

**Information Systems Capabilities Assessment**

**(ISCA)**

Version 1.0

**Drug Medi-Cal Organized Delivery System**

**FY17-18**

**DMC-ODS Name:**

*Return an electronic copy of the completed assessment to DMC-EQRO for review by*

***This document was produced by the California External Quality Review Organization (DMC-EQRO) in collaboration with the California Department of Health Care Services – Substance Use Disorder Services Division and California Drug Medi-Cal Services stakeholders.***

**Information Systems Capabilities Assessment (ISCA)**

**Contact Information**

Insert DMC-ODS identification information below. The contact name should be the person completing or coordinating the completion of this assessment.

|  |  |
| --- | --- |
| *ISCA contact name and title:* |  |
| *Mailing address:* |  |
| *Phone number:* |  |
| *Fax number:* |  |
| *E-mail address:* |  |
| *Identify primary persons who participated in completion of the ISCA (name, title):* |  |
| *Date assessment completed:* |  |

**PURPOSE of the Information Systems Capabilities Assessment (ISCA)**

Knowledge of the information systems (IS) capabilities of a Drug Medi-Cal – Organized Delivery System (DMC-ODS) is essential to evaluate the DMC-ODS’s capacity to manage the health care of its beneficiaries. The purpose of this assessment is to specify the desired capabilities of the DMC-ODS’s information systems and to pose standard questions to assess the strength of the DMC-ODS with respect to these capabilities. This will assist an External Quality Review Organization (EQRO) to assess the extent to which a DMC-ODS’s information systems are capable of producing valid encounter data[[1]](#footnote-1), performance measures, and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its beneficiaries.

**OVERVIEW of the Assessment Process**

Assessment of the DMC-ODS’s information systems is a process of four consecutive activities:

**Step One** involves the collection of standard information about each DMC-ODS’s information systems. This is accomplished by having the DMC-ODS complete an *Information Systems Capabilities Assessment (ISCA) for Drug Medi-Cal Organized Delivery System Plans.* DMC-EQRO developed the ISCA in cooperation with California stakeholders and the California Department of Health Care Services – Substance Use Disorder Division. It is provided to the DMC-ODS as part of the DMC-EQRO review notification packet. The California Department of Health Care Services – Substance Use Disorder Division defined the time frame in which it expects the DMC-ODS to complete and return the tool. The DMC-ODS will commonly require input from multiple areas of the organization such as IT/IS, Finance, Operations, and Quality Improvement in completing the ISCA. The DMC-ODS may also attach additional sheets as needed and clearly identify them as applicable to the numbered item on the tool (e.g., 1.4, or 2.2.3).

**Step Two** involves a review of the completed ISCA by the EQRO reviewers. Materials submitted by the DMC-ODS will be reviewed in advance of a site visit.

**Step Three** involves a series of onsite and/or telephone interviews, and discussion with key DMC-ODS staff members who completed the ISCA, as well as other knowledgeable DMC-ODS staff members. The purpose of the interviews is to gather additional information to assess the integrity of the DMC-ODS’s information systems.

**Step Four** produces an analysis of the findings from both the ISCAand the follow-up discussions with the DMC-ODS staff. A summary report of the interviews, as well as the completed ISCA document, is included in an information systems section of the EQRO report. The report discusses the ability of the DMC-ODS to use its information systems and analyze its data to conduct quality assessment and improvement initiatives. Further, the report considers the ability of the DMC-ODS’s information systems to support the management and delivery of substance use disorder care to its beneficiaries.

**INSTRUCTIONS for completing the ISCA:**

* Please complete this survey using Microsoft Word. Insert your response after each question.
* Label the ISCA submission with your county name and applicable fiscal year. For example “Alameda ISCA FY17-18.xx/xx/xxxx.doc”.
* Be as concise as possible. If information is not available, write “N/A” in your response. If additional space is needed, please continue on a separate page.
* For any ISCA question, you may attach existing documents which provide an answer. For example, if you have current policy and procedure documents that address a particular item, attach and reference these materials.
* Do not create documents expressly for the DMC-EQRO review.
* Do not submit any documents with protected health information (PHI)
* Do not submit any documents with personally identifiable information (PII)
* This ISCA pertains to the collection and processing of data for Drug Medi-Cal. In many situations, this may be no different from how a Drug DMC-ODS collects and processes commercial insurance or Medicare data. However, if your Drug
* DMC-ODS manages Drug Medi-Cal data differently than commercial or other data, please answer the questions only as they relate to Drug Medi‑Cal beneficiaries and Drug Medi-Cal data.

For clarification, certain terms used in this ISCA are defined below:

**Practice Management** — Supports basic data collection and processing activities for common clinic/program operations such as new consumer registrations, consumer look-ups, admissions and discharges, diagnoses, services provided, billing, CSI reporting, and routine reporting for management needs such as caseload lists, productivity reports, and other day-to-day needs.

**Medication Tracking** — Includes history of medications prescribed by the DMC-ODS and/or externally prescribed medications, including over-the-counter drugs.

**Managed Care** — Supports the processes involved in authorizing services, receipt and adjudication of claims from network (formerly fee-for-service) providers, remittance advices, and related reporting and provider notifications.

**Electronic Health Records** — Clinical records stored in electronic form as all or part of a consumer’s file/chart and referenced by providers and others involved in direct treatment or related activities. This may include documentation such as assessments, treatment plans, progress notes, allergy information, lab results, and prescribed medications. It may also include electronic signatures.

**Contract Providers** — Typically groups of providers and agencies, many with long-standing contractual relationships with counties, that deliver services on behalf of an DMC-ODS and bill for their services through the DMC-ODS’s Medi-Cal system. These are also known as organizational contract providers. They are required to submit cost reports to the DMC-ODS and are subject to audits.

###### General Information

* 1. List the top priorities for your DMC-ODS’s IS department at the present time:

|  |  |
| --- | --- |
| **Priority** | **Status** |
|  | □ Active  □ Pending |
|  | □ Active  □ Pending |
|  | □ Active  □ Pending |
|  | □ Active  □ Pending |
|  | □ Active  □ Pending |
|  | □ Active  □ Pending |

* 1. Describe any significant IS-related achievements or initiatives completed during the last year:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

* 1. Do you have a current written business strategic plan for IS? If Yes, attach a copy or be prepared to provide it for review during on-site DMC-EQRO interview.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

* 1. How are Substance Use Disorder treatment services delivered?

Of the total number of services provided during the **prior calendar or fiscal year**, regardless of payment source, approximately what percentage was provided by:

|  |  |
| --- | --- |
| Type of Provider | Percentage of budget |
| County-operated/staffed programs and facilities | % |
| Contract programs and facilities including NTP | % |
| Total | 100% |

* 1. What percentage of total annual DMC-ODS budget is dedicated to support information systems (operations, hardware, network, software license, ASP support, IT Staff)?

|  |
| --- |
| % |

* 1. Of the total number of services provided, approximately what percentage is claimed to Drug Medi-Cal?

|  |
| --- |
| % |

* 1. Of the total number of services provided, approximately what percentage is claimed to Drug Medi-Cal by the following types of providers:

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Provider | Drug  Medi-Cal | SAPT | Total |
| County-operated/staffed clinics | % | % | 100% |
| Contract providers | % | % | 100% |

Provide approximate total annual DMC-ODS budget for the following provider types:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Provider | Drug  Medi-Cal | SAPT |  | Total |
| County-operated/staffed programs | $ | $ |  | $ |
| Contract programs | $ | $ |  | $ |
| Total | $ | $ |  | $ |

**A.8.** Who controls the budget determination process for information system operations identified in A.5:

|  |
| --- |
| Under DMC-ODS control  Allocated to or managed by another County department  Combination of DMC-ODS control and another County department or Agency |

**A.8.** Please estimate the number of people that use your current information system:

|  |  |
| --- | --- |
| Type of Staff | Estimated Number of Hands‑on Users |
| DMC-ODS Administrative and Clerical |  |
| DMC-ODS Clinical |  |
| DMC-ODS Quality Improvement |  |
| Contract provider Administrative and Clerical |  |
| Contract provider Clinical |  |
| Contract provider Quality Improvement |  |

**Primary Information Systems Used by the DMC-ODS**

**A.9.** Describe the primary practice management and clinical systems currently in use:

| System/  Application | Function | Version/  Build/  Promotion | Vendor/  Supplier | Years  Used | Operated or Hosted By |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**A.9.1**. What functions do these products perform or support?

(Check all that currently are used)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Practice Management |  | Appointment Scheduling |  | Medication Tracking |
|  | Managed Care |  | e-Prescribing |  | Data Warehouse/Mart |
|  | Electronic Health Record (EHR) |  | Document Imaging/  Storage |  | Laboratory Results |
|  | Outcomes Measurement |  | Personal Health Record (PHR) |  | Registration |
|  | Referral Management |  | Care Coordination |  |  |

**A.9.2.** Who performs programming changes/upgrades for software application(s)?

(Check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Vendor IS |  | DMC-ODS IS |  | County IS |
|  | Health Agency IS |  | Contract Staff/Consultant |  | Application Service Provider (ASP) |
|  | Other (describe): | | | | |

**A.9.3**. Who is responsible for performing daily operation tasks for the IS system?   
(Includes running batch jobs, performing backups, monitoring status, etc.)

(Check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Vendor IS |  | DMC-ODS IS |  | County IS |
|  | Health Agency IS |  | Contract Staff/Consultant |  | ASP |
|  | Non-vendor ASP |  | Other (describe): | | |

**A.9.4.** Where are primary systems physically housed/sited?

|  |  |
| --- | --- |
|  | DMC-ODS site |
|  | Health Agency IS site |
|  | County IS site |
|  | ASP Model — hosted by application service provider |
|  | ASP Model — hosted by third-party independent hosting service |
|  | Other (describe): |

**A.9.5.** What departments/agencies, other than the DMC-ODS, have access to the EHR systems?

(Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Health Plan |  | Federal Qualified Health Center (FQHC) |
|  | Alcohol and Drug Contractors |  | Community/Rural Health Center (CHC – RHC) |
|  | Public Health |  | Primary Care Providers (PCP) |
|  | Hospital |  | Indian Health Center (IHC) |

**A.9.6.** Identify your connectivity infrastructure to county sites and contract provider sites. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Wide Area Network** |  | **Local Area Network** |
|  | Fiber Optic Cable |  | Fiber Optic to the desktop |
|  | Copper Cable |  | CAT 5 or 6 |
|  | Internet Service Provider |  | CAT 4 or prior |
|  | Microwave |  | Wireless (WiFi) |

|  |
| --- |
|  |

**A.10.** How are jail Substance Use Disorder services currently provided?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  | | --- | | **Jail Substance Abuse System Operated By** | | DMC-ODS program | | Another County Department (not the DMC-ODS) | | Correctional Health-Care Service Provider | |

**A.11.** Do you monitor EHR system percent of uptime and availability for clinical sites?

(If Yes, be prepared to provide information when DMC-EQRO is onsite.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A.11.1.** Do you have a standard or periodically measure end-user response time?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A.11.2.** If Yes, what is your standard and recent user response time test results?

|  |
| --- |
|  |

**EHR Functions**

**A.12.** Indicate the status of the DMC EHR deployment in the table below?

|  |  |  |  |
| --- | --- | --- | --- |
| **Function** | **Application/Vendor** | **Go Live Date (mm/yyyy)** | **Contract Provider Access**  **(None/Look-up only/Full/NA)** |
| Alerts |  |  | None  Look-Up Only  Full  NA |
| Assessments |  |  | None  Look-Up Only  Full  NA |
| Care Coordination |  |  | None  Look-Up Only  Full  NA |
| Document imaging/storage |  |  | None  Look-Up Only  Full  NA |
| Electronic signature-consumer |  |  | None  Look-Up Only  Full  NA |
| Laboratory results (eLab) |  |  | None  Look-Up Only  Full  NA |
| Level of Care/Level of Service |  |  | None  Look-Up Only  Full  NA |
| Outcomes |  |  | None  Look-Up Only  Full  NA |
| Prescriptions (eRx) |  |  | None  Look-Up Only  Full  NA |
| Progress notes |  |  | None  Look-Up Only  Full  NA |
| Referral Management |  |  | None  Look-Up Only  Full  NA |
| Treatment plans |  |  | None  Look-Up Only  Full  NA |

**A.12.1.** What is your official Chart of Record for county-operated clinics/programs?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Paper |  | Electronic |  | Combination |

**A.12.1.1.** If you checked Paper for A.12.1, what remains on paper? (Check all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Medical Consent |  | Release of Information |  |  |
|  | Consumer Action Schedules |  | Crisis Assessments |  |  |
|  | Level of Care |  | Laboratory Results |  |  |
|  | Hospital Release Documents |  | Outcomes |  |  |

**A.13.** Does your DMC-ODS use tele-medicine for county-operated clinics/programs?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A.13.1.** If No, do you have plans to implement within next 12 months?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A.13.2.** If A.13 Yes, please provide the following information about the system.

|  |  |  |
| --- | --- | --- |
| Equipment Provider/Vendor: |  | |
| Equipment maintained by: |  | |
| Have Use Policy & Procedures: |  | |
| Number sites currently operational: |  | |
| Number of beneficiaries served last year (Total): | |  |
| Adult: | |  |
| Children/Youth: | |  |
| Older Adult: | |  |
| Total number of tele-medicine encounters provided last year: | |  |
| Total number of tele-medicine encounters provided in languages other than English during same period as above: | |  |

**A.13.3.** If A.13 Yes, identify threshold languages directly supported by County or contract healthcare professional staff during the past year. Do not include language line capacity or interpreter services.

(Check all that apply)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Spanish |  | Vietnamese |  | | Tagalog |
|  | Cantonese |  | Mandarin |  | | Farsi |
|  | Arabic |  | Russian |  | | Hmong |
|  | Korean |  | Armenian |  | | Cambodian |
|  | Other Chinese |  |  |  |  | |

**A.13.4.** If A.13 Yes, identify primary reason(s) for using tele-medicine as a service extender:

(Check all that apply)

|  |
| --- |
| Hiring healthcare professional staff locally is difficult  For linguistic capacity or expansion  To serve outlying areas within the county  To serve consumers temporarily residing outside the county  Reduce travel time for healthcare professional staff  Reduce travel time for consumers  Other (Please describe:\_\_\_\_\_\_\_\_\_\_\_) |

**A.14.** Do any contract providers also use tele- services as a service extender?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**A.14.1**. If A.14 Yes identify contract providers who provide tele-medicine services using their own equipment. Complete the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Direct Contract Provider Name** | **Languages Supported** | **Number Site Locations** | **Number Consumers Served Past Year** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Public Information Sharing /Communications**

**A.15.** Provide DMC-ODS or county public URL (web site) used to inform the community of available services, service locations, and relevant access/engagement information.

|  |
| --- |
|  |

**A.16.** Who is responsible to maintain and update DMC-ODS web site?

|  |
| --- |
|  |

**A.17.** Does your DMC-ODS have a Social Media policy? If so, please provide a copy.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

###### SECTION B. Data Collection and Processing

**Data Timeliness, Accuracy and Completeness**

**B.1.** Please specify what the expectation is for timely entry of service/progress notes.

(Select only one that most closely matches the DMC-ODS timely policy)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Same Day |  | Within 5 Days |
|  | Within 24 Hours |  | Within 7 Days |
|  | Within 3 days |  | More than 7 Days |

**B.1.1.** Describe how you audit compliance with this policy. Include an example of any available summary data and the period of time this represents.

|  |
| --- |
|  |

**B.2**. Describe how you ensure that all services provided were entered into your information system?

|  |
| --- |
|  |

**B.3.** Do you review the following data items for accuracy and completeness at specified frequencies?

|  |  |  |
| --- | --- | --- |
| Item | Yes/No | |
| Gender | Yes | No |
| Date of birth | Yes | No |
| Race/ethnicity | Yes | No |
| Primary language | Yes | No |
| Dates of services | Yes | No |
| Procedure codes | Yes | No |
| Diagnoses | Yes | No |
| Language service delivered | Yes | No |

**B.3.1.** Identify the staff or the unit responsible to monitor for accuracy and completeness.

|  |
| --- |
|  |

**B.4.** Describe how data errors discovered during back-end validations/processing are reported out and corrected.

|  |
| --- |
|  |

**B.4.1.** Written protocols and/or procedures to identify and correct data errors.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Have documented procedures for handling data errors? | Yes  No | | Does protocol/procedures apply to contract providers? | Yes  No | |

**B.5.** Describe any recent audit findings and recommendations. This may include Drug Medi-Cal audits, independent county-initiated IS or other audits, OIG audits, and others.

|  |
| --- |
|  |

**B.6.** Who is responsible for authorizing and implementing the following HER and Practice Management system activities?

| Activity | Who authorizes? (Staff title or committee/ working group) | Who implements? (Staff title or committee/ working group) |
| --- | --- | --- |
| Establishes new providers/ reporting units/cost centers |  |  |
| Determines allowable services for a provider/RU/CC |  |  |
| Establishes or decides changes to billing rates |  |  |
| Determines assignments of payer types to services |  |  |
| Determines staff billing rights/restrictions |  |  |
| Determines level of access to information system |  |  |
| Terminates or expires access to information system |  |  |

Staff Credentialing

**B.7.** Describe your process to validate all healthcare provider credentials and NPI?

|  |
| --- |
|  |

**B.7.1**. Describe how you are alerted when healthcare provider credentials are no longer active?

|  |
| --- |
|  |

**Training**

**B.8.** List regular EHR training offerings and frequency of trainings for clinical staff, or, provide a list of classes conducted over the past year.

|  |
| --- |
|  |

**B.9.** List regular IS training offerings and frequency of trainings for Business and Billing staff, or, provide a list of classes conducted over the past year.

|  |
| --- |
|  |

**B.10.** Do you maintain a formal record or log of IS/computer training activities?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**B.11.** How frequently are HIPAA Security and Privacy trainings conducted?

(Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | New Employee Orientation |  | Once Annually |
|  | Monthly |  | Available On Demand |
|  | Quarterly |  | Periodically |

**B.11.1.** Do you monitor or review your contract providers HIPAA Security and Privacy trainings and attendance log? 42 CFR Part B?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**B.12.** How many IS technology full time equivalent (FTE) positions currently authorized.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IS FTEs  (Include Employees and Contractors) | Number of New FTEs | Number of Employees or Contractors Retired, Transferred, Terminated within the last year | Number of Unfilled Positions for more than 12 months | Number of Unfilled Positions for less than 12 months |
|  |  |  |  |  |

**B.12.1.** Has the number of authorized/approved FTE positions increased or decreased during the past year?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Increased |  | Decreased |  | No Change |

**B.12.2.** Do you use an Application Service Provider to maintain and support the EHR?

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ | Yes | ☐ | No |

**B.13.** How many data analytical FTEs do you currently have and what are the changes during the past 12 month.

(Only report number FTEs that are not already included in the count provided in B.13 above).

|  |  |  |  |
| --- | --- | --- | --- |
| Data Analytical FTEs  (Include Employees and Contractors) | Number of New FTEs in the last year | Number of Employees or Contractors Retired, Transferred, Terminated in past year | Current Number of Unfilled Positions |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Total Vacant | Total FTEs Vacant more than 12 months | Total FTEs Vacant less than 12 months |
|  |  |  |

**Staff/Contract Provider Communications**

**B.15.** Does your DMC-ODS have User Groups or other forums for the staff to discuss information system issues and share knowledge, tips, and concerns?

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Group | Meeting Frequency (Weekly, monthly, quarterly, as needed) | Who chairs meetings? (Name and title) | Meeting minutes? (Yes/No) |
| Clerical User Group |  |  |  |
| Clinical User Group |  |  |  |
| Financial User Group |  |  |  |
| Contract Providers |  |  |  |
| Reports User Group |  |  |  |
| IS Vendor Group |  |  |  |

**B.16**. What types of technology do you utilize to communicate policy, procedures, and information among DMC-ODS staff?

(Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Web server |  | Intranet server |
|  | Shared network folders/files |  | Content management software |
|  | E-mail |  | SharePoint |

**B.17.** How do contract providers submit consumer and service data to the DMC-ODS?

(Check all that apply)

|  |  |  |
| --- | --- | --- |
| Submittal Method | | Frequency |
|  | Direct entry into DMC-ODS IS | Daily  Weekly  Monthly |
|  | Electronic batch file transfer to DMC-ODS IS | Daily  Weekly  Monthly |
|  | Electronic Data Interchange (EDI) to DMC-ODS IS | Daily  Weekly  Monthly |
|  | Documents/files e-mailed to DMC-ODS | Daily  Weekly  Monthly |
|  | Paper documents faxed to DMC-ODS | Daily  Weekly  Monthly |
|  | Paper documents delivered to DMC-ODS | Daily  Weekly  Monthly |
|  | Health Information Exchange | Real Time  Batch |

**B.18**. Briefly describe how you validate the integrity of claims data transfer from contract providers?

|  |
| --- |
|  |

###### SECTION C. Drug Medi-Cal Claims Processing

**C.1.** Indicate normal cycle for submitting current fiscal year Medi-Cal claim files to DHCS.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monthly |  | More than 1x month |  | Weekly |  | More than 1x weekly |

**C.2**. Do you have an internal operations manual or other documentation that describes activities to prepare SD/MC claims? (Be prepared to present and discuss this during the DMC-EQRO review.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**C.3.** Indicate current method for submitting Medicare Part B claims for physician MAT services to fiscal intermediary?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Clearinghouse |  | Electronic |  | Paper |

**C.4**. What Medi-Cal eligibility sources does your DMC-ODS use to determine eligibility?

(Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
|  | IS Inquiry/retrieval from MEDS |  | Eligibility verification using 270/271 |
|  | MEDS terminal (standalone) |  | AEVS |
|  | MEDS terminal (integrated with IS) |  | Web-based search |
|  | MMEF |  | Other |

**C.4.1.** Do you have procedures in place that monitor or review retroactive eligibility?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No |

**C.5.** Does your system store the Medi-Cal eligibility information listed below?

|  |  |  |  |
| --- | --- | --- | --- |
| Item | System stores automatically? (Y/N) | System stores but manually entered? (Y/N) | Able to use/query for reports? (Y/N) |
| CIN |  |  |  |
| Eligibility Verification Confirmation (EVC) |  |  |  |
| County of eligibility |  |  |  |
| Aid codes |  |  |  |
| Group Aid Codes – SSI eligible |  |  |  |
| Share of cost information |  |  |  |

**C.6.** Do you have an Operations Manual or other documentation that describes how Drug Medi-Cal Remittance Advice (835) are analyzed for accuracy and/or completeness? (Be prepared to present and discuss this during the DMC-EQRO review.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No |

**C.7.** Do you have the capability to perform end-to-end (837/835) claims reconciliation to validate the adjudication of submitted claims?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes |  | No |

**C.7.1.** If Yes, identify the type of product or application used:

|  |  |
| --- | --- |
|  | Local Excel Worksheet or Access Database |
|  | Local SQL Database, supported by DMC-ODS/Health/County staff |
|  | Web-based application, supported by DMC-ODS staff |
|  | Web-based application, including your Electronic Health Record system, supported by Vendor or ASP Staff |
|  | Outside consultant |

**C.7.2.** What is the name of the product or application?

|  |
| --- |
|  |

DMC-EQRO

###### SECTION D. Information Systems Security and Controls

**D.1.** Indicate the frequency of back-ups that are required to protect your primary information systems and data. (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Back-up Frequency | | | |
|  | Daily full back-up |  | Daily incremental back-up |
|  | Weekly full back-up |  | Weekly incremental back-up |
|  | Other: | | |

**D.1.1.** Where is the back-up media stored? (Check all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| Back-up location | | | |
|  | DMC-ODS site |  | County site |
|  | Health Department site |  | IS Vendor site |
|  | Data Security Vendor |  | Other: |

**D.1.2.** How often do you require passwords to be changed?

|  |  |  |  |
| --- | --- | --- | --- |
| Password Change Frequency | | | |
|  | ≤ 60 days |  | 61 – 90 days |
|  | 91 – 180 days |  | 181 – 365 days |
|  | > 365 days |  | Never |

**D.1.3.** Have you adopted guidelines or a local policy for password management?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.1.4.** Do you require passwords to contain a combination of alphabetic characters, numbers, and/or special characters?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.2.** Do you have policies and procedures that describe the provisions in place for the following? Be prepared to discuss during the DMC-EQRO interview, if requested.

|  |  |  |
| --- | --- | --- |
| Item | Yes/No | |
| Physical security of the computer system(s) and hardcopy files | Yes | No |
| Security of laptops and other portable storage devices | Yes | No |
| Management of user access | Yes | No |
| Termination of user access | Yes | No |

**D.3.** Do you have policies and procedures that describe the privacy provisions for release of information in 42CFR, Part 2?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.3.1.** Do you have “break-the-glass” capability in your EHR system that records release of information?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.4.** Do you require encryption for laptops or other portable storage devices that contain consumers Protected Health Information (PHI)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.5**. Does your network employ intrusion detections methodologies to protect consumer data?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.6**. Has your network experienced cyberattack or other data breach attempts within the past year? If so, be prepared to discuss while DMC-EQRO is onsite.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.7.** Does the County or DMC-ODS have a Business Continuity Plan for critical business functions that is compiled and maintained in readiness for use in the event of an emergency or disaster? If so, be prepared to discuss while DMC-EQRO is onsite.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**D.7.1.** Does the County or DMC-ODS have an exercise and testing program to ensure staff have good understanding of their roles and responsibilities to effectively implement the business continuity plan?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

###### SECTION E. Data Access, Usage and Analysis

**E.1.** Who are the people most responsible for analyzing data from your information system?

|  |  |
| --- | --- |
| Staff Name/Title | Organization/Department/Division |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**E.2.** Describe two examples of data analyses performed in the last year that were used in quality improvement or business process improvement activities. Be prepared to discuss during the DMC-EQRO review, if requested.

|  |
| --- |
|  |
|  |

**E.3.** Indicate the reporting tools used by your staff to create reports from the IS.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Microsoft Excel |  | Microsoft Access |  | Other |
|  | Crystal Reports |  | SPSS |  | |
|  | SAS |  | Cognos |  | |
|  | Dashboard Software |  | Vendor-supplied Report Writer |  | |

**E.4.** What percentage of co-occurring client diagnoses are being captured in your EHR?

|  |
| --- |
| % |

**E.4.1**. What do you estimate is the total percentage of co-occurring clients?

|  |
| --- |
| % |

**E.5.** Does the system capture ASAM recommended LOC for clients?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**E.5.1**. What percentage of clients get referred to recommended LOC using ASAM?

|  |
| --- |
| % |

**E.6.** Does the system track reasons for other placements?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**E.6.1.** Do you know if they got service?

|  |
| --- |
|  |

**E.7.** How frequently do you calculate Drug Medi-Cal beneficiary penetration rates? (Note: Please coordinate with QI in responding to this question as this may be separately tracked.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Monthly |  | Quarterly |
|  | Annually |  | Rely on DMC-EQRO data |

**E.7.1.** What are the data sources for the numerator and denominator of your DMC-ODS’s penetration rate?

|  |
| --- |
|  |

**E.7.2.** For what specific purposes are the penetration rate data used?

|  |
| --- |
|  |

**E.8.** Do you use prevalence data to measure your potential unmet service needs?

(Note: Please coordinate with QI in responding to this question as this may be separately tracked.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**E.8.1.** If Yes, what are the data sources for estimating the potential unmet service needs?

|  |  |  |  |
| --- | --- | --- | --- |
|  | CHIS |  | Special Studied |
|  | NSDUH |  | If other, specify below |

|  |
| --- |
|  |

**E.8.2.** For what specific purposes are the unmet needs data used?

|  |
| --- |
|  |

1. “For the purposes of this protocol, an encounter refers to the electronic record of a service provided to a Managed Care Organization Pre-Paid Inpatient Health Plan [DMC-ODS**]** enrollee by both institutional and practitioner providers (regardless of how the provider was paid) when the service would traditionally be a billable service under fee-for-service (FFS) reimbursement systems. Encounter data provides substantially the same type of information that is found on a claim form (e.g., UB-04 or CMS 1500), but not necessarily in the same format.” – Validating Encounter Data, CMS Protocol, P. 4; September 2012. [↑](#footnote-ref-1)