

May 28, 2024

THIS LETTER SENT VIA EMAIL TO THE SNF AB 186 DISTRIBUTION LIST

To Skilling Nursing Facility (SNF) Workforce & Quality Incentive Program (WQIP)
Stakeholders:

On May 24, 2024, DHCS released the latest Calendar Year 2023 SNF WQIP bed day data set to Medi-Cal Managed Care Plans (MCPs) to aid MCPs and facilities in reconciling days for WQIP scoring and payment purposes. This data set covers the most recent updates to data submitted by MCPs to DHCS's data warehouse, NPI corrections reported by facilities, and new filters to remove duplicated days. DHCS has instructed MCPs to share summary data with facilities immediately and to reconcile any missing or incorrect encounter submissions before June 30, 2024. DHCS has shared additional patient-level data with MCPs to aid the reconciliation process, which may be shared with facilities in a secure manner on an as-needed basis. Please see attachment 1 for a copy of email to MCPs which includes summary and patient-level data fields.

Furthermore, DHCS has posted an updated WQIP participation list on the WQIP Website that contains aggregate of bed day data by MCP at each participating facility to facilitate reconciliation steps. This data is subject to [DHCS data de-identification standards](#) to limit the chance of identification of members.

Facilities should continue to work directly with their MCPs to continue to reconcile days. Please see the WQIP Website for a list with each MCP's designated WQIP contact person.

A copy of this letter and information on how to sign up for the AB 186 email distribution list is posted on the SNF WQIP website: <https://www.dhcs.ca.gov/services/Pages/SNF-WQIP.aspx>. If you have any questions regarding this letter, please contact the SNF WQIP Inbox at SNFWQIP@dhcs.ca.gov.

Sincerely,

Jeffrey Norris, MD
Value-Based Payment Branch Chief
Quality and Population Health Management (QPHM)
Department of Healthcare Services (DHCS)

Attachment 1: Email to All MCPs sent 5/24/2024:

Good afternoon,

This is a notice that our next CY 2023 SNF WQIP data set has been loaded onto your SFTP Directed Payment and Kick folders. Please confirm receipt when you have downloaded the data. DHCS is requiring the MCPs to share at minimum, a summary level of data as discussed in the webinar (list of required fields below). Below are the requirements for this program for each MCP. Please do not hesitate to reach out with any questions.

1. MCPs must download the SNF WQIP encounter file uploaded to their SFTP folder.
2. MCPs must confirm to DHCS once the SNF WQIP encounter file has been downloaded.
3. MCPs must review this data and share, at minimum, summary level data with their contracted facilities.
 - a. Required Fields
 - i. Plan_Name
 - ii. PLAN_CD
 - iii. Facility_Name
 - iv. NPI
 - v. PROV_274
 - vi. MEDICARE_IND
 - vii. Medicare_Status
 - viii. Remove_Days
 - ix. Remove_Note
 - x. WQIP_Days
4. MCPs must work with their delegates and contracted facilities to reconcile any missing or incorrect encounter submissions before June 30, 2024, to ensure that updated encounters are included in the final calculation.
 - a. This level of reconciliation may require MCPs to submit new or updated encounters through the DHCS PACES process. MCPs should account for this in their discussions with their SNF partners.
5. MCPs must work with their delegates and contracted facilities to correct any errors in the 274 reporting.
 - a. This would involve the MCP resubmitting their 274 files to DHCS with corrections for any month necessary in CY 2023. The 274 for each affected month will need to be corrected through the process currently in place for those submissions.

In addition, it was recently brought to our attention that for some of the SNF WQIP qualifying claims data, there is overlap in the stay dates of service. This resulted in some overcounting of days. DHCS will be applying a limiting logic to address date overlap and mitigate the overcounting issue.

Please note that the encounter detail TAB files shared with your plan contain the day counts prior to the application of DHCS's limiting logic. Overlapping claims are included so that plans (and SNFs) can get a sense of the overlap issue. We are sharing summary CSV files along with the encounter detail TAB files to show the limited days, that is, the days that will actually be counted. These CSV files will contain the following fields:

- Plan_Name
- Plan_CD
- Facility_Name
- HCAI_ID
- NPI
- PROV_274
- AKA_CIN
- Month (month of service)
- Unlimited_Days (these should tie to the day counts in the TAB file)
- Limited_Days

Instances where limited days are less than unlimited days indicate that there were two or more claims that exhibited date of service overlap. In addition to sharing encounter detail level data with the SNFs, please also share the CSV summary data with the SNFs to help facilitate data reconciliation.

As a courtesy, the list below is what data fields are shared in the encounter files loaded to the SFTP folder.

Field Name	Description
Plan_Name	health plan name
PLAN_CD	health plan code
Facility_Name	facility name
NPI	billing provider's National Provider Identifier number
PROV_274	DHCS derived field indicating whether provider (based on NPI) is a network provider identified in the health plan's network provider file
RECORD_ID	record identification number, provides a unique number for each claim header record
MAIN_SGMNT_ID_NO	claim line number
AKA_CIN	beneficiary's client index number
ENCRYPTED_AKA_CIN	encrypted client index number
BENE_FIRST_NAME	beneficiary's first name
BENE_LAST_NAME	beneficiary's last name
AGE	beneficiary's age
BIRTH_DT	beneficiary's birth date
CLAIM_FORM_IND	indicates whether claim form used is a UB-04 or a HCFA-1500 form

Field Name	Description
FI_CLAIM_TYPE_CD	claim type code
FI_PROV_TYPE_CD	provider type code
PROV_TAXON	billing provider taxonomy
SVC_FROM_DT	header level service from date
SVC_TO_DT	header level service to date
INPAT_DISCHARGE_DT	date the patient was discharged (inpatient/LTC claims only), if blank use SVC_TO_DT as discharge date for calculation of Day_DIFF
Day_DIFF	day difference = (minimum of INPAT_DISCHARGE_DT or program phase end date) - (max of SVC_From_DT or program phase start date) + 1
DTL_SVC_FROM_DT	detail level service from date
DTL_SVC_TO_DT	detail level service to date
ORIG_POS_CD	place of service code
PROC_CD	procedure code
REND_OPERATING_PROV_TAXON	rendering provider taxonomy
REVENUE_CD	revenue code
MEDICARE_IND	value of 1 indicates Medicare crossover claim
MC_STAT_A	code indicating status and funding source for beneficiary's Medicare Part A coverage
MC_STAT_B	code indicating status and funding source for beneficiary's Medicare Part B coverage
Medicare_Status	field derived from eligibility data indicating beneficiary's Medicare coverage status
Remove_Days	indicates how many days have been zeroed out due to Medicare Part A exclusion
Remove_Note	indicates if days were not eligible for SNF WQIP due to being for Medicare crossover claims where the beneficiary has Medicare Part A coverage
WQIP_Days	set equal to Day_DIFF on the first claim line of each LTC claim
HCAI_ID	HCAI identification number
CCN	Claims control number