


**Medi-Cal Managed Care
Encounter Data**

October 17, 2019


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Presentation Topics

- Importance of Encounter Data
- State Regulations for Encounter Data
- Federal Regulations for Encounter Data
- DHCS Encounter Data Management
- DHCS Encounter Data Monitoring
- Q&A




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Importance of Encounter Data

Encounter Data is essential to:

- Monitoring Medi-Cal's managed care delivery system
- Evaluating major managed care transitions
- Identifying and addressing health care disparities
- Fraud and abuse investigations
- Financial recovery efforts
- Capitated rate development
- Federal reporting requirements



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State Regulations for Encounter Data

DHCS contractually requires Medi-Cal managed care health plans (MCPs) to submit complete, accurate, reasonable and timely encounter data for all services for which they have financial liability.

Encounter data must be reported in specified formats on, at minimum, a monthly basis. Encounter data deficiencies must be corrected timely upon discovery.



State Regulations for Encounter Data

Specific encounter data reporting and quality requirements are described in DHCS All Plan Letters (APLs).

- APL 14-019:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-019.pdf>
- APL 14-020:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-020.pdf>

DHCS also has authority to impose corrective action requirements or administrative or financial sanctions for non-compliance.

- APL 18-003:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-003.pdf>



Federal Regulations for Encounter Data

In 2016, Federal Regulations were updated to require States to collect and submit complete and accurate encounter data to CMS under CFR § 438.818 *Enrollee encounter data*. CFR § 438.818(c) allows deferral and/or disallowance of FFP when non-compliant.

CFR § 438.242 was updated to establish new requirements for encounter data transmission from MCOs to State Medicaid agencies. The updated regulation required encounter data submission in 837 and NCPDP formats, and imposed new requirements on States to validate encounter data for completeness and accuracy.



Federal Regulations for Encounter Data

Transformed Medicaid Statistical Information System (T-MSIS)

- A critical data and systems component of the CMS Medicaid and CHIP Business Information Solution (MACBIS)
- Used to collect beneficiary, provider, claims, and encounter data—CFR § 438.818(a)(3)—which are needed to improve beneficiary quality of care, assess beneficiary to care and enrollment, improve program integrity, and provide stakeholders with key information



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DHCS Encounter Data Management

Encounter Data Quality Unit (EDQU) responsibilities include:

- Technical Assistance for Medi-Cal managed care health plans (MCPs)
- ✓ Onboarding and testing process for new submitters and MCP system changes
 - ✓ Provide technical guidance for the successful and accurate encounter data reporting to PACES
 - ✓ Research and respond to MCP technical questions/concerns
 - ✓ PACES Encounter Validation Response (EVR) tracking and assistance
 - ✓ Coordinate with PACES team and other stakeholders on technical issues
 - ✓ Quarterly Encounter Data Webinar

Tracking and Monitoring Encounter Data

- ✓ Encounter volume trends
- ✓ Coordinate with MCPs and DHCS data users on quality issue identification and resolution
- ✓ Monthly check-in with MCPs on new/outstanding quality issues



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DHCS Encounter Data Management

EDQU responsibilities include:

Reporting Encounter Data Quality

- ✓ Visit Trends
- ✓ Plan-specific encounter data submission analysis and reconciliation
 - Monthly Reconciliation of Encounter Data Submission Reconciliation Form (EDSRF) against DHCS records
 - Monthly Encounter Data Reports
 - Data Completeness
 - Data File and Encounter Acceptance Rates
 - Data Errors and Warnings
 - Other Summary Statistics
- ✓ Quality Measures for Encounter Data (QMED) Report Cards
- ✓ Encounter Data Validation (EDV) Reports
- ✓ Completeness Stoplight Reports



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DHCS Encounter Data Management

Post-Adjudicated Claims and Encounters System (PACES)

- > DHCS' encounter data processing system, implemented in 2015.
- > DHCS developed and implement PACES to receive and process encounter data in the national standard transactions, ASC X12 837I v5010 x223, ASC X12 837P v5010 x222, and NCPDP v2.2 and 4.2.
- > PACES meets State and federal Medicaid monitoring and reporting requirements and accommodates receipt of ICD10 Diagnosis Codes in accordance with HIPAA requirements.
- > PACES only accepts the national standard file formats and coding schemes for managed care encounter data submissions.



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DHCS Encounter Data Monitoring

Quality Measures for Encounter Data

Data Quality is defined as:

- The fitness for use of the data

Quality Measures for Encounter Data (QMED) defines encounter data quality. The QMED is a quarterly report card based on a series of metrics that evaluate MCP performance based on four quality dimensions – C.A.R.T.

- Data Completeness
- Data Accuracy
- Data Reasonability
- Data Timeliness



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DHCS Encounter Data Monitoring

Annual Encounter Data Validation Study (EDV)

EDV assesses the completeness and accuracy of encounter data but is currently measured and reported separately from the QMED.

Compares MCP-submitted encounter data to MCP-procured medical records

- Identifies omissions in the medical records and encounter data illustrating deficiencies in completeness of DHCS' encounter data
- Identifies inconsistency in the medical records and encounter data illustrating deficiencies in accuracy of DHCS' encounter data



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DHCS Encounter Data Monitoring

Encounter Data Completeness Stoplight Reports

The Stoplight Reports assess the completeness of encounter data but is currently measured and reported separately from the QMED.

The report compares encounter data utilization to various benchmarks used in capitated rate setting.

MCPs receive either a Green, Yellow, or Red score depending on how close their utilization aligns with capitated rate benchmarks.

- Member stratifications: Child, Adult, ACA Optional Expansion, SPD
- Service stratifications: Inpatient, Outpatient + ER, Pharmacy, Professional
- Delegation stratifications: direct risk, delegated risk (global sub-capitation)



Q&A





neighborhood
HEALTHCARE

Encounter Data: Health Center Perspective

Melissa Barajas, RN, BSN,
PHN
Director of Quality and
Population Health



Agenda

Infrastructure of submitting data	01
Strategies for provider training and feedback	02
Major challenges & strategies	03
Supplemental reporting	04

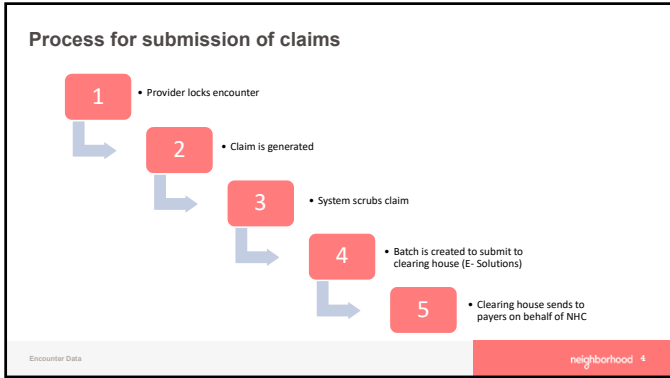
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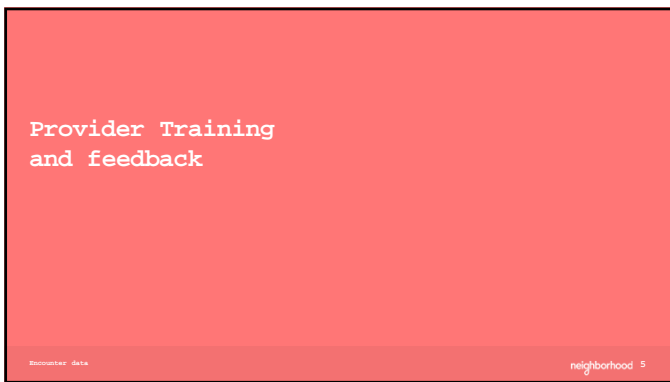
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Infrastructure of Submitting Data

Encounter data

neighborhood 3





Provider training strategies

Provider Billing and Coding Training


- Provider onboarding:
 - Meet & Greets
 - Billing Director: explains plans and coverage
- Training
 - One on one eClinicalWork training with EMR specialist
 - One on one coding training according to specialty with a certified coder

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Provider training strategies

Peer Review and Audits

- Coding Chart reviews on random charts
- New provider: 3-6 weeks chart review from date of hire
- Established Provider: 2-3 chart reviews per provider quarterly
- Coder provides the results of the chart reviews to provider and clinical team leader.




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Major Challenges and Strategies

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Challenges and Strategies

Claim Format Limitation



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Challenges and Strategies
 Independent Provider Association (IPA) and Health Plan Relationship

Encounter Data neighborhood 10

Challenges and Strategies
 Lab Agreements

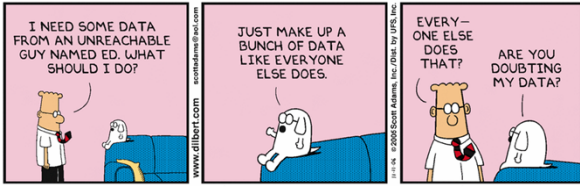
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Supplemental Reporting

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Strategies

Supplemental reporting



Encounter Data

neighborhood 13

Strategies

Gap in Care Reports



Shared folder . Online Portal . Secure Email

Encounter Data

neighborhood 14

Strategies


Gap in Care Reports

“The right data, in the right place, at the right time, reaching the right person, in the right format.” - Michael J Savoie

Encounter Data

neighborhood 15





Medi-Cal Encounter Data Improvement: DMHC Undertaking 29(c)


Carol Kim
VP of Community Investments and Government & Public Affairs
October 17, 2019

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Background

Community & Infrastructure Investments: Background



- Health Net and Centene Merger contingent on fulfilling a set of DMHC Undertakings
- Undertaking 29 focuses on Community & Infrastructure Investments (CII)

Undertaking 29	Purpose	Target Region(s)
Community Investments \$65M	a) Locally-based consumer assistance programs (\$5M over 5 years)	Statewide
	b) Improved health outcomes in rural and/or underserved communities (\$10M over 5 years)	Statewide with focus on Central Valley: Kern, Kings, Fresno, Madera, Merced, Tulare, Stanislaus, San Joaquin
	c) Improved completeness & accuracy of encounter data for Medi-Cal Managed Care Providers (\$50M over 5 years)	Statewide
Infrastructure Investments \$75M	g) Capital investments for health care infrastructure and care delivery improvements	Statewide

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**Community Investments:
Getting to Work** 

Community & Infrastructure Investments (CII) Team
Responsible for the framework and execution of the grant program

- Carol Kim, VP of Community Investments and Government & Public Affairs
- Stephanie Landrum-Hall, Community Grants Manager (Nor Cal)
- Karen Wloch, Community Grants Administrator

Health Care Experts
Composed of Health Net business leaders and health care experts with diverse and deep experience in health care

Community Advisory Committee
Required by Undertaking 29(d) to advise as well as provide expertise and guidance for the development and implementation of the grant program

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Community Advisory Committee 

Patrick Johnston, Committee Chair and Former State Senator

Sean Atha, SVP Business & Network Development for River City Medical Group

Carol Kim, VP of Community Investments and Government & Public Affairs for Health Net

Jim Lott, Management Consultant, former Chief Strategy Officer of MLK Hospital


Louise McCarthy, President & CEO of Community Clinic Association of LA County

Chris Perrone, Director of Improving Access of California Health Care Foundation

Shelley Rouillard, Director of the California Department of Managed Health Care


Committee Advises Health Net on the Five-Year
\$65M Community Grants Program

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**Medi-Cal Encounter Data:
Regulatory Landscape**

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Medi-Cal Encounter Data: Landscape 

Federal Reporting Requirements
Recent federal rules and actions demonstrate increased interest in the submission of complete, accurate and timely encounter data:


- CMS Medicaid and CHIP Managed Care Final Rule
- CMS and ONP "Interoperability Rules"

CA DHCS Reporting Requirements:
Encounter Data is playing an increasing role in Medi-Cal managed care rate setting, provider payments, and quality scoring:

- Rate Setting and Encounter Data Spotlight Reports
- Directed Payments
- Improving HEDIS Scores


Encounter Data is health care services information generated by health care providers that document clinical conditions and services of patients provided in capitated, managed care arrangements

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**Undertakings 29(c):
Encounter Data Investments**


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Investments to Date in Encounter Data Improvements 

Year 3 of Five Year Commitment of \$50M
Approximately **\$13.5M** in grants awarded to date, supporting Medi-Cal managed care providers:

- **2017:** Awarded \$2.6M in grants:
 - \$2.5M to 10 Medi-Cal managed care providers for one-time encounter data improvement projects
 - \$126,000 for Integrated Healthcare Association's Market Research Study on Provider Encounter Data Needs
- **2018:** Awarded \$7.35M in grants:
 - \$5.85M to 19 Medi-Cal managed care providers to conduct Phase 1 Assessment of current encounter data collection and submission processes
 - \$1.5M to Harder+Co Community Research as the program evaluator of Health Net's overall Encounter Data Improvement Program
- **2019:** Awarded \$3.55M in grants:
 - \$2.55M to 13 Medi-Cal managed care provider organizations for Phase 2 Implementation Grants, providing seed funds toward encounter data process improvement projects based on Phase 1 Assessment findings
 - \$1M for Statewide Encounter Data Stakeholder Engagement

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