

Managed Care Data Quality Monitoring Webinar

-Semi Annual Data Checks

Introduction

Amy Peterson, MPA

Managed Care Data Support Section Chief

DHCS Staff

» Speakers

- Amy Peterson
- Debra Dixon
- Jeff Jennings
- Tyler Brennan

» Support

- Atif Habib
- Samantha Van
- Abiy Gebereselassie
- Mei Shan Ng
- Briana Saelee
- Soo Jung Kim

Questions & Answers

- » For **GENERAL** questions, please submit your question to the WebEx Q & A message box and please ensure that your questions are visible to all participants, as opposed to sending a private chat to the host.
- » For **SPECIFIC** questions, please reach out to your Data Mailbox as will be instructed.

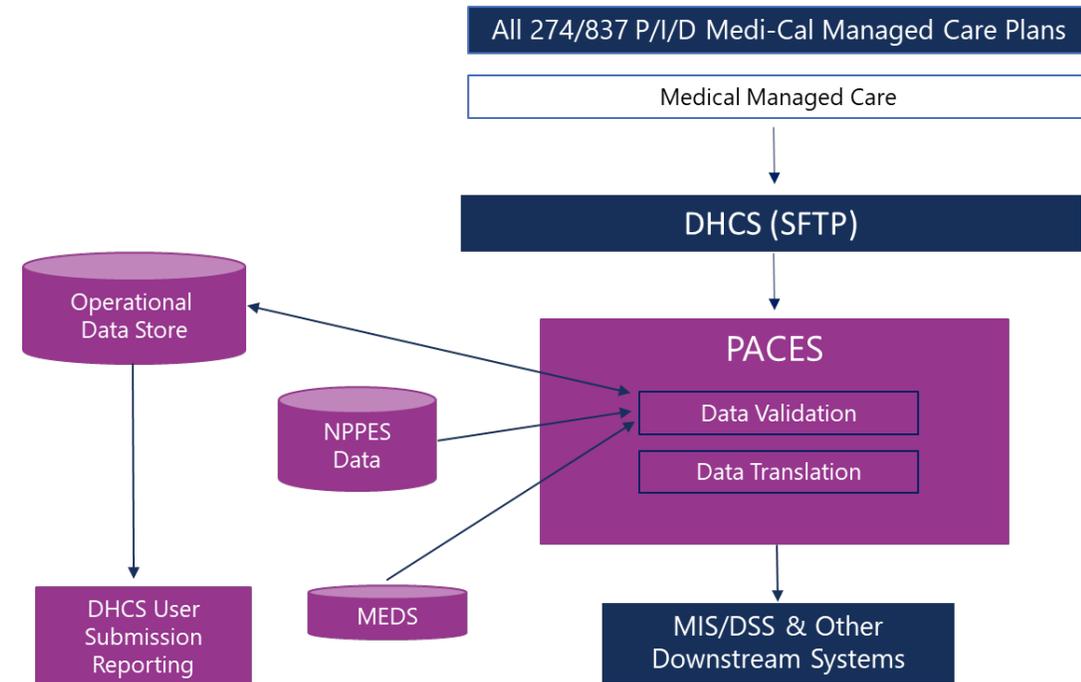
Agenda

- » Data Quality Monitoring Standards and Objectives
- » Data Quality and Transformed Medicaid Statistical Information System (T-MSIS)
- » 274 Medical Data Quality Monitoring – Semi Annual Data Checks
- » DHCS Documentation Center
- » Future ECM/CS JSON file Submission Plan
- » Communication
- » Next Steps

Data Quality Monitoring Objectives

- » Receive and Review EDI Transaction data from MCPs, Counties, and Post Adjudicated Claims and Encounters (PACES)
- » Monitors the C.A.R.T. of EDI Transaction Data

PACES Data Processing Flow



C.A.R.T. Dimensions

Quality Dimension	Description
Completeness	Checks for missing, surplus, or duplicate data For instance, the site data should report all the essential details like valid city, county code, Site OSHPD IDs, etc.
Accuracy	Checks for typos and questionable records For example, site email addresses that use forbidden characters, dummy addressees, multiple and misspelled addresses are flagged
Reasonability	Checks if the data is valid and plausible For example, the number of distinct organization names reported in the 274 must be exactly 1 (one) and must correspond to the MCP submitting the file, not any of its subnetworks
Timeliness	Checks for timely submission of data The submission date and time is taken from the most recent submission that was accepted before midnight on the submission day

C.A.R.T. Dimensions

- » The reports consider the submission timeliness of the 274 file in addition to several types of data quality measures related to reasonability, completeness, and accuracy of the 274 data.
- » Each check has an identifier in the format "MDCxxx", where xxx is a three-digit number.
- » The first digit of the number reflects what type of calculation determines the score.

Data Quality and Transformed Medicaid Statistical Information System (T-MSIS)

Debra Dixon

Data Quality Branch Chief

Data Quality and T-MSIS

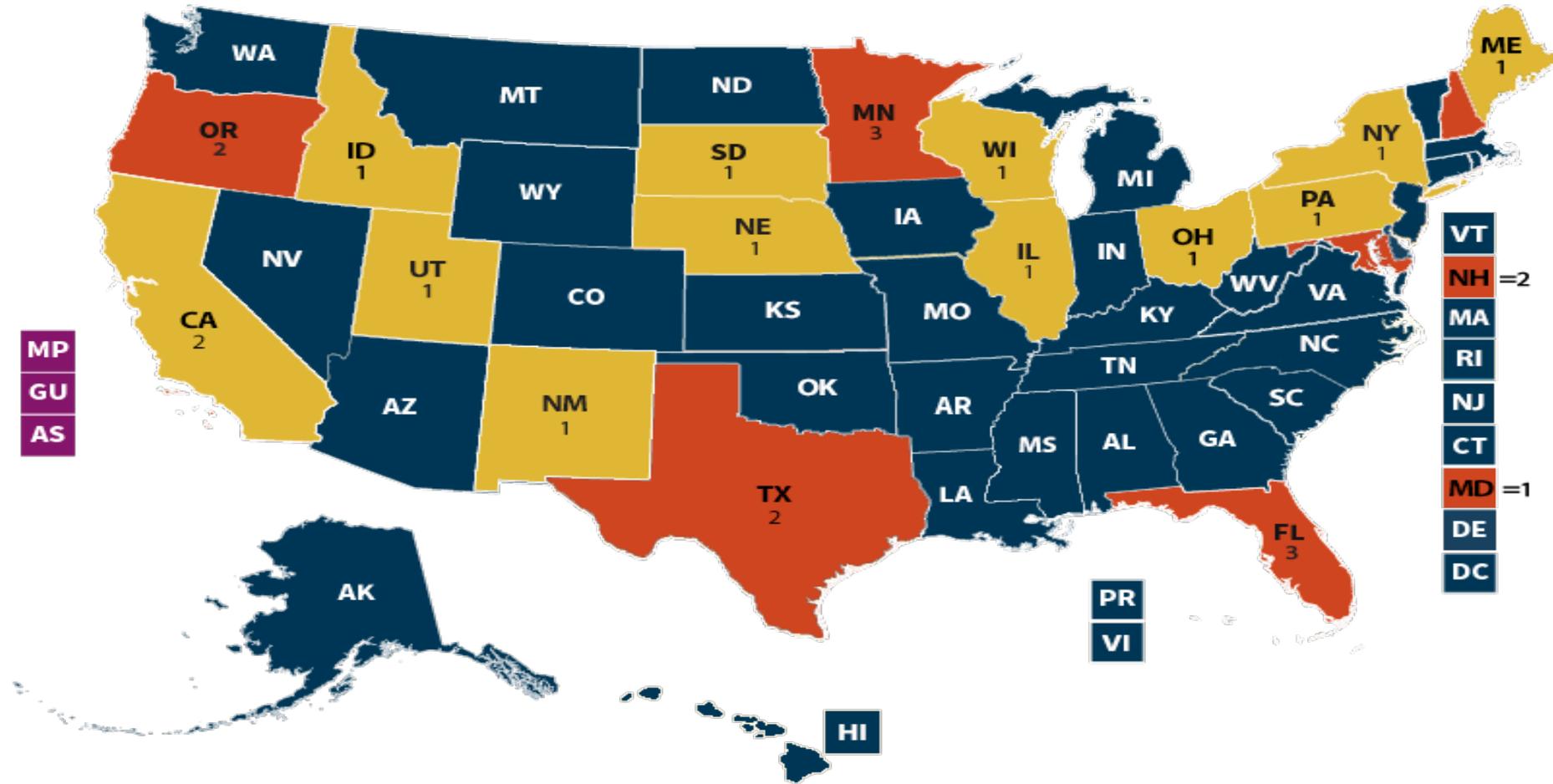
» T-MSIS Score card: [2023 Scorecard](#)

- The Centers for Medicare & Medicaid Services (CMS) developed the Medicaid and Children's Health Insurance Program (CHIP) Scorecard to improve public transparency about the administration and outcomes of these programs.
- The following three measures were not available at the time of 2023 release and will be added to the MAC Scorecard in early 2024.
 - Medicaid Long-Term Services and Supports Expenditures on Home and Community-Based Services,
 - Money Follows the Person Demonstration, and
 - Users of Home and Community-Based Services and Long-Term Services and Supports were not available at the time of 2023 release and will be added to the MAC Scorecard in early 2024.

Data Quality and T-MSIS

- » Outcomes Based Assessment (OBA)
 - T-MSIS site: [T-MSIS](#)
 - Critical, high, medium, and low
 - Enhanced funding at risk if targets are not met
- » Tracking State Data Quality Progress
 - The Outcomes Based Assessment map and file submission status (seen next) are as of 01/03/2024.
 - CMS currently uses OBA for assessing and prioritizing T-MSIS data quality.

Data Quality and T-MSIS



DHCS PACES System Submission Rules (1)

- » Monthly Data Quality checks was presented in October 2023
- » Recorded Webinar and PowerPoint can be found here:
[Managed Care Data Quality Monitoring Webinar Series](#)

DHCS PACES System Submission Rules (2)

- » DHCS has established secure file transfer protocol (SFTP) accounts for each MCP and granted secure access to necessary MCP personnel to access and upload program data to the SFTP site.
 - Each MCP has a set of two SFTP folders for both test and production submissions that includes a **“Submit”** folder and **“Response”** folder.
 - Each MCP must submit program data files by placing them in the “Submit” folder, where DHCS’ PACES system will automatically pick up the files for processing.
 - Once a file has been successfully processed, the files will be automatically removed from the “Submit” folder.
 - MCPs must not change the SFTP folder structures in any way, as this will disrupt file processing. Data Quality staff do not e-mail response files to Plans.

DHCS PACES System Submission Rules (3)

» Resubmission of Rejected Files

- If a program data file submission is rejected, it must be corrected and submitted as a new file.
- The file cannot be corrected at the record level; an entirely new file must be submitted.

» Submission Reconciliation Form (SRF)

- Each MCP is required to complete and submit a Submission Reconciliation Form (SRF) to DHCS by the 15th of the month following the submission month.
- The SRF is a document that MCPs will use to track 274, MCPD, PCPA and Encounter data file submissions.
- DHCS will use the information collected by the SRF to validate that all transmitted files were received to ensure data completeness.

File Naming Submission Rules

» The MCPD and PCPA file naming conventions is:

- **XXXXX-X_TYPE_YYYYMMDD_NNNNN**.json
 - **XXXXX-X** is the DHCS specified name of the health plan, with spaces represented by dashes
 - **TYPE** designates the type of file as either PCPA or MCPD
 - **YYYYMMDD** is the date of the file submission
 - **NNNNN** is a unique numeric transaction identifier used to differentiate between files submitted on the same day by the same health plan.
 - Each segment in the file name must be separated by an underscore

» MCPD and PCPA Response File naming convention is:

- **XXXXXX_RESP_RPTNNN**.json
 - **XXXXXX** is the input file name
 - My-Health-Plan_MCPD_20211015_00002_RESP_RPT000.json

Major Submission Quality Issues

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

DHCS PACES/SFTP System Issues (1)

- » Response files (SRF, RESP) not posted
 - Data Quality team does not send Response files to Plans. Plans need to access these on the DHCS PACES/Prod/Plans/Response/"MCP name" folder.
 - MoveIt/SFTP system issues impact file processing/posting of Response files. Send e-mail to MCQMDProviderData@dhcs.ca.gov and the analyst will request technical review by the DHCS PACES team.
 - Expect up to two business days for correction and file posting if system-wide issue.
 - File submission due dates will be adjusted for system issues resulting in delay of file processing.

DHCS PACES/SFTP System Issues (2)

» SFTP Site Access Denial/Issue

- SFTP Update: Two-factor authentication rolled out August 2023. **Refer to DHCS Communication sent out 8/10/2023** titled "YOUR ACTION REQUIRED to keep access to E-Transfer MoveIt"
- Plans communicate contact/staff changes to MCQMDProviderData@DHCS.CA.Gov and Contract Manager to inform them of change in personnel and access to the SFTP site.

» Information Required in request:

- Name of personnel: *First Last*
- Contact Information: *email, phone number (xxx)-xxx-xxxx*
- Title of personnel: *(i.e. Compliance Officer)*
- List ALL Folders\subfolders requesting access (including Test and Prod)
 - *DHCS-PACES/Prod/Plans/Plan Name/Response*
 - *DHCS-PACES/Test/Plans/Plan Name/Response*
- Type of folder access: *read, write, delete?*

DHCS PACES System Issues (3)

» PACES Queue Backlog

- Any SFTP site issues may impact the ability of DHCS PACES system to push files to the SFTP site. This results in a large queue of files the system to be processed.
- Large file queues will require additional days for the system to process file submissions. Submission due dates can be adjusted to account for system issues.
- Email MCQMDProviderData@DHCS.CA.Gov and MMCDEncounterData@DHCS.CA.Gov to inquire about delays.

274 Medical Data Quality Monitoring - Semi Annual Data Checks

Semi-Annual Data Checks vs. Monthly Data Checks

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

Semi-Annual Data Checks

- » The Semi-Annual Data Check (SDC) is a tool used by the Data Quality Reporting Unit to identify whether plans have corrected deficiencies identified in the MDC.
- » The Season 2 SDC reports were sent out January 16, 2024, representing data quality checks of July 2023 data (August 2023 submission) through December 2023 data (January 2024 submission).
- » SDC metrics and thresholds are identical to the 17 MDC metrics. The SDC uses the MOST RECENT submission for any particular month's data, to make sure that data deficiencies have been corrected

Resubmission Guidelines

- » MCPs are expected to correct all data quality issues outlined in the Monthly Data Checks and then resubmit 274 data file.
- » The SDC report is able to capture 274 data file resubmissions up to 12 months after the initial reporting period deadline.
 - For example, a Plan resubmitted a corrected file for the January 2023 reporting period in July 2023. This resubmission would be captured in the Season 1 SDC (Jan. 2023 – June 2023) Report.
- » MCPs must respond to all failed metrics, and files with any failed metrics that have not been granted an exemption must be corrected and resubmitted before the next SDC

SDC Report Example – Resubmission Check

SDC Report Season 2: July 2023 – December 2023

MCP	Date Month	Original File	Most Recent File	Resubmission
ABC	2023-07	ABC_100_274_20230809_00001.dat	ABC_100_274_20230809_00001.dat	No
ABC	2023-08	ABC_100_274_2023 09 07_00002.dat	ABC_100_274_2023 11 07_00002.dat	Yes
ABC	2023-09	ABC_100_274_20231010_00001.dat	ABC_100_274_20231010_00001.dat	No
ABC	2023-10	ABC_100_274_2023 11 08_00003.dat	ABC_100_274_2023 12 08_00003.dat	Yes
ABC	2023-11	ABC_100_274_ 20231205 _00002.dat	ABC_100_274_ 20240105 _00002.dat	Yes
ABC	2023-12	ABC_100_274_20240109_00001.dat	ABC_100_274_20240109_00001.dat	No

274 SDC Reference examples

Column	Check Name	Pass Threshold	Description
MDC101	Organization Name	Plan parent name = 1	The number of distinct organization names reported in the 274 must be exactly 1 and must correspond to the MCP submitting the file, not any of its subnetworks. This number is defined by the count of distinct values for the data element 2100AA NM103.
MDC202	Safety Net Provider (SNP) Site Count	> 1	The total Safety Net Provider (SNP) site count is the number of distinct sites flagged as SNPs. This number is defined by the count of distinct site NPIs where the Safety Net indicator (2100DA N201) equals "Y". **Specialty plans may be exempt from this measure.

SDC Report Example – Threshold Checks

MDC101: Organization Name

MCP	Date Month	Replacement Status	Distinct Org. Name found	SDC Score
ABC	2023-07	Original	1	PASS
ABC	2023-08	Original	1	PASS
ABC	2023-09	Updated	1	PASS
ABC	2023-10	Original	1	PASS
ABC	2023-11	Updated	1	PASS
ABC	2023-12	Original	1	PASS

MDC202: Safety Net Provider Sites

MCP	Date Month	Other SNP Sites	Total SNP Sites	SDC Score
ABC	2023-07	50	600	PASS
ABC	2023-08	55	602	PASS
ABC	2023-09	60	585	PASS
ABC	2023-10	75	685	PASS
ABC	2023-11	71	700	PASS
ABC	2023-12	63	703	PASS

Examples of Quality Issues

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

Quality Monitoring Report Summary – Season 2 Semi-Annual Reports

Check Code	Check Name	Percentage of Plans that passed check
MDC101	Organization Name	100%
MDC201	Total Qualified Autism Services Practitioner (QASP) Count	99%
MDC202	Safety Net Provider (SNP) Site Count	96%
MDC301	Site Email Addresses	100%
MDC302	Site County Codes	100%
MDC303	Site and Provider Member Counts	91%
MDC304	Physician Extender Affiliations	88%
MDC305	Site City Spelling	99%
MDC306	Site OSHPD IDs	100%
MDC307	Site PCP Flags	98%
MDC308	Site Telehealth Indicators	90%

SDC Reporting Season 2 Period: (July 2023 – December 2023/
August 2023 – January 2024 data submissions)

Examples of previous Semi-Annual Reports

Check Code	Check Name	Percentage of AA* that passed check 2023 Jan-June	Percentage of AA* that passed check 2023 July -Dec
MDC101	Organization Name	100%	100%
MDC201	Total Qualified Autism Services Practitioner (QASP) Count	100%	100%
MDC202	Safety Net Provider (SNP) Site Count	100%	100%
MDC301	Site Email Addresses	100%	100%
MDC302	Site County Codes	100%	100%
MDC303	Site and Provider Member Counts	100%	83%
MDC304	Physician Extender Affiliations	100%	100%
MDC305	Site City Spelling	100%	100%
MDC306	Site OSHPD IDs	100%	100%
MDC307	Site PCP Flags	100%	100%
MDC308	Site Telehealth Indicators	100%	58%

* Plan name has been replaced for security reasons.

DHCS Documentation Center

Jeff Jennings

Data Exchange Validation Unit Chief

Document Center Access Request Procedure

- » The DHCS Documentation Center ([DHCS Documentation Center](#)) hosts Companion Guides, Technical Documentation and other files/artifacts
- » Examples include ECM/CS & MCPD/PCPA Technical Documentation, PACES 837, 274 Companion Guides, schemas, other files and docs

Document Center Access Request Procedure, (cont.)

- » Currently, most files hosted in the DHCS Documentation Center are related to Managed Care data submissions.
- » SDMC [Short-Doyle Medi-Cal] Companion Guides related files are hosted separately for County Behavioral Health Plans at this time
- » Channels and documents are added on an ongoing basis
- » For Doc Center access or Technical assistance, contact DataExchange@dhcs.ca.gov

Future ECM/CS JSON file Submission Plan

Amy Peterson, MPA

Managed Care Data Support Section Chief

Future timeline: Dynamic Data Collection and Reporting

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

ECM/CS Policy Guides & JSON Transition Plan

Tyler Brennan, HPS II

Managed Care Quality Monitoring Division

Program Administration Section

Policy Guides

» Boilerplate, state regulation

- ECM APL 21-012, Community Supports APL 21-017:
 - MCPs must meet all program and reporting requirements specified by DHCS, applicable state and federal laws and regulations, and MCP contract and APL requirements including appeal rights. MCPs are expected to follow other DHCS guidance pertaining to Community Supports subsequently issued.

» ECM/CS Companion/Technical guides

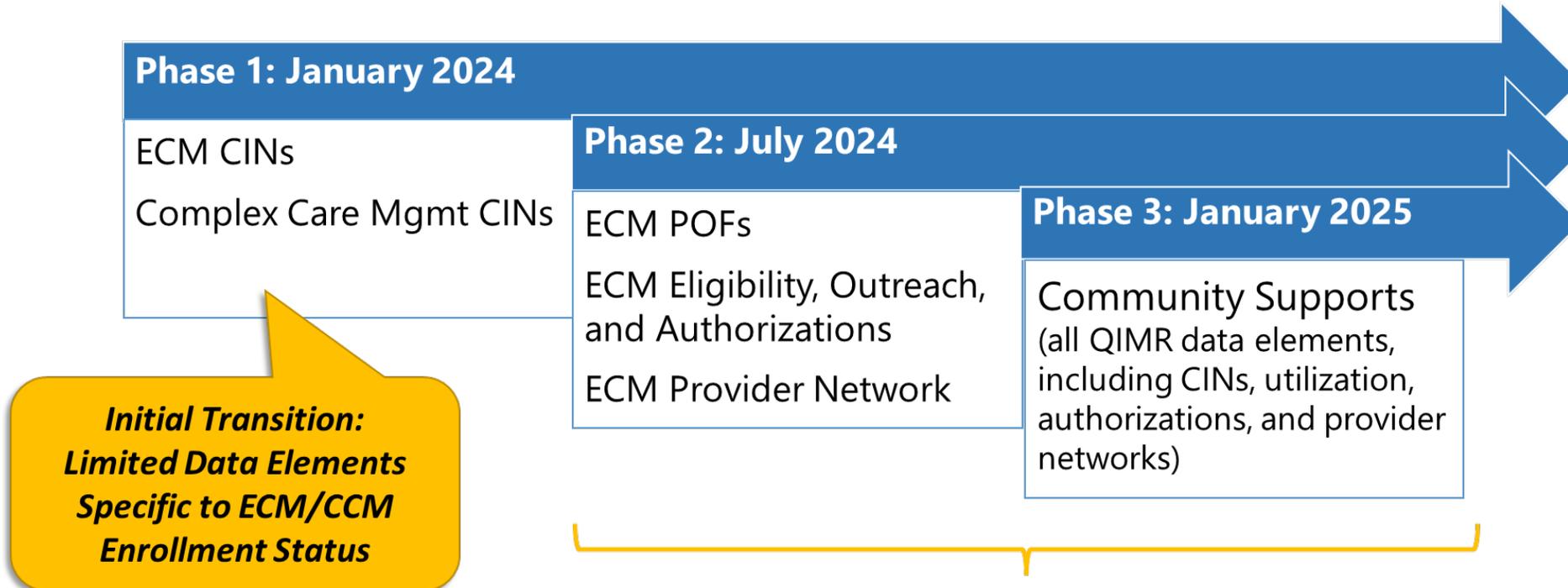
- Available in the [DHCS Documentation Center](#)

JSON Transition Phases

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

JSON Transition Timeline

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



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

Phase 1: ECM/CCM CIN

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

Submission standards

- » All MCPs must submit:
 - ECM/CCM JSON file monthly to the DHCS PACES system
 - The first submission due date is February 10th, 2024 (covering January 2024).
 - Files to include all available data from the previous month.
 - Files are due by the 10th of every month thereafter
- » *MCPs must continue reporting as normal through the QIMR process within 45 days of the end of each quarter.*
 - *The next QIMR covering Q4 2023 is due February 14th, 2024.*

Communication

Amy Peterson, MPA

Managed Care Data Support Section Chief

Communication

- » Data group mailboxes
 - Documentation Center Access requests: DataExchange@dhcs.ca.gov
 - Webinar: MCDSS@dhcs.ca.gov
 - 274, MCPD/PCPA, and 837: MCQMDProviderData@dhcs.ca.gov
 - ECM/CS JSON file: CaAIMECMILOS@dhcs.ca.gov
- » If the message is urgent, please mark [URGENT] in subject

Plan Assignments & Communication

- » All plans have assigned analysts, a primary contact and a backup contact. If you are unsure about who your current analyst is, please reach out to the Provider Box for clarification.
 - Provider Box - MCQMDProviderData@dhcs.ca.gov

MCPs Contact Guidelines

- » MCPs are limited to four plan contacts
 - Primary technical contact
 - Primary compliance contact
 - Do not include a contact that should not have access to certain information as decided by the MCP (CAPs, etc.)
- » Assign a liaison to DHCS from the MCP
 - The liaison will distribute information appropriately as needed internally

Plan Assignments & Communication

- » Every time a plan has an inquiry of any type, please do all of the following:
 - Send the inquiry to your plan's assigned analyst
 - CC your plan's backup analyst
 - CC the provider data group mailbox at MCQMDProviderData@dhcs.ca.gov
 - If the message is urgent, please mark [URGENT]

Next Steps

DHCS Data Collection Status

Data Transaction type	Status
Medi-Cal Managed Care Provider Network data (274 Medical MCP)	In production
County Mental Health Plan 274 Provider Network Data (274 MHP)	In production
274 Drug Medi-Cal Organized Delivery Systems data (274 DMC-ODS)	DHCS is in the testing phase with Counties
Dental Managed Care Plans 274 Provider Network Data (274 Dental)	In production
BH – Short Doyle	In production
Encounter data	In production
MCPD/PCPA JSON file expansion	In production

Resources



Quality Measures & Reporting

DHCS monitors the quality of care provided to its members in a number of ways. Below are links to different types of reports that have been developed to monitor DHCS programs and the quality of care provided to our members.

Quality Webinar Series

The resources below provide materials and webinar information related to the quality of managed care data.

- [Managed Care Data Quality Monitoring Webinar Series](#): DHCS is currently hosting a monthly webinar series to improve quality monitoring of Managed Care Data.
- [Frequently Asked Questions \(FAQ\)](#)
- [DHCS Documentation Center \(DDC\)](#): The DDC is our solution for sharing Companion Guides and other Managed Care docs and artifacts used by trading partners (MCPs). The PACES, CAPMAN, MCPD and PCPA Companion Guides and other docs and artifacts are posted here and are available to trading partner staff. Access to the DDC is available to trading partners upon request. Access requests can be sent to dataexchange@dhcs.ca.gov.

Quality Measures

The reports below provide quality measures based on administrative and clinical data such as the Healthcare Effectiveness Data and Information Set (HEDIS) measures and self-reported data such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys.

- [Dashboard Initiative](#): DHCS is developing a comprehensive dashboard initiative to strengthen public reporting practices throughout the department while improving transparency and accountability.

» DHCS Quality Webinar Series webpage

- Data & Statistics -> Reports -> Quality Measures and Reporting

Resources (cont.)



Managed Care Data Quality Monitoring Webinar Series

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

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

Next webinar: January 31, 2024 at 10 a.m. (Semi Annual Data Checks)

Additional Resources and Related Materials

- [DHCS Documentation Center \(DDC\)](#): The DDC is our solution for sharing Companion Guides and other Managed Care docs and artifacts used by trading partners (MCPs). The PACES, CAPMAN, MCPD and PCPA Companion Guides and other docs and artifacts are posted here and are available to trading partner staff. Access to the DDC is available to trading partners upon request. Access requests can be sent to dataexchange@dhcs.ca.gov.
- [DHCS Managed Care Data Quality Monitoring Frequently Asked Questions](#)
- [Managed Care Data Quality Webinar Glossary](#)

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

2023 Webinar Schedule

Month	Topic	Webinar Date	Webinar Materials
April	Annual Address	4/24/2023	Presentation Slides
May	274 Medical Managed Care Provider Data	5/24/2023	Presentation Slides
June	274 Behavioral Health / Mental Health Program Data	6/28/2023	Presentation Slides
July	Semi Annual Data Checks	7/26/2023	Presentation Slides
August	Encounter Data	8/30/2023	Presentation Slides
September	274 Dental Data	9/27/2023	Presentation Slides
October	Monthly Data Checks	10/25/2023	Presentation Slides
November	274 Behavioral Health / Drug Medical-ODS	11/29/2023	Presentation Slides
December	MCPD/PCPA files and expansion	12/13/2023	Presentation Slides

» [Webinar Series Webpage](#)

- Recording/script
- PPT slides deck
- Upcoming Webinar schedule

» [Frequently Asked Questions](#)

» [Glossary](#)

Upcoming Webinar Schedule

Month	Focus on
January 2024	Semi Annual Data checks
February 2024	BH Short Doyle
March 2024	Qualitative Data Templates
April 2024	Annual Address
May 2024	274 Medical Managed Care Provider Data
June 2024	274 MHP

Upcoming Webinar Schedule, (cont.)

Month	Focus on
July 2024	Semi Annual Data checks
August 2024	Encounter Data
September 2024	274 Dental
October 2024	Monthly Data Checks
November 2024	274 DMC-ODS
December 2024	MCPD/PCPA Files and Expansion

Questions ?

Thank you!

