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EPP/QIP FAQs & Encounter Data Reconciliation Successful Practices

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Play recording

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Agenda

- EPP/QIP FAQs
- Key Reconciliation Processes
- Major Sources of Claims/Encounter Data Errors
- Successful DPH/Plan Reconciliation Practices

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Glossary

- Encounter data
- EPP
- QIP
- DPH
- PACES
- MIS
- 837
- IPA / delegated entity
- CIN
- CCN
- Internal Pool

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EPP and QIP data

Purpose of data	Source of data for EPP (non-Cap)	Source of data for QIP
To determine DPH internal pool distribution	State encounter data (see slide 6)	Proposal: DPH internal data for PY1 (TBD, slide 9, 10)
To determine QIP performance and pay-out	N/A	DPH reporting … (see slide 10)
		Plan data for performance calculations (see slide 12)

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EPP/QIP FAQs

- EPP & QIP Internal Pool Distribution Methodology
- Encounter data for EPP
- QIP data sources

EPP & QIP Internal Pool Distribution Methodology

- EPP – based on state encounter data
  - Counts of services provided by contracted (network) providers
- QIP – not based on state encounter data, based on internal DPH data for at least PY1
  - Based predominantly on unique users of each DPH

EPP Encounter Data (MIS) categories (services not under full capitation)

- 70%
  - IP & LTC (SNF)
  - Unit: Days
    - Greater weight for ICU/CCU/NICU/etc. days
- 30%
  - OP, ER, PCP, Specialty MD, NPP, MH OP
  - Unit: "visits"
    - Unique combination of patient, day, NPI, category

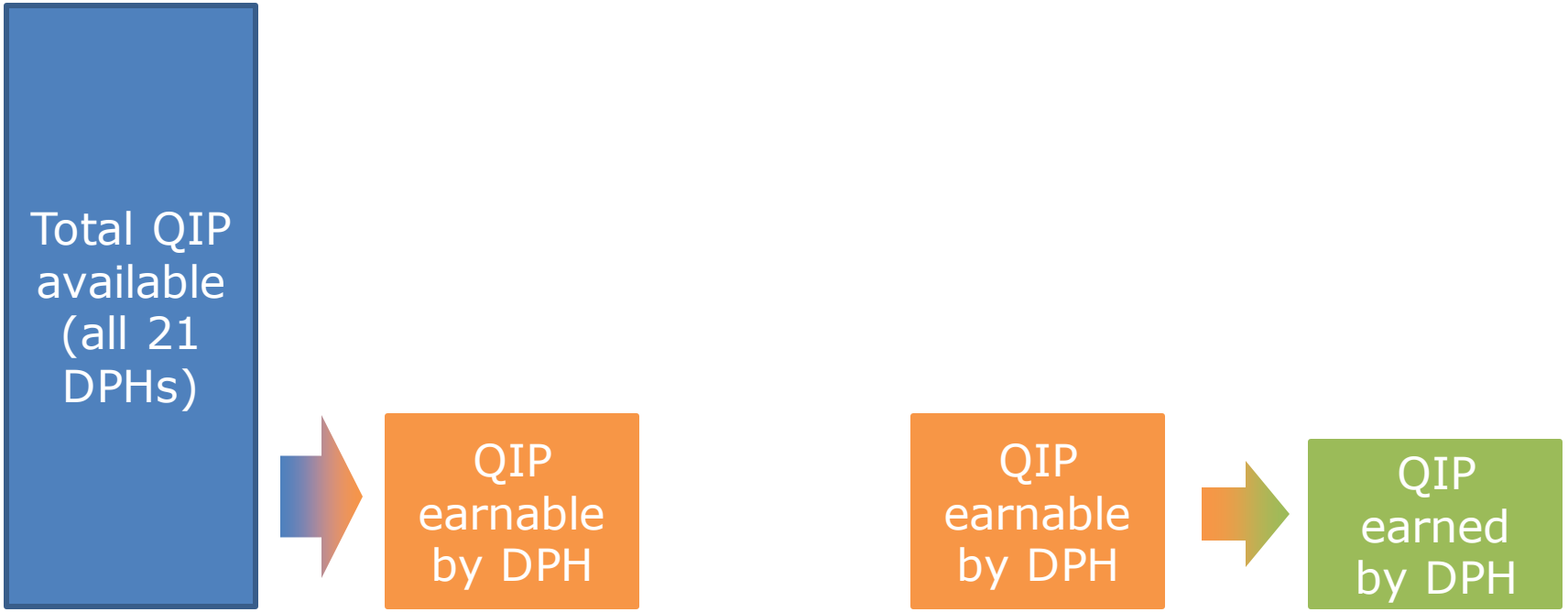
EPP Encounter Data

- MIS sole source of data for EPP internal DPH pool determination
- DHCS reporting deadlines for EPP pool determination
  - Plans are to submit SFY17-18 data to state by: **Dec. 31, 2018**
  - Plans will need reconciled data several months prior to 12/31/18
  - *Recommend DPHs & plans work together to identify a workable deadline for submissions and reconciliation of DPH data*

Timeline

ACTIVITY	Q2 CY2018	Q3 CY2018	Q4 CY2018	Q1 CY2019	Q2 CY2019	Q3 CY2019
Volume Charts - 1st Release (Time Period Jul'17-Dec'17)	June 2018					
Volume Charts - 2nd Release (Time Period Jul'17-Mar'18)		September 2018				
Deadline for Encounter Data Submission to Health Plans			Exact Due Dates are Plan Specific			
Deadline for Encounter Data Submission to DHCS			**December 31, 2018**			
Final Contract Data Submission				February 2019		
Encounter Data Query for Payment Calculation				March 2019		
Development of Rate Adjustments					Q2 CY2019	
Finalization of Rate Adjustments						July 1, 2019
Notice of Final Payment Amounts						August 2019
Projected Payment to Plans (September 2019 Capitation)						September/ October 2019

QIP data sources: 2-step



Step 1: Prorata from DPH data on # unique patients served (specs TBD)

Step 2: Achievement of DPH performance measure targets

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QIP Data

- Internal DPH pool determination (QIP Eligible Funds)
  - Source of data - internal DPH data
  - Pro-rata based on number of patients served by each DPH – e.g. =, DPH count of unique MediCal Managed Care beneficiaries receiving ≥1 service at a DPH

- Individual DPH QIP Earned Funds
  - Determined based on each DPH aggregate achievement of their performance measure targets
  - Calculating & reporting performance to DHCS is the DPH's responsibility
  - Plan data is both needed and helpful for performance reporting

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Plan Data for QIP performance

- Necessary
  - Monthly beneficiary DPH assignment
    - Ideally including enrollment and disenrollment dates
  - Non-DPH service claims (CPT/ICD)
  - Rx fill data for Asthma, Opiates, Benzos
- Ideal
  - Monthly all claims for DPH assigned lives (not just DPH provided services)
    - Encounters (incl. home care), admissions, Rx, Immunizations, Labs (IZ titers)
- Crosswalk of data by measure TBD

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Key Reconciliation Categories

- Plan Rejections
- Plan Withholds
- State Rejections

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Key Reconciliation Categories

- Plan rejections
  - DPH data rejected by plan, not yet successfully resubmitted by DPH and accepted by plan
- Plan Withholds
  - DPH paid claims/accepted encounter by plan
  - Not sent to State by plan due to quality/completeness/lateness
  - Typically based on plan's determination of whether claim will be accepted by DHCS or how it will impact plans encounter reporting (QMED) score by DHCS.

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Key Reconciliation Categories

- State rejections:
  - Rejection caused by plan error
  - Rejection caused by DPH error
  - Other

Encounter Data Issues Encountered
1. Visible to provider (plan-rejected)

- Eligibility change for patient
- Missing/invalid data
  - Procedure code
  - Diagnosis code
  - Revenue code
  - ZIP code
- Demographic data not matching service provided
  - Sex
  - Age
- Authorization missing or not matching level of care
- Provider not credentialed

Encounter Data Issues Encountered

2. Less visible issues

- NPIs missing from submission to state => services not picked up at all!
- Admission date outside service date range
- Further-retroactive eligibility change for patient
- Services appearing duplicated
- Use of "local" codes
  - HCPCS Level III
    - Crosswalk to national exists; not always used
- Regular coding updates (CPT, ICD-10)
- Homeless ZIP code

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Strategic Approach to Reconciliation Triage/Prioritizations

- Inpatient (70% of EPP)
- Easier-to-fix
  - NPIs, zip codes, updated eligibility
- More complex to fix
  - Missing CPT codes, or others that require going back to original medical record to correct
- Services provided for contracted plans
  - See "Contracted Providers" slide

DPH/Plan Reconciliation Practices

- By end of July 2018
  - Plans & DPHs have lines of communication needed to work through state-provided volume charts & reasons for gaps
- Plans sharing with DPH:
  - Plan-collected data on:
    - Plan rejections
    - Plan withheld data
  - State data rejections: Encounter Validation Response XML files
    - Special format discloses acceptance / warning / rejection for each encounter, with reasons
    - Plan can sort these by reason / by provider and pass down the ladder

Tracing Service Records

- Volume chart raw data
  - Includes state-issued encounter ID
  - Will not have your patient account number or plan's CCN
- Options to resolve:
  - Link encounter ID to your records in cooperation with plan
    - If plan links to CCN, can you link with internal patient account record?
  - Search for distinctive combinations: dates of service, revenue codes, units of service, billed charges, etc.
    - Raw data should include unmasked CIN

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Resubmitting Data

- Don't wait to December 31 to resubmit data
  - If encounters are rejected, no opportunity to fix and resubmit encounters after 12/31
  - Could be a lot of data to resubmit
  - Provider/plans may need a lot of time to fix underlying data issues
- Resubmit encounters to plan, plan to state, on a flow basis
- Ongoing, work toward routinely reconciling / resubmitting on a more routine, procedural basis

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Contracted Providers

- Only services provided by network providers (e.g. under a standing contract) counted under EPP
- Future data requests will map out contracting relationships
- DHCS decree: one-time Letters of Agreement do not make you a network provider
- "Unbroken contracting path" from plan to provider
  - Delegated entity's provider network also considered (if delegation happens)
  - Mechanics of implementation TBA

Delegated Entities

- When plan delegates full/partial risk for services to IPA, or a different health plan, etc., that entity is responsible for reporting encounter data up the ladder
- Additional layer of intermediaries and issues
- Volume chart release will only show primary plan member is assigned to (not any delegated entity)
  - Make sure your system stores this for patients
- Less critical where delegation is only for primary care services and plan is billed direct for hospital/specialty

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State Webinar

Any follow-up questions based on the June 20, 2018 DHCS Webinar?

Upcoming Events

- August 23, 2018 In-Person Convening – Burbank, CA
  - DHCS, Plans, DPHs
    - DHCS updates
    - DPH/Plan partners reconciliation updates
    - DPH/Plan work-time