

Encounter Data Quality Improvement Efforts: Part Two

February 26, 2025

Data Reporting and Monitoring Webinar Series

Introduction

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Agenda

- » Encounter Data Improvement Program (EDIP)
- » Data Quality Reporting Unit: Mailbox Communication
- » Quality Measures for Encounter Data (QMED): New Data Quality Dimensions

DHCS Staff

» Speakers

- Mike Niklas
- Christine Fesler

» Support

- Alvin Bautista
- Abiy Gebereselassie
- Mei Shan Ng
- Xiaoyan Ma
- Felicia Oropeza

Questions & Answers

- » For **GENERAL** questions, please submit your question to the WebEx chat and please ensure that your questions are visible to all participants, because the host is not monitoring private chat to the host.
- » For **SPECIFIC** questions, please reach out to the appropriate Data Mailbox as will be instructed closer to the end of this presentation.

Before we move on

- » Today's webinar is being recorded for documentation purposes.
- » Link to Part One of the EDIP Series – November 2024
Webinar: [Encounter Data Quality Improvement Efforts: Part One](#)
- » The recorded video, script, and presentation materials will be uploaded to [Data Reporting and Monitoring Webinar Series](#).
- » The glossary and FAQs are also updated regularly every month.

Encounter Data Improvement Program (EDIP)

Mike Niklas

Chief, Data Quality Improvement Section

Importance of High-Quality Encounter

The submission of complete, accurate, and timely encounter data is critical for oversight of managed care programs as well as state and federal reporting.

- » **Managed Care Plans are contractually obligated to submit complete, accurate, and timely encounter data for services provided to Medi-Cal beneficiaries**
 - DHCS's reporting standards align with national standard file formats to meet state and federal Medicaid, and HIPAA reporting requirements
- » **In addition to meeting federal reporting requirements, DHCS leverages encounter data for multiple business needs, including:**
 - Population health management and quality reporting
 - Audits and investigations
 - Monitoring outcomes
 - Capitated rate development

Ongoing Encounter Data Quality Improvement Efforts

DHCS is coordinating several department-wide initiatives to improve encounter data quality, utility, and reporting.

- » To drive improvements in encounter data quality, DHCS' Data Quality Branch in the Health Information Management Division (HIMD) is:
 - **Centralizing a dedicated team** to refine internal encounter data reporting processes
 - **Increasing engagement with managed care plans** to provide oversight, accountability and technical assistance
 - **Updating the QMED report** to better reflect DHCS' encounter data needs and expectations
 - **Developing a targeted provider encounter data improvement program** that will seek to connect providers with technical vendors to address persistent encounter data quality issues

Encounter Data Improvement Program (EDIP) Overview (1/2)

EDIP may support providers in identifying and remediating encounter data reporting issues to improve the quality of encounter data submitted to DHCS and CMS.

- » DHCS may fund qualified technical assistance vendors to support providers with encounter data issue identification, analysis, and resolution activities through two grant types:
 - **Issue Analysis Grants** may support information gathering to identify the underlying causes of encounter data quality issues and development of issue resolution plans
 - **Issue Resolution Grants*** may support hands-on assistance to implement issue resolution strategies

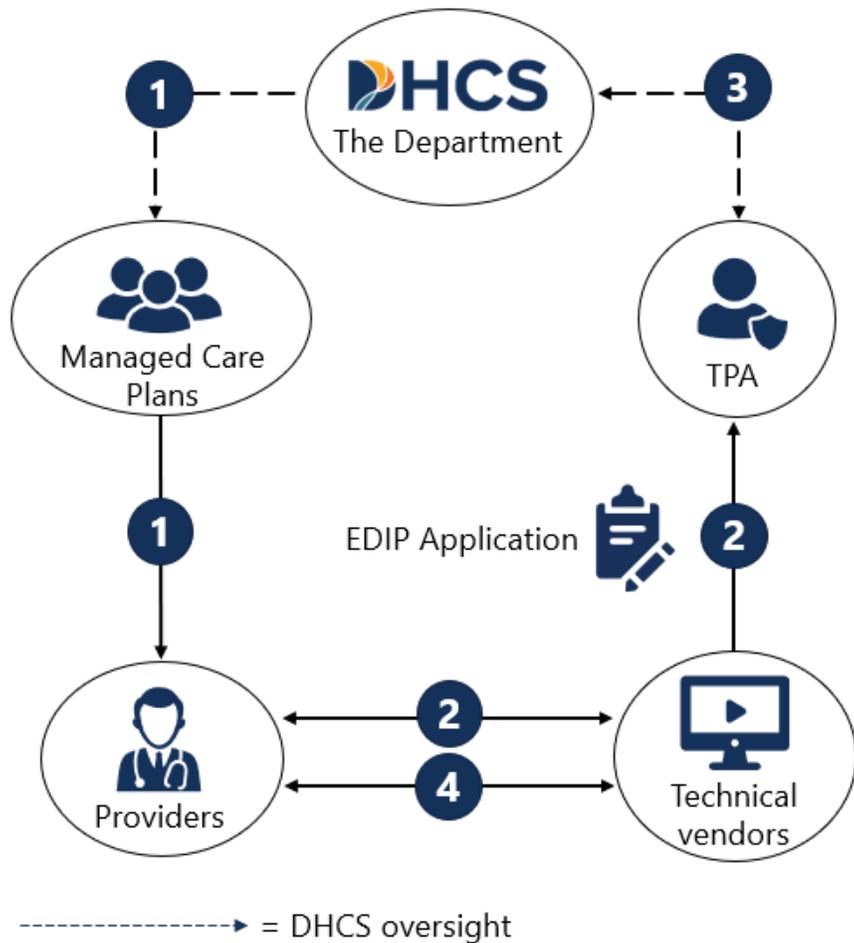
Encounter Data Improvement Program (EDIP) Overview (2/2)

EDIP Objectives

- » Identify providers facing encounter data submission issues and connect them with qualified technical vendors to assist with issue analysis and resolution
 - » Promote collaboration between DHCS, managed care plans, and providers in identifying and resolving encounter data issues
 - » Monitor efforts and share lessons learned from encounter data improvement activities
- » ***DHCS is awaiting CMS approval of EDIP and program details are subject to change. DHCS will provide additional details in the near future.***

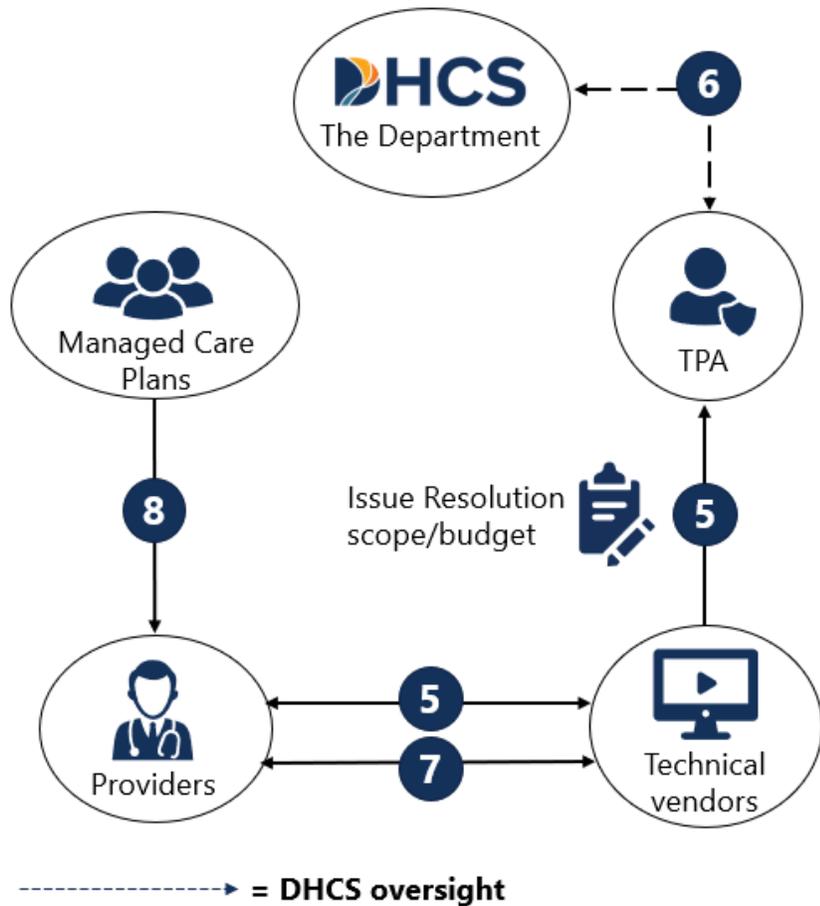
**Issue Analysis Grants must be completed before Issue Resolution Grants; Issue Resolution Grants will be optional for EDIP applicants*

EDIP Program Workflow (1/2)



1. Using guidance provided by DHCS, **managed care plans will identify individual providers** experiencing persistent encounter data reporting challenges, notify providers of the identified issues, **and encourage them to seek support via EDIP.**
2. Referred **providers** will reach out to a qualified technical vendor to request support. The **technical vendor** will apply for an *Issue Analysis Grant* (via EDIP Application) on the provider's behalf.
3. The **EDIP Third Party Administrator (TPA)** will review and score EDIP applications according to criteria developed by DHCS, and **DHCS** will ultimately confirm which applications will be approved.
4. Following application approval, **technical vendors** will complete *Issue Analysis Grant* activities and will work with providers to **complete a diagnostic assessment** identifying the underlying causes of the provider's encounter data reporting issues.

EDIP Program Workflow (2/2)



- Following completion of issue analysis activities, **grantees** choosing to pursue *Issue Resolution Grants* will **submit scope and budget proposals** to the TPA.
- The **TPA** will review and score *Issue Resolution Grant* proposals according to criteria developed by DHCS, and **DHCS** will ultimately confirm which are approved.
- Following *Issue Resolution Grant* approval, **technical vendors will provide hands-on support** to providers to implement resolution strategies to address encounter data issues identified during the course of *Issue Analysis Grants*.
- Upon completion of issue resolution activities, **managed care plans will review grantee encounter data submissions** to confirm that encounter data reporting issues have been resolved.

Key EDIP Participants (1/2)



Providers

- » Work with qualified technical vendors to identify the root cause of encounter data issues and implement resolution strategies



Technical Vendors

- » Collaborate with providers and plans to analyze the root cause of providers' persistent encounter data reporting issues and provide hands-on issue resolution support



Third-Party Administrator (TPA)

- » Support administrative activities including identifying and onboarding qualified technical vendors, reviewing and scoring applications and standardized deliverables, serving as a fiscal intermediary, and supporting program oversight and monitoring

Key EDIP Participants (2/2)



DHCS

- » Program oversight and monitoring including development of targeted provider and application scoring criteria, and reviewing and approving applications and standardized deliverables



Managed Care Plans

- » See next slide

Role of Managed Care Plans (1/2)

Managed care plans will play a critical role in EDIP's success given their unique visibility into the encounter data reporting issues experienced by providers.

- » Given managed care plans' contractual obligation to submit complete, accurate, and timely encounter data for Medi-Cal services, DHCS will engage managed care plans to:
 - **Identify individual providers with persistent encounter data reporting issues** by reviewing their encounter data submissions and referring providers with persistent issues for EDIP support
 - **Review draft EDIP applications** and sign letters of support to signal their agreement
 - **Review draft standardized deliverables** including *Issue Resolution Plans* to provide feedback and input
 - **Confirm that providers have successfully resolved their encounter data reporting issues** following completion of issue resolution activities

Role of Managed Care Plans (2/2)

Benefits for MCPs

» By supporting EDIP, managed care plans may:

- Improve the quality of encounter data received from providers with historical reporting issues
- Reduce risk of facing penalties for non-compliance with encounter data reporting standards
- Improve their understanding of common encounter data reporting issues and resolution strategies
- Foster collaboration with contracted providers and the Department

Targeted Provider Types (1/2)

DHCS will prioritize funding for targeted providers experiencing persistent encounter data reporting issues to maximize the impact of EDIP funding.

» DHCS has identified several types of Medi-Cal providers that have historically faced encounter data reporting challenges, including:

- County and community-based providers, including county behavioral health
- Federally Qualified Health Centers (FQHCs)
- Public hospitals
- Independent Physician Associations (IPAs)
- Long-term care providers

Targeted Provider Types (2/2)

- » **DHCS will prioritize EDIP support for providers with the following characteristics:**
 - Non-profit and/or safety net providers
 - Providers with a high volume of Medi-Cal patients
 - Providers that have not received state, federal, or managed care plan funding in the past three years to address encounter data reporting issues
 - Providers located in Health Professional Shortage Areas (HPSA) or Medically Underserved Areas (MUA)
 - Providers contracted with multiple plans
- » **Although DHCS seeks to prioritize providers that meet the targeted criteria, DHCS will consider all provider applicants who seek to resolve their existing encounter data issues.**

High Priority Encounter Data Quality Issues

DHCS is seeking to target the following high-priority encounter data submission issues that are common and/or have a substantial impact on data quality.

- » Providers can receive technical vendor support to implement system-related fixes that may resolve downstream encounter data issues, such as:
 - Incomplete and/or inaccurate encounter data submissions
 - Missing National Drug Codes (NDCs) associated with physician-administered drugs
 - Use of invalid NPIs (e.g., encounters with NPIs for providers that aren't active or encounters that list organizational instead of professional NPIs for the rendering provider)
 - Incorrect and/or missing contract type codes
 - Missing billed and paid amounts
 - Invalid use of procedure code modifiers
 - Duplicative encounter identifiers
 - Submission of encounters for individuals that are not Medi-Cal managed care beneficiaries

Data Quality Reporting Unit: Mailbox Communication

Christine Fesler
Chief, Data Quality Reporting Unit

Mailbox Communication (1/2)

- » DataQualityReportingUnit@dhcs.ca.gov
- » Technology questions received that the staff will assist with but need information to expedite resolution are listed in next slide.

Topics	Email Subject	Body of Email Includes	Resolution
Other Tech Support	[Plan Name] - Missing Response file for [837I / 837P / 837D / NCPDP 2.2 / NCPDP 4.2]	Name of File(s); date submitted to DHCS PACES [Prod / Test]; brief description of event	PACES Data Research - Service Now Ticket
File Upload	[Plan Name] - PACES Queue / Submitted File not uploading / File stuck in Submit folder PACES SFTP	Name of File(s); date submitted to DHCS PACES [Prod / Test]; brief description of event	PACES Data Research - Service Now Ticket
274 Error Question: File rejected	[Plan Name] - 274 Response file (xml) Errors	Name of File(s); date submitted to DHCS PACES [Prod / Test]; 274 Response file (xml) / Specific Loop and Segment for the error; list the error codes	PACES Data Research - Service Now Ticket
NCPDP or 837 files: Rejected Files / Denied Encounters	[Plan Name] - [837I / 837P / 837D / NCPDP] - Denied Encounter - error code [list]	Name of File(s); date submitted to DHCS PACES [Prod / Test]; 837 Response file type (VRF, 999) / Specific Loop and Segment for the error; list the error codes	PACES Data Research - Service Now Ticket
MCPD-PCPA Schema errors	[Plan Name] - Schema name: Response Files - MCPD-PCPA	Name of File(s); date submitted to DHCS PACES [Prod / Test]; Schema version submitted/ Specific Loop and Segment for the error; list the error codes	PACES Data Research - Service Now Ticket

Mailbox Communication (2/2)

- » DataQualityReportingUnit@dhcs.ca.gov
- » Monitored by three Research Data Specialists and one Unit Chief. Automatic Reply contains resources. Should be read!
- » Questions received that the staff will no longer respond to are listed in next slide.

Common Email Questions	File Type	Resolution
<ul style="list-style-type: none"> - File naming conventions - How to do resubmissions - File due dates - Response file location in PACES SFTP folder - Schema layouts and example response files - Understanding Response file (VRF) 	<p>ASC X12 Transaction files: 274 (Medical Provider; Dental Managed Care; Mental Health Providers); Primary Care Provider Assignment (PCPA); Managed Care Provider Directory (MCPD); Encounter Data: 837 Institutional / 837 Professional / 837 Dental / NCPDP 2.2 or NCPDP 4.2</p>	<p>Review Companion Guides/Technical Documentation - these types of questions are found in the DHCS Documentation Folder - PACES Guides and Documentation (274 and 837) and MCPD, PCPA, and MSRP Documentation</p>
<ul style="list-style-type: none"> - Access to DHCS Docs Center - Missing Companion Guides - Notification of Document /Schema Updates 	<p>DHCS Documentation Center Resources</p>	<p>Email DataExchange@dhcs.ca.gov and include emails of ALL Plan staff requesting access</p>
<ul style="list-style-type: none"> - Enhanced Care Management - Community Support (ECM-CS) JSON Transition - ECM-CS Testing Phases - ECM-CS JSON Technical Questions 	<p>ECM-CS Technical Questions and JSON Testing Phases</p>	<p>Email EDIMDataSupport@dhcs.ca.gov</p>
<ul style="list-style-type: none"> - Plan Data Feed (PDF) - Finder File troubleshooting questions - Plan Data Feed MS Teams and PDF SFTP Folder Access Requests - General Plan Data Feed (PDF) related items 	<p>Various</p>	<p>Email PlanDataFeed@dhcs.ca.gov</p>

Quality Measures for Encounter Data (QMED): New Data Quality Dimensions

Christine Fesler
Chief, Data Quality Reporting Unit

High Level Summary

- » DHCS outlines the expectations for encounter data quality on the following site [MMCD Claims and Encounter Data](#).
- » Managed Care Plans receive Quality Measures for Encounter Data (QMED) Report Cards on a quarterly basis outlining their performance.
- » **Phase I** of QMED 2.0, DHCS is updating QMED to incorporate new DHCS and Federal reporting requirements for Managed Care Plans.
- » **Phase II** of QMED 2.0 will expand its scope to incorporate other Plan types (SCAN and PACE Organizations, Managed Care Dental, Behavioral Health).
- » Moving forward, QMED 2.0 will be updated on a regular basis as plan data quality improves and/or DHCS' priorities change.
- » In the coming months, DHCS will continue internal and external stakeholder engagement to prepare for QMED 2.0 implementation.

What is Encounter Data in the Context of DHCS' Current Quality Measures for Encounter Data?

- » Encounters covered in this presentation are **records of services covered by medical Managed Care Plans (MCPs) that are submitted to DHCS** for tracking, program implementation, oversight and monitoring purposes
- » Specifically, these are **post-adjudicated encounters** that **MCPs submit to DHCS' Post-Adjudicated Claims and Encounter System (PACES)**

Note: The data covered in this presentation does *not* include:

- Fee-for-service claims submitted to CAMMIS paid for by []
- Payments from MCPs to Providers. Other DHCS healthcare Delivery systems will be part of QMED 2.0 Phase II.

Level Set: What is an Encounter vs. a Claim?

DHCS PACES SFTP: Post-Adjudicated Claims Encounter System

Providers & Delegated Plans contract with MCPs to Provide Services to Members.

- » **Provider** sends encounter **CLAIMs** to MCP for reimbursement of services rendered.
- » **MCPs** Review **Provider's CLAIM** for **acceptance** or **rejection**.
- » If **accepted**, MCP sends reimbursement to **Providers** for services rendered based on contract.

DHCS contracts with MCPs with a Capitated Payment reimbursement schedule

- » MCP submits X12 837I, 837P, 837D post-adjudicated encounter claims to DHCS PACES
- » PACES verification process will **reject 837 X12** files for format errors and **deny** encounters for encounter detail/service line format errors.

DHCS COMPANION GUIDES ARE CRUCIAL!!!!

Plans Currently Receiving QMED 1.1

Medical Managed Care Plans submitting 837 Institutional and 837 Professional files to DHCS PACES SFTP.

- » **Phase I:** QMED 2.0 will encompass Managed Care Plans currently receiving quarterly QMED Report Cards.
- » **Phase II:** Phased in holistic approach to measuring data quality across other healthcare delivery systems including:
 - Specialty Plans such as Program of All-Inclusive Care for the Elderly (PACE) and Senior Care Action Network (SCAN) Plans, etc.
 - Managed Care Dental Plans
- » **Phase III:**
 - County Behavioral Health Plans
- » QMED 2.0 measures intended to apply to all delivery systems

QMED – Purpose and Background

- » QMED 1.0 was published in January 2015 as a data quality assessment for Managed Care Plans submitting encounter records to DHCS Post-Adjudicated Claims Encounter System (PACES).
- » QMED remained unchanged until April 2024 at which point DHCS established QMED 1.1 to reflect pharmacy carve-out from Managed Care.
- » QMED grades the quality of encounter data submitted to DHCS against data quality dimensions (**C**ompleteness, **A**ccuracy, **R**easonability, **T**imeliness).

State of California - Health and Human Services Agency
Department of Health Care Services
Encounter Data Quality Report Card
██████████
2023Q4

Encounter Data Grade Point Average (ED-GPA): 2.0

Plan Code	Encounter Data Quality Grade	Quarterly Data Quality Grade	Quarterly Averaged Rate	Quarterly Dimensional Rates			Previous QDQG		
				Completeness	Reasonability	Timeliness	2023Q3	2023Q2	2023Q1
████	Low-Performing	Unacceptable	75.00%	100.00%		50.00%	A	A	U
████	Low-Performing	Unacceptable	75.00%	100.00%		50.00%	A	A	A

QMED Refresh – QMED 2.0

Phase 1:

- » Simplify the scoring methodology
- » Expand C.A.R.T dimensions to incorporate **U**niqueness and **C**onsistency in assessing data quality
- » Introduce rules-based approach to ensure encounter data submitted to DHCS meets the definition of fit-for-use

Phase 2:

- » Add new data quality measures to reflect state (Cal-AIM) and federal reporting requirements
- » Expand scope to incorporate other Plan types (SCAN and PACE Organizations, Managed Care Dental, Behavioral Health)
- » Finalize rules-based approach to ensure encounter data submitted to DHCS meets the definition of fit-for-use across Plan types

Proposed QMED 2.0 Measure Focus

Proposed QMED 2.0 measures are aligned with DHCS priority areas including MCP contract requirements, federal reporting requirements, and DHCS business needs.

» **QMED 2.0 Data Quality Measure Focus: Update Existing and Introduce New**

- Timeliness of encounter data submissions
- Encounter data volume
- Duplicate encounters
- Duplicate encounter service lines
- Denied encounters
- **Denied encounters turnaround time**
- Denied encounters successfully resubmitted
- Use of appropriate NPI

Note: DHCS will be releasing additional details, including measure specifications, soon.

Revamp QMED 1.1 Measure in QMED 2.0

Denied Encounters Turnaround Time (DCMT.001): Managed Care Contract **Requires** Managed Care Plans to **correct and resubmit denied** encounters to DHCS PACES within **15 days from the denial date**

» **Current QMED 1.1 Measure**

- Percent of Denied Encounters Corrected within 15, 30, and 60 days from response file date (date of denial):
 - $$\frac{\text{Count of **denied** encounters corrected, resubmitted, and **accepted** within "x" days}}{\text{Count of **denied** encounters}} * 100$$

» **Proposed QMED 2.0 Measure** – Percent of Denied Encounters Corrected:

- $$\frac{\text{Count of correctable denied encounters corrected, resubmitted, and accepted **within 15 days**}}{\text{Count of denied encounters that are **correctable**}}$$

Plan Questions?

DHCS Data Quality would like to better understand challenges to complying with QMED measures including:

- » Submitting duplicate encounters
- » Submitting duplicate encounter service lines
- » Submitting all post-adjudicated encounters to DHCS PACES within 90 days of Date of Service (DOS)
- » Correcting denied encounters
- » Resubmitting denied encounters (those with error messages from DHCS PACES) within 15 days from date of denial

Communication

Communication

- » Data group mailboxes
 - 274 Medical Provider, Encounter (837I/837P, 837D) data quality reports: DataQualityReportingUnit@dhcs.ca.gov
 - 274 Behavioral Health Plans (MHP & DMC-ODS): 274-BH-DQ@dhcs.ca.gov
 - 274 Dental: DMCdeliverables@dhcs.ca.gov
 - BH Short Doyle: MEDCCC@dhcs.ca.gov
 - PACE: PACECompliance@dhcs.ca.gov
 - DHCS Documentation Center Access requests: dataexchange@dhcs.ca.gov
 - Technical questions, ECM/CS/CCM JSON: EDIMDataSupport@dhcs.ca.gov
 - MCDSS Webinar Support: MCDSS@dhcs.ca.gov
- » If the message is urgent, please mark [URGENT]

Resources

Behavioral Health Managed Care

Resource Emails	Topics
274-BH-DQ@dhcs.ca.gov	274 behavioral Health Plans (Mental Health Plan (MHP) and Drug Medi-Cal-Organized Delivery System (DMC-ODS))
CountySupport@dhcs.ca.gov	Behavioral Health Managed Care Plan Annual Report
	Behavioral Health 1915 (b) Appeals and Grievance Report
NAOS@dhcs.ca.gov	Behavioral Health Network Adequacy
MEDCCC@dhcs.ca.gov	Behavioral Health Short Doyle Claims
	Short Doyle Claim Denials/Recoupments

Dental Managed Care

Resource Emails	Topics
DMCdeliverables@dhcs.ca.gov	274 Dental Provider and 837 Encounters
Dental@dhcs.ca.gov	Medi-Cal Dental Information
DentalManagedCare@dhcs.ca.gov	Dental Managed Care

Programs for All-Inclusive Care for the Elderly (PACE) Organizations

Resource Emails	Topic(s)
PACECompliance@dhcs.ca.gov	Program for All-Inclusive Care for the Elderly (PACE) Plan policy and compliance questions
pacecontractmanager@dhcs.ca.gov	<ul style="list-style-type: none">• SFTP Access and changes• PACE Organization onboarding

Medical Managed Care Program

Resource Emails	Topics
MCQMD@dhcs.ca.gov	<ul style="list-style-type: none">• MCPAR Critical Incidences• CMS Requirement for Managed Care Program Annual Report (MCPAR)• Primary Care Provider Assignment (PCPA) Policy• Managed Care Program Data (MCPD)
MCBHOMD@dhcs.ca.gov	Managed Care Plans send Managed Care Plan Annual Reports to DHCS for each delivery system by email to this address
MMCDPMB@dhcs.ca.gov	<ul style="list-style-type: none">• General Inquiries• Medi-Cal Managed Care• Managed Care contract managers
MCODReadiness@dhcs.ca.gov	<ul style="list-style-type: none">• SFTP Access Set Up• Plan Onboarding• Managed Care Contracts

Technical Support

Resource Emails	Topics
DataExchange@dhcs.ca.gov	Technical Assistance with Submitting a JSON file
	DHCS Documentation Center access
	Excel Data Template questions that Data Collection Unit (DCU) handles

Resource Emails	Topics
EDIMDataSupport@dhcs.ca.gov	Technical Questions related to Data Feed, ECM/CS/CCM JSON
CaAIMECMILOS@dhcs.ca.gov	ECM/CS/CCM JSON Exchange
	Monitoring and compliance oversight of Managed Care Plans' implementation of the new ECM/CS benefits
MCDSS@dhcs.ca.gov	Data Reporting and Monitoring Webinar Technical Support

Next Webinar Preview

- » **For March, we will focus on Behavioral Health Plans 274 Data Submission.**
- » Meeting Information
 - Date: March 26th, 2025
 - Time: 10 a.m. to 11:00 a.m.

Thank you!

Please send any questions and comments about the webinar series or this event to MCDSS@dhcs.ca.gov

