.3%+	2.1%–6.2%

Based on the cases sampled for the medical record review, HSAG found that the documentation in the members' medical records supported the key data elements in the electronic data at different rates. None of the medical record omission data elements met the EDV study standard at the statewide level. The five data elements were moderately supported by the medical records based on the range of medical record omission rates from 10.2 percent for *Date of Service* to 27.7 percent for *Procedure Code Modifier*.

The data element rates among the plans varied widely. For example, the data element with the widest range was *Procedure Code Modifier* (43.3 percentage points).

As determined by the medical record review, the potential reasons for the medical record omissions are as follows:

- The medical record was not submitted for the study.
- The provider did not document the services performed in the medical record despite submitting a claim or encounter.
- A data entry error existed for one or more elements (e.g., *Date of Service*).
- The provider did not perform the service.

The statewide encounter data omission rates in Table 10 show that all five key data elements met the EDV study standard. This reveals that all five key data elements, when found in the medical records, were well supported by the electronic encounter data extracted from DHCS' data warehouse.

The variations among plan-specific encounter data omission rates depended on the data element. For example, the encounter data omission rates for the *Procedure Code* data element had a range of 10.8 percentage points, while the *Diagnosis Code* data element had the narrowest range (i.e., 1.9 percentage points).

The potential reasons for encounter data omissions included the following:

- The provider's billing office made a coding error or did not submit the procedure codes or modifiers despite performing the specific services.
- Deficiencies existed in the plans' encounter data submission processes, or a deficiency existed in the resubmission of denied or rejected encounters to DHCS.
- A lag occurred between the provider's performance of the service and submission of the encounter to the plan and/or DHCS.

When comparing the 2024–25 results to the 2023–24 EDV study, the statewide medical record omission rates increased (i.e., poorer result) for all five data elements, bringing the rate for all five data elements above the 10 percent standard. This was partly attributed to low medical record submission rates (plans with lower medical record procurement rates would be expected to have higher [i.e., poorer] medical record omission rates for each key data element) among two large plans. Specifically, L.A. Care and Anthem Blue Cross had procurement rates of 68.9 percent and 85.6 percent, respectively. Since the statewide medical record omission rates are calculated using weighted averages, the rates for these two plans had a greater effect on the statewide rates.

Encounter Data Accuracy

Table 11 displays the element accuracy rates for each key data element and the all-element accuracy rates calculated with and without the *Rendering Provider Name* data element included in the calculation.

Table 11—Encounter Data Accuracy Summary

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element.

*This data element is calculated based on the results from the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements.

Key Data Elements	Statewide	Plan Range	Main Error Type(s)
Diagnosis Code	99.5%+	98.5%–99.9%	Inaccurate code (96.3%)
Procedure Code	98.4%+	96.2%–99.4%	Inaccurate code (84.9%); Lower level of services in medical records (14.5%)
Procedure Code Modifier	93.6%+	86.6%–98.8%	—
Rendering Provider Name	68.9%	37.4%–89.2%	Incorrect name (95.6%); Illegible name in medical records (4.4%)
All-Element Accuracy	45.3%	22.0%–73.3%	—
All-Element Accuracy Excluding Rendering Provider Name*	65.0%	45.5%–80.6%	—

The key data elements *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name* were evaluated for accuracy to determine if the individual data element was present in both the DHCS electronic encounter data and the medical records. Three of the data elements (*Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) met the EDV study standard. While the *Rendering Provider Name* data element accuracy rate increased slightly compared to the 2023–24 study, the rate of 68.9 percent was much lower than the other data elements and did not meet the EDV study standard.

The accuracy rate for the five key data elements can be affected by different types of errors. The error affecting the *Diagnosis Code* data element was almost entirely an inaccurate code error. For the *Procedure Code* data element, 84.9 percent of the identified errors were associated with the use of inaccurate codes not supported by the DHCS Medi-Cal provider manuals and National Correct Coding Initiative (NCCI) coding standards, while 14.5 percent involved providers submitting a lower-level service code than that supported by the medical record. Finally, most rendering provider name errors (95.6 percent) were associated with rendering provider name discrepancies between the medical records and the DHCS data warehouse rather than with illegible names in the medical records.

As shown in Table 11, nearly half of the dates of service (45.3 percent) present in both data sources accurately represented all four data elements (*Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Rendering Provider Name*) when compared to the members' medical records. At the plan level, the all-element accuracy rate ranged from 22.0 percent (CalOptima) to 73.3 percent (Kaiser). While all key data elements contributed to the low statewide all-element accuracy rate, the *Rendering Provider Name* data element contributed most to the inaccuracy. This effect can be seen when the all-element accuracy is calculated excluding the *Rendering Provider Name* data element. As shown in Table 11, the all-element accuracy rate increased from 45.3 percent (*All-Element Accuracy*) to 65.0 percent (*All-Element Accuracy Excluding Rendering Provider Name*) when the *Rendering Provider Name* data element was excluded from the calculation.

When comparing the 2024–25 statewide results to the 2023–24 EDV study results, the accuracy rates for the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements decreased slightly. However, each of the three data elements met the standard in both study years. The accuracy rate for the *Rendering Provider Name* data element increased for the 2024–25 study but did not meet the standard for either study year. Overall, due to lower element accuracy rates, the all-element accuracy rate decreased slightly from 2023–24 to 2024–25 and did not meet the standard of 80 percent in either project year.

Recommendations

Similar to the 2023–24 EDV study, results from the 2024–25 study show continued opportunities for improvement. DHCS should continue to work with the plans to identify the factors affecting data completeness and accuracy and determine ways to improve study results that did not meet the EDV study standards (i.e., those study indicators listed in Table 12 that are marked with an "X").

Table 12—Grid of Plans Not Meeting EDV Study Standards

MRO = Medical record omission rate

EDO = Encounter data omission rate

ACU = Data element accuracy rate

	Date of Service	Diagnosis Code	Procedure Code		Procedure Code Modifier		Rendering Provider Name	
Plan	**MRO**	**MRO**	**MRO**	**EDO**	**MRO**	**ACU**	**MRO**	**ACU**
AAH			X	X	X	X		X
AHF	X	X	X		X	X	X	X
Anthem Blue Cross	X	X	X		X		X	X
Blue Shield Promise			X		X			X
CCAH					X			X
CCHP					X			X
CHG		X	X		X		X	X
CalOptima			X		X			X
CalViva					X			X
CenCal					X			X
GCHP	X	X	X		X		X	X
HPSJ		X	X		X			X
HPSM			X		X			X

	Date of Service	Diagnosis Code	Procedure Code		Procedure Code Modifier		Rendering Provider Name	
Plan	**MRO**	**MRO**	**MRO**	**EDO**	**MRO**	**ACU**	**MRO**	**ACU**
Health Net		X	X		X			X
IEHP			X		X			X
KHS			X		X			X
Kaiser						X		X
L.A. Care	X	X	X		X	X	X	X
Molina			X		X			X
Partnership				X	X			X
SCAN	X	X	X		X		X	X
SCFHP			X	X	X			X
SFHP	X	X	X		X		X	X

Study Limitations

When evaluating the findings presented in this report, it is important to understand the following limitations associated with this study:

- The study findings relied solely on the documentation contained in the members' medical records; therefore, results are dependent on the overall quality of physicians' medical records. For example, a physician may have performed a service but may not have documented it in the member's medical record. As such, HSAG would have counted it as a negative finding. This study was unable to distinguish cases in which a service was not performed versus those in which a service was performed but not documented in the medical record.
- The findings for the data element *Rendering Provider Name* should be interpreted with caution because rendering provider names may not be included or legible in members' medical records.

- The findings from this study are associated with encounters from January 1, 2023, to December 31, 2023; as such, the results may not reflect the current quality of DHCS' encounter data.
- The findings from this study are associated with physician visits and may not be applicable to other claim types.

APPENDIX A. PLANS INCLUDED IN THE STUDY

Table A.1 presents the names, abbreviations, reporting units, and Health Care Plan (HCP) Codes for the plans included in this EDV MRR study.

Table A.1—Plans Included in the Study

Note the following regarding the table content:

- Since, beginning in 2024, DHCS dispersed the counties that originally comprised Region 1 and Region 2, HSAG accounted for the counties previously included in Region 1 and Region 2 separately. HSAG included applicable counties from Region 1 and Region 2 for the applicable plans.
- The counties included for each plan are counties the plan served in calendar year 2023 and continued to serve in 2024.
- The following plans were not included due to their exit from the MCMC market as of December 31, 2023:
  - Aetna Better Health of California
  - California Health & Wellness Plan (CHW)

* CHW served these counties during the review period (i.e., calendar year 2023), and Health Net Community Solutions, Inc. procured the medical records for these counties for the study.

Plan Name	Plan Abbreviation	Plan County/ Reporting Unit	HCP Code During EDV MRR Review Period	HCP Code Starting 2024
AIDS Healthcare Foundation	AHF	Los Angeles	915	915
Alameda Alliance for Health	AAH	Alameda	300	531
Blue Cross of California Partnership Plan, Inc., DBA Anthem Blue Cross Partnership Plan	Anthem Blue Cross	Alpine	100	385
		Amador	101	101
		Calaveras	103	103
		El Dorado	105	386
		Fresno	362	362
		Inyo	107	107

Plan Name	Plan Abbreviation	Plan County/ Reporting Unit	HCP Code During EDV MRR Review Period	HCP Code Starting 2024
		Kings	363	363
		Madera	364	364
		Mono	109	109
		Sacramento	190	190
		San Francisco	343	343
		Santa Clara	345	345
		Tulare	311	311
		Tuolumne	116	116
Blue Shield of California Promise Health Plan	Blue Shield Promise	San Diego	167	167
CalOptima	CalOptima	Orange	506	506
CalViva Health	CalViva	Fresno	315	315
		Kings	316	316
		Madera	317	317
CenCal Health	CenCal	Santa Barbara	502	502
		San Luis Obispo	501	501
Central California Alliance for Health	CCAH	Merced	514	514
		Monterey/Santa Cruz	508, 505	508, 505
Community Health Group Partnership Plan	CHG	San Diego	029	029
Contra Costa Health Plan	CCHP	Contra Costa	301	532
Gold Coast Health Plan	GCHP	Ventura	515	515

Plan Name	Plan Abbreviation	Plan County/ Reporting Unit	HCP Code During EDV MRR Review Period	HCP Code Starting 2024
Health Net Community Solutions, Inc.	Health Net	Amador*	119	380
		Calaveras*	121	381
		Inyo*	128	382
		Los Angeles	352	352
		Mono*	133	383
		Sacramento	150	150
		San Joaquin	354	354
		Stanislaus	361	361
		Tulare	353	353
		Tuolumne*	141	384
Health Plan of San Joaquin	HPSJ	San Joaquin	308	308
		Stanislaus	312	312
Health Plan of San Mateo	HPSM	San Mateo	503	503
Inland Empire Health Plan	IEHP	Riverside/San Bernardino	305, 306	305, 306
Kaiser Permanente	Kaiser	KP North (Amador, El Dorado, Placer, and Sacramento counties)	177, 178, 179, 170	177, 387, 662, 170
		San Diego	079	079
Kern Health Systems, DBA Kern Family Health Care	KHS	Kern	303	303
L.A. Care Health Plan	L.A. Care	Los Angeles	304	304
Molina Healthcare of California	Molina	Riverside/San Bernardino	355, 356	355, 356
		Sacramento	130	130
		San Diego	131	131

Plan Name	Plan Abbreviation	Plan County/ Reporting Unit	HCP Code During EDV MRR Review Period	HCP Code Starting 2024
Partnership HealthPlan of California	Partnership	Southwest (Lake, Marin, Mendocino, and Sonoma counties)	511, 510, 512, 513	511, 510, 512, 513
		Southeast (Napa, Solano, and Yolo counties)	507, 504, 509	507, 504, 509
		Northwest (Del Norte and Humboldt counties)	523, 517	523, 517
		Northeast (Lassen, Modoc, Shasta, Siskiyou, and Trinity counties)	518, 519, 520, 521, 522	518, 519, 520, 521, 522
San Francisco Health Plan	SFHP	San Francisco	307	307
Santa Clara Family Health Plan	SCFHP	Santa Clara	309	309
SCAN Health Plan	SCAN	Los Angeles	200, 201	200, 201
		Riverside	204, 205	204, 205
		San Bernardino	206, 207	206, 207
		San Diego	202, 203	202, 203

APPENDIX B. FINDINGS FOR AIDS HEALTHCARE FOUNDATION (AHF)

Medical Record Procurement Status

Table B.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for AHF.

Table B.1—Medical Record Procurement Status for AHF

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
AHF	362	305	84.3%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table B.2 lists the reasons for missing medical records for AHF, as well as the count and percent for each reason.

Table B.2—Reasons for Missing Medical Records for AHF

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	49	86.0%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	3	5.3%
Other.	2	3.5%
Member was not a patient of the practice.	1	1.8%
Closed facility.	1	1.8%
Provider refused to release medical records.	1	1.8%
AHF Total	**57**	**100.0%**

Table B.3 displays the number and percent of records with a second date of service submitted for AHF.

Table B.3—Medical Record Submission Status for Second Date of Service for AHF

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
AHF	305	222	72.8%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table B.4 displays the medical record omission and encounter data omission rates for AHF. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table B.4—Encounter Data Completeness Summary for AHF

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**AHF Rate**	**Statewide Rate**	**Denominator**	**AHF Rate**	**Statewide Rate**
Date of Service	556	11.2%	**10.2%**	506	2.4%+	**3.3%+**
Diagnosis Code	2,214	10.2%	**14.3%**	2,001	0.6%+	**1.6%+**
Procedure Code	1,146	30.1%	**19.4%**	871	8.0%+	**7.5%+**
Procedure Code Modifier	326	33.7%	**27.7%**	224	S+	**3.2%+**
Rendering Provider Name	556	11.2%	**11.0%**	506	2.4%+	**3.3%+**

Encounter Data Accuracy

Table B.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for AHF. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table B.5—Encounter Data Accuracy Summary for AHF

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	AHF Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,988	99.6%+	**99.5%+**	—
Procedure Code	801	99.0%+	**98.4%+**	—
Procedure Code Modifier	216	87.5%	**93.6%+**	—
Rendering Provider Name	494	65.2%	**68.9%**	Incorrect name (100.0%)
All-Element Accuracy	494	31.4%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	494	45.5%	**65.0%**	—

APPENDIX C. FINDINGS FOR ALAMEDA ALLIANCE FOR HEALTH (AAH)

Medical Record Procurement Status

Table C.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for AAH.

Table C.1—Medical Record Procurement Status for AAH

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
AAH	411	389	94.6%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table C.2 lists the reasons for missing medical records for AAH, as well as the count and percent for each reason.

Table C.2—Reasons for Missing Medical Records for AAH

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	15	68.2%
Member was not a patient of the practice.	4	18.2%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	2	9.1%
Provider refused to release medical records.	1	4.5%
AAH Total	**22**	**100.0%**

Table C.3 displays the number and percent of records with a second date of service submitted for AAH.

Table C.3—Medical Record Submission Status for Second Date of Service for AAH

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
AAH	389	264	67.9%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table C.4 displays the medical record omission and encounter data omission rates for AAH. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table C.4—Encounter Data Completeness Summary for AAH

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**AAH Rate**	**Statewide Rate**	**Denominator**	**AAH Rate**	**Statewide Rate**
Date of Service	597	5.2%+	**10.2%**	593	4.6%+	**3.3%+**
Diagnosis Code	1,776	6.8%+	**14.3%**	1,688	1.9%+	**1.6%+**
Procedure Code	1,092	10.3%	**19.4%**	1,113	12.0%	**7.5%+**
Procedure Code Modifier	449	22.0%	**27.7%**	369	5.1%+	**3.2%+**
Rendering Provider Name	597	5.2%+	**11.0%**	593	4.6%+	**3.3%+**

Encounter Data Accuracy

Table C.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for AAH. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table C.5—Encounter Data Accuracy Summary for AAH

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	AAH Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,656	99.7%+	**99.5%+**	—
Procedure Code	979	98.5%+	**98.4%+**	—
Procedure Code Modifier	350	86.6%	**93.6%+**	—
Rendering Provider Name	566	88.3%	**68.9%**	Incorrect name (93.9%)
All-Element Accuracy	566	57.1%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	566	64.5%	**65.0%**	—

APPENDIX D. FINDINGS FOR ANTHEM BLUE CROSS PARTNERSHIP PLAN (ANTHEM BLUE CROSS)

Medical Record Procurement Status

Table D.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for Anthem Blue Cross.

Table D.1—Medical Record Procurement Status for Anthem Blue Cross

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Anthem Blue Cross	411	352	85.6%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table D.2 lists the reasons for missing medical records for Anthem Blue Cross, as well as the count and percent for each reason.

Table D.2—Reasons for Missing Medical Records for Anthem Blue Cross

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	28	47.5%
Member was not a patient of the practice.	13	22.0%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	8	13.6%
Provider refused to release medical records.	4	6.8%
Medical records were not located at the facility.	3	5.1%
Closed facility.	2	3.4%
Other.	1	1.7%
Anthem Blue Cross Total	**59**	**100.0%**

Table D.3 displays the number and percent of records with a second date of service submitted for Anthem Blue Cross.

Table D.3—Medical Record Submission Status for Second Date of Service for Anthem Blue Cross

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
Anthem Blue Cross	352	146	41.5%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table D.4 displays the medical record omission and encounter data omission rates for Anthem Blue Cross. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table D.4—Encounter Data Completeness Summary for Anthem Blue Cross

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**Anthem Blue Cross Rate**	**Statewide Rate**	**Denominator**	**Anthem Blue Cross Rate**	**Statewide Rate**
Date of Service	522	14.4%	**10.2%**	457	S+	**3.3%+**
Diagnosis Code	1,568	14.0%	**14.3%**	1,362	1.0%+	**1.6%+**
Procedure Code	1,098	17.5%	**19.4%**	967	6.3%+	**7.5%+**
Procedure Code Modifier	453	22.7%	**27.7%**	364	3.8%+	**3.2%+**
Rendering Provider Name	522	15.1%	**11.0%**	453	S+	**3.3%+**

Encounter Data Accuracy

Table D.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for Anthem Blue Cross. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.

» Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table D.5—Encounter Data Accuracy Summary for Anthem Blue Cross

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	Anthem Blue Cross Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,349	99.8%+	**99.5%+**	—
Procedure Code	906	99.0%+	**98.4%+**	—
Procedure Code Modifier	350	96.3%+	**93.6%+**	—
Rendering Provider Name	443	58.7%	**68.9%**	Incorrect name (92.9%); Illegible name in medical records (7.1%)

Key Data Element	Denominator	Anthem Blue Cross Accuracy Rate	Statewide Accuracy Rate	Main Error Type
All-Element Accuracy	447	43.2%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	447	72.0%	**65.0%**	—

APPENDIX E. FINDINGS FOR BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN (BLUE SHIELD PROMISE)

Medical Record Procurement Status

Table E.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for Blue Shield Promise.

Table E.1—Medical Record Procurement Status for Blue Shield Promise

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Blue Shield Promise	411	379	92.2%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table E.2 lists the reasons for missing medical records for Blue Shield Promise, as well as the count and percent for each reason.

Table E.2—Reasons for Missing Medical Records for Blue Shield Promise

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	16	50.0%
Member was not a patient of the practice.	6	18.8%
Medical records were not located at the facility.	5	15.6%
Non-responsive provider or provider did not respond in a timely manner.	4	12.5%
Other.	1	3.1%
Blue Shield Promise Total	**32**	**100.0%**

Table E.3 displays the number and percent of records with a second date of service submitted for Blue Shield Promise.

Table E.3—Medical Record Submission Status for Second Date of Service for Blue Shield Promise

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
Blue Shield Promise	379	233	61.5%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table E.4 displays the medical record omission and encounter data omission rates for Blue Shield Promise. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table E.4—Encounter Data Completeness Summary for Blue Shield Promise

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**Blue Shield Promise Rate**	**Statewide Rate**	**Denominator**	**Blue Shield Promise Rate**	**Statewide Rate**
Date of Service	586	5.8%+	**10.2%**	564	2.1%+	**3.3%+**
Diagnosis Code	1,728	9.8%+	**14.3%**	1,576	1.1%+	**1.6%+**
Procedure Code	1,500	17.1%	**19.4%**	1,282	3.0%+	**7.5%+**
Procedure Code Modifier	578	23.7%	**27.7%**	460	4.1%+	**3.2%+**
Rendering Provider Name	586	6.0%+	**11.0%**	563	2.1%+	**3.3%+**

Encounter Data Accuracy

Table E.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for Blue Shield Promise. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.

» Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table E.5—Encounter Data Accuracy Summary for Blue Shield Promise

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	Blue Shield Promise Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,559	99.3%+	**99.5%+**	—
Procedure Code	1,243	98.3%+	**98.4%+**	—
Procedure Code Modifier	441	95.9%+	**93.6%+**	—
Rendering Provider Name	551	77.9%	**68.9%**	Incorrect name (99.2%)

Key Data Element	Denominator	Blue Shield Promise Accuracy Rate	Statewide Accuracy Rate	Main Error Type
All-Element Accuracy	552	51.6%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	552	64.7%	**65.0%**	—

APPENDIX F. FINDINGS FOR CALOPTIMA

Medical Record Procurement Status

Table F.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for CalOptima.

Table F.1—Medical Record Procurement Status for CalOptima

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
CalOptima	411	395	96.1%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table F.2 lists the reasons for missing medical records for CalOptima, as well as the count and percent for each reason.

Table F.2—Reasons for Missing Medical Records for CalOptima

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	12	75.0%
Other.	2	12.5%
Closed facility.	1	6.3%
Medical records were not located at the facility.	1	6.3%
CalOptima Total	**16**	**100.0%**

Table F.3 displays the number and percent of records with a second date of service submitted for CalOptima.

Table F.3—Medical Record Submission Status for Second Date of Service for CalOptima

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
CalOptima	395	248	62.8%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table F.4 displays the medical record omission and encounter data omission rates for CalOptima. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table F.4—Encounter Data Completeness Summary for CalOptima

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**CalOptima Rate**	**Statewide Rate**	**Denominator**	**CalOptima Rate**	**Statewide Rate**
Date of Service	591	3.0%⁺	**10.2%**	597	4.0%⁺	**3.3%⁺**
Diagnosis Code	1,857	8.5%⁺	**14.3%**	1,739	2.2%⁺	**1.6%⁺**
Procedure Code	1,395	16.2%	**19.4%**	1,281	8.7%⁺	**7.5%⁺**
Procedure Code Modifier	930	22.8%	**27.7%**	727	S⁺	**3.2%⁺**
Rendering Provider Name	591	4.1%⁺	**11.0%**	590	3.9%⁺	**3.3%⁺**

Encounter Data Accuracy

Table F.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for CalOptima. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table F.5—Encounter Data Accuracy Summary for CalOptima

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	CalOptima Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,700	99.2%+	**99.5%+**	—
Procedure Code	1,169	99.3%+	**98.4%+**	—
Procedure Code Modifier	718	98.2%+	**93.6%+**	—
Rendering Provider Name	567	37.4%	**68.9%**	Incorrect name (97.2%)
All-Element Accuracy	573	22.0%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	573	61.8%	**65.0%**	—

APPENDIX G. FINDINGS FOR CALVIVA HEALTH (CALVIVA)

Medical Record Procurement Status

Table G.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for CalViva.

Table G.1—Medical Record Procurement Status for CalViva

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
CalViva	411	405	98.5%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table G.2 lists the reasons for missing medical records for CalViva, as well as the count and percent for each reason.

Table G.2—Reasons for Missing Medical Records for CalViva

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	4	66.7%
Member was not a patient of the practice.	1	16.7%
Other.	1	16.7%
CalViva Total	**6**	**100.0%**

Table G.3 displays the number and percent of records with a second date of service submitted for CalViva.

Table G.3—Medical Record Submission Status for Second Date of Service for CalViva

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
CalViva	405	153	37.8%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table G.4 displays the medical record omission and encounter data omission rates for CalViva. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table G.4—Encounter Data Completeness Summary for CalViva

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**CalViva Rate**	**Statewide Rate**	**Denominator**	**CalViva Rate**	**Statewide Rate**
Date of Service	527	S+	**10.2%**	530	2.3%+	**3.3%+**
Diagnosis Code	1,582	7.6%+	**14.3%**	1,489	1.8%+	**1.6%+**
Procedure Code	1,199	9.3%+	**19.4%**	1,195	9.0%+	**7.5%+**
Procedure Code Modifier	488	14.3%	**27.7%**	427	S+	**3.2%+**
Rendering Provider Name	527	2.3%+	**11.0%**	527	2.3%+	**3.3%+**

Encounter Data Accuracy

Table G.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for CalViva. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table G.5—Encounter Data Accuracy Summary for CalViva

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	CalViva Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,462	99.9%+	**99.5%+**	—
Procedure Code	1,088	99.1%+	**98.4%+**	—
Procedure Code Modifier	418	97.6%+	**93.6%+**	—
Rendering Provider Name	515	65.4%	**68.9%**	Incorrect name (93.3%); Illegible name in medical records (6.7%)
All-Element Accuracy	518	45.9%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	518	68.9%	**65.0%**	—

APPENDIX H. FINDINGS FOR CENCAL HEALTH (CENCAL)

Medical Record Procurement Status

Table H.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for CenCal.

Table H.1—Medical Record Procurement Status for CenCal

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
CenCal	411	404	98.3%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table H.2 lists the reasons for missing medical records for CenCal, as well as the count and percent for each reason.

Table H.2—Reasons for Missing Medical Records for CenCal

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	4	57.1%
Closed facility.	1	14.3%
Non-responsive provider or provider did not respond in a timely manner.	1	14.3%
Provider refused to release medical records.	1	14.3%
CenCal Total	**7**	**100.0%**

Table H.3 displays the number and percent of records with a second date of service submitted for CenCal.

Table H.3—Medical Record Submission Status for Second Date of Service for CenCal

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
CenCal	404	196	48.5%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table H.4 displays the medical record omission and encounter data omission rates for CenCal. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table H.4—Encounter Data Completeness Summary for CenCal

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**CenCal Rate**	**Statewide Rate**	**Denominator**	**CenCal Rate**	**Statewide Rate**
Date of Service	577	S+	**10.2%**	580	2.2%+	**3.3%+**
Diagnosis Code	1,121	6.7%+	**14.3%**	1,063	1.6%+	**1.6%+**
Procedure Code	1,200	9.5%+	**19.4%**	1,146	5.2%+	**7.5%+**
Procedure Code Modifier	489	15.3%	**27.7%**	426	2.8%+	**3.2%+**
Rendering Provider Name	577	1.9%+	**11.0%**	579	2.2%+	**3.3%+**

Encounter Data Accuracy

Table H.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for CenCal. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table H.5—Encounter Data Accuracy Summary for CenCal

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	CenCal Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,046	98.5%+	**99.5%+**	—
Procedure Code	1,086	98.2%+	**98.4%+**	—
Procedure Code Modifier	414	98.8%+	**93.6%+**	—
Rendering Provider Name	566	76.9%	**68.9%**	Incorrect name (91.6%); Illegible name in medical records (8.4%)
All-Element Accuracy	567	56.8%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	567	74.1%	**65.0%**	—

APPENDIX I. FINDINGS FOR CENTRAL CALIFORNIA ALLIANCE FOR HEALTH (CCAH)

Medical Record Procurement Status

Table I.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for CCAH.

Table I.1—Medical Record Procurement Status for CCAH

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
CCAH	411	404	98.3%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table I.2 lists the reasons for missing medical records for CCAH, as well as the count and percent for each reason.

Table I.2—Reasons for Missing Medical Records for CCAH

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	3	42.9%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	2	28.6%
Member was not a patient of the practice.	1	14.3%
Closed facility.	1	14.3%
CCAH Total	**7**	**100.0%**

Table I.3 displays the number and percent of records with a second date of service submitted for CCAH.

Table I.3—Medical Record Submission Status for Second Date of Service for CCAH

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
CCAH	404	216	53.5%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table I.4 displays the medical record omission and encounter data omission rates for CCAH. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table I.4—Encounter Data Completeness Summary for CCAH

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**CCAH Rate**	**Statewide Rate**	**Denominator**	**CCAH Rate**	**Statewide Rate**
Date of Service	603	1.8%+	**10.2%**	599	S+	**3.3%+**
Diagnosis Code	1,512	5.3%+	**14.3%**	1,450	1.2%+	**1.6%+**
Procedure Code	1,229	8.1%+	**19.4%**	1,247	9.5%+	**7.5%+**
Procedure Code Modifier	720	16.5%	**27.7%**	609	S+	**3.2%+**
Rendering Provider Name	603	2.5%+	**11.0%**	595	S+	**3.3%+**

Encounter Data Accuracy

Table I.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for CCAH. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table I.5—Encounter Data Accuracy Summary for CCAH

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	CCAH Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,432	99.7%+	**99.5%+**	—
Procedure Code	1,129	99.3%+	**98.4%+**	—
Procedure Code Modifier	601	96.8%+	**93.6%+**	—
Rendering Provider Name	588	58.2%	**68.9%**	Incorrect name (99.6%)
All-Element Accuracy	592	38.7%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	592	64.7%	**65.0%**	—

APPENDIX J. FINDINGS FOR COMMUNITY HEALTH GROUP PARTNERSHIP PLAN (CHG)

Medical Record Procurement Status

Table J.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for CHG.

Table J.1—Medical Record Procurement Status for CHG

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
CHG	411	378	92.0%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table J.2 lists the reasons for missing medical records for CHG, as well as the count and percent for each reason.

Table J.2—Reasons for Missing Medical Records for CHG

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	22	66.7%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	7	21.2%
Other.	2	6.1%
Member was not a patient of the practice.	1	3.0%
Closed facility.	1	3.0%
CHG Total	**33**	**100.0%**

Table J.3 displays the number and percent of records with a second date of service submitted for CHG.

Table J.3—Medical Record Submission Status for Second Date of Service for CHG

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
CHG	378	262	69.3%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table J.4 displays the medical record omission and encounter data omission rates for CHG. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table J.4—Encounter Data Completeness Summary for CHG

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**CHG Rate**	**Statewide Rate**	**Denominator**	**CHG Rate**	**Statewide Rate**
Date of Service	592	8.6%⁺	**10.2%**	560	3.4%⁺	**3.3%⁺**
Diagnosis Code	1,924	19.3%	**14.3%**	1,575	1.4%⁺	**1.6%⁺**
Procedure Code	1,540	27.1%	**19.4%**	1,197	6.2%⁺	**7.5%⁺**
Procedure Code Modifier	508	30.1%	**27.7%**	374	5.1%⁺	**3.2%⁺**
Rendering Provider Name	592	13.5%	**11.0%**	531	3.6%⁺	**3.3%⁺**

Encounter Data Accuracy

Table J.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for CHG. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table J.5—Encounter Data Accuracy Summary for CHG

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	CHG Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,553	99.4%+	**99.5%+**	—
Procedure Code	1,123	96.2%+	**98.4%+**	Inaccurate code (88.4%)
Procedure Code Modifier	355	96.6%+	**93.6%+**	—
Rendering Provider Name	512	71.3%	**68.9%**	Incorrect name (99.3%)
All-Element Accuracy	541	37.2%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	541	50.8%	**65.0%**	—

APPENDIX K. FINDINGS FOR CONTRA COSTA HEALTH PLAN (CCHP)

Medical Record Procurement Status

Table K.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for CCHP.

Table K.1—Medical Record Procurement Status for CCHP

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
CCHP	411	398	96.8%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table K.2 lists the reasons for missing medical records for CCHP, as well as the count and percent for each reason.

Table K.2—Reasons for Missing Medical Records for CCHP

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	6	46.2%
Member was not a patient of the practice.	4	30.8%
Other.	2	15.4%
Medical records were not located at the facility.	1	7.7%
CCHP Total	**13**	**100.0%**

Table K.3 displays the number and percent of records with a second date of service submitted for CCHP.

Table K.3—Medical Record Submission Status for Second Date of Service for CCHP

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
CCHP	398	246	61.8%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table K.4 displays the medical record omission and encounter data omission rates for CCHP. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table K.4—Encounter Data Completeness Summary for CCHP

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**CCHP Rate**	**Statewide Rate**	**Denominator**	**CCHP Rate**	**Statewide Rate**
Date of Service	596	2.9%⁺	**10.2%**	603	4.0%⁺	**3.3%⁺**
Diagnosis Code	1,547	8.1%⁺	**14.3%**	1,450	2.0%⁺	**1.6%⁺**
Procedure Code	1,218	9.2%⁺	**19.4%**	1,148	3.7%⁺	**7.5%⁺**
Procedure Code Modifier	558	15.9%	**27.7%**	482	2.7%⁺	**3.2%⁺**
Rendering Provider Name	596	3.9%⁺	**11.0%**	597	4.0%⁺	**3.3%⁺**

Encounter Data Accuracy

Table K.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for CCHP. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table K.5—Encounter Data Accuracy Summary for CCHP

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	CCHP Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,421	99.2%+	**99.5%+**	—
Procedure Code	1,106	97.8%+	**98.4%+**	—
Procedure Code Modifier	469	94.9%+	**93.6%+**	—
Rendering Provider Name	573	76.1%	**68.9%**	Incorrect name (99.3%)
All-Element Accuracy	579	57.0%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	579	73.1%	**65.0%**	—

APPENDIX L. FINDINGS FOR GOLD COAST HEALTH PLAN (GCHP)

Medical Record Procurement Status

Table L.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for GCHP.

Table L.1—Medical Record Procurement Status for GCHP

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
GCHP	411	329	80.0%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table L.2 lists the reasons for missing medical records for GCHP, as well as the count and percent for each reason.

Table L.2—Reasons for Missing Medical Records for GCHP

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	38	46.3%
Provider refused to release medical records.	29	35.4%
Medical records were not located at the facility.	7	8.5%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	5	6.1%
Member was not a patient of the practice.	3	3.7%
GCHP Total	**82**	**100.0%**

Table L.3 displays the number and percent of records with a second date of service submitted for GCHP.

Table L.3—Medical Record Submission Status for Second Date of Service for GCHP

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
GCHP	329	132	40.1%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table L.4 displays the medical record omission and encounter data omission rates for GCHP. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table L.4—Encounter Data Completeness Summary for GCHP

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**GCHP Rate**	**Statewide Rate**	**Denominator**	**GCHP Rate**	**Statewide Rate**
Date of Service	520	17.5%	**10.2%**	441	2.7%+	**3.3%+**
Diagnosis Code	1,261	16.4%	**14.3%**	1,067	1.2%+	**1.6%+**
Procedure Code	954	17.8%	**19.4%**	866	9.5%+	**7.5%+**
Procedure Code Modifier	369	24.4%	**27.7%**	289	S+	**3.2%+**
Rendering Provider Name	520	18.7%	**11.0%**	435	2.8%+	**3.3%+**

Encounter Data Accuracy

Table L.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for GCHP. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table L.5—Encounter Data Accuracy Summary for GCHP

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	GCHP Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,054	99.7%+	**99.5%+**	—
Procedure Code	784	99.2%+	**98.4%+**	—
Procedure Code Modifier	279	98.2%+	**93.6%+**	—
Rendering Provider Name	423	83.7%	**68.9%**	Incorrect name (95.7%)
All-Element Accuracy	429	65.5%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	429	79.0%	**65.0%**	—

APPENDIX M. FINDINGS FOR HEALTH NET COMMUNITY SOLUTIONS, INC. (HEALTH NET)

Medical Record Procurement Status

Table M.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for Health Net.

Table M.1—Medical Record Procurement Status for Health Net

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Health Net	411	379	92.2%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table M.2 lists the reasons for missing medical records for Health Net, as well as the count and percent for each reason.

Table M.2—Reasons for Missing Medical Records for Health Net

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	12	37.5%
Non-responsive provider or provider did not respond in a timely manner.	11	34.4%
Member was not a patient of the practice.	5	15.6%
Other.	2	6.3%
Provider refused to release medical records.	2	6.3%
Health Net Total	**32**	**100.0%**

Table M.3 displays the number and percent of records with a second date of service submitted for Health Net.

Table M.3—Medical Record Submission Status for Second Date of Service for Health Net

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
Health Net	379	162	42.7%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table M.4 displays the medical record omission and encounter data omission rates for Health Net. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table M.4—Encounter Data Completeness Summary for Health Net

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**Health Net Rate**	**Statewide Rate**	**Denominator**	**Health Net Rate**	**Statewide Rate**
Date of Service	525	7.2%⁺	**10.2%**	502	3.0%⁺	**3.3%⁺**
Diagnosis Code	1,545	11.8%	**14.3%**	1,388	1.8%⁺	**1.6%⁺**
Procedure Code	1,201	18.4%	**19.4%**	1,048	6.5%⁺	**7.5%⁺**
Procedure Code Modifier	421	22.8%	**27.7%**	329	S⁺	**3.2%⁺**
Rendering Provider Name	525	7.6%⁺	**11.0%**	500	3.0%⁺	**3.3%⁺**

Encounter Data Accuracy

Table M.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for Health Net. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table M.5—Encounter Data Accuracy Summary for Health Net

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	Health Net Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,363	99.5%+	**99.5%+**	—
Procedure Code	980	98.7%+	**98.4%+**	—
Procedure Code Modifier	325	92.9%+	**93.6%+**	—
Rendering Provider Name	485	65.4%	**68.9%**	Incorrect name (95.8%)
All-Element Accuracy	487	43.9%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	487	64.7%	**65.0%**	—

APPENDIX N. FINDINGS FOR HEALTH PLAN OF SAN JOAQUIN (HPSJ)

Medical Record Procurement Status

Table N.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for HPSJ.

Table N.1—Medical Record Procurement Status for HPSJ

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
HPSJ	411	385	93.7%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table N.2 lists the reasons for missing medical records for HPSJ, as well as the count and percent for each reason.

Table N.2—Reasons for Missing Medical Records for HPSJ

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	17	65.4%
Other.	9	34.6%
HPSJ Total	**26**	**100.0%**

Table N.3 displays the number and percent of records with a second date of service submitted for HPSJ.

Table N.3—Medical Record Submission Status for Second Date of Service for HPSJ

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
HPSJ	385	131	34.0%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table N.4 displays the medical record omission and encounter data omission rates for HPSJ. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table N.4—Encounter Data Completeness Summary for HPSJ

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**HPSJ Rate**	**Statewide Rate**	**Denominator**	**HPSJ Rate**	**Statewide Rate**
Date of Service	511	6.3%⁺	**10.2%**	493	2.8%⁺	**3.3%⁺**
Diagnosis Code	1,452	11.4%	**14.3%**	1,305	1.5%⁺	**1.6%⁺**
Procedure Code	1,045	15.2%	**19.4%**	923	4.0%⁺	**7.5%⁺**
Procedure Code Modifier	451	23.1%	**27.7%**	365	4.9%⁺	**3.2%⁺**
Rendering Provider Name	511	7.2%⁺	**11.0%**	488	2.9%⁺	**3.3%⁺**

Encounter Data Accuracy

Table N.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for HPSJ. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table N.5—Encounter Data Accuracy Summary for HPSJ

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	HPSJ Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,286	99.8%+	**99.5%+**	—
Procedure Code	886	96.2%+	**98.4%+**	Inaccurate code (91.2%)
Procedure Code Modifier	347	90.2%+	**93.6%+**	—
Rendering Provider Name	474	59.5%	**68.9%**	Incorrect name (93.2%); Illegible name in medical records (6.8%)
All-Element Accuracy	479	38.0%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	479	65.6%	**65.0%**	—

APPENDIX O. FINDINGS FOR HEALTH PLAN OF SAN MATEO (HPSM)

Medical Record Procurement Status

Table O.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for HPSM.

Table O.1—Medical Record Procurement Status for HPSM

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
HPSM	411	402	97.8%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table O.2 lists the reasons for missing medical records for HPSM, as well as the count and percent for each reason.

Table O.2—Reasons for Missing Medical Records for HPSM

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	2	22.2%
Closed facility.	2	22.2%
Medical records were not located at the facility.	2	22.2%
Non-responsive provider or provider did not respond in a timely manner.	2	22.2%
Member was not a patient of the practice.	1	11.1%
HPSM Total	**9**	**100.0%**

Table O.3 displays the number and percent of records with a second date of service submitted for HPSM.

Table O.3—Medical Record Submission Status for Second Date of Service for HPSM

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
HPSM	402	216	53.7%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table O.4 displays the medical record omission and encounter data omission rates for HPSM. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table O.4—Encounter Data Completeness Summary for HPSM

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**HPSM Rate**	**Statewide Rate**	**Denominator**	**HPSM Rate**	**Statewide Rate**
Date of Service	589	2.2%+	**10.2%**	586	S+	**3.3%+**
Diagnosis Code	1,689	6.5%+	**14.3%**	1,593	0.9%+	**1.6%+**
Procedure Code	1,125	13.0%	**19.4%**	1,026	4.6%+	**7.5%+**
Procedure Code Modifier	413	13.8%	**27.7%**	376	5.3%+	**3.2%+**
Rendering Provider Name	589	2.4%+	**11.0%**	585	S+	**3.3%+**

Encounter Data Accuracy

Table O.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for HPSM. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table O.5—Encounter Data Accuracy Summary for HPSM

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	HPSM Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,579	99.7%+	**99.5%+**	—
Procedure Code	979	96.7%+	**98.4%+**	Inaccurate code (93.8%)
Procedure Code Modifier	356	95.5%+	**93.6%+**	—
Rendering Provider Name	575	77.0%	**68.9%**	Incorrect name (93.9%)
All-Element Accuracy	576	55.9%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	576	72.6%	**65.0%**	—

APPENDIX P. FINDINGS FOR INLAND EMPIRE HEALTH PLAN (IEHP)

Medical Record Procurement Status

Table P.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for IEHP.

Table P.1—Medical Record Procurement Status for IEHP

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
IEHP	411	404	98.3%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table P.2 lists the reasons for missing medical records for IEHP, as well as the count and percent for each reason.

Table P.2—Reasons for Missing Medical Records for IEHP

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	3	42.9%
Medical records were not located at the facility.	1	14.3%
Non-responsive provider or provider did not respond in a timely manner.	1	14.3%
Other.	1	14.3%
Provider refused to release medical records.	1	14.3%
IEHP Total	**7**	**100.0%**

Table P.3 displays the number and percent of records with a second date of service submitted for IEHP.

Table P.3—Medical Record Submission Status for Second Date of Service for IEHP

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
IEHP	404	149	36.9%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table P.4 displays the medical record omission and encounter data omission rates for IEHP. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table P.4—Encounter Data Completeness Summary for IEHP

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**IEHP Rate**	**Statewide Rate**	**Denominator**	**IEHP Rate**	**Statewide Rate**
Date of Service	520	3.1%+	**10.2%**	514	S+	**3.3%+**
Diagnosis Code	1,617	10.0%	**14.3%**	1,473	1.2%+	**1.6%+**
Procedure Code	1,120	12.1%	**19.4%**	1,044	5.7%+	**7.5%+**
Procedure Code Modifier	380	21.3%	**27.7%**	310	3.5%+	**3.2%+**
Rendering Provider Name	520	3.7%+	**11.0%**	511	S+	**3.3%+**

Encounter Data Accuracy

Table P.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for IEHP. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table P.5—Encounter Data Accuracy Summary for IEHP

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	IEHP Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,456	99.6%+	**99.5%+**	—
Procedure Code	985	98.5%+	**98.4%+**	—
Procedure Code Modifier	299	97.3%+	**93.6%+**	—
Rendering Provider Name	501	69.1%	**68.9%**	Incorrect name (94.2%)
All-Element Accuracy	504	45.8%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	504	65.7%	**65.0%**	—

APPENDIX Q. FINDINGS FOR KAISER PERMANENTE (KAISER)

Medical Record Procurement Status

Table Q.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for Kaiser.

Table Q.1—Medical Record Procurement Status for Kaiser

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Kaiser	411	402	97.8%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table Q.2 lists the reasons for missing medical records for Kaiser, as well as the count and percent for each reason.

Table Q.2—Reasons for Missing Medical Records for Kaiser

Non-Submission Reason	Count	Percent
Other.	8	88.9%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	1	11.1%
Kaiser Total	**9**	**100.0%**

Table Q.3 displays the number and percent of records with a second date of service submitted for Kaiser.

Table Q.3—Medical Record Submission Status for Second Date of Service for Kaiser

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
Kaiser	402	345	85.8%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table Q.4 displays the medical record omission and encounter data omission rates for Kaiser. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table Q.4—Encounter Data Completeness Summary for Kaiser

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**Kaiser Rate**	**Statewide Rate**	**Denominator**	**Kaiser Rate**	**Statewide Rate**
Date of Service	692	2.6%+	**10.2%**	702	4.0%+	**3.3%+**
Diagnosis Code	1,998	6.6%+	**14.3%**	1,897	1.6%+	**1.6%+**
Procedure Code	1,159	6.9%+	**19.4%**	1,126	4.2%+	**7.5%+**
Procedure Code Modifier	392	9.4%+	**27.7%**	364	S+	**3.2%+**
Rendering Provider Name	692	2.6%+	**11.0%**	702	4.0%+	**3.3%+**

Encounter Data Accuracy

Table Q.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for Kaiser. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table Q.5—Encounter Data Accuracy Summary for Kaiser

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	Kaiser Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,867	99.9%+	**99.5%+**	—
Procedure Code	1,079	98.7%+	**98.4%+**	—
Procedure Code Modifier	355	89.6%	**93.6%+**	—
Rendering Provider Name	674	89.2%	**68.9%**	Incorrect name (100.0%)
All-Element Accuracy	674	73.3%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	674	80.6%+	**65.0%**	—

APPENDIX R. FINDINGS FOR KERN HEALTH SYSTEMS (KHS)

Medical Record Procurement Status

Table R.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for KHS.

Table R.1—Medical Record Procurement Status for KHS

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
KHS	411	409	99.5%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table R.2 lists the reasons for missing medical records for KHS, as well as the count and percent for each reason.

Table R.2—Reasons for Missing Medical Records for KHS

Non-Submission Reason	Count	Percent
Member was a patient of the practice; however, no documentation was available for requested dates of service.	1	50.0%
Other.	1	50.0%
KHS Total	**2**	**100.0%**

Table R.3 displays the number and percent of records with a second date of service submitted for KHS.

Table R.3—Medical Record Submission Status for Second Date of Service for KHS

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
KHS	409	247	60.4%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table R.4 displays the medical record omission and encounter data omission rates for KHS. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table R.4—Encounter Data Completeness Summary for KHS

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**KHS Rate**	**Statewide Rate**	**Denominator**	**KHS Rate**	**Statewide Rate**
Date of Service	646	1.7%+	**10.2%**	637	S+	**3.3%+**
Diagnosis Code	1,651	6.2%+	**14.3%**	1,557	S+	**1.6%+**
Procedure Code	1,186	13.4%	**19.4%**	1,114	7.8%+	**7.5%+**
Procedure Code Modifier	676	34.3%	**27.7%**	461	3.7%+	**3.2%+**
Rendering Provider Name	646	3.6%+	**11.0%**	624	S+	**3.3%+**

Encounter Data Accuracy

Table R.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for KHS. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table R.5—Encounter Data Accuracy Summary for KHS

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	KHS Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,549	99.5%+	**99.5%+**	—
Procedure Code	1,027	99.4%+	**98.4%+**	—
Procedure Code Modifier	444	94.1%+	**93.6%+**	—
Rendering Provider Name	623	82.2%	**68.9%**	Incorrect name (96.4%)
All-Element Accuracy	635	51.0%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	635	60.9%	**65.0%**	—

APPENDIX S. FINDINGS FOR L.A. CARE HEALTH PLAN (L.A. CARE)

Medical Record Procurement Status

Table S.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for L.A. Care.

Table S.1—Medical Record Procurement Status for L.A. Care

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
L.A. Care	411	283	68.9%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table S.2 lists the reasons for missing medical records for L.A. Care, as well as the count and percent for each reason.

Table S.2—Reasons for Missing Medical Records for L.A. Care

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	117	91.4%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	3	2.3%
Member was not a patient of the practice.	3	2.3%
Other.	3	2.3%
Medical records were not located at the facility.	1	0.8%
Provider refused to release medical records.	1	0.8%
L.A. Care Total	**128**	**100.0%**

Table S.3 displays the number and percent of records with a second date of service submitted for L.A. Care.

Table S.3—Medical Record Submission Status for Second Date of Service for L.A. Care

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
L.A. Care	283	161	56.9%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table S.4 displays the medical record omission and encounter data omission rates for L.A. Care. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table S.4—Encounter Data Completeness Summary for L.A. Care

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**L.A. Care Rate**	**Statewide Rate**	**Denominator**	**L.A. Care Rate**	**Statewide Rate**
Date of Service	507	30.6%	**10.2%**	375	6.1%+	**3.3%+**
Diagnosis Code	1,558	32.1%	**14.3%**	1,085	2.5%+	**1.6%+**
Procedure Code	1,158	39.1%	**19.4%**	768	8.2%+	**7.5%+**
Procedure Code Modifier	347	51.3%	**27.7%**	177	S+	**3.2%+**
Rendering Provider Name	507	31.2%	**11.0%**	372	6.2%+	**3.3%+**

Encounter Data Accuracy

Table S.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for L.A. Care. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table S.5—Encounter Data Accuracy Summary for L.A. Care

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	L.A. Care Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,058	99.2%+	**99.5%+**	—
Procedure Code	705	97.6%+	**98.4%+**	—
Procedure Code Modifier	169	87.6%	**93.6%+**	—
Rendering Provider Name	349	75.1%	**68.9%**	Incorrect name (94.3%)
All-Element Accuracy	352	45.2%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	352	60.5%	**65.0%**	—

APPENDIX T. FINDINGS FOR MOLINA HEALTHCARE OF CALIFORNIA (MOLINA)

Medical Record Procurement Status

Table T.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for Molina.

Table T.1—Medical Record Procurement Status for Molina

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Molina	411	391	95.1%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table T.2 lists the reasons for missing medical records for Molina, as well as the count and percent for each reason.

Table T.2—Reasons for Missing Medical Records for Molina

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	18	90.0%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	1	5.0%
Provider refused to release medical records.	1	5.0%
Molina Total	**20**	**100.0%**

Table T.3 displays the number and percent of records with a second date of service submitted for Molina.

Table T.3—Medical Record Submission Status for Second Date of Service for Molina

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
Molina	391	200	51.2%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table T.4 displays the medical record omission and encounter data omission rates for Molina. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table T.4—Encounter Data Completeness Summary for Molina

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**Molina Rate**	**Statewide Rate**	**Denominator**	**Molina Rate**	**Statewide Rate**
Date of Service	596	4.2%⁺	**10.2%**	574	S⁺	**3.3%⁺**
Diagnosis Code	1,782	8.8%⁺	**14.3%**	1,633	S⁺	**1.6%⁺**
Procedure Code	1,349	14.5%	**19.4%**	1,218	5.3%⁺	**7.5%⁺**
Procedure Code Modifier	451	17.1%	**27.7%**	381	S⁺	**3.2%⁺**
Rendering Provider Name	596	4.9%⁺	**11.0%**	570	S⁺	**3.3%⁺**

Encounter Data Accuracy

Table T.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for Molina. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table T.5—Encounter Data Accuracy Summary for Molina

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	Molina Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,626	99.6%+	**99.5%+**	—
Procedure Code	1,153	99.2%+	**98.4%+**	—
Procedure Code Modifier	374	93.3%+	**93.6%+**	—
Rendering Provider Name	567	64.6%	**68.9%**	Incorrect name (98.5%)
All-Element Accuracy	571	43.4%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	571	64.6%	**65.0%**	—

APPENDIX U. FINDINGS FOR PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PARTNERSHIP)

Medical Record Procurement Status

Table U.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for Partnership.

Table U.1—Medical Record Procurement Status for Partnership

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
Partnership	411	394	95.9%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table U.2 lists the reasons for missing medical records for Partnership, as well as the count and percent for each reason.

Table U.2—Reasons for Missing Medical Records for Partnership

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	9	52.9%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	6	35.3%
Closed facility.	1	5.9%
Other.	1	5.9%
Partnership Total	**17**	**100.0%**

Table U.3 displays the number and percent of records with a second date of service submitted for Partnership.

Table U.3—Medical Record Submission Status for Second Date of Service for Partnership

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
Partnership	394	260	66.0%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table U.4 displays the medical record omission and encounter data omission rates for Partnership. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table U.4—Encounter Data Completeness Summary for Partnership

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**Partnership Rate**	**Statewide Rate**	**Denominator**	**Partnership Rate**	**Statewide Rate**
Date of Service	640	3.0%+	**10.2%**	636	2.4%+	**3.3%+**
Diagnosis Code	1,777	5.2%+	**14.3%**	1,702	1.0%+	**1.6%+**
Procedure Code	996	7.9%+	**19.4%**	1,064	13.8%	**7.5%+**
Procedure Code Modifier	486	14.0%	**27.7%**	433	3.5%+	**3.2%+**
Rendering Provider Name	640	3.1%+	**11.0%**	635	2.4%+	**3.3%+**

Encounter Data Accuracy

Table U.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for Partnership. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table U.5—Encounter Data Accuracy Summary for Partnership

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	Partnership Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,685	99.9%+	**99.5%+**	—
Procedure Code	917	99.1%+	**98.4%+**	—
Procedure Code Modifier	418	92.3%+	**93.6%+**	—
Rendering Provider Name	620	77.9%	**68.9%**	Incorrect name (98.5%)
All-Element Accuracy	621	58.1%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	621	72.5%	**65.0%**	—

APPENDIX V. FINDINGS FOR SAN FRANCISCO HEALTH PLAN (SFHP)

Medical Record Procurement Status

Table V.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for SFHP.

Table V.1—Medical Record Procurement Status for SFHP

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
SFHP	411	336	81.8%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table V.2 lists the reasons for missing medical records for SFHP, as well as the count and percent for each reason.

Table V.2—Reasons for Missing Medical Records for SFHP

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	66	88.0%
Medical records were not located at the facility.	6	8.0%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	1	1.3%
Member was not a patient of the practice.	1	1.3%
Closed facility.	1	1.3%
SFHP Total	**75**	**100.0%**

Table V.3 displays the number and percent of records with a second date of service submitted for SFHP.

Table V.3—Medical Record Submission Status for Second Date of Service for SFHP

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
SFHP	336	232	69.0%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table V.4 displays the medical record omission and encounter data omission rates for SFHP. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table V.4—Encounter Data Completeness Summary for SFHP

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**SFHP Rate**	**Statewide Rate**	**Denominator**	**SFHP Rate**	**Statewide Rate**
Date of Service	585	13.3%	**10.2%**	528	4.0%+	**3.3%+**
Diagnosis Code	1,573	13.9%	**14.3%**	1,376	1.6%+	**1.6%+**
Procedure Code	1,132	25.4%	**19.4%**	908	7.0%+	**7.5%+**
Procedure Code Modifier	467	37.0%	**27.7%**	298	S+	**3.2%+**
Rendering Provider Name	585	13.5%	**11.0%**	527	4.0%+	**3.3%+**

Encounter Data Accuracy

Table V.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for SFHP. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table V.5—Encounter Data Accuracy Summary for SFHP

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	SFHP Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,354	99.9%+	**99.5%+**	—
Procedure Code	844	98.9%+	**98.4%+**	—
Procedure Code Modifier	294	94.2%+	**93.6%+**	—
Rendering Provider Name	506	85.2%	**68.9%**	Incorrect name (97.3%)
All-Element Accuracy	507	56.4%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	507	65.1%	**65.0%**	—

APPENDIX W. FINDINGS FOR SANTA CLARA FAMILY HEALTH PLAN (SCFHP)

Medical Record Procurement Status

Table W.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for SCFHP.

Table W.1—Medical Record Procurement Status for SCFHP

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
SCFHP	411	407	99.0%+
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table W.2 lists the reasons for missing medical records for SCFHP, as well as the count and percent for each reason.

Table W.2—Reasons for Missing Medical Records for SCFHP

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	3	75.0%
Member was not a patient of the practice.	1	25.0%
SCFHP Total	**4**	**100.0%**

Table W.3 displays the number and percent of records with a second date of service submitted for SCFHP.

Table W.3—Medical Record Submission Status for Second Date of Service for SCFHP

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
SCFHP	407	204	50.1%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table W.4 displays the medical record omission and encounter data omission rates for SCFHP. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table W.4—Encounter Data Completeness Summary for SCFHP

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**SCFHP Rate**	**Statewide Rate**	**Denominator**	**SCFHP Rate**	**Statewide Rate**
Date of Service	586	S+	**10.2%**	594	2.7%+	**3.3%+**
Diagnosis Code	1,540	7.6%+	**14.3%**	1,447	1.7%+	**1.6%+**
Procedure Code	1,109	15.8%	**19.4%**	1,072	12.9%	**7.5%+**
Procedure Code Modifier	538	28.1%	**27.7%**	393	S+	**3.2%+**
Rendering Provider Name	586	2.0%+	**11.0%**	590	2.7%+	**3.3%+**

Encounter Data Accuracy

Table W.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for SCFHP. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table W.5—Encounter Data Accuracy Summary for SCFHP

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	SCFHP Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,423	99.9%+	**99.5%+**	—
Procedure Code	934	99.0%+	**98.4%+**	—
Procedure Code Modifier	387	94.8%+	**93.6%+**	—
Rendering Provider Name	574	79.3%	**68.9%**	Incorrect name (99.2%)
All-Element Accuracy	578	52.2%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	578	65.2%	**65.0%**	—

APPENDIX X. FINDINGS FOR SCAN HEALTH PLAN (SCAN)

Medical Record Procurement Status

Table X.1 shows the medical record procurement status (i.e., number of medical records submitted for either the sampled date of service or the second date of service) for SCAN.

Table X.1—Medical Record Procurement Status for SCAN

Note: Medical record procurement rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

Plan	Initial Sample Size	Number of Records Submitted	Percentage of Records Submitted
SCAN	411	355	86.4%
Statewide Total	**9,404**	**8,685**	**92.4%+**

Table X.2 lists the reasons for missing medical records for SCAN, as well as the count and percent for each reason.

Table X.2—Reasons for Missing Medical Records for SCAN

Note: Total may not equal 100 percent due to rounding.

Non-Submission Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	39	69.6%
Member was a patient of the practice; however, no documentation was available for requested dates of service.	11	19.6%
Member was not a patient of the practice.	4	7.1%
Medical records were not located at the facility.	2	3.6%
SCAN Total	**56**	**100.0%**

Table X.3 displays the number and percent of records with a second date of service submitted for SCAN.

Table X.3—Medical Record Submission Status for Second Date of Service for SCAN

Plan	Number of Records Submitted	Number of Records Submitted with Second Date of Service	Percent
SCAN	355	200	56.3%
Statewide Total	**8,685**	**4,825**	**55.6%**

Encounter Data Completeness

Table X.4 displays the medical record omission and encounter data omission rates for SCAN. Using the data element *Date of Service* as an example, the list below shows the specifications for the denominator and the numerator:

- Medical record omission rate: The denominator for the medical record omission rate is the number of dates of service identified in DHCS' electronic encounter data, and the numerator is the number of dates of service identified in DHCS' electronic encounter data that were not found in the medical records submitted for the study.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of dates of service identified in the medical records, and the numerator is the number of dates of service from the medical records that were not found in DHCS' electronic encounter data.

HSAG evaluated the medical record omission rate and the encounter data omission rate using the date of service selected by HSAG and an additional date of service selected by the provider, if one was available. For both rates, lower values indicate better performance.

Table X.4—Encounter Data Completeness Summary for SCAN

Note: Omission rates of less than 10 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standards.

"S" indicates that the numerator for this indicator was less than 11; therefore, this report

suppresses the rate to satisfy the DHCS Data De-Identification Guidelines (DDG) V2.2 de-identification standard.

	Medical Record Omission			Encounter Data Omission		
Key Data Elements	**Denominator**	**SCAN Rate**	**Statewide Rate**	**Denominator**	**SCAN Rate**	**Statewide Rate**
Date of Service	569	14.8%	**10.2%**	498	2.6%+	**3.3%+**
Diagnosis Code	2,211	15.7%	**14.3%**	1,880	0.9%+	**1.6%+**
Procedure Code	1,011	26.6%	**19.4%**	771	3.8%+	**7.5%+**
Procedure Code Modifier	347	52.7%	**27.7%**	170	S+	**3.2%+**
Rendering Provider Name	569	16.0%	**11.0%**	491	2.6%+	**3.3%+**

Encounter Data Accuracy

Table X.5 displays the element accuracy rates for each key data element and the all-element accuracy rate for SCAN. Encounter data accuracy was evaluated for dates of service that existed in both DHCS' electronic encounter data and the medical records and had values present in both data sources for the evaluated data element. Using the data element *Diagnosis Code* as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both DHCS' electronic encounter data and the medical records. In addition, both data sources had values for the data element *Diagnosis Code*.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the medical records submitted for the study.

The all-element accuracy rate denotes the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

Table X.5—Encounter Data Accuracy Summary for SCAN

Note: Data element accuracy rates greater than 90 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard. The all-element accuracy rates greater than 80 percent are shaded in gray and denoted with a cross (+) to show that they met the EDV study standard.

— Indicates that the error type analysis was not applicable to a given data element, or the denominator for the error rate was too small (i.e., less than 30) to report a valid rate and/or the numerator for the error rate was less than 11.

[1]This data element was calculated based on the results from the *Diagnosis Code, Procedure Code,* and *Procedure Code Modifier* data elements.

Key Data Element	Denominator	SCAN Accuracy Rate	Statewide Accuracy Rate	Main Error Type
Diagnosis Code	1,863	99.9%+	**99.5%+**	—
Procedure Code	742	98.0%+	**98.4%+**	—
Procedure Code Modifier	164	95.7%+	**93.6%+**	—
Rendering Provider Name	478	78.5%	**68.9%**	Incorrect name (82.5%); Illegible name in medical records (17.5%)
All-Element Accuracy	485	54.4%	**45.3%**	—
All-Element Accuracy Excluding Rendering Provider Name[1]	485	67.4%	**65.0%**	—