

# Managed Care Data Quality Monitoring Webinar

-Semi Annual Data Checks

# Introduction

Dr. Eugene D. Stevenson III

Managed Care Plan Data Support Branch Chief

# 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.

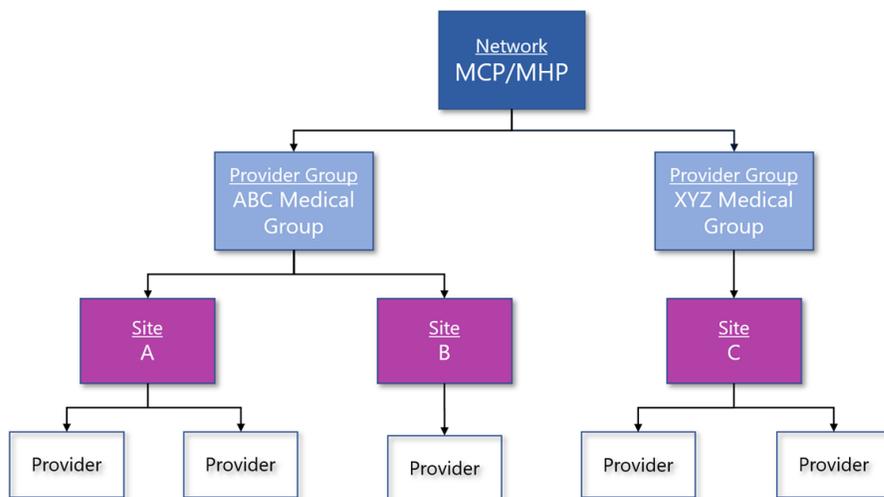
# Agenda

- » Data Quality Monitoring Standards and Objectives
- » 274 Medical Data Submission Standards
- » 274 Medical Data Quality Monitoring – Semi Annual Data Checks
- » Communication
- » Next Steps

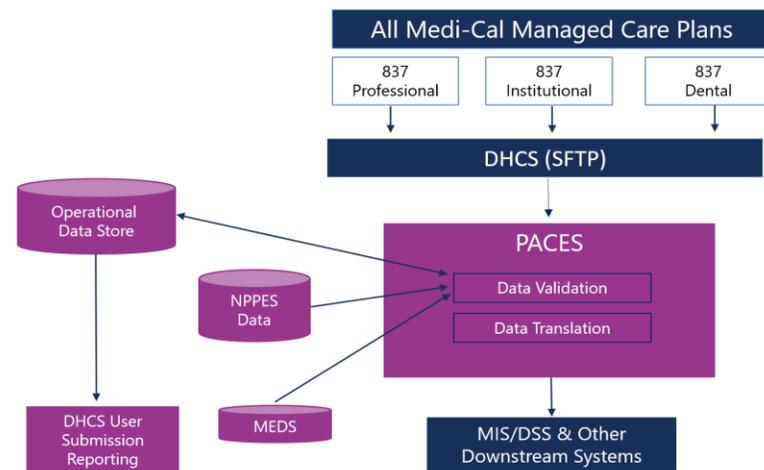
# Data Quality Monitoring Objectives

- » 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

274 Data Flow



Encounter Data Flow



# 274 Medical Data Submission Standards

Debra Dixon

Data Quality Branch Chief

# Submission Rules

## » All MCPs must submit:

- 274 data by the 10<sup>th</sup> of every month to the DHCS PACES system
- Managed Care Program Data (MCPD) & Primary Care Provider Assignment (PCPA) data by the 10<sup>th</sup> of month to the DHCS PACES system
- SRF (Submission Reconciliation Form) template by the 15<sup>th</sup> of the month following the month of submission to PACES
  - For example, data for January, 2023 must be submitted no later than February 15, 2023

# 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

# **274 Medical Data Quality Monitoring - Semi Annual Data Checks**

# Monthly Data Checks

- » Every month, PDQU performs 17 data quality checks on the 274s that were submitted by Plans.
- » Each Plan receives a report which summarizes its results.
- » Each HCP within an MCP receives a pass or fail score.
- » Each HCP must pass for the Plan to pass the check at the MCP level.
- » Plans are encouraged to contact PDQU with disagreements about scoring if a reasonable explanation exists.

# 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.

# 274 MDC 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.

# 274 MDC Reference examples -cont.

Column	Check Name	Pass Threshold	Description
MDC304	Physician Extender Affiliations	< 50%	<p>The percentage of records which are identified as questionable is the percentage of all physician extender (PE) provider records without an affiliated supervising physician (2100EA N2) reported in the same file. This includes:</p> <ul style="list-style-type: none"> <li>- PEs without a reported professional (“PROF”) affiliation</li> <li>- PEs with a professional affiliation but no reported affiliated NPI</li> <li>- PEs with a professional affiliation and reported affiliated NPI, but the NPI does not belong to a provider with the licensure type “MD” in the same file</li> </ul> <p>The numerator is the sum of the number of distinct PE provider records meeting any of the above criteria. The denominator is the number of distinct PE provider records.</p> <p>The number of distinct PE records is based on provider NPI and provider name and only includes providers with a licensure type (2100EA N202) of “NPA”. The affiliated supervising physician must be reported in the same file as the PE.</p>
MDC401	Change in Number of Distinct Site NPIs	< 10%	<p>The change in site NPI count is defined as the percentage change (from the previous effective month) of the number of distinct site NPIs.</p> <p>The count of NPIs from the previous month is taken from the most recent accepted submission for that effective month, regardless of that file’s submission date.</p>

# Resubmission Guidelines

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

# Semi-Annual Data Checks

- » The Semi-Annual Data Check (SDC) serves as a way for data quality team to identify whether plans have corrected deficiencies identified in the MDCs. The next round of SDC reports are tentatively expected to be sent out in September 2023
- » January 2023 data (February 2023 submission) through June 2023 data (July 2023 submission)
- » Checks are identical to the MDC metrics and use the MOST RECENT submission for any particular month's data, to make sure that data deficiencies have been corrected

# Quality Monitoring Report Summary – 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	100%
MDC202	Safety Net Provider (SNP) Site Count	97.4%
MDC301	Site Email Addresses	100%
MDC302	Site County Codes	100%
MDC303	Site and Provider Member Counts	89.3%
MDC304	Physician Extender Affiliations	78.2%
MDC305	Site City Spelling	100%
MDC306	Site OSHPD IDs	97.9%
MDC307	Site PCP Flags	100%
MDC308	Site Telehealth Indicators	95.3%

SDC Reporting Period: December 2022-MAY 2023

# 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

# Examples of previous Semi-Annual Reports

Check Code	Check Name	Percentage of AA* that passed check 2022 Jan-June	Percentage of AA* that passed check 2022 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%	66.66%
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%	100%

\* Plan name has been replaced for security reasons.

# Future ECM/CS JSON file Submission Plan

Dr. Eugene D. Stevenson III

Managed Care Plan Data Support Branch Chief

# Future timeline: Dynamic Data Collection and Reporting

- » DHCS is expanding the use of JSON
- » DHCS is making use of the data collected in new ways
- » QIMR data elements build the Enhanced Care Management/ Community Support (ECM/CS) JSON files
- » Will use the new straightforward onboarding process

# JSON Details

» ECM/CS template file conversion to JSON will be done in three phases:

- Managed Care Plans (MCP) will initially submit JSON files for the following:
  - Enhanced Care Management (ECM) Client Index Number (CIN)
  - Complex Care Management (CCM) Client Index Number (CIN)
- Phase 1. ECM expansion
- Phase 2. CS expansion
- Phase 3. CCM expansion

# Introduction to ArcGIS visualization tools

## » ArcGIS

- Story map
- Experience Builder
- Survey 1, 2, 3
- Dashboard
- Geospatial analysis

# Communication

# Communication

- » Data group mailboxes
  - 274: MCQMDProviderData@dhcs.ca.gov
  - Documentation Center Access requests: DataExchange@dhcs.ca.gov
  - Webinar: MCDSS@dhcs.ca.gov
- » If the message is urgent, please mark [URGENT] in subject

# MCPs Contact Guidelines

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

# Plan Assignments & Communication

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

# 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](mailto:MCQMDProviderData@dhcs.ca.gov)
  - If the message is urgent, please mark [URGENT]

# Next Steps

# Quality Monitoring Status Update

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)	Counties are being Phased in (90% counties in production)
274 Drug Medi-Cal ODS data (274 DMC-ODS)	DHCS is in the beginning stages 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](mailto: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.










 ServicesIndividualsProviders & PartnersLaws & RegulationsData & StatisticsForms & PublicationsSearch

## 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. This webinar series is currently held on the 4<sup>th</sup> Wednesday of each month at 10 am.

Please contact [MCDS@dhcs.ca.gov](mailto:MCDS@dhcs.ca.gov) to be invited to this webinar series.

**Next webinar: July 26, 2023 at 10 a.m. (Semi Annual Data Check)**

For frequently asked questions, please see the [DHCS Managed Care Data Quality Monitoring Frequently Asked Questions](#) page.

### 2023-24 Webinar Schedule

Month	Topic	Webinar Date	Additional Materials
April	<a href="#">Annual Address</a>	4/24/2023	<a href="#">Presentation Slides</a>
May	<a href="#">274 Medical Managed Care Provider Data</a>	5/24/2023	<a href="#">Presentation Slides</a>
June	<a href="#">274 Behavioral Health / Mental Health Program Data</a>	6/28/2023	<a href="#">Presentation Slides</a>
July	Semi Annual Data Check	7/26/2023	Available August 2023
August	Encounter Data	8/23/2023	Available September 2023

## » Webinar Series Webpage

<https://www.dhcs.ca.gov/dataandstats/Pages/Quality-Webinar-Series.aspx>

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

## » Frequently Asked Questions

<https://www.dhcs.ca.gov/dataandstats/Pages/Managed-Care-Data-Quality-Monitoring-Frequently-Asked-Questions.aspx>

# Upcoming Webinar

<b>Month</b>	<b>Focus on</b>
<b>January</b>	<b>Semi Annual Data checks; Connected to CAPs</b>
February	BH Short Doyle
March	Qualitative Data Templates
<b>April</b>	<b>Annual Address</b>
May	274 Medical Managed Care Provider Data
June	274 MHP

# Upcoming Webinar –cont.

<b>Month</b>	<b>Focus on</b>
<b>July</b>	<b>Semi Annual Data checks; Connected to CAPs</b>
August	Encounter
September	274 Dental
<b>October</b>	<b>Monthly Data Checks</b>
November	274 DMC-ODS
December	MCPD/PCPA files and expansion

# Glossary

Abbreviation	Definition	Abbreviation	Definition
CAP	Corrective Action Plan	MCPs	Medi-Cal Managed Care Providers
CCM	Complex Care Management	MHP	Mental Health Plan
DMC-ODS	Drug Medi-Cal Organized Delivery System	NACT	Network Adequacy Certification Tool
ECM/CS	Enhanced Care Management / Community Supports	PACES	Post-Adjudicated Claim and Encounter System
EDI	Electronic Data Interchange	QIMR	Quarterly Implementation Monitoring Report
HCP	Health Care Provider	SFTP	Secure File Transfer Protocol
MCPD/PCPA	Managed Care Program Data / Primary Care Provider Assignment	SRF	Submission Reconciliation Form

# Questions ?

**Thank you!**

