



## Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Data Modification Policy

### Purpose

This PRIME Data Modification Policy specifies the circumstances under which data from previously submitted reporting periods can be modified. It also details how modifications to annual target rates should be made when indicated.

For this policy, data modification is any change made to reported qualitative or quantitative data after the close of a reporting deadline, regardless of the reason for the change. Data modification is different from the reporting of data integrity breaches to DHCS (please see Data Integrity Policy for more information). Modifying submitted data also differs from modifying target rates. When modifying target rates, data in a previously submitted PRIME report are not altered. Target rate modification is any change made to annual Demonstration Year (DY) target rates.

### PRIME Entity Responsibilities

Each PRIME entity should review this policy when submitting PRIME data to DHCS. Any request to modify reported data or modify target rates must comply with this policy.

### Policy for Correcting Submitted Data

Effective with the release of this policy, PRIME entities are able to make corrections to data in previously submitted PRIME reports, as specified in Table 1, below:

*Table 1: Reporting Periods and Data Modifications*

DY 11 and DY 12 Mid-Year	PRIME Policy Letter (PPL) 17-006 informed entities that data corrections may be made through June 30, 2017. DHCS notified entities via a June 1, 2017 e-mail that this June 30 deadline also applied to DY 12 Mid-Year data. Please see <a href="#">PPL 17-006</a> for specific details.
DY 12 Year-End through DY 15 Year-End	All reported PRIME data submitted to DHCS at the close of the reporting period are complete, correct, and final data for that measurement period. Reporting deadlines are specified in the STCs, Section 100 (a)i and ii, as well as Attachment Q, Table 3. If an entity knows that its data may be incomplete or incorrect prior to the specified reporting deadlines, the entity should contact its PRIME liaison to request that its reporting deadline be extended. As provided in the STCs, Section 100 (a)iii, the reporting deadline may be extended for up to 60 days. Deadline extensions will be allowed on a case-by-case basis at the discretion of DHCS.



## Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Data Modification Policy

### Exceptions for Modifying Final Data

There are two exceptions in which PRIME entities may be allowed to make corrections after the reporting deadline:

- 1) *Data Integrity*. This PRIME Data Modification Policy is not intended to interfere with requirements set forth in the PRIME Data Integrity Policy. All PRIME entities must report to DHCS within 10 business days of discovery, **any** breach of the PRIME Data Integrity Policy requirements that may result in discrepancies with submitted PRIME quantitative or qualitative reports. Certain data integrity breaches may constitute an exception to the rule that submitted data cannot be modified after the close of the reporting period. DHCS will evaluate a data integrity breach on a case-by-case basis to determine the need to update previously reported data. The date the breach is reported may differ from the subsequent date corrected data is entered the PRIME Reporting Platform. However, the date of correction cannot be later than the date of the next reporting deadline immediately following the date the breach is reported. (An entity may request a 60-day extension of its reporting deadline per STC Section 100 a (iii).)

If DHCS determines that a data integrity breach necessitates an entity to update its data after the close of the reporting period, previously paid PRIME payments will be re-assessed based on changes in metric achievement values (AVs). Following re-assessment, below are the payment scenarios based on the **date of correction** in the PRIME Reporting Platform:

- a. If it is determined that the entity was underpaid, the underpayment will **not** be corrected by an additional payment to the PRIME entity, as the entity will have had the opportunity to recoup this underpayment through mechanisms for reclaiming unclaimed funds detailed in the STC's Attachment II.
- b. If it is determined that the entity was overpaid, the overpaid amount will be recouped by DHCS. The recouped funds may be eligible for re-claiming if the following two conditions are met;
  - 1) the recouped funds can be reclaimed only within 24 months of the close of the DY for which they were allocated and;
  - 2) the data must corrected in the PRIME Reporting Platform no later than June 30, 2020. (Any breach of data integrity should be reported to DHCS within 10 business days of discovery, regardless of whether the funds will be eligible for reclaiming.)

If the above conditions are not met, the federal share of the recouped funds will be returned to the Federal government. The non-federal portion will be returned to the entity.



## Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Data Modification Policy

Entities may re-earn recouped funds in the following manner as outlined in Attachment II, IX Reinvestment of Unallocated Funds:

- i. If the overpayment applies to a current DY Mid-Year payment and the Mid-Year data are **corrected** in the PRIME Reporting Portal prior to the close of the entity's Year-End reporting deadline, any overpaid Mid-Year funds will be reconciled with the entity's Year-End payment.
  - ii. If the data are corrected in the PRIME Reporting Portal within 1 to 12 months of the close of the DY for which the overpayment occurred, 90% of the resulting recouped amount will become available as unearned prior DY funds and accessible by the entity. The remaining 10% will be deposited into the applicable Designated Public Hospital (DPH) or District/Municipal Public Hospital (DMPH) High Performance Pool (HPP) of the DY in which the data is modified. These HPPs are accessible by other PRIME entities based on qualifying performance on HPP metrics.
  - iii. If the data are corrected in the PRIME Reporting Portal within 13 to 24 months of the close of the DY for which the overpayment occurred, the recouped amount will be deposited directly into the applicable DPH or DMPH HPP of the DY in which the data is modified.
  - iv. If the data are corrected in the PRIME Reporting Portal beyond 24 months of the close of the DY in which the overpayment occurred, the recouped federal share is ineligible for future claiming and is returned to the federal government.
  - v. If the recoupment is from an unearned funds pool or the HPP, the recouped federal share is ineligible for future claiming and is returned to the federal government.
- 2) *System incapacitation or natural disasters.* An entity will be allowed to make edits to its final reports if there has been significant impact on data systems completely out of the PRIME entity's control, such as incapacitation of data systems or natural disasters affecting operations.
- a. When system incapacitation events affect reporting to the point of a delay beyond the reporting deadline, PRIME entities must notify DHCS in writing.
    - i. When warranted, DHCS will send an email from the DHCS PRIME e-mailbox to inform all entities that data for a specific metric may be reported after the close of the reporting deadline. An example of this occurred in DY 12 Mid-Year, when the National Healthcare Safety Network server was temporarily down and it became necessary to report Metric 3.1.5 data after March 31, 2017.
      1. If the affected metric is in Pay-for-Performance status, information on payment for funding adjustment will also be provided in the notification.



## Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Data Modification Policy

- ii. DHCS will notify PRIME entities again when the affected system incapacitation issue is resolved and will include an updated reporting deadline for the affected metric.
- b. System incapacitations that are specific to one PRIME entity will have the updated reporting deadline assessed on a case-by-case basis.

### Modifying Target Rates

When modifying a metric's target rate, data in a previously submitted PRIME report for that metric are not altered. The circumstances outlined below provide a basis for entities to modify target rates:

- 1) *Significant changes to a metric specification.* Metric specifications may change from DY to DY for a variety of reasons. While entities should not update prior DY data due to changes in the metric specifications, entities may be allowed to modify target rates for a future DY under the process described below:
  - a. Prior DY Mid-Year and Year-End payments will not be affected by modified target rates.
    - i. Any DY payments that have already occurred will remain unchanged. This includes payments for metrics affected by less than 30 denominator reporting as outlined in [PPL 17-002](#), Denominator Less Than 30.
  - b. DHCS will make the final decisions within 60 days of the release of an updated specification manual, for whether a metric's Next DY Target Rate requires modification. The final decision will be based on available information provided by PRIME entities that justifies modifying the target rate. DHCS will send confirmation via the DHCS PRIME e-mailbox and via PRIMEone, notifying entities that a metric will be assessed for current-year Achievement Value (AV) based on achievement rates that follow prior DY Year-End specifications. The Next DY Target Rate will be modified as described in (c.) below.
  - c. Current DY achievement rates and Next DY Target Rates for an affected metric must be measured by the same method and reported in the PRIME Reporting Portal consistently across all PRIME entities. Reporting should be conducted as follows:
    - i. To report current measurement period AV: Entities should apply the prior DY Year-End metric specification to the current measurement period data. The resulting numerator and denominator must be entered in the Reporting Portal's designated numerator and denominator fields for that metric. This will automate an achievement value that will be commensurate with payment for the applicable reporting period.
    - ii. To report the modified Next DY Target Rate: entities should apply the most current metric specifications to the current measurement period data. **The resulting numerator and denominator data must be reported in the current reporting period's metric-level**



## Public Hospital Redesign and Incentives in Medi-Cal (PRIME) Data Modification Policy

**methodology narrative within the PRIME Reporting Platform.** If an entity's submitted PRIME report does not include the DY numerator and denominator data based on the most updated metric specification in the metric-level narrative, it will be deemed incomplete and returned to the entity for completion.

- iii. All other qualitative and quantitative information reported in the metric-level narrative should be in accordance with the *most current* metric specification and the current measurement period data. In other words, the information within the narrative may not necessarily compare to quantitative information in the Platform's designated numerator and denominator fields, since those fields are based on prior DY specifications and the narrative is based on current specifications.
- iv. DHCS will use the numerator and denominator information within the metric-level narrative to calculate an updated Next DY Target Rate. This modified target rate for the next DY will be entered into the Platform following DHCS' review.

2) *Significant changes to data sources or new Medi-Cal managed care contract.* As specified in Attachment II, Section VI(B)(3), a PRIME entity with significant data source changes or an entity that enters into a new Medi-Cal managed care plan contract may submit a 5-Year Plan modification for DHCS approval to change current DY annual targets. Further information on what should be included in the plan modification is forthcoming.

- a. Prior DY Mid-Year and Year-End payments will not be affected by updated current DY target rates.
  - i. Any prior DY payments that have already occurred will remain unchanged. This includes payments for metrics affected by less than 30 reporting as outlined in [PPL 17-002](#), Denominator Less Than 30.
- b. An entity that experiences a significant change to data sources or an entity that acquires a new Medi-Cal managed care contract will not have the opportunity to modify prior DY data after the close of the reporting deadline.
  - i. This excludes system incapacitation events as discussed on Page 3 of this policy.