

Dental Data & Encounter Data Quality Initiative (EDQI)

September 25, 2024

Data Quality Monitoring Webinar Series

Introduction

Alvin Bautista

Managed Care Data Support Section

Agenda

- » Dental Managed Care (DMC) Data
- » 274 Dental Data Quality Monitoring Plans
- » Encounter Data Quality Initiative (EDQI)
- » HIPAA Mandated Standards – Implementation & Companion Guides (focusing on 274 & 837 Dental Data)
- » Communication & Resources

DHCS Staff

» Presenters

- Kelsey Hovey
- Sara Rivera
- Debra Dixon
- Christine Fesler
- Jeff Jennings

» Support

- Amy Peterson
- Alvin Bautista
- Abiy Gebereselassie
- Mei Shan Ng
- Xiaoyan Ma
- Soo Jung Kim

Questions & Answers

- » For **GENERAL** questions, please submit your question to the WebEx chat 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.



Before we move on

- » Today's webinar is being recorded.
- » The recorded video, script, and presentation materials will be uploaded to [Quality Webinar Series \(ca.gov\)](https://www.ca.gov/quality-webinar-series).

Dental Managed Care (DMC) Data

Kelsey Hovey

Medi-Cal Dental Services Division

Program Evaluations and Reporting Unit Chief

Medi-Cal Dental Overview

- » Fee-For-Service
- » Dental Managed Care (DMC) Plans –
 - Sacramento County – mandatory enrollment
 - Los Angeles County – optional enrollment
- » Other Managed Care Plans – Health Plan of San Mateo, Programs for All Inclusive Care for the Elderly (PACE), and Senior Care Action Network (SCAN) plans.

Dental Data Requirements

» Data and Systems Requirements

- [DMC Plan Contracts](#) – Exhibit A, Attachment 4
- Federal Regulations - 42 CFR 438.242

» All Plan Letters (APL)

- APL 15-007 - transition to Post Adjudication Claims and Encounter Data Systems (PACES)
- APL 18-011 - uses of the Encounter Data Submission Reconciliation Form (EDSRF)
- APL 19-004 - uses of the 274 electronic X12 standard format for submission of Provider Network Data

» Companion Guides

Dental Data Submission Frequency

- » 274 Dental Provider Network and 837 Dental Claims Encounter data
 - Files are due by the 10th of every month to the DHCS PACES system
- » Encounter Data Submission Reconciliation Form (EDSRF) is due by the 15th of the month following the month of submission to PACES, e.g., February 15th for January data

Dental Data Submission Goals

- » DMC plans currently submit a monthly Provider Network Report (PNR) in addition to the monthly 274 file.
- » Dental is reviewing 274 for quality and reconciling the data with the PNR.
- » Medi-Cal Dental will be reaching out to DMC plans during the reconciling process as needed for clarifications.

274 Dental Data Quality Monitoring Plans

Sara Rivera

274 Project Manager

274 Data Quality Monitoring

What we expect from plans:

- » Ensure each monthly 274 file represents all providers that are active and available to provide covered dental services during the previous month's reporting period.
- » Ensure all providers reported in the monthly PNR are included in the 274 file.
- » Ensure all required and situational data elements are reported according the instructions in the 274 Dental Companion Guide (CG).

274 Data Quality Monitoring

What we expect from plans:

- » File must be submitted and accepted between the 1st and 10th day of each month for the previous month's reporting period.
- » Submit 274 files early in submission window to allow time to correct and resubmit file.
- » Review the DHCS XML Validation Response File (VRF) to ensure file is "accepted". If file is "rejected", correct and resubmit immediately.
- » Any file reported after the 10th is considered non-compliant.

274 Data Quality Monitoring

Upcoming DHCS Activities:

- » Compare providers reported in the PNR to the 274 and communicate differences to plans.
- » Review the 274 CG to ensure all data elements reported in the PNR are included and editing is enforced in PACES.
- » Ensure all critical data elements used for Annual Network Certifications are reported in the 274.

274 Data Quality Monitoring

Upcoming DHCS Activities:

- » Apply updates to the 274 CG and PACES resulting from PNR to 274 reconciliation.
- » Develop and deploy monthly and semi-annual data quality checks for plans to correct deficiencies within specified timeframes.
- » Communicate activities and timelines in Dental All Plan meetings.

Encounter Data Quality Improvement Initiative (EDQI)

Debra Dixon

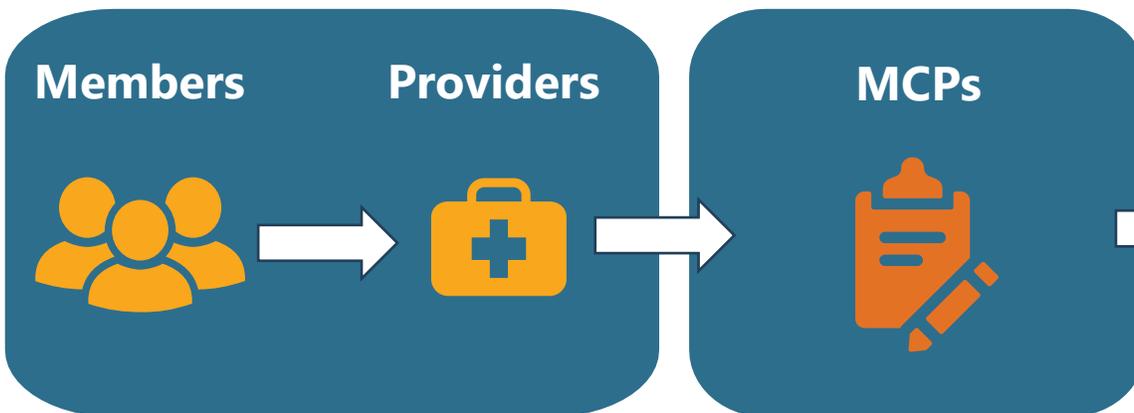
Data Quality Branch Chief

Importance of Encounter Data to DHCS

Encounter data are records of *services rendered to health plan members* that may be used to inform a spectrum of population health and clinical care delivery functions.

Managed Care Plans (MCPs) are required to provide DHCS with **high quality encounter data**, which the department relies on to support program and population health oversight and to fulfill federal reporting requirements. DHCS is, in turn, required to provide complete and accurate encounter data to CMS.

Sources of encounter data



DHCS uses of encounter data

- ✓ Capitated rate calculation
- ✓ Quality measure calculation
- ✓ Audits and investigations
- ✓ Reporting to CMS
- ✓ Population Health Management

Overview of Encounter Data Improvement Efforts

DHCS is updating its Medi-Cal encounter data reporting expectations, documentation, and reporting processes using a collaborative multi-pronged approach to improve encounter data quality, including:

- » Refreshing its encounter data improvement program goals and strategy to support oversight and accountability
- » Expanding and re-organizing a dedicated team to maintain reports and engage with managed care plans (MCPs) to support oversight, accountability and technical assistance
- » Developing a program that will connect targeted providers with technical vendors to address persistent encounter data reporting issues
- » Improving coordination and communication with MCPs to promote encounter data quality improvement

» **Today's Topic of Focus: Updating reports used to assess encounter data quality including the Quality Measures for Encounter Data (QMED) report**

Encounter Data Plan Survey

DHCS' Questions for Plans

- » How are plans using their QMED Scorecards to drive encounter data quality improvement efforts?
- » What challenges do plans experience in using their Scorecard?
- » Do plans have any feedback on changes they would like to see to QMED measures or the QMED Scorecard development and distribution process?
- » What guidance would plans find most useful to support adoption of QMED 2.0 (e.g., written documentation, webinars, office hours)?

Please provide feedback to DHCS on these questions or other QMED-related topics at: MCDSS@dhcs.ca.gov

Encounter Data Quality Improvement Initiative – QMED Refresh

Christine Fesler

Data Quality Reporting Unit Chief

QMED – Program Purpose and Background

The QMED report contains measures of encounter data completeness, accuracy, reasonableness, and timeliness (CART) and is used by DHCS to monitor the quality of encounter data submitted by MCPs.

- » QMED guidance was first published in January 2015 and was last updated (v1.1) in April 2024 to recalibrate QMED measures due to the impact of pharmacy carve-out on MCPs
- » The public-facing QMED report outlines eight threshold measures to compute plan grades and 20 Informational measures for monitoring purposes
- » Only MCPs are subject to QMED, and most are performing well on currently calculated QMED 1.1 measures
- » Plans receive grades in their quarterly QMED Report



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									
Encounter Data Quality Grade (EDQG)									
Plan Code	Encounter Data Quality Grade	Quarterly Data Quality Grade	Quarterly Averaged Rate	Quarterly Dimensional Rates			Previous ODQG		
				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

A QMED refresh is necessary to reflect new encounter data reports, pharmacy carve-out, T-MSIS requirements, and evolving business priorities.



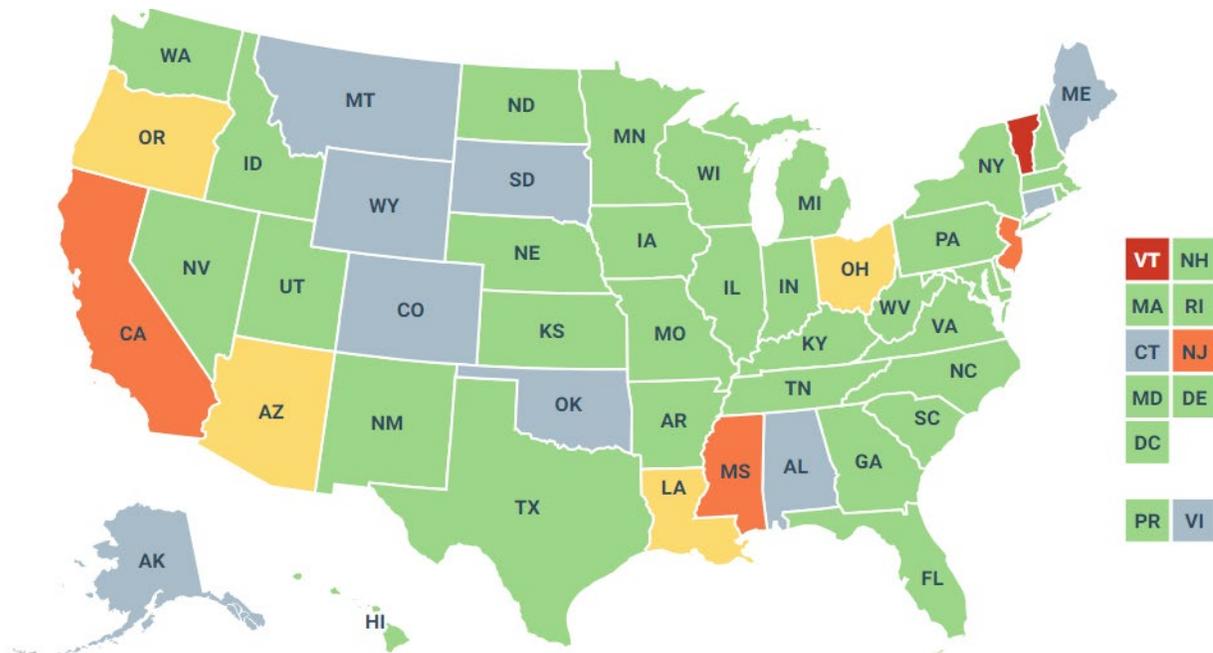
Since April 2024, DHCS has made several recent updates to QMED, including:

- » Moving the calculation of numerous QMED measures to other internal reports

Additional updates are needed to better reflect the Department's evolving business and encounter data needs, including:

- » New federal T-MSIS reporting requirements and state scorecards ([DQ Atlas](#))
- » New CalAIM-related program requirements (e.g., Enhanced Care Management and Community Supports)
- » Updates to MCP contract requirements (e.g., reporting Enhanced Care Management and Community Supports encounters)

QMED Refresh -> Alignment with Federal Reporting Requirements



California

DQ Assessment: **HIGH CONCERN**

DQ ASSESSMENT CALCULATION MEASURES

MC Encounters: **133,847,956**

% MC Encounters with Zero, Missing, or Neg Payment Amt: **40.5**

» **Per CMS:** California has room to improve its quality of encounter data

DQ Assessment*	% MC Encounters with Zero, Missing, or Neg Payment Amt:
Low concern	$X \leq 10\%$
Medium concern	$10\% < x \leq 20\%$
High concern	$20\% < x \leq 50\%$
Unusable	$X > 50\%$

QMED Refresh = Collaboration:

- » DHCS partnering with MCPs to align on CMS requirements - we are in this together!
- » QMED 2.0 will cover high-priority T-MSIS issues as well as state-level contract requirements and business needs.

* [CMS DQ Atlas: Missing Payment Data - Encounters](#)

QMED 2.0

Updates to QMED 2.0 may include updates to measures, processes, and the scope of plans subject to QMED.

Topic	Description	Selected Example Updates
Measures	Data points used to assess quality and completeness of encounter data	Current: QMED measures reflect priorities from 6-8 years ago Future: Measures will reflect high priority business needs, current contract requirements and T-MSIS reporting requirements
Scope	Defines which plans are subject to QMED managed care	Current: Only MCPs are subject to QMED Future: DHCS expects to extend QMED reporting and compliance responsibilities to all comprehensive managed care plans*
Processes	Measure calculations, performance is shared with plans, and procedures for reinforcing data quality expectations	Current: QMED grading is complex and not used to drive data quality improvement Future: DHCS will continue to deliver scorecards on a quarterly basis and will simplify scoring practices, making it easier for plans to: <ul style="list-style-type: none"> • Interpret its performance relative to measure thresholds • Assess the impact of measure performance on overall scoring • Compare its performance to peer plans

- Includes comprehensive plans, special plans, PIHPs and PAHPs.

HIPAA Mandated Standards – Implementation & Companion Guides

Jeff Jennings

Data Exchange Validation Unit Chief

HIPAA Mandated Data Standards

- » Title II of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes/mandates national standards for electronic health care transactions
- » Title II also establishes/mandates national identifiers & code sets
- » Mandated standards, code sets and identifiers are required to be used in the electronic exchange of administrative healthcare data, such as the 837 Claims/Encounters transaction
- » Title II of HIPAA designated specific Standards Development Organizations (SDOs) to develop and maintain the mandated data standards.

HIPAA SDOs and Claims/Encounters Transactions

- » X12 is the Standard Development Organization that develops & publishes data standards for the exchange of administrative healthcare data, such as the 837 and 274 transactions.
- » All entities submitting claim or encounter data to DHCS are required to use **837 Claim/Encounter data standard/transaction**
- » All entities submitting provider data to DHCS are required to use the X12 **274 Provider Information data standard/transaction.**
- » Data standard layouts, rules and requirements for X12 transactions are published in Implementation Guides and Companion Guides

Implementation Guides & Companion Guides

- » Implementation Guides (IGs) are the **complete** guide to each X12 transaction. IGs list the rules for each data element – values accepted, usage requirements, data element attributes
- » Companion Guides (CGs) outline those data elements in the transaction that are allowed to be customized by the Payer (DHCS)
- » Implementation Guides and Companion Guides are used in combination to create the complete transaction including values required by the Payer

Implementation Guides & Companion Guides

- » X12 publishes Implementation Guides for HIPAA-mandated data standards/transactions, including the 837 Claims/Encounters & 274 Provider Information data standards
- » Current mandated X12 version is 5010, adopted by Congress in 2010. The 837 data standard has 3 variations – 837 Dental, 837 Institutional (Inpatient), 837 Professional (Outpatient)
- » 837 & 274 Implementation Guides are available from X12. Product licensing information can be found at <https://x12.org/products>. The Data Exchange Validation team can provide further information regarding X12 if needed. Please contact DataExchange@dhcs.ca.gov
- » All DHCS Managed Care Companion Guides (including the 837 CGs) are posted to the [DHCS Documentation Center](#). Please contact DataExchange@dhcs.ca.gov to request access to the Doc Center

Questions ?

Communication & Resources

Communication

» Data group mailboxes

- 274 Medical (Physical Health): DataQualityReporting@dhcs.ca.gov
- 274 Behavioral Health Plans (MHP & DMC-ODS): 274Expansion@dhcs.ca.gov
- 274 Dental: DMCdeliverables@dhcs.ca.gov
- Encounter: DataQualityReporting@dhcs.ca.gov
- BH Short Doyle: MEDCCC@dhcs.ca.gov
- PACE: PACECompliance@dhcs.ca.gov
- Medical Managed Care Policy/APL: MCQMD@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



Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

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.)



- Services
- Individuals
- Providers & Partners
- Laws & Regulations
- Data & Statistics
- Forms & Publications
- Search

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.

If you would like notifications regarding these and any upcoming webinars, [please click here](#) to Subscribe/Unsubscribe.

Please contact MCDSS@dhcs.ca.gov if you have questions about this webinar series.

Next webinar: August 28, 2024 at 10 a.m.

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](#)

2024 Webinar Schedule

Month	Topic	Webinar Date	Webinar Materials
January	Semi Annual Data Checks	1/31/2024	Presentation Slides
February	Behavioral Health Short Doyle	2/28/2024	Presentation Slides
March	Excel Data Templates	3/27/2024	Presentation Slides
April	Annual Address	4/24/2024	Presentation Slides
May	Encounter Data Validation Testing	5/29/2024	Presentation Slides
June	274 Behavioral Health	6/26/2024	Presentation Slides
July	Semi Annual Data Checks	7/31/2024	Presentation Slides
August	Encounter Data	8/28/2024	Presentation Slides
September	274 Dental Data	9/25/2024	Available October 2024
October	Monthly Data Checks	10/30/2024	Available November 2024
November	274 Behavioral Health / Drug Medi-Cal ODS	11/20/2024	Available December 2024
December	MCPD/PCPA files and expansion	12/11/2024	Available January 2025

» [Webinar Series Webpage](#) (monthly updates!)

- Recording/script
- PPT slides deck
- Upcoming Webinar schedule
- Distribution List Subscription Link

» [Frequently Asked Questions](#)

» [Glossary](#)

Next Webinar Preview

- » **For October, we will focus on 274 Managed Care data (Monthly Data Checks).**
- » Meeting Information
 - Date: October 30, 2024
 - Time: 10 a.m. to 11:30 a.m.

Thank you!

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

