Encounter Data Validation Study Aggregate Report

July 1, 2012 – June 30, 2013

Medi-Cal Managed Care Division
California Department of
Health Care Services

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HSAG HEALTH SERVICES ADVISORY GROUP

DHCS California Department of HealthCareServices

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1. **EXECUTIVE SUMMARY**

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High-quality encounter data from Medi-Cal managed care plans (MCPs) are necessary to evaluate and improve quality of care, assess utilization, develop appropriate capitated rates, and establish performance measures and acceptable rates of performance. The Department of Health Care Services (DHCS) relies on complete and accurate data for the management of the Medi-Cal Managed Care program. DHCS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an Encounter Data Validation (EDV) study for the State Fiscal Year (SFY) 2012–13. This study included a review of the MCP information systems and processes as well as a comparative analysis of encounter data.

Review of MCP Information Systems and Processes

HSAG obtained the Healthcare Effectiveness Data and Information Set (HEDIS®)[1] Record of Administration, Data Management, and Processes (Roadmap)[2] completed by the MCPs during their NCQA HEDIS Compliance Audit™.[3] In addition to using information from the Roadmap, HSAG prepared a supplemental questionnaire that focused on how the MCPs prepare their data files for submission to the DHCS data warehouse. The MCPs' Roadmap responses highlight the variety of approaches the MCPs use to implement and support DHCS's requirements for claims and encounter data submissions. In the Roadmaps, MCPs generally included the average number of monthly claims processed and a measure of the proportion of facility and provider claims that are received electronically versus on paper. These topics include a variety of substantively different metrics used by the MCPs to monitor and report the efficiency of some of their processes.

The MCPs responded to items on the questionnaire which were categorized into these sub-sections: Submitting Encounter Data to the DHCS, Handling Submission Information from the DHCS, and Encounter Data Submission from Capitated Providers. Most MCPs reported submitting monthly encounter data files. A common challenge reported by the MCPs is mapping internal, inconsistent, or incorrect codes to those accepted by DHCS before submission to DHCS.

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
[2] The Roadmap is a tool used by MCPs to communicate information to the HEDIS auditor about the MCPs' systems for collecting and processing data for HEDIS.
[3] NCQA HEDIS Compliance Audit™ is a trademark of the National Committee for Quality Assurance (NCQA).

Comparative Analysis of Encounter Data

The goal of the comparative analysis was to evaluate the extent to which encounter data in the DHCS data warehouse are complete and accurate when compared to data stored in the MCPs' data systems. The comparative analysis examined four encounter data types—Medical/Outpatient, Hospital/Inpatient, Pharmacy, and Long-Term Care (LTC)—and included data with dates of service between July 1, 2010, and June 30, 2011, and submitted to DHCS on or before October 31, 2012.

Record Completeness

Record-level data completeness was evaluated by investigating the record omission and record surplus in DHCS's data. Overall, the LTC claim type had the most complete data with the lowest record omission and record surplus rates, while the Pharmacy claim type had the most incomplete data with the highest record omission and record surplus rates. The record completeness varied considerably among the MCPs for each of the four claim types. In order to monitor the record completeness, DHCS should routinely examine the monthly claim volume for each MCP based on the dates of service or the adjudication dates by claim type or other sub-categories to detect any abnormalities. These quality checks are crucial to ensure encounter data completeness, especially when the MCPs make system changes.

Data Element Completeness and Accuracy

Element-level completeness was evaluated by the element omission and element surplus rates for the key data elements, which are listed in Table 2.1. Overall, the element completeness was good, with statewide element omission and element surplus rates below 4 percent for nearly all of the key data elements. Fields with relatively incomplete data included the *Rendering Provider Number* in the Medical/Outpatient claim type as well as the *Referring/Prescribing/Admitting Provider Number* and *Provider Type* in the Pharmacy claim type. At the MCP level, there were considerably large variations and reason(s) for the incompleteness, which varied depending on the data element and the MCP.

Element-level accuracy was determined by comparing the values of key data elements for records with data present in both DHCS's and the MCPs' records. Overall, the majority of the key data elements in each of the four claim types had statewide element accuracy rates above 95 percent. The *Billing/Reporting Provider Number* and *Referring/Prescribing/Admitting Provider Number* data elements had relatively low element accuracy rates. While performance varied widely across the MCPs, three MCPs had significantly low performance with all-element accuracy rates less than 3 percent for each claim type.

To improve element completeness and accuracy, DHCS should review the existing system edits applied by DHCS or its fiscal intermediary and make changes as needed, i.e., add system edits to identify invalid values, avoid truncating any of the values submitted by the MCPs, etc.

List of Contracted MCPs

Table 1.1 presents the contracted MCPs included in this study.

Table 1.1—List of Contracted MCPs

MCP Name	MCP Abbreviation	MCP County	Model	Plan Code
AIDS Healthcare Foundation	AHF	Los Angeles	Specialty	915
Alameda Alliance for Health	AAH	Alameda	LI	300
Anthem Blue Cross Partnership Plan	Anthem	Alameda	CP	340
		Contra Costa	CP	344
		Fresno	CP	341, 362
		Kings	CP	363
		Madera	CP	364
		Sacramento	GMC	190
		San Francisco	CP	343
		Santa Clara	CP	345
		Tulare	LI	311
CalOptima	CalOptima	Orange	COHS	506
CalViva Health	CalViva	Fresno	LI	315
		Kings	LI	316
		Madera	LI	317
Care1st Partner Plan	Care1st	San Diego	GMC	167
CenCal Health	CenCal	Santa Barbara	COHS	502
		San Luis Obispo	COHS	501
Central California Alliance for Health	CCAH	Monterey	COHS	508
		Santa Cruz	COHS	505
		Merced	COHS	514
Community Health Group Partnership Plan	CHG	San Diego	GMC	029
Contra Costa Health Plan	CCHP	Contra Costa	LI	301
Gold Coast Health Plan*	Gold Coast	Ventura	COHS	515

MCP Name	MCP Abbreviation	MCP County	Model	Plan Code
Health Net Community Solutions, Inc.	Health Net	Kern	CP	360
		Los Angeles	CP	352
		Sacramento	GMC	150
		San Diego	GMC	068
		Stanislaus	CP	361
		Tulare	CP	353
Health Plan of San Joaquin	HPSJ	San Joaquin	LI	308
Health Plan of San Mateo	HPSM	San Mateo	COHS	503
Inland Empire Health Plan	IEHP	Riverside	LI	305
		San Bernardino	LI	306
KP Cal, LLC, in Sacramento County	Kaiser–Sacramento County	Sacramento	GMC	170
KP Cal, LLC, in San Diego County	Kaiser–San Diego County	San Diego	GMC	079
Kern Family Health Care	KFHC	Kern	LI	303
L.A. Care Health Plan	L.A. Care	Los Angeles	LI	304
Molina Healthcare of California Partner Plan, Inc.	Molina	Riverside	CP	355
		San Bernardino	CP	356
		Sacramento	GMC	130
		San Diego	GMC	131
Partnership HealthPlan of California	Partnership	Napa	COHS	507
		Solano	COHS	504
		Yolo	COHS	509
		Sonoma	COHS	513
San Francisco Health Plan	SFHP	San Francisco	LI	307
Santa Clara Family Health Plan	SCFHP	Santa Clara	LI	309
Senior Care Action Network Health Plan	SCAN	Los Angeles	Specialty	200, 201
		Riverside	Specialty	204, 205
		San Bernardino	Specialty	206, 207

* Because Gold Coast began providing services to Medi-Cal beneficiaries in Ventura County on July 1, 2011, there were no encounters with dates of service between July 1, 2010, and June 30, 2011 for the comparative analysis. Therefore, HSAG did not include Gold Coast in the comparative analysis.

Overview

Accurate and complete encounter data are critical to monitoring and evaluating the performance of Medi-Cal managed care plans (MCPs). Therefore, California's Medi-Cal Managed Care program requires its contracted MCPs to submit high-quality encounter data. The Department of Health Care Services (DHCS) relies on the quality of these encounter data submissions to accurately and effectively monitor and improve the program's quality of care, establish appropriate performance measures and acceptable rates of performance, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information. The completeness and accuracy of these data are essential to the success of DHCS's overall management and oversight of its Medi-Cal Managed Care program and to demonstrating its responsibility and stewardship.

During State Fiscal Year (SFY) 2012–13, DHCS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an Encounter Data Validation (EDV) study. The goal of the study was to examine the accuracy and completeness of encounter data submitted by the MCPs to DHCS. HSAG assessed encounter data submitted by MCPs operating under the Two-Plan Model (TPM—both local initiative [LI] and commercial plan [CP]), Geographic Managed Care (GMC) model, the County Organized Health Systems (COHS) model, and two specialty plans. This report is the aggregate report which focuses on the statewide results, MCP-level variations, and opportunities for DHCS to improve encounter data quality.

Methodology

The SFY 2012–13 EDV study included two activities—a review of MCP information systems and processes and a comparative analysis of encounter data. Each of the activities involved the use of both claims and encounter data[4] from the MCPs. For the remainder of this document, claims and encounter data from the MCPs are collectively referred to as encounter data.

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[4] The two administrative sources of data from MCPs include both claims and encounters. The MCP reimbursement to the health care providers is accomplished with either (1) a fee for service based on a claim, claims adjudication, and the resulting paid or denied claim record, or (2) a fixed rate per member per month, or capitation, for Medi-Cal beneficiaries enrolled in an MCP, reporting an encounter record defining the health services provided.

Activity I: Review of MCP Information Systems and Processes

In the first EDV activity, HSAG conducted a desk review of the MCPs' information systems and encounter data processing and submission. HSAG obtained the HEDIS Roadmap completed by the MCPs during their NCQA HEDIS Compliance Audit. In addition to using information from the Roadmap, HSAG prepared a supplemental questionnaire that focused on how the MCPs prepare their data files for submission to the DHCS data warehouse. DHCS distributed the supplemental questionnaire to the MCPs in January 2013.

Information obtained from the review is incorporated into Section 3 of this report.

Activity II: Comparative Analysis of Encounter Data

Concurrent with the review of the MCP information systems and processes, HSAG performed a comparative data analysis between the encounter data housed in the DHCS data warehouse and the encounter data submitted to HSAG from each MCP's data processing system. The goal of the analysis was to evaluate the extent to which encounter data in the DHCS data warehouse are complete and accurate when compared to data stored in the MCPs' data systems. The comparative analysis examined four encounter data types—medical (outpatient), hospital (inpatient), pharmacy, and long-term care (LTC)—and included data with dates of service between July 1, 2010, and June 30, 2011.

HSAG conducted its comparative analysis of the encounter data using the following procedures:

* Developed data submission requirements to request data from the DHCS data warehouse and conduct a file review.

* Developed requirements for MCPs to follow when they submit data and to guide HSAG in providing technical assistance to MCPs.

* Conducted a preliminary file review of MCPs' encounter data.

* Conducted a comparative analysis of each MCP's encounter data.

Development of Data Submission Requirements for DHCS Data and File Review

Based on the approved scope of work, HSAG submitted a data submission requirements document to DHCS to obtain all encounter records with dates of service between July 1, 2010, and June 30, 2011, and submitted to DHCS on or before October 31, 2012. Based on HSAG's discussion with DHCS, the entire submission history associated with these records captured in the DHCS data warehouse was included in the requested data files. HSAG reviewed these data files and prepared them for the comparative analysis with the encounter data submitted by each MCP.

Development of Health Plan Data Submission Requirements and Provision of Technical Assistance

HSAG's review of the encounter data documents provided by DHCS identified two data submission processes. DHCS required all COHS-model MCPs[5] to submit data to DHCS in the Standard 35C file format[6] and required other MCPs to submit encounter data according to the Encounter Data Element Dictionary.[7] DHCS then converted the Encounter Data Layout and National Council for Prescription Drug Programs (NCPDP) format files submitted by MCPs into the Standard 35C file format and stored the data in the DHCS data warehouse.

To avoid unnecessary data conversion by the MCPs, HSAG developed two separate data submission requirements—one for the 35C file format and another for data submissions complying with the Encounter Data Element Dictionary. HSAG also coordinated two separate technical assistance sessions—one for each of the two file formats—to explain the EDV study and the data requirements to the MCPs. To conduct this study, HSAG requested all encounter data extracted from each MCP's data system with dates of service between July 1, 2010, and June 30, 2011, and submitted to DHCS on or before October 31, 2012. Each MCP was required to supply the full adjudication history of records originally sent to DHCS on or before October 31, 2012.

HSAG prepared data submission requirements documents based on the data elements evaluated in this study. These documents include a brief description of the SFY 2012–13 EDV study, the review period, encounter data types, required data elements, and information regarding the submission of the requested files. The documents were distributed to the MCPs in January 2013.

HSAG conducted the two technical assistance sessions after it had distributed the data submission requirements documents, allowing the MCPs time to review and prepare any questions in advance of the sessions. During the sessions, HSAG's EDV team introduced the SFY 2012–13 EDV study to the MCPs and reviewed the data submission requirements to ensure they addressed all questions related to data preparation and extraction. After the technical assistance sessions, HSAG also provided assistance to MCPs by e-mail and conference calls for MCP-specific questions.

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[5] Four COHS MCPs also submit pharmacy data in the National Council for Prescription Drug Programs (NCPDP) format.

[6] COHS MCPs are to submit encounter data according to the requirements of "Paid Claims and Encounters Standard 35C-File—Data Element Dictionary, Version 1.9" (Revised June 2012), prepared by DHCS's Information Technology Services Division, Medi-Cal Applications Support Section. CalOptima, however, submits medical, hospital, and long-term care data according to the Encounter Data Element Dictionary.

[7] MCPs under the TPM or GMC models are to submit encounter data as required in "Encounter Data Element Dictionary for Managed Care Plans, Version 1.5" (July 2006), prepared by the Payment Systems Division under the Office of Medi-Cal Payment Systems, Management Information/Decision Support System.

Preliminary File Review

HSAG conducted a preliminary file review on all encounter data submitted by each MCP to determine whether any data issues identified in the data files warranted any MCP to resubmit its data. The preliminary file review focused on the following indicators:

* Data were extracted based on the data requirements documents.

* Percent present: the percentage of records in a data set that were required to be submitted.

* Percent valid format: the percentage of records in a data set with values in the required format (e.g., numeric fields have numbers, character fields have characters).

* Percent valid values: the percentage of records from a specific data field in a data set that contain the expected values or are within an expected range of values.

* An evaluation of the percentage of the claim numbers that matched between the data extracted from the DHCS data warehouse and the MCP data submitted to HSAG.

Based on the results of the preliminary file review, HSAG generated a preliminary file review report to highlight the major data issues to address with MCPs when they are required to resubmit their data.

Comparative Analysis

For the comparative analysis, HSAG evaluated the extent to which the values populated for the following key data elements in the DHCS data warehouse matched those in the files submitted by the MCPs.

Table 2.1—Key Data Elements for Comparative Analysis

Key Data Elements	Medical/ Outpatient	Hospital/ Inpatient	Pharmacy	LTC
Billing/Reporting Provider Number	√	√	√	√
Rendering Provider Number	√			
Referring/Prescribing/Admitting Provider Number	√	√	√	√
Provider Type	√	√	√	√
Provider Specialty	√			
Primary Diagnosis Code	√	√		√
Secondary Diagnosis Code	√	√		√
Procedure Code				
CPT/HCPCS Codes	√			
Primary Surgical Procedure Code		√		
Secondary Surgical Procedure Code		√		

Key Data Elements	Medical/ Outpatient	Hospital/ Inpatient	Pharmacy	LTC
Drug/Medical Supply			√	
Procedure Code Modifier[*]	√			
Revenue Code		√		
Header Service From Date	√	√	√	√
Header Service To Date	√	√	√	√

* The MCPs using the Encounter Data Element Dictionary to submit encounter data have one *Procedure Code Modifier* field, and the MCPs using the Standard 35C file format have four *Procedure Code Modifier* fields.

The comparative analysis was divided into two analytic sections. First, for each encounter data type, HSAG assessed record-level data completeness using the following metrics:

- The number and percentage of records present in the files submitted by MCPs that were not found in the DHCS data warehouse (record omission).

- The number and percentage of records present in the DHCS data warehouse but not in the files submitted by MCPs (record surplus).

Second, based on the number of records present in both data sources, HSAG further examined the completeness and accuracy of each selected data element shown in Table 2.1. The analysis focused on an element-level comparison of each data element. Element-level completeness was evaluated based on the following metrics:

- The number and percentage of records with values present in the files submitted by MCPs but not in the DHCS data warehouse (element omission).

- The number and percentage of records with values present in the DHCS data warehouse but not in the files submitted by MCPs (element surplus).

Element-level accuracy was limited to those records with values present in both the MCPs' submitted files and the DHCS data warehouse. For the element-level analysis, HSAG determined:

- The number and percentage of records with exactly the same values in the files submitted by MCPs and the files in the DHCS data warehouse for a particular data element (element accuracy).

- The number and percentage of records present in both data sources with exactly the same values for all selected key data elements[8] relevant to each encounter data type (all-element accuracy).

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[8] The Header Service From Date and Header Service To Date data elements were not included in the all-element accuracy rate calculation since HSAG needs them to build a matching key for some MCPs.

Please note: The information in this section includes self-reported responses from the MCPs; HSAG did not validate the responses for accuracy.

Roadmap

The Roadmap is an MCP-specific set of documents that traces the flow of claims submissions from the providers to the MCPs and details MCP-specific regulations for claims submission. In the Roadmaps, MCPs generally included the average number of monthly claims processed and a measure of the proportion of facility and provider claims that are submitted electronically versus on paper.

HSAG's review of the Roadmaps found that most facility and professional claims are submitted electronically. One area the MCPs highlighted in their Roadmaps was the wide variety of submission requirements for providers and facilities. Some MCPs allow late submissions with an appropriate reason, while others have a strict cut-off point (e.g., 365 days). At least one MCP has no time limit for submission of new claims and encounters.

The MCPs reported a variety of finalization and other process rates. Processing benchmarks are set to a variety of time frames, including 10 days, 14 days, etc. One MCP uses a range to report its average claims processing time, while others state a single date. There is little standardization across MCPs for processing efficiency metrics, as reported in the Roadmaps.

The MCPs also have quite different ways of handling edits and returning claims to providers. While most of the MCPs batch provider claims for return and/or resubmission, some MCPs separately handle each claim that needs to be returned to the provider. There are often different methods used for paper claims versus electronic claims. As seen with other processes, there is little standardization across MCPs for how various types of edits and returns are handled.

Accuracy rates varied, and MCPs reported the accuracy rates in differing ways. Some MCPs reported both financial and administrative accuracy to reflect the accuracy of claim or encounter processing. Of those MCPs reporting both rates, the administrative accuracy tended to be slightly higher than the financial accuracy rate, although most rates for both metrics were substantively close to 100 percent.

The Roadmaps indicate that almost all pharmacy claims are submitted electronically. Nonetheless, the processing times and benchmarking metrics vary substantially across MCPs. Policies also vary for processing late pharmacy claims, and at least one MCP applies a penalty that increases with time.

The use of internally developed codes can be an issue for data aggregation at the state level. The Roadmap traces the extent to which the MCPs use internally developed codes. Although most MCPs use some internal codes, the percentage of such codes is generally small, often ranging between 0 and 2 percent.

Questionnaire

The questionnaire contains information pertaining to three subsections: Submitting Encounter Data to the DHCS, Handling Submission Information from the DHCS, and Encounter Data Submission from Capitated Providers. Each of these sections is tailored to extract policy-relevant information on the MCPs' policies and procedures that transform the results of their claims and encounter data collection into the format and delivery schedule required by DHCS.

Submitting Encounter Data to DHCS

The questionnaire contains 10 items to assess each MCP's submission of encounter data to DHCS. The questionnaire includes open-ended questions designed to obtain information on data preparation, numbers of staff and responsibilities, the data warehouse, monthly encounter submissions, validation procedures for duplicates and missing records, data manipulation, handling of unique identifiers, quality control procedures for relevant issues, backup protocol for the monthly submission, and challenges faced in submitting data to DHCS.

The MCPs' responses to the questionnaire showed that although the majority of MCPs submitted their encounter data files monthly, other schedules were also used, including semi-monthly updates. The level of detail given to data validation varied widely among the MCPs. All MCPs indicated the existence of validation procedures, and some indicated including the use of the transmission log and/or final adjudication log.

The processes used by the MCPs seem designed to avoid data manipulation whenever possible. Nonetheless, processes and procedures were often specified for quality control metrics and data backups, but they were not specified nearly as often for issues such as data cleaning (e.g., rubrics, methods). Of all the challenges the MCPs faced, one of the major challenges they reported is the need to map internal, inconsistent, or incorrect codes to those accepted by DHCS.

Handling Submission Information from DHCS

The questionnaire contains eight items to assess each MCP's handling of submission information from DHCS. The questionnaire includes open-ended questions designed to obtain information on the types of feedback and/or information received from DHCS, the numbers of staff responsible for various related tasks, feedback and related information storage, handling of rejected encounters, policies for processing and/or resubmitting encounters, estimates of the volume of

rejected encounters, retrospective adjustments, and the challenges faced in handling submission information from DHCS.

After the encounters are submitted to DHCS, each MCP receives a transmittal report and a summary of any errors from the transmission. From that point forward, processes, procedures, and time frames for handling the information differ across MCPs. Many of the MCPs stored the error reports for future reference, as needed. Many of the MCPs reported fractional or otherwise very low percentages for encounter submissions initially rejected by DHCS.

The challenges faced by the MCPs in handling submission information generally surround the issue of translating MCP-specific information into the format and delivery schedule required by DHCS. For example, if an improper code was used, the MCP needed to track down all sources of the code so that appropriate edits could be put in place to ensure that the same error did not reoccur. Due to each MCP having its own processes and procedures for acquiring data from its facilities and providers, each MCP has its own unique set of challenges for handing submission information from DHCS.

Encounter Data Submission from Capitated Providers

The questionnaire contains six items to assess each MCP's handling of encounter data submissions from capitated providers. The questionnaire includes open-ended questions designed to obtain information on the MCPs' monthly claims volumes, provider timeliness, average capitated provider and fee-for-service encounter volume, strategic motivators for providers to submit timely, challenges obtaining encounter data from capitated providers, and steps used to monitor and ensure timely and valid encounter data from these providers.

The monthly claims volumes varied widely across MCPs, as did average correction times. In many cases, errors are handled manually and most often do not form a sufficient pattern for overall quality improvement methods, although edits and changes to edits are implemented as indicated on a case-by-case basis at several MCPs.

Ensuring timeliness is a substantive challenge for most MCPs, although not all MCPs reported challenges for encounter data submission from capitated providers. Most MCPs reported that, as an incentive, timeliness is tied to provider compensation. Nonetheless, the effectiveness of this incentive was not discussed in detail by any MCP. Providers' proprietary data formats are also a challenge for some of the MCPs, again, highlighting the difficultly seen by MCPs for mapping internal systems and codes to those required for transmission to DHCS.

Data Overview

Table 4.1 shows the differences in the record counts and distribution by claim type between the data submitted to HSAG by all of the MCPs (MCPs' Data) and DHCS's data.

Table 4.1—Encounter Volume for All MCPs

Claim Type	MCPs' Data		DHCS's Data	
	Record Count	Percentage	Record Count	Percentage
Medical/Outpatient	71,583,031	63.3%	76,756,485	64.4%
Hospital/Inpatient	4,432,461	3.9%	4,478,072	3.8%
Pharmacy	36,943,683	32.7%	37,840,705	31.7%
LTC	181,557	0.2%	195,374	0.2%
Total	**113,140,732**	**100.0%***	**119,270,636**	**100.0%***

*Please note that the sum of the percentages for all four claim types does not equal 100.0 percent due to rounding.

Overall, all of the MCPs' data and DHCS's data had similar volumes by claim type. For both data sources, the percentages of Medical/Outpatient, Hospital/Inpatient, Pharmacy, and LTC records were approximately 64 percent, 4 percent, 32 percent, and 0 percent, respectively. The record counts for the Medical/Outpatient claim type had the largest discrepancy, with more than 5 million additional records in DHCS's data.

Although the total encounter volume for all MCPs was similar to DHCS's data, the record counts from the two sources differed considerably for certain claim types and certain MCPs. Table 4.2 shows the record counts for DHCS's data as well as the relative percent difference of the MCP's record count compared to DHCS's record count by claim type for each MCP. The relative percent difference was calculated using the following formula for each MCP and claim type:

([MCP's record count]-[DHCS's record count])/[DHCS's record count]

For example, DHCS's Medical/Outpatient data contain 1,883,255 records for AAH. The Medical/Outpatient data AAH submitted to HSAG for this EDV study contained 2,009,223 records. Therefore, the relative percent difference was calculated as follows: (2,009,223-1,883,255)/1,883,255, which calculates a rate of 6.7 percent as displayed in Table 4.2. A positive relative percentage indicates that the MCP's record count is higher than DHCS's record count, while a negative relative percentage indicates that the MCP's record count is lower than DHCS's record count. Additionally, a larger absolute value of the relative percentage means a bigger relative difference between the MCP's record count and DHCS's record count, which would lead to a poor record completeness result in Table 4.6 and Table 4.7.

Table 4.2—Encounter Volume by MCP

MCP	Medical/ Outpatient		Hospital/ Inpatient		Pharmacy		LTC	
	DHCS's Record Count	Relative Percent Difference	DHCS's Record Count	Relative Percent Difference	DHCS's Record Count	Relative Percent Difference	DHCS's Record Count	Relative Percent Difference*
AAH	1,883,255	6.7%	70,330	27.5%	1,180,558	0.8%		
AHF	26,383	9.7%			44,646	-7.9%		
Anthem*	5,049,142	-0.6%	204,146	2.4%	2,711,264	4.5%		
CCAH	3,441,431	2.1%	385,050	5.2%	1,723,316	2.0%		
CCHP	1,392,555	-56.0%	53,839	-40.9%	414,742	22.5%		
CHG	843,788	-62.0%	87,498	-96.1%	893,285	161.8%		
CalOptima	7,838,180	-15.1%	319,513	21.2%	8,073,078	-58.7%	189,346	-8.1%
CalViva*	3,182,057	-1.7%	173,784	-0.1%	548,371	0.2%	156	16.0%
Care1st	202,247	26.0%	16,966	6.6%	99,670	0.0%	43	55.8%
CenCal	1,878,172	24.8%	143,472	19.1%	773,983	6.6%		
HPSJ	1,448,914	18.3%	76,608	24.5%	824,843	19.0%		
HPSM	2,228,319	0.5%	160,100	1.7%	706,994	0.0%		
Health Net	12,902,368	-10.2%	771,432	8.1%	4,697,014	4.9%	993	30.8%
IEHP	10,053,494	-25.8%	632,505	-32.5%	3,306,040	-1.2%		
KFHC	1,942,631	-4.2%	101,355	18.8%	757,854	10.9%		
Kaiser– Sacramento County	498,937	7.3%	2,293	18.9%	214,891	17.5%	108	285.2%
Kaiser–San Diego County	256,079	24.5%	1,078	123.7%	125,987	12.8%	240	83.3%
L.A. Care	13,759,618	2.7%	704,166	-0.6%	6,347,360	1.9%	2,026	1.0%
Molina	2,217,037	-2.5%	156,266	-6.1%	1,353,655	11.6%		
Partnership	2,815,043	0.5%	294,213	8.4%	1,504,839	72.9%		
SCAN	435,614	-1.1%	30,093	5.3%	522,378	-1.3%	1,066	3.4%
SCFHP	1,601,740	2.5%	63,215	13.2%	683,735	42.7%		
SFHP	859,481	-9.3%	30,150	0.1%	332,202	-15.5%	1,396	36.2%

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

*Anthem began providing services to Medi-Cal beneficiaries in Kings and Madera counties on March 1, 2011. Additionally, CalViva began providing services to Medi-Cal beneficiaries in Fresno, Kings, and Madera counties on March 1, 2011. This study included all encounters with dates of service between July 1, 2010, and June 30, 2011, and submitted to DHCS on or before October 31, 2012. Therefore, the encounter volume displayed in the table for these MCP counties represented approximately one-third of the yearly services.

Although Table 4.2 shows a Medical/Outpatient claim type, the DHCS data did not contain Outpatient records, as identified by *Claim Type* of "1" (Outpatient), for CCHP, CHG, Care1st, and SCAN.

For this study, HSAG included the full adjustment history of records, for all of the MCPs, originally sent to DHCS. Therefore, the record counts in Table 4.1 and Table 4.2 may not reflect the true service volume, because both the original and updated records for a service have been included. Table 4.3 displays the percentage of original and adjustment records in the MCP's data and in DHCS's data by claim type for each MCP.

Table 4.3—Adjustment History

MCP	Medical/ Outpatient		Hospital/ Inpatient		Pharmacy		LTC	
	MCP Percent Adjusted Records	DHCS Percent Adjusted Records	MCP Percent Adjusted Records	DHCS Percent Adjusted Records	MCP Percent Adjusted Records	DHCS Percent Adjusted Records	MCP Percent Adjusted Records	DHCS Percent Adjusted Records
AAH	1.0%	0.9%	2.1%	1.8%	12.7%	12.7%		
AHF	0.0%	0.0%			0.0%	0.0%		
Anthem	0.0%	0.0%	0.0%	0.0%	1.4%	1.5%		
CCAH	5.0%	3.4%	23.9%	16.8%	0.3%	3.0%		
CCHP	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%		
CHG	0.0%	0.0%	0.0%	0.0%	0.0%	3.1%		
CalOptima	0.0%	0.7%	0.0%	6.9%	0.0%	63.1%	0.0%	1.9%
CalViva	68.8%	67.6%	70.6%	73.0%	0.0%	0.0%	68.0%	69.2%
Care1st	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
CenCal	4.1%	3.7%	14.7%	14.4%	3.2%	3.5%		
HPSJ	0.5%	0.5%	2.1%	2.5%	0.0%	2.4%		
HPSM	3.3%	3.3%	17.8%	18.3%	13.7%	13.7%		
Health Net	38.0%	41.9%	49.9%	55.7%	0.0%	0.0%	59.4%	63.6%
IEHP	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%		
KFHC	3.3%	4.6%	9.7%	8.3%	2.6%	2.7%		
Kaiser–Sacramento County	2.3%	0.0%	3.4%	0.0%	1.3%	0.0%	14.2%	0.0%
Kaiser–San Diego County	9.2%	0.0%	14.2%	0.0%	8.0%	0.0%	14.5%	0.0%
L.A. Care	0.2%	0.2%	1.2%	1.1%	0.8%	0.8%	3.3%	3.3%
Molina	0.9%	0.1%	5.7%	11.1%	14.4%	0.0%		
Partnership	4.3%	4.1%	28.3%	21.6%	0.0%	3.1%		
SCAN	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
SCFHP	1.7%	1.7%	7.5%	7.9%	13.1%	3.0%		
SFHP	0.0%	0.1%	2.7%	3.6%	0.0%	0.9%	7.9%	10.8%
Statewide Total	**10.1%**	**10.7%**	**18.5%**	**17.9%**	**2.0%**	**14.9%**	**0.7%**	**2.4%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Overall, the majority of MCPs had a low percentage of adjustment records. For CalViva, more than two-thirds of the Medical/Outpatient, Hospital/Inpatient, and LTC records were adjustment records. The high percentages of adjustment records resulted from DHCS requesting CalViva to void and resubmit the majority of original records due to an error in the data element *Adjudication Status Code*. Similarly, Health Net had more than one-third of the Medical/Outpatient, Hospital/Inpatient, and LTC records classified as adjustment records due to the same reason, since Health Net performed the majority of the encounter data activities on behalf of CalViva.

Table 4.3 also shows that the percent of adjustment records were consistent between the MCP's data and DHCS's data for the majority of the MCPs. CalOptima had a large discrepancy in the percent of adjusted records for the Pharmacy claim type, with 0.0 percent of adjustment records in the MCP's data and 63.1 percent of adjustment records in DHCS's data. In response to HSAG's preliminary file review report, CalOptima stated that its pharmacy benefit manager (PBM) originally submitted the encounter files populating the amount paid with an incorrect amount and later voided and corrected these files. CalOptima did not have the data available with the new amount paid and could not submit the data to HSAG because the MCP's relationship with the PBM ended on December 31, 2011. In addition, the Kaiser–Sacramento County LTC records, the Kaiser–San Diego County Hospital/Inpatient and LTC records, and the Molina Pharmacy records each had more than 14 percent of adjustment records, while the respective data in DHCS's data warehouse had 0.0 percent of adjustment records. HSAG could not identify a cause for this discrepancy.

To compare the MCP's data and DHCS's data, HSAG needed to build a comparable match key between the two data sources. For the majority of the MCPs, the *Claim Reference Number (CRN)* or the *Claim Control Number (CCN)* in the MCPs' data was comparable to the *CCN* in DHCS's data. Therefore, HSAG used the *CRN* or *CCN* as the key data element to derive the matching keys for the comparative analysis. Although some of the MCPs and DHCS use different terms to refer to the unique encounter identifier—i.e., *CRN* versus *CCN*—the remaining text of this report uses *CCN* as the term for both data sources. For some of the MCPs, the matching rate was low using *CCN*; therefore, HSAG used the *Client Index Number (CIN)* and the *Header Service From Date*, or *CIN* and *Adjudication Date* as the main data elements to build the match key. Table 4.4 displays the MCP and the claim type that required the data element *CIN* to build the match key for the analysis (denoted by the symbol "X"). The unshaded blank cells in the table indicate that HSAG was able to use the *CCN* as the key data element to derive the matching key.

Table 4.4—Use of Client Index Number in Match Key

MCP	Medical/ Outpatient Uses CIN	Hospital/ Inpatient Uses CIN	Pharmacy Uses CIN	LTC Uses CIN
AAH				
AHF			X	
Anthem				
CCAH			X	
CCHP	X	X	X	
CHG				
CalOptima	X*	X	X	X
CalViva				
Care1st				
CenCal			X	
HPSJ				
HPSM	X*	X*	X*	
Health Net				
IEHP				
KFHC				
Kaiser–Sacramento County				
Kaiser–San Diego County				
L.A. Care				
Molina				
Partnership	X	X	X	
SCAN				
SCFHP	X*	X*	X	
SFHP				

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (*) indicates that the comparative analysis was performed using a two-step process. The *CCN* was used as the main data element for the match key in the first step, and then the *CIN* was used to match records in the second step.

As shown in Table 4.4, eight MCPs required the use of the *CIN* in the match key for at least one claim type due to a low match rate using the *CCN*. The list below presents the reasons (if available) why HSAG needed to use the data element *CIN*.

- For AHF, the matching rate was low when using *CCN* as part of the matching key for the Pharmacy claim type because AHF changed its PBM in January 2011.

- For CCAH, its PBM sends claims directly to DHCS in the NCPDP format. Therefore, the CCNs in the MCP's data were not comparable with the CCNs in DHCS's data.

- For CalOptima, the CCNs were missing for approximately 28 percent of the Medical/Outpatient records, 82 percent of the Hospital/Inpatient records, and nearly 100 percent of the LTC records. All records without CCNs were from CalOptima's fee-for-service (FFS) system. Additionally, CalOptima's data system did not contain values for the data element *CCN* in the Pharmacy data.

- HPSM converted to a new claims payment system effective April 1, 2011. Therefore, the data element *CCN* in the data that HPSM submitted to HSAG and the *CCN* in DHCS's data were not comparable for the entire study period (July 1, 2010–June 30, 2011) for all three claim types. Similarly, SCFHP changed its CCN generation algorithm in December 2010 for the Medical/Outpatient and Hospital/Inpatient records in order to better align with DHCS's requirements. The CCNs generated by the old algorithm were not stored in SCFHP's database. For both HPSM and SCFHP, the comparative analysis was performed in two steps.

- For Partnership, the CCNs for the Medical/Outpatient and Hospital/Inpatient records in the MCP's data system were 12 digits, and the CCNs in DHCS's data were a 2-digit county code (i.e., "48") plus an 11-digit number. The last 11digits of the CCNs in DHCS's data were similar to the 12-digit CCNs in the MCP's data. However, 1 digit in the middle was missing. Partnership's Pharmacy data were from its PBM and Kaiser. The Pharmacy data from Kaiser had CCNs not comparable with DHCS's data. Therefore, HSAG performed the comparative analysis in two steps for Partnership's Pharmacy data.

For all eight of the MCPs, the matching keys using the *CIN* also used other data elements including date of service, adjudication date, CCN line number, and payment fields.

Record Completeness

As described in the methodology section, there are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the MCP's file but not in DHCS's file. A record surplus occurs when a record is present in DHCS's file but not in the MCP's file. HSAG calculates a record omission rate that describes whether DHCS received all the records for services rendered by the MCPs. DHCS's encounter files are considered relatively complete when they have low record omission and surplus rates. An incomplete set of encounter data in DHCS's file may impact the usefulness of the data for rate setting or performance monitoring. The record surplus rate can have an equally significant impact on the data completeness of the file. Since a high surplus rate signifies records that are not corroborated

in the MCP's files, including these records in the rate-setting process may overestimate utilization or costs.

Record Omission and Surplus

Table 4.5 presents the statewide record omission and record surplus rates.

Table 4.5—Statewide Record Omission and Surplus

Claim Type	Record Omission Rate	Record Surplus Rate
Medical/Outpatient	4.1%	10.6%
Hospital/Inpatient	10.1%	11.0%
Pharmacy	13.3%	15.3%
LTC	1.1%	8.1%

The statewide record omission and record surplus rates varied across the four claim types. The LTC claim type had the lowest record omission rate of 1.1 percent, while the Hospital/Inpatient and Pharmacy claim types had record omission rates above 10 percent. In addition, the LTC claim type had the lowest record surplus rate of 8.1 percent, although the statewide record surplus rates for the remaining three claim types were above 10 percent. The Pharmacy claim type had the highest record omission and record surplus rates of 13.3 percent and 15.3 percent, respectively.

Variation by Subgroup

The record omission rates and record surplus rates varied considerably across the MCPs for each of the four claim types. Table 4.6 and Table 4.7 display the MCP-level results by claim type.

Table 4.6—Record Omission and Record Surplus by MCP: Medical/Outpatient and Hospital/Inpatient Claim Types

MCP	Medical/Outpatient		Hospital/Inpatient	
	Record Omission	Record Surplus	Record Omission	Record Surplus
AAH	6.5%	0.2%	24.6%	3.9%
AHF	9.6%	0.8%		
Anthem	0.1%	0.7%	2.3%	0.0%
CCAH	2.8%	0.7%	6.7%	1.8%
CCHP	1.3%	56.5%	6.7%	44.9%
CHG	37.2%	76.1%	9.8%	96.5%
CalOptima	4.8%	19.1%	19.2%	2.1%
CalViva	1.5%	3.1%	9.5%	9.6%
Care1st	20.7%	0.1%	11.9%	6.0%
CenCal	22.4%	3.2%	17.6%	1.8%
HPSJ	20.8%	6.3%	21.3%	2.0%
HPSM	1.1%	0.6%	5.0%	3.4%
Health Net	3.4%	13.2%	13.2%	6.1%
IEHP	0.1%	25.9%	2.7%	34.3%
KFHC	0.7%	4.9%	16.6%	0.9%
Kaiser–Sacramento County	7.0%	0.2%	22.5%	7.8%
Kaiser–San Diego County	19.7%	0.0%	55.4%	0.2%
L.A. Care	2.6%	0.0%	6.1%	6.7%
Molina	2.7%	5.1%	4.9%	10.7%
Partnership	2.8%	2.3%	9.4%	1.8%
SCAN	2.5%	3.5%	8.3%	3.4%
SCFHP	7.3%	5.0%	12.2%	0.6%
SFHP	11.9%	20.1%	17.9%	17.8%
Statewide Total	**4.1%**	**10.6%**	**10.1%**	**11.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

In the Medical/Outpatient claim type, many MCPs had poor record omission or record surplus rates and eight MCPs had both record omission rates and record surplus rates below 5 percent. CHG had a high record omission rate of 37.2 percent due to duplicate records from six CCNs in CHG's data. CCHP, CHG, and IEHP had high Medical/Outpatient record surplus rates ranging from 25.9 percent to 76.1 percent. Details about the record surplus rates for these three MCPs are included below.

◆ IEHP had a record surplus rate of 25.9 percent due to excess CCNs in the DHCS records that could not be matched to the CCNs in IEHP's data. IEHP re-queried its system in November/December 2011 as part of an encounter data cleanup effort. The main cause for the record surplus rate may be that some of the records IEHP sent to DHCS before the system change were not in the file IEHP submitted to HSAG for this study.

◆ CCHP's record surplus rate of 56.5 percent was mainly because the Medical/Outpatient data CCHP submitted to HSAG did not contain records with two particular values of the *Billing/Reporting Provider Number*.

◆ CHG had a record surplus rate of 76.1 percent as the MCP's data only contained records with adjudication dates between January and March 2011, while DHCS's data contained records with adjudication dates between July 2010 and August 2012.

In the Hospital/Inpatient claim type, seven MCPs had record omission rates and record surplus rates below 10 percent. Kaiser–San Diego County had the highest record omission rate of 55.4 percent due to omitted CCNs which were not found in DHCS's data. Of these omitted records, 76.6 percent were adjustment records or records with adjudication dates in specific periods. Again, CCHP, CHG, and IEHP had high record surplus rates ranging from 34.3 percent to 96.5 percent. Details about the Hospital/Inpatient record surplus rates for these three MCPs are included below.

◆ IEHP's record surplus rate was 34.3 percent. The main cause for the record surplus rate may be that some of the records IEHP sent to DHCS before the system change were not in the file IEHP submitted to HSAG for this study.

◆ The record surplus rate of 44.9 percent for CCHP occurred mainly because the Hospital/Inpatient data CCHP submitted to HSAG did not contain records with one particular value of the *Billing/Reporting Provider Number*.

◆ CHG had an extremely poor record surplus rate of 96.5 percent due to the exclusion of records with adjudication dates between September 2010 and July 2011 when preparing data for this EDV study.

Table 4.7—Record Omission and Record Surplus by MCP: Pharmacy and LTC Claim Types

MCP	Pharmacy		LTC	
	Record Omission	Record Surplus	Record Omission	Record Surplus
AAH	0.8%	0.0%		
AHF	0.2%	8.0%		
Anthem	6.5%	2.3%		
CCAH	2.0%	0.0%		
CCHP	36.9%	22.7%		
CHG	67.9%	15.9%		
CalOptima	7.5%	61.8%	0.1%	8.1%
CalViva	0.2%	0.0%	13.8%	0.0%
Care1st	2.9%	2.8%	35.8%	0.0%
CenCal	6.6%	0.4%		
HPSJ	20.0%	4.8%		
HPSM	0.0%	0.0%		
Health Net	4.7%	0.0%	24.2%	0.8%
IEHP	0.1%	1.3%		
KFHC	13.2%	3.8%		
Kaiser–Sacramento County	15.3%	0.5%	74.0%	0.0%
Kaiser–San Diego County	11.4%	0.0%	45.7%	0.4%
L.A. Care	1.8%	0.0%	1.0%	0.0%
Molina	22.6%	13.6%		
Partnership	46.3%	7.2%		
SCAN	2.1%	3.3%	5.6%	2.4%
SCFHP	31.2%	1.8%		
SFHP	5.1%	19.8%	49.9%	31.7%
Statewide Total	**13.3%**	**15.3%**	**1.1%**	**8.1%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

In the Pharmacy claim type, nine MCPs had record omission rates and record surplus rates below 5 percent. However, CCHP, CHG, Partnership, and SCFHP had notably poor record omission rates above 30 percent. Details about the record omission rates for these MCPs are included below.

- There were three primary contributors to SCFHP's record omission rate of 31.2 percent:
  - SCFHP's data contained duplicated records based on the *CIN*, date of service, and payment, whereas DHCS's data would contain only one corresponding record.

- A majority of SCFHP's records with a particular value in the *Referring/Prescribing/Admitting Provider Number* field were omitted from DHCS's data.

- A majority of the adjustment records were omitted from DHCS's data.

◆ CCHP had a record omission rate of 36.9 percent, mainly due to duplicated records (based on CIN, date of service, and payment) in the data CCHP submitted to HSAG.

◆ Partnership had a Pharmacy record omission rate of 46.3 percent due to duplicated records in the MCP's data, and members or their dates of service omitted from DHCS's data.

◆ CHG had a record omission rate of 67.9 percent due to duplicate records containing the same CCN(s) which were omitted from DHCS's data.

CalOptima had a high record surplus rate of 61.8 percent for the Pharmacy claim type because the MCP's data did not contain the adjustment history, while DHCS's data warehouse contained the full adjustment history (see Table 4.3).

In the LTC claim type, Care1st, Kaiser–Sacramento County, Kaiser–San Diego County, and SFHP had notably poor record omission rates above 35 percent, although these results should be interpreted with caution as the number of LTC records omitted was low (less than 1,000 records). Details about the record omission rates for these MCPs are included below.

◆ Care1st's record omission rate of 35.8 percent indicated that only 24 LTC records were omitted from DHCS's data.

◆ SFHP had a record omission rate of 49.9 percent, primarily due to records without CCNs which were not submitted to DHCS since they failed SFHP's internal audit rules for the data quality.

◆ Kaiser–Sacramento County had a high LTC record omission rate of 74.0 percent, although this indicated that only 308 LTC records were omitted from the DHCS data warehouse. The omitted records had a CCN which was not found in DHCS's encounters.

◆ Kaiser–San Diego County had a record omission rate of 45.7 percent, although this indicated that only 201 LTC records were omitted from the DHCS data warehouse due to CCNs which were not found in DHCS's LTC encounters. Of these omitted records, 80.1 percent were adjustment records or records with adjudication dates in specific periods.

SFHP also had a high record surplus rate of 31.7 percent for the LTC claim type. SFHP converted its old data warehouse to a new data warehouse in February/March 2011. The system conversion may be the main contributor to SFHP's high record surplus rates.

Data Element Completeness

Data element completeness measures were based on the number of records that matched in both the DHCS files and the MCP files. Element-level completeness is evaluated based on element omission and element surplus rates. The element omission rate represents the percentage of records with values present in the MCP's submitted files but not in the DHCS data warehouse. The element surplus rate reports the percentage of records with values present in the DHCS data warehouse but not in the MCP's submitted files. The data elements are considered relatively complete when they have low element omission and surplus rates.

Element Omission

Table 4.8 presents the statewide element omission and element surplus results by claim type for each of the key data elements. For DHCS's data, the revenue codes were populated in the *Accommodation Code* or the *Procedure Code* fields. To conduct the comparative analysis for the data element *Revenue Code*, HSAG pulled revenue codes from the appropriate field for DHCS's data. For the MCP's data, HSAG removed the notation "." from the values in the *Primary/Secondary Diagnosis Code* and *Primary/Secondary Surgical Procedure Code* fields if needed or performed some ad hoc manipulations based on communications with the MCPs. For example, the data SFHP submitted to HSAG were missing values for the elements *Header Service From Date* and *Header Service To Date* for all four claim types. SFHP requested that HSAG use the values populated in the data element "DETAIL_FROM_DATE" and "DETAIL_END_DATE," respectively, to fill in the values for the data elements *Header Service From Date* and *Header Service To Date*. Another example includes HSAG adding or removing leading zeroes for certain data elements. In general, HSAG tried not to make any notable manipulation on the data unless the MCPs or DHCS requested them.

Table 4.8—Statewide Element Omission and Element Surplus

Key Data Elements	Medical/ Outpatient		Hospital/ Inpatient		Pharmacy		LTC	
	Omission	Surplus	Omission	Surplus	Omission	Surplus	Omission	Surplus
Billing/Reporting Provider Number	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%
Rendering Provider Number	11.7%	1.0%						
Referring/Prescribing/ Admitting Provider Number	1.2%	2.6%	0.0%	2.6%	0.0%	6.3%	0.0%	0.0%
Provider Type	0.0%	1.3%	0.0%	2.3%	0.0%	7.8%	0.0%	0.0%
Provider Specialty	3.7%	0.3%						

Key Data Elements	Medical/ Outpatient		Hospital/ Inpatient		Pharmacy		LTC	
	Omission	Surplus	Omission	Surplus	Omission	Surplus	Omission	Surplus
Primary Diagnosis Code	0.1%	0.4%	0.0%	0.4%			0.0%	0.0%
Secondary Diagnosis Code	1.4%	0.1%	2.5%	0.7%			0.0%	0.0%
CPT/HCPCS Codes	0.4%	0.0%						
Procedure Code Modifier 1	0.1%	0.1%						
Procedure Code Modifier 2*	0.7%	0.0%						
Procedure Code Modifier 3*	0.0%	0.2%						
Procedure Code Modifier 4*	0.0%	0.0%						
Primary Surgical Procedure Code			1.1%	0.0%				
Secondary Surgical Procedure Code			0.7%	0.0%				
Revenue Code			3.8%	1.8%				
Drug/Medical Supply					1.0%	0.0%		
Header Service From Date	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Header Service To Date	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Note: Gray cells indicate that data elements were not evaluated for certain claim types.

 * This data element is only applicable to the MCPs using the Standard 35C file format.

Overall, the statewide element omission and element surplus rates were below 4 percent for nearly all of the key data elements. However, the statewide element omission rate for the *Rendering Provider Number* data element in the Medical/Outpatient claim type was 11.7 percent, while the statewide element surplus rates for the *Referring/Prescribing/Admitting Provider Number* and *Provider Type* elements in the Pharmacy claim type were 6.3 percent and 7.8 percent, respectively. The key data elements *Primary Diagnosis Code, CPT/HCPCS Codes, Header Service From Date*, and *Header Service To Date* had notable element omission and element surplus rates below 0.5 percent for all applicable claim types because these data elements usually have quality checks associated with them to avoid missing values. The *Billing/Reporting Provider Number* also had element omission and surplus rates of 0.0 percent across the four claim types except for the Pharmacy element surplus rate of 1.6 percent due to the same reason. As for the *Procedure Code Modifier* elements *1* to *4* in the Medical/Outpatient claim type and *Secondary Surgical Procedure Code* in the Hospital/Inpatient claim

type, the low element omission and surplus rates (0.7 percent or less) were due to the high percentages of missing values in both data sources.

Variation by Subgroup

Table 4.9 to Table 4.12 summarize the element omission and element surplus results by claim type for each of the key data elements at the MCP level. In each table, the statewide rate for the key data element, the minimum and maximum MCP element omission and element surplus rates, and the MCPs that had element omission and element surplus rates higher than 5 percent are presented. The notation (-) indicates that all of the MCP rates were 5 percent or lower, which means the variations among the MCPs were small. In order to identify the areas for future improvement, the text under each table provides details for the MCPs with element omission or element surplus rates greater than 5 percent.

Table 4.9—Element Omission and Element Surplus by MCP: Medical/Outpatient Claim Type

Key Data Elements	Element Omission			Element Surplus		
	Statewide Rate	MCP Range	MCP with Rate > 5 Percent	Statewide Rate	MCP Range	MCP with Rate > 5 Percent
Billing/Reporting Provider Number	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.1%	-
Rendering Provider Number	11.7%	0.0%–97.0%	IEHP (97.0%) CCHP (74.8%) Care1st (50.9%) SCAN (34.0%) SFHP (16.4%)	1.0%	0.0%–10.7%	CalOptima (10.7%)
Referring/Prescribing/ Admitting Provider Number	1.2%	0.0%–14.3%	HPSM (14.3%) AHF (12.4%) CalOptima (7.9%)	2.6%	0.0%–99.9%	CCHP (99.9%) HPSJ (74.0%)
Provider Type	0.0%	0.0%–0.0%	-	1.3%	0.0%–46.7%	CenCal (46.7%) SFHP (6.3%)
Provider Specialty	3.7%	0.0%–70.6%	SFHP (70.6%) AAH (53.1%) SCAN (51.3%) HPSJ (38.9%) CCHP (38.6%)	0.3%	0.0%–7.1%	HPSM (7.1%)
Primary Diagnosis Code	0.1%	0.0%–1.2%	-	0.4%	0.0%–4.6%	-
Secondary Diagnosis Code	1.4%	0.0%–48.2%	CenCal (48.2%)	0.1%	0.0%–1.6%	-
CPT/HCPCS Codes	0.4%	0.0%–8.8%	Partnership (8.8%)	0.0%	0.0%–2.7%	-

Key Data Elements	Element Omission			Element Surplus		
	Statewide Rate	MCP Range	MCP with Rate > 5 Percent	Statewide Rate	MCP Range	MCP with Rate > 5 Percent
Procedure Code Modifier 1	0.1%	0.0%–0.8%	-	0.1%	0.0%–1.7%	-
Procedure Code Modifier 2*	0.7%	0.0%–1.3%	-	0.0%	0.0%–0.0%	-
Procedure Code Modifier 3*	0.0%	0.0%–0.1%	-	0.2%	0.0%–0.9%	-
Procedure Code Modifier 4*	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Header Service From Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Header Service To Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-

The notation (-) indicates that all of the MCP rates were 5 percent or lower.

* This data element is only applicable to the MCPs using the Standard 35C file format.

In the Medical/Outpatient claim type, there were small variations across the MCPs for the data elements *Billing/Reporting Provider Number*, *Primary Diagnosis Code*, *Procedure Code Modifier 1 to 4*, *Header Service From Date*, and *Header Service To Date* (refer to Table 4.9). For the remaining data elements, there was at least one MCP with an element omission or surplus rate of 7 percent or higher (i.e., five MCPs had element omission rates above 16 percent for the *Rendering Provider Number* data element, as described below, while all the other MCPs had element omission rates no greater than 5 percent for this data element).

- IEHP and Care1st had an element omission rate of 97.0 percent and 50.9 percent, respectively, for the *Rendering Provider Numbers*. In each MCP's file, the majority of the records had the same values populated for the *Rendering Provider Number* and the *Billing/Reporting Provider Number*.

- CCHP, SCAN, and SFHP had element omission rates of 74.8 percent, 34.0 percent, and 16.4 percent for the *Rendering Provider Number*, respectively, but there were almost no missing values for this data element in each of the MCP's data files. For the records with the *Rendering Provider Number* missing from DHCS's data, the majority contained the provider types "09" (Clinical laboratories) or "16" (Community hospital inpatient) which DHCS does not require the MCPs to populate values for the *Rendering Provider Number*. The system edit from the MCPs or DHCS may have contributed to the element omission. In addition, approximately 86 percent of CCHP's records with the element omission had a *Rendering Provider Number* that was the same as the *Billing/Reporting Provider Number*, which may also explain the element omission.

CalOptima's *Rendering Provider Number* element surplus rate was 10.7 percent. For the records with an element surplus for this data element, approximately 97 percent had provider numbers with a

length of 10 characters. In addition, approximately 62 percent had a provider type with a value of "22" (Physicians Group). It is unclear why DHCS's data had additional provider numbers compared to the MCP's data.

The *Referring/Prescribing/Admitting Provider Number* had element omission rates above 7 percent for three MCPs.

◆ The element omission rate of 14.3 percent in HPSM's data was due to a system change.

◆ For CalOptima's records with the element omissions, it was noted that more than 97 percent had a provider number beginning with "00A" or "00G" and more than 99 percent had the same values in the *Referring/Prescribing/Admitting Provider Number* field as were in the *Rendering Provider Number* field.

◆ For AHF, HSAG did not observe any notable patterns.

CCHP and HPSJ had surplus rates of 99.9 percent and 74.0 percent, respectively, for the *Referring/Prescribing/Admitting Provider Number*, described below.

◆ CCHP's element surplus rate of 99.9 percent was due to invalid *Referring/Prescribing/Admitting Provider Number* values populated in DHCS's data. CCHP stated that the majority of the *Referring/Prescribing/Admitting Provider Number* values were missing from its data warehouse.

◆ For HPSJ, the majority of the *Referring/Prescribing/Admitting Provider Number* values were omitted from the MCP's data; however, nearly all values in the *Referring/Prescribing/Admitting Provider Number* field in DHCS's data were the same as the DHCS values for the *Billing/Reporting Provider Number* and the *Rendering Provider Number*.

For the *Provider Type* surplus, CenCal stated that its data system contained values for this data element, and the high record surplus of 46.7 percent was probably due to an error during the data extraction process for the EDV study. For SFHP, nearly half of the records with element surplus for the *Provider Type* data element had a value of "26" (Physicians) and one-third had a value of "09" (Clinical laboratories) in DHCS's data. In addition, SFHP's element surplus for the *Provider Type* always occurred for the records with a date of service in 2010, which indicates that the cause for the element surplus may be due to the system change in February/March 2011.

A number of MCPs had high element omission rates (38 percent or higher) for the *Provider Specialty* data element. The corresponding records in the MCPs' data contained a number of different *Provider Specialty* codes.

◆ SFHP had the highest element omission rate of 70.6 percent due to a provider specialty of "99" (Unknown) for nearly 99 percent of the values omitted from the DHCS data warehouse.

◆ For the remaining four MCPs, the main contributor to the element omission was a few specific provider specialty codes in each MCP's data. For example, the provider specialty "HO" accounted for 80.9 percent of the *Provider Specialty* element omission for CCHP. In addition, the majority of the records with element omission had provider types such as "09" (Clinical laboratories) or "16" (Community hospital inpatient), for which the provider specialty values are not required based on the Encounter Data Element Dictionary. Therefore, it is possible that a system edit from the MCP or DHCS may have contributed to the element omission.

HPSM had an element surplus rate of 7.1 percent for the *Provider Specialty* data element, and 44 percent of the DHCS records with additional provider specialty information were populated with the code "86."[9]

CenCal had a poor element omission rate of 48.2 percent for the *Secondary Diagnosis Code*. CenCal had additional secondary diagnoses codes in its system and should submit them to DHCS.

For Partnership, the *CPT/HCPCS Codes* had an element omission rate of 8.8 percent. More than 99.9 percent of the records with an element omission for the *CPT/HCPCS Codes* had values beginning with "CH" (e.g., CH01B, CH53A, CH08, CH88A, CH82A) in the MCP's data.

Table 4.10—Element Omission and Element Surplus by MCP: Hospital/Inpatient Claim Type

Key Data Elements	Element Omission			Element Surplus		
	Statewide Rate	MCP Range	MCP with Rate > 5 Percent	Statewide Rate	MCP Range	MCP with Rate > 5 Percent
Billing/Reporting Provider Number	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Referring/Prescribing/Admitting Provider Number	0.0%	0.0%–0.3%	-	2.6%	0.0%–100.0%	CCHP (100.0%) HPSM (37.6%) Partnership (5.3%)
Provider Type	0.0%	0.0%–0.0%	-	2.3%	0.0%–58.8%	CenCal (58.8%) SFHP (27.9%)
Primary Diagnosis Code	0.0%	0.0%–0.0%	-	0.4%	0.0%–10.1%	HPSM (10.1%)
Secondary Diagnosis Code	2.5%	0.0%–71.8%	CenCal (71.8%)	0.7%	0.0%–6.5%	CalOptima (6.5%)
Primary Surgical Procedure Code	1.1%	0.0%–26.8%	HPSM (26.8%)	0.0%	0.0%–1.9%	-
Secondary Surgical Procedure Code	0.7%	0.0%–17.8%	HPSM (17.8%)	0.0%	0.0%–1.5%	-

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[9] Description for the value of "86" was not listed in the document entitled, "Paid Claims and Encounters Standard 35C-File— Data Element Dictionary, Version 1.9" (Revised June 2012), prepared by DHCS's Information Technology Services Division, Medi-Cal Applications Support Section.

Key Data Elements	Element Omission			Element Surplus		
	Statewide Rate	MCP Range	MCP with Rate > 5 Percent	Statewide Rate	MCP Range	MCP with Rate > 5 Percent
Revenue Code	3.8%	0.0%–52.2%	Partnership (52.2%)	1.8%	0.0%–45.2%	HPSM (45.2%)
Header Service From Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Header Service To Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-

The notation (-) indicates that all of the MCP rates were 5 percent or lower.

For the Hospital/Inpatient claim type, there were small variations across the MCPs for the data elements *Billing/Reporting Provider Number*, *Header Service From Date*, and *Header Service To Date* (refer to Table 4.10). For the remaining data elements, there was at least one MCP with an element omission or surplus rate of 5 percent or higher. For example, three MCPs had element surplus rates above 5 percent for the *Referring/Prescribing/Admitting Provider Number* element.

◆ CCHP had an element surplus rate of 100.0 percent. CCHP stated that the values for the *Referring/Prescribing/Admitting Provider Number* were mostly missing in its data warehouse; however, DHCS's data contained values, and nearly 85 percent of the element surplus records had a *Referring/Prescribing/Admitting Provider Number* which was the same as the *Billing/Reporting Provider Number*.

◆ For HPSM, the *Referring/Prescribing/Admitting Provider Number* had an element surplus rate of 37.6 percent. Approximately 25 percent of the records with an element surplus contained one of three particular values.

◆ For Partnership, the data element *Referring/Prescribing/Admitting Provider Number* had an element surplus rate of 5.3 percent. More than 70 percent of the records with an element surplus for the *Referring/Prescribing/Admitting Provider Number* had a value beginning with "FHC" or "GR" in DHCS's data. In addition, more than 98 percent had a *Provider Type* with a value of "16" (Community Hospital Inpatient) listed in DHCS's data.

For the *Provider Type* data element, CenCal had an element surplus rate of 58.8 percent and SFHP had an element surplus rate of 27.9 percent.

◆ CenCal's element surplus was most likely due to an error during CenCal's data extraction process for the EDV study as CenCal stated that its data system contained values for the *Provider Type*.

◆ For SFHP's records with the additional *Provider Type* values in DHCS's data but not in the MCP's data, DHCS's data had a value of "16" (Community Hospital Inpatient) populated for the *Provider Type* field.

HPSM had an element surplus rate of 10.1 percent for the *Primary Diagnosis Code* data element, and more than 50 percent of the records with an element surplus were populated with the values "486" (pneumonia, organism unspecified), "318" (other specified mental retardation), or "319" (unspecified mental retardation).

The key data element *Secondary Diagnosis Code* had an element omission rate of 71.8 percent for CenCal and an element surplus rate of 6.5 percent for CalOptima. For CenCal, more than 95 percent of DHCS's Hospital/Inpatient records were missing values for the *Secondary Diagnosis Code*. It seems that CenCal had additional secondary diagnosis codes in its system and should have submitted them to DHCS. For CalOptima, it was noted that approximately 87 percent of the records with an element surplus had a secondary diagnosis code which was the same as the primary diagnosis code in DHCS's data.

HPSM had element omission rates of 26.8 percent and 17.8 percent for the data elements *Primary Surgical Procedure Code* and *Secondary Surgical Procedure Code*, respectively. Of the records with omitted *Primary Surgical Procedure Codes*, nearly 15 percent were populated as "73.59" (other manually assisted delivery) and 10 percent were populated as "74.1" (low cervical cesarean section) in the MCP's data. In addition, nearly 95 percent of DHCS's Hospital/Inpatient records were missing values for the data element *Primary Surgical Procedure Code*. Of the records with omitted *Secondary Surgical Procedure Codes*, approximately 25 percent had a code of "75.69" (repair of other current obstetric laceration), "99.04" (transfusion of packed cells), or "75.34" (other fetal monitoring) in the MCP's data. There were no values populated for the *Secondary Surgical Procedure Code* field in DHCS's Hospital/Inpatient data. For both the *Primary Surgical Procedure Code* and *Secondary Surgical Procedure Code* data elements, it appears that DHCS's data were missing values for HPSM.

The *Revenue Code* data element had an element omission rate of 52.2 percent for Partnership. Approximately 86 percent of the element omission records had a value of "LT01" listed in the MCP's data, and all remaining records except one had a value that started with "LT" (e.g., LT61, LT62, LT02). HPSM had an element surplus rate of 45.2 percent for the *Revenue Code* with nearly 80 percent of the element surplus records populated with the value of "001" and with more than 10 percent populated with the value of "061" in DHCS's data. It appears that "001" and "061" were the LTC accommodation codes with a leading zero.

Table 4.11—Element Omission and Element Surplus by MCP: Pharmacy Claim Type

Key Data Elements	Element Omission			Element Surplus		
	Statewide Rate	MCP Range	MCP With Rate > 5 Percent	Statewide Rate	MCP Range	MCP With Rate > 5 Percent
Billing/Reporting Provider Number	0.0%	0.0%–0.0%	-	1.6%	0.0%–100.0%	CCHP (100.0%) Partnership (14.1%)
Referring/Prescribing/ Admitting Provider Number	0.0%	0.0%–1.2%	-	6.3%	0.0%–97.6%	CCAH (97.6%) HPSM (21.7%) Partnership (14.1%)
Provider Type	0.0%	0.0%–0.0%	-	7.8%	0.0%–100.0%	CCHP (100.0%) Partnership (100.0%) CenCal (99.9%)
Drug/Medical Supply	1.0%	0.0%–21.1%	KFHC (21.1%) Kaiser–San Diego County (13.3%) Kaiser–Sacramento County (8.1%) SCAN (7.8%)	0.0%	0.0%–0.0%	-
Header Service From Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Header Service To Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-

The notation (-) indicates that all of the MCP rates were 5 percent or lower.

The Pharmacy records had notable element surplus rates for a number of MCPs for the data elements *Billing/Reporting Provider Number*, *Referring/Prescribing/Admitting Provider Number*, and *Provider Type* as well as notable element omission rates for the data element *Drug/Medical Supply*. For the *Billing/Reporting Provider Number* data element, CCHP had an element surplus rate of 100.0 percent and Partnership had an element surplus rate of 14.1 percent.

◆ CCHP stated that the values for the *Billing/Reporting Provider Number* were not available for the Pharmacy data in its data warehouse, although all records with element surplus had a seven-digit *Billing/Reporting Provider Number* in DHCS's data.

◆ More than 99.9 percent of Partnership's records with element surplus had one particular value for the *Billing/Reporting Provider Number* listed in the DHCS file. However, this billing/reporting provider number was not listed in the MCP's Pharmacy data.

The *Referring/Prescribing/Admitting Provider Number* had element surplus rates between 14.1 percent and 97.6 percent for three MCPs.

◆ CCAH had the highest element surplus rate because it did not receive the *Referring/Prescribing/Admitting Provider Number* information from its PBM.

◆ HPSM had an element surplus rate of 21.7 percent. Of the surplus values for this data element, nearly 10 percent were due to one particular value of the provider number.

◆ Partnership had a *Referring/Prescribing/Admitting Provider Number* element surplus rate of 14.1 percent. Approximately 95 percent of the records with an element surplus for this data element had one of four particular values listed in DHCS's data; and none of these provider numbers were present in the MCP's data.

The *Provider Type* data element had element surplus rates of 99.9 percent or higher for CenCal, Partnership, and CCHP.

◆ CenCal stated that its data system contained values for the *Provider Type* data element, so the high element surplus rate was likely due to an error during CenCal's data extraction process.

◆ For Partnership, there were no values listed in the data it submitted to HSAG. However, in DHCS's data, all matched records had a value of "24" (Pharmacies/Pharmacist).

◆ CCHP stated that the *Provider Type* information is not available in its data warehouse, although DHCS's data contained the value of "24" (Pharmacies/Pharmacist) for all records with element surplus.

The key data element *Drug/Medical Supply* had element omission rates above 5 percent for four MCPs, with rates ranging from 7.8 to 21.1 percent. The element omission for KFHC, Kaiser–San Diego County, Kaiser–Sacramento County, and SCAN were primarily due to the additional value of "9999MZZ" populated in the MCP's data but omitted from DHCS's data. Based on the Encounter Data Element Dictionary, the value "9999MZZ" is for a medical supply.

Table 4.12—Element Omission and Element Surplus by MCP: LTC Claim Type

Key Data Elements	Element Omission			Element Surplus		
	Statewide Rate	MCP Range	MCP with Rate > 5 Percent	Statewide Rate	MCP Range	MCP with Rate > 5 Percent
Billing/Reporting Provider Number	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Referring/Prescribing/ Admitting Provider Number	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Provider Type	0.0%	0.0%–0.0%	-	0.0%	0.0%–4.2%	-
Primary Diagnosis Code	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Secondary Diagnosis Code	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Header Service From Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-
Header Service To Date	0.0%	0.0%–0.0%	-	0.0%	0.0%–0.0%	-

The notation (-) indicates that all of the MCP rates were 5 percent or lower.

The MCPs with LTC records had small variations, with element omission and element surplus rates less than 4.3 percent for all key data elements.

Supplemental Information

For records that matched in both DHCS's files and the MCP's files, the previous sections displayed the percentages of records with values missing from one, and only one, of the data sources, i.e., element omission or surplus rates. For certain data elements, the low element omission or surplus rates may be due to values absent in both data sources. Table 4.13 provides supplemental information on the percentage of records with values absent in both data sources. Additionally, records with values absent from both data sources will not be in the denominator for the element accuracy rates presented in the next section.

Table 4.13—Statewide Element Absence

Key Data Elements	Medical/ Outpatient	Hospital/ Inpatient	Pharmacy	LTC
Billing/Reporting Provider Number	0.0%	0.0%	0.0%	0.0%
Rendering Provider Number	30.8%			
Referring/Prescribing/Admitting Provider Number	75.4%	7.7%	0.2%	0.3%
Provider Type	0.0%	0.0%	0.0%	0.0%
Provider Specialty	34.5%			
Primary Diagnosis Code	0.4%	0.0%		0.0%
Secondary Diagnosis Code	61.3%	16.7%		78.7%
CPT/HCPCS Codes	0.0%			
Procedure Code Modifier 1	72.5%			
Procedure Code Modifier 2*	98.5%			
Procedure Code Modifier 3*	99.7%			
Procedure Code Modifier 4*	100.0%			
Primary Surgical Procedure Code		52.5%		
Secondary Surgical Procedure Code		72.2%		
Revenue Code		2.9%		
Drug/Medical Supply			0.0%	
Header Service From Date	0.0%	0.0%	0.0%	0.0%
Header Service To Date	0.0%	0.0%	0.0%	0.0%

Note: Gray cells indicate that data elements were not evaluated for certain claim types.

* This data element is only applicable to the MCPs using the Standard 35C file format.

For the Medical/Outpatient claim type, a number of key data elements had missing values in both the MCP and the DHCS data files, and the variations among the MCPs were considerably wide for some of them. The list below provides more details.

◆ The data elements *Procedure Code Modifier 2*, *Procedure Code Modifier 3*, and *Procedure Code Modifier 4* had element absence rates above 98 percent. Of the four MCPs with the 35C file format, all had element absence rates above 98 percent for each of the key data elements *Procedure Code Modifier 2* to *4*.

◆ The *Referring/Prescribing/Admitting Provider Number* had a statewide element absence rate of 75.4 percent for the Medical/Outpatient claim type with eight MCPs missing more than 95 percent of the *Referring/Prescribing/Admitting Provider Number* values in both data sources and two MCPs having absence rates of 0.0 percent.

◆ The data element *Procedure Code Modifier 1* had a statewide element absence rate of 72.5 percent. All of the MCPs were missing values between 49.0 percent and 100.0 percent.

◆ The key data element *Secondary Diagnosis Code* had a statewide element absence rate of 61.3 percent, with the MCP rates ranging between 30.5 percent and 79.5 percent.

◆ The key data element *Provider Specialty* had a statewide element absence rate of 34.5 percent, with seven MCPs having absence rates of 0.0 percent. The highest element absence rate across the MCPs was 64.6 percent for this data element.

◆ The key data element *Rendering Provider Number* had a statewide element absence rate of 30.8 percent, with two MCPs missing more than 99 percent of the *Rendering Provider Number* values in both data sources and 11 MCPs having element absence rates of 5 percent or less.

The Hospital/Inpatient claim type also had two data elements with relatively high percentages of values missing from both data sources, and the variation across the MCPs was wide. The *Secondary Surgical Procedure Code* had a statewide absence rate of 72.2 percent, with five MCPs missing more than 99 percent of *Secondary Surgical Procedure Code* values in both data sources. The lowest element absence rate among the MCPs was 52.5 percent for this data element. The *Primary Surgical Procedure Code* had a statewide absence rate of 52.5 percent. Most of the MCPs had absence rates ranging from 27.1 percent to 68.3 percent for this data element, although five MCPs had rates exceeding 99 percent. The statewide element absence rate for *Secondary Diagnosis Code* was relatively low (16.7 percent); most MCPs had absence rates ranging from 1.7 percent to 44.0 percent, with one MCP having an absence rate of 100.0 percent.

For the Pharmacy claim type, all key data elements had statewide element absence rates less than 1 percent.

For the LTC claim type, all statewide element absence rates were less than 1 percent, with the exception of the absence rate of 78.7 percent for the *Secondary Diagnosis Code*. The applicable MCPs had varying absence rates for the *Secondary Diagnosis Code,* with the lowest absence rate of 6.6 percent and two MCPs with rates above 97 percent.

Data Element Accuracy

Element-level accuracy is limited to those records present in both data sources and with values present in both data sources. The denominator is the number of records present in both data sources and with values present in both data sources. Since the records with values missing from both data sources were not included in the denominator, the denominator for each data element may be different within one claim type. The numerator is the number of records with the same non-missing values for a data element. Higher data element accuracy rates indicate that the values populated for a data element in the DHCS data warehouse are more accurate. Table 4.14 presents the statewide data element accuracy rates stratified by claim type.

Element Accuracy

Table 4.14—Statewide Data Element Accuracy

Key Data Elements	Medical/ Outpatient	Hospital/ Inpatient	Pharmacy	LTC
Billing/Reporting Provider Number	90.4%	87.9%	91.7%	40.6%
Rendering Provider Number	95.5%			
Referring/Prescribing/Admitting Provider Number	95.6%	91.1%	91.0%	74.4%
Provider Type	94.5%	87.2%	99.6%	99.4%
Provider Specialty	94.7%			
Primary Diagnosis Code	97.1%	96.0%		100.0%
Secondary Diagnosis Code	99.8%	98.7%		100.0%
CPT/HCPCS Codes	96.7%			
Procedure Code Modifier 1	99.9%			
Procedure Code Modifier 2*	80.8%			
Procedure Code Modifier 3*	96.5%			
Procedure Code Modifier 4*	97.9%			
Primary Surgical Procedure Code		99.9%		
Secondary Surgical Procedure Code		100.0%		
Revenue Code		95.1%		
Drug/Medical Supply			99.9%	
Header Service From Date	99.6%	100.0%	100.0%	100.0%
Header Service To Date	99.5%	99.9%	100.0%	100.0%

Note: Gray cells indicate that data elements were not evaluated for certain claim types.

* This data element is only applicable to the MCPs using the Standard 35C file format.

Overall, the lowest statewide element accuracy rate was 40.6 percent for the *Billing/Reporting Provider Number* in the LTC claim type. This data element also had element accuracy rates that fell below 95 percent for the Medical/Outpatient, Hospital/Inpatient, and Pharmacy claim types. The element accuracy rates for the *Referring/Prescribing/Admitting Provider Number* for the Hospital/Inpatient, Pharmacy, and LTC claim types were lower with rates of 91.1 percent, 91.0 percent, and 74.4 percent, respectively. The *Provider Type* and *Provider Specialty* fields in the Medical/Outpatient claim type had statewide element accuracy rates that fell slightly below 95 percent, while the *Provider Type* field in the Hospital/Inpatient claim type had an accuracy rate of 87.2 percent. The *Procedure Code Modifier 2* had a lower element accuracy rate of 80.8 percent. The data elements *Procedure Code Modifier 1*, *Primary Surgical Procedure Code*, *Secondary Surgical Procedure Code*, *Drug/Medical Supply*, *Header Service From Date*, and *Header Service To Date* had exceptional element accuracy rates exceeding 99 percent across all applicable claim types.

Variation by Subgroup

Table 4.15 to Table 4.19 summarize the element accuracy results by claim type for each of the key data elements at the MCP level. In each table, the statewide rate for the key data element, the minimum and maximum MCP element accuracy rates, and the MCPs with element accuracy rates lower than 95 percent are presented. The notation (-) indicates that all of the MCP rates were at least 95 percent, which means the variations among the MCPs were small. To identify the areas for future improvement, the text under each table provides details for the MCPs with element accuracy rates less than 95 percent.

Table 4.15—Element Accuracy by MCP: Medical/Outpatient Claim Type

Key Data Elements	Statewide Rate	MCP Range	MCPs with Rate < 95 Percent
Billing/Reporting Provider Number	90.4%	31.6%–100.0%	CalOptima (31.6%) HPSJ (51.1%) AHF (52.4%) CCAH (77.0%) CCHP (94.3%) Partnership (94.5%)
Rendering Provider Number	95.5%	0.0%–100.0%	IEHP (0.0%) HPSJ (51.3%) CalOptima (54.1%) Molina (83.4%) SFHP (94.0%)
Referring/Prescribing/Admitting Provider Number	95.6%	4.7%–100.0%	Partnership (4.7%) HPSJ (11.5%) HPSM (90.8%) SCFHP (94.6%)

Key Data Elements	Statewide Rate	MCP Range	MCPs with Rate < 95 Percent
Provider Type	94.5%	8.6%–100.0%	CenCal (8.6%) HPSJ (54.0%) Molina (76.9%) SCFHP (78.8%) Partnership (79.4%) CCHP (82.2%) CalOptima (92.1%) HPSM (93.1%)
Provider Specialty	94.7%	38.4%–100.0%	Partnership (38.4%) CCHP (64.4%) SFHP (83.4%) HPSM (89.8%) AAH (93.5%)
Primary Diagnosis Code	97.1%	1.6%–100.0%	CenCal (1.6%)
Secondary Diagnosis Code	99.8%	97.8%–100.0%	-
CPT/HCPCS Codes	96.7%	80.1%–100.0%	CalOptima (80.1%) HPSM (81.7%) HPSJ (81.8%) CenCal (93.0%)
Procedure Code Modifier 1	99.9%	98.8%–100.0%	-
Procedure Code Modifier 2*	80.8%	5.6%–100.0%	CenCal (5.6%)
Procedure Code Modifier 3*	96.5%	17.5%–100.0%	CenCal (17.5%)
Procedure Code Modifier 4*	97.9%	6.7%–100.0%	CenCal (6.7%)
Header Service From Date	99.6%	95.3%–100.0%	-
Header Service To Date	99.5%	89.5%–100.0%	CenCal (89.5%)

The notation (-) indicates that all of the MCP rates were 95 percent or higher.

* This data element is only applicable to the MCPs using the Standard 35C file format.

For the Medical/Outpatient claim type, issues with the *Billing/Reporting Provider Number* accuracy varied for each MCP.

◆ CalOptima had an accuracy rate of 31.6 percent as CalOptima submitted Medi-Cal legacy provider identification numbers or "homegrown" provider numbers created in CalOptima's claim system to DHCS, while CalOptima submitted 10-digit national provider identifiers (NPIs) to HSAG for the EDV study.

◆ HPSJ had an element accuracy rate of 51.1 percent as 96 percent of the records with inaccuracy in the *Billing/Reporting Provider Numbers* began with a "V" in HPSJ's file and with a "G" or "0" in the DHCS file.

◆ AHF had an accuracy rate of 52.4 percent and the inaccuracy was also from differing types of provider numbers. The *Billing/Reporting Provider Numbers* submitted to HSAG by AHF typically had lengths of 6, 7, or 10 characters, while nearly half of the values in the DHCS data had 9

characters. AHF stated that it had a procedure which attempted to pull the most current provider number at the time of the data pull, which may have differed from the time the data were submitted to DHCS to the time the data were submitted to HSAG because the provider data changes over time.

- CCAH had an accuracy rate of 77.0 percent for this data element. Of the records without matching *Billing/Reporting Provider Numbers*, more than 86 percent contained a Medi-Cal legacy provider number in DHCS's data and an NPI in the MCP's data. CCAH indicated that the inaccuracy was because CCAH changed how it reported this data element in January 2012.

- CCHP had an accuracy rate of 94.3 percent. Approximately 83 percent of the mismatched values were attributable to two pairs of provider numbers.

- Partnership had an accuracy rate of 94.5 percent, and HSAG did not observe any notable patterns.

Similarly, some of the inaccuracies for the *Rendering Provider Number* data element were due to differing types of provider numbers populated in the DHCS and the MCP data files. While IEHP had the lowest accuracy rate of 0.0 percent, the denominator (the number of records with values present in both files) was only 10 records, so the *Rendering Provider Number* accuracy rate for IEHP should be interpreted with caution.

- HPSJ had an accuracy rate of 51.3 percent for the *Rendering Provider Number* field. The *Rendering Provider Number* primarily had a length of six characters in DHCS's data and a length of eight characters in HPSJ's data, which may have been due to internal code changes or database modifications as HPSJ stated that it extracted the data for the EDV study in the same way the data were extracted for submission to DHCS.

- CalOptima had an accuracy rate of 54.1 percent. For 94.3 percent of the records with different values in this data element, the MCP's data had 9-digit provider numbers and DHCS's data had 10-digit provider numbers. In addition, this field generally had the same values as the *Referring/Prescribing/Admitting Provider Number* in CalOptima's data and generally had the same values as the *Billing/Reporting Provider Number* in DHCS's data.

- Molina had an accuracy rate of 83.4 percent. The inaccuracy did not appear to be from different types of provider numbers. Additionally, approximately 56 percent of the inaccuracies for the *Rendering Provider Number* were from the records with a provider type of "15" (Community Hospital Outpatient Departments).

- SFHP had an accuracy rate of 94.0 percent for the data element *Rendering Provider Number* due to different types of provider numbers from the two data sources.

Partnership and HPSJ had the lowest accuracy rates for the *Referring/Prescribing/Admitting Provider Number* field, with data element accuracy rates of 4.7 percent and 11.5 percent, respectively.

◆ Partnership's *Referring/Prescribing/Admitting Provider Number* appeared to be populated with different types of provider numbers for all the records with differing values in the Partnership and DHCS data files.

◆ Approximately one-third of HPSJ's records with differing *Referring/Prescribing/Admitting Provider Number* values were due to provider numbers with different lengths in the two data sources, while two-thirds had provider numbers with the same length but differing values in the two data sources.

◆ HPSM had an accuracy rate of 90.8 percent for the *Referring/Prescribing/Admitting Provider Number*. However, this indicated that only 352 records had non-matching values. The accuracy rate for this data element should be interpreted with caution.

◆ SCFHP had an accuracy rate of 94.6 percent, and HSAG did not observe any notable patterns.

For the *Provider Type* data element, eight MCPs had data element accuracy rates falling below 95 percent due to differing *Provider Type* values between the MCP and DHCS data files.

◆ CenCal had the lowest accuracy rate of 8.6 percent, with most of the mismatched *Provider Type* data having the value "26" (Physicians) in CenCal's Medical/Outpatient file and a value of "02" (Assistive Device and Medical Equipment), "22" (Physicians Group), "35" (Rural Health Clinics and Federally Qualified Health Centers [FQHCs]), or "98" in DHCS's records. CenCal's data also contained *Provider Type* values with letters (i.e. "OM," "OL") which were not found in DHCS's data.

◆ HPSJ, which had an accuracy rate of 54.0 percent, had the value "22" (Physicians Group) in HPSJ's file and the values "16" (Community Hospital Inpatient) or "09" (Clinical Laboratories) in the DHCS file.

◆ Molina had an element accuracy rate of 76.9 percent, and approximately 86 percent of the inaccuracies were due to the value "27" (Podiatrists) in Molina's data and a value of "10" (Group Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner) in DHCS's data file.

◆ SCFHP had an element accuracy rate of 78.8 percent, and the primary differing *Provider Type* values were "26" (Physicians) or "16" (Community Hospital Inpatient) in SCFHP's data and "15" (Community Hospital Outpatient Departments) in DHCS's data.

◆ For Partnership, CCHP, CalOptima, and HPSM, the element accuracy rates ranged between 93.1 percent and 79.4 percent. All four MCPs had inaccuracies in the *Provider Type* data element due to the unmatched values of "16" (Community Hospital Inpatient) and "15" (Community Hospital Outpatient Departments) and/or values of "26" (Physicians) and "22" (Physicians Group).

The MCPs had a number of differing values for the *Provider Specialty* field, with five MCPs having data element accuracy rates falling below 95 percent.

- Partnership had the lowest *Provider Specialty* accuracy rate of 38.4 percent, primarily due to a value of "47" (Miscellaneous) in DHCS's records and a value of "86" in Partnership's corresponding records.

- CCHP had an accuracy rate of 64.4 percent for this data element, with the primary inaccuracies due to a value of "CH" in CCHP's data and a value of "40" (Pediatrics) in DHCS's data as well as a value of "LA" in CCHP's data and a value of "47" (Miscellaneous) in DHCS's data.

- SFHP had an accuracy rate of 83.4 percent. Nearly 90 percent of SFHP's differing *Provider Specialty* values were due to the value of "99" (Unknown) in SFHP's data and "40" (Pediatrics) or "41" (Internal Medicine) for corresponding records in DHCS's data.

- HPSM had an accuracy rate of 89.8 percent. Nearly 32 percent of HPSM's records with different *Provider Specialty* values were due to the value of "86" in the HPSM encounters and a value of "06" (Cardiovascular Disease [MD only]) or "66" (Emergency Medicine [Urgent Care]) in DHCS's data.

- Although AAH had a fair *Provider Specialty* accuracy rate (93.5 percent), differing values were alphanumeric and had a maximum length of three in AAH's data file, compared to the maximum length of two in DHCS's file (i.e., "41F" in AAH's data versus "41" in DHCS's data).

While most MCPs had element accuracy rates higher than 95 percent for the *Primary Diagnosis Code* data element, only CenCal had a low accuracy rate of 1.6 percent as the DHCS data were primarily populated with invalid values such as "12345."

CalOptima, HPSM, and HPSJ had accuracy rates of around 81 percent for the *CPT/HCPCS Codes* element. CenCal had a higher accuracy rate of 93.0 percent for this data element, although it still fell below 95 percent.

- More than 90 percent of CalOptima's records with conflicting values were attributed to a value beginning with the letter "C" (i.e., "C008A") in CalOptima's data and a 5-digit CPT code in DHCS's data (i.e., "85018").

- For HPSM, the relatively low accuracy rate of 81.7 percent for the *CPT/HCPCS Codes* element was due to revenue codes populated in the majority of the DHCS records, while *CPT/HCPCS Codes* were populated in HPSM's data.

- HPSJ's codes consisted of five alphanumeric values with an additional alpha character at the end, while the corresponding DHCS encounter did not contain the additional alpha character (i.e., HPSJ file: "90471A"; DHCS file "90471").

◆ While CenCal had an accuracy rate of 93.0 percent for its *CPT/HCPCS Codes* element, the inaccuracies were mainly caused by a gap in line numbers in CenCal's data, and line numbers without any gaps in DHCS's data, as illustrated in Table 4.16.

Table 4.16—CPT/HCPCS Code Example for CenCal

CCN	MCP's Data		DHCS's Data	
	Line Number	CPT/HCPCS Code	Line Number	CPT/HCPCS Code
9999999999999	Did not exist		1	Z7502
9999999999999	2	Z7502	2	Z7610
9999999999999	3	Z7610	3	80048
9999999999999	4	80048	4	96360
9999999999999	5	96360	5	96361
9999999999999	6	96361	Did not exist	

CenCal had a low accuracy rate of 5.6 percent for the *Procedure Code Modifier 2* key data element as it primarily had a length of one character in DHCS's data and had a length of two characters in CenCal's data. It appeared that the values in the DHCS data were truncated from the values in the MCP's data. CenCal's low accuracy rates of 17.5 percent and 6.7 percent for *Procedure Code Modifier 3* and *Procedure Code Modifier 4*, respectively, should be interpreted with caution as the denominator (the number of records with values present in both files) was much smaller than the denominator of other data elements due to missing values from one or both data sources.

CenCal also had a relatively low element accuracy rate of 89.5 percent for the data element *Header Service To Date*. For CenCal's records with inaccuracies, approximately 60 percent had a difference of 10 days or less, and approximately 99 percent had a difference less than 31 days.

Table 4.17—Element Accuracy by MCP: Hospital/Inpatient Claim Type

Key Data Elements	Statewide Rate	MCP Range	MCP With Rate < 95 Percent
Billing/Reporting Provider Number	87.9%	21.7%–100.0%	CalOptima (21.7%) CCAH (49.2%) SCFHP (91.1%) Kaiser–San Diego County (93.8%)
Referring/Prescribing/Admitting Provider Number	91.1%	1.0%–100.0%	HPSM (1.0%) Partnership (4.2%) CalOptima (46.9%) SCFHP (88.0%)
Provider Type	87.2%	0.0%–100.0%	CenCal (0.0%) HPSJ (0.0%) CalOptima (18.9%) SCFHP (56.6%) Partnership (75.8%) HPSM (91.4%)

Key Data Elements	Statewide Rate	MCP Range	MCP With Rate < 95 Percent
Primary Diagnosis Code	96.0%	2.3%–100.0%	CenCal (2.3%) CalOptima (93.2%)
Secondary Diagnosis Code	98.7%	85.0%–100.0%	CalOptima (85.0%)
Primary Surgical Procedure Code	99.9%	76.9%–100.0%	HPSM (76.9%)
Secondary Surgical Procedure Code	100.0%	99.3%–100.0%	-
Revenue Code	95.1%	25.1%–100.0%	CHG (25.1%) Health Net (82.5%) CalViva (90.3%) CenCal (92.3%) AAH (93.4%) HPSM (94.6%) Molina (94.7%)
Header Service From Date	100.0%	99.7%–100.0%	-
Header Service To Date	99.9%	99.4%–100.0%	-

The notation (-) indicates that all of the MCP rates were 95 percent or higher.

For the Hospital/Inpatient claim type, the lowest accuracy rates for the *Billing/Reporting Provider Number* data element were 21.7 percent and 49.2 percent for CalOptima and CCAH, respectively.

♦ CalOptima's poor accuracy rate for this data element was due to the 10-digit NPIs in CalOptima's data and Medi-Cal legacy provider identification numbers or "homegrown" provider numbers in DHCS's data.

♦ For CCAH, more than 99 percent of the records with mismatched values contained a Medi-Cal provider number in DHCS's data and an NPI in CCAH's data.

♦ SCFHP had an element accuracy rate of 91.1 percent, and HSAG did not observe any notable patterns.

♦ Kaiser–San Diego County had an element accuracy rate of 93.8 percent due to a truncation of the provider number to 10 characters in the DHCS file.

Four MCPs had *Referring/Prescribing/Admitting Provider Number* accuracy rates below 95 percent, with accuracies ranging from 1.0 percent to 88.0 percent.

♦ HPSM and CalOptima, which had accuracy rates of 1.0 percent and 46.9 percent, respectively, primarily had inaccuracies due to truncation of the *Referring/Prescribing/Admitting Provider Number* in the DHCS encounters.

♦ Partnership had a low accuracy rate of 4.2 percent due to different types of provider numbers populated in the two data sources.

◆ Although SCFHP had a fair accuracy rate of 88.0 percent, more than 40 percent of the records with mismatched provider numbers were caused by an invalid value populated in either of the data sources.

For the data element *Provider Type*, six MCPs had accuracy rates below 95 percent, with accuracies ranging from 0.0 percent to 91.4 percent. Issues with *Provider Type* accuracy varied among a number of different provider type codes.

◆ CenCal's poor accuracy rate of 0.0 percent was due to the *Provider Type* value of "26" (Physicians) in CenCal's records and a value of "16" (Community Hospital Inpatient), "02" (Assistive Device and Medical Equipment), or "98"[10] in DHCS's records.

◆ HPSJ also had no matching *Provider Type* values between the two data sources, with nearly 80 percent of the disagreement attributable to a value of "16" (Community Hospital Inpatient) in the DHCS file and a value of "22" (Physicians Group), "26" (Physicians), or "99" (Dentists) in HPSJ's Hospital/Inpatient encounters.

◆ CalOptima and Partnership had an accuracy rate of 18.9 percent and 75.8 percent, respectively. More than 90 percent of records with differing values for CalOptima and Partnership were due to a value of "16" (Community Hospital Inpatient) in DHCS's encounters and a value of "15" (Community Hospital Outpatient Departments) in each MCP's file.

◆ SCFHP's low accuracy rate of 56.6 percent was primarily due to a value of "17" (Certified Long Term Care Facility) in SCFHP's Hospital/Inpatient file and a value of "16" (Community Hospital Inpatient) in DHCS's file.

◆ HPSM had an accuracy rate of 91.4 percent. Approximately 48 percent of HPSM's records with differing values were due to the value of "60" (County Hospital Inpatient) in the DHCS records and "16" (Community Hospital Inpatient) in the corresponding MCP records; and 40.4 percent were due to the value of "0" in the DHCS records and "17" (Long Term Care) in the MCP records.

CenCal had the lowest *Primary Diagnosis Code* accuracy rate of 2.3 percent due to the population of an invalid value "12345" in the DHCS records. Although CalOptima had a higher accuracy rate of 93.2 percent, it was noted that approximately 97 percent of the inaccuracies for this data element had the *Primary Diagnosis Code* in CalOptima's data matching the *Secondary Diagnosis Code* in DHCS's data.

CalOptima is the only MCP with an element accuracy rate below 95 percent for the data element *Secondary Diagnosis Code*. Approximately 99 percent of CalOptima's records with differing values for the *Secondary Diagnosis Code* had the secondary diagnosis codes in DHCS's data matching the primary diagnosis codes in CalOptima's data.

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[10] Description for the value of "98" was not listed in the document entitled, "Paid Claims and Encounters Standard 35C-File—Data Element Dictionary, Version 1.9" (Revised June 2012), prepared by DHCS's Information Technology Services Division, Medi-Cal Applications Support Section.

For the data element *Primary Surgical Procedure Code*, HPSM had an element accuracy rate of 76.9 percent. However, this indicated that only 1,966 records had non-matching values; therefore, caution should be used when interpreting the accuracy rate for this data element. No notable patterns were observed for the non-matching values.

Inaccuracies with the *Revenue Code* for the Hospital/Inpatient claim type were attributed to a few main issues.

- ◆ CHG's low element accuracy rate of 25.1 percent was caused by all of CHG's records having the same revenue code under the same CCN, while DHCS's data had a number of revenue codes for the same CCN. CHG reported that the *Revenue Code* inaccuracy was not reflected in CHG's data system and was likely due to errors that occurred when CHG prepared the encounter data for this EDV study.

- ◆ Health Net and CalViva had element accuracy rates of 82.5 percent and 90.3 percent, respectively, due to a difference in the order that the revenue codes were populated in the two data sources.

- ◆ CenCal and AAH had element accuracy rates of 92.3 percent and 93.4 percent, respectively, primarily due to a gap in line numbers in the respective MCP's data and line numbers without any gaps in DHCS's data. AAH stated that because there were no denials reported in the submitted data, some of the Hospital/Inpatient encounters had gaps between line numbers, which represent denied lines.

- ◆ The majority of the differing *Revenue Code* values for HPSM and Molina displayed a pattern in which the first two digits of the MCP's revenue code matched the last two digits of DHCS's revenue code (i.e., "412" in the MCP file and "041" in the DHCS file).

Table 4.18—Element Accuracy by MCP: Pharmacy Claim Type

Key Data Elements	Statewide Rate	MCP Range	MCP with Rate < 95 Percent
Billing/Reporting Provider Number	91.7%	0.0%–100.0%	HPSJ (0.0%) SCFHP (0.0%) CenCal (0.1%) SFHP (8.6%) Partnership (90.8%)
Referring/Prescribing/Admitting Provider Number	91.0%	7.9%–100.0%	CenCal (7.9%) Partnership (16.2%) HPSM (20.2%) SCFHP (22.8%) CCAH (43.0%) Care1st (91.8%)

Key Data Elements	Statewide Rate	MCP Range	MCP with Rate < 95 Percent
Provider Type	99.6%	68.7%–100.0%	SFHP (68.7%)
Drug/Medical Supply	99.9%	99.0%–100.0%	-
Header Service From Date	100.0%	99.8%–100.0%	-
Header Service To Date	100.0%	99.8%–100.0%	-

The notation (-) indicates that all of the MCP rates were 95 percent or higher.

For the Pharmacy claim type, data elements *Drug/Medical Supply*, *Header Service From Date*, and *Header Service To Date* had minimal MCP-level variations, and the remaining three data elements had accuracy rates that varied across the MCPs as discussed below.

Five MCPs had accuracy rates below 91 percent due to two primary issues for the data element *Billing/Reporting Provider Number*.

♦ HPSJ and SFHP had accuracy rates of 0.0 percent and 8.6 percent, respectively, due to a truncation of the 12-digit *Billing/Reporting Provider Number* in the respective MCP's data to a length of 10 digits in the DHCS data file.

♦ The element inaccuracy for SCFHP, CenCal, and Partnership appeared to result from different types of provider numbers. For SCFHP, the *Billing/Reporting Provider Number* values in DHCS's data were six or seven characters in length, while the values in SCFHP's data were 10 characters in length. The inaccuracy may be because SCFHP's PBM changed the data format in October 2011. CenCal and Partnership primarily had *Billing/Reporting Provider Number* values that were 10 characters in length in DHCS's data and 6 or 7 characters in length in the MCP's data.

Similarly, issues with the *Referring/Prescribing/Admitting Provider Number* appeared to be due to a truncation in the DHCS data file and a difference in the type of provider number.

♦ HPSM had an accuracy rate of 20.2 percent. Of the records with differing provider numbers, 86.7 percent were due to a truncation of the MCP values to 9 digits in the DHCS records.

♦ CenCal, Partnership, and SCFHP all had accuracy rates below 23 percent. CenCal's and Partnership's data contained alphanumeric provider numbers with a length of 9 digits in the respective MCP records and numeric provider numbers with a length of 10 digits in the DHCS records. For SCFHP, the *Referring/Prescribing/Admitting Provider Number* values in DHCS's data were nine characters long, and nearly all values in SCFHP's data were 10 characters long. SCFHP's low accuracy rate may be caused by the data format change from its PBM.

♦ Care1st's accuracy rate of 91.8 percent was due to different types of provider identification numbers populated in both data sources.

♦ Note that CCAH's low accuracy rate of 43.0 percent indicated that only 247 records had mismatched values for this data element and should be interpreted with caution.

SFHP was the only MCP with an accuracy rate that fell below 95 percent for the *Provider Type* data element. The low accuracy rate of 68.7 percent was due to a *Provider Type* of "24" (Pharmacies/Pharmacist) in the DHCS records, while the corresponding records that SFHP submitted to HSAG contained the *Provider Type "*26" (Physicians).

Table 4.19—Element Accuracy by MCP: LTC Claim Type

Key Data Elements	Statewide Rate	MCP Range	MCP with Rate < 95 Percent
Billing/Reporting Provider Number	40.6%	38.7%–100.0%	CalOptima (38.7%) CalViva (89.7%)
Referring/Prescribing/Admitting Provider Number	74.4%	73.7%–100.0%	CalOptima (73.7%) Care1st (90.7%)
Provider Type	99.4%	0.0%–100.0%	SCAN (0.0%)
Primary Diagnosis Code	100.0%	100.0%–100.0 %	-
Secondary Diagnosis Code	100.0%	99.8%–100.0%	-
Header Service From Date	100.0%	100.0%–100.0%	-
Header Service To Date	100.0%	100.0%–100.0%	-

The notation (-) indicates that all of the MCP rates were 95 percent or higher.

In the LTC claim type, CalOptima and CalViva had accuracy rates of 38.7 percent and 89.7 percent, respectively, for the *Billing/Reporting Provider Number* data element. CalOptima's low accuracy rate was due to the use of NPIs in CalOptima's LTC encounters, while the values in DHCS's data were Medi-Cal legacy provider identification numbers or "homegrown" provider numbers. CalViva's discrepancies for this key data element were due to the truncation of the provider numbers to 10 digits in DHCS's data.

CalOptima had the lowest accuracy rate for the *Referring/Prescribing/Admitting Provider Number* (73.7 percent), with nearly 75 percent of the differing records containing an invalid value in CalOptima's data, while DHCS's data contained NPIs. Nearly all the remaining inaccuracies were due to the truncation of the 12-digit provider numbers in CalOptima's data to a length of 10 digits in DHCS's data. Care1st also had inaccuracies in the *Referring/Prescribing/ Admitting Provider Number* due to different types of provider identification numbers populated in both data sources.

SCAN had differing *Provider Type* values for all LTC encounters because all provider types were "24" (Pharmacies/Pharmacist) in SCAN's data, while all provider types were "16" (Community Hospital Inpatient) in the DHCS data file.

All-Element Accuracy

Table 4.20 shows the overall percentage of records present in both data sources with exactly the same values (missing or non-missing) for all key data elements relevant to each claim type. The denominator is the total number of records that matched in both data sources. The numerator is the total number of records with exactly the same values (missing or non-missing) for all key data elements. Higher all-element accuracy rates indicate that the values populated in the DHCS data warehouse are more complete and accurate for all the key data elements.

Table 4.20—Statewide All-Element Accuracy

Claim Type	All-Element Accuracy Rate
Medical/Outpatient	64.0%
Hospital/Inpatient	64.8%
Pharmacy	78.8%
LTC	32.4%

The LTC claim type had the lowest statewide all-element accuracy rate of 32.4 percent. The Medical/Outpatient and Hospital/Inpatient claim types had statewide all-element accuracy rates around 64 percent, and the Pharmacy claim type had the highest all-element accuracy rate of 78.8 percent.

Variation by Subgroup

Table 4.21 presents the all-element accuracy rates relevant to each claim type for each MCP.

Table 4.21—All-Element Accuracy Rate by MCP

MCP	Medical/ Outpatient	Hospital/ Inpatient	Pharmacy	LTC
AAH	43.0%	91.2%	99.2%	
AHF	40.7%		100.0%	
Anthem	95.7%	95.9%	100.0%	
CCAH	72.4%	49.1%	2.1%	
CCHP	0.0%	0.0%	0.0%	
CHG	100.0%	25.1%	99.4%	
CalOptima	12.3%	1.0%	99.7%	31.0%
CalViva	98.6%	90.3%	100.0%	89.7%
Care1st	47.7%	95.9%	91.8%	90.7%
CenCal	0.0%	0.0%	0.1%	
HPSJ	2.1%	0.0%	0.0%	

MCP	Medical/ Outpatient	Hospital/ Inpatient	Pharmacy	LTC
HPSM	40.6%	4.1%	17.7%	
Health Net	98.4%	80.2%	100.0%	100.0%
IEHP	3.0%	100.0%	97.9%	
KFHC	99.0%	99.7%	78.9%	
Kaiser–Sacramento County	99.6%	99.3%	91.6%	100.0%
Kaiser–San Diego County	99.6%	93.5%	86.7%	97.5%
L.A. Care	100.0%	99.8%	100.0%	100.0%
Molina	59.3%	90.2%	100.0%	
Partnership	24.5%	7.2%	0.0%	
SCAN	15.9%	100.0%	89.2%	0.0%
SCFHP	72.1%	36.7%	0.0%	
SFHP	18.2%	68.8%	5.4%	88.9%
Statewide Total	**64.0%**	**64.8%**	**78.8%**	**32.4%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The MCPs had varied performance for the all-element accuracy rates. CCHP, CenCal, and HPSJ had the lowest performance with all-element accuracy rates less than 3 percent for each claim type. L.A. Care had notable performance with all-element accuracy rates at or above 99.8 percent for all four claim types. Anthem had all-element accuracy rates above 95 percent and Kaiser–Sacramento County had all-element accuracy rates above 90 percent for the applicable claim types.

Conclusions

Review of Encounter Systems and Processes

More than any other feature or result, the Roadmaps detailed the differences in approaches in the MCPs' policies and requirements for providers and facilities to implement and support DHCS requirements for claims and encounter data submissions. From average monthly methods of returning or resolving claims failing an edit to the proportion of facility and provider claims submitted electronically, the MCPs' requirements span wide ranges for all topics in the Roadmap. These topics include the metrics the MCPs use to monitor and report the efficiency of some of their processes. For example, one MCP reported that claims are processed within a certain span of time that can be quite long, while others reported an actual number of days required. The MCPs indicated in the Roadmap that the use and integration of internal codes can also pose challenges for them and that each MCP has resolved the challenges differently. For these reasons, the usefulness of each Roadmap is determined by the extent to which each of the MCPs can effectively translate the claims and encounters from its system into the format and reporting schedule required by the State, which is discussed within the questionnaire section of this report.

The MCPs responded to items on the questionnaire within three subsections: Submitting Encounter Data to the DHCS, Handling Submission Information from the DHCS, and Encounter Data Submission from Capitated Providers. The responses to the various items substantially varied in the types of topics discussed and in the amount of detail provided.

The questionnaire showed that most MCPs submitted encounter data files monthly. Notably, the level of detail dedicated to any of the specific data handling issues (e.g., validation, cross-walking codes) was not consistent across MCPs. Nonetheless, the MCPs seem to have designed efficient processes, but most MCPs did not provide details related to specific quality control metrics or for issues such as data cleaning. One of the challenges identified by the MCPs with regard to submitting encounter data was mapping internal, inconsistent, or incorrect codes to those accepted by DHCS.

As for most other issues, the MCPs' handling of the submission information from DHCS varies in substance and timing. After each MCP receives a transmittal report and a summary of any errors from the transmission, most MCPs store the error reports for future reference, as needed. The majority of MCPs reported fractional or otherwise very low percentages for encounter submissions initially rejected by DHCS. The challenges faced by the MCPs in handling submission information are generally those that result from translating MCP-specific information into the format and delivery schedule required by DHCS.

The six items used to assess encounter data submissions from capitated providers showed that the monthly claims volumes varied widely across MCPs. Errors are almost always handled manually. The MCPs reported that ensuring timeliness is a substantive challenge for most of them. Many MCPs reported using timeliness as an incentive by having it tied to provider compensation.

Record Completeness

Overall, the LTC claim type had the most complete data with the lowest record omission and record surplus rates of 1.1 percent and 8.1 percent, respectively. Pharmacy encounters were relatively incomplete when comparing DHCS's data and the encounter data extracted from MCPs' data systems, with the highest record omission and record surplus rates of 13.3 percent and 15.3 percent, respectively. The record omission rates and record surplus rates varied considerably across the MCPs for each of the four claim types. CHG and CCHP had some of the highest record omission and record surplus rates, indicating relatively incomplete data for each MCP. CHG had a Pharmacy record omission rate of 67.9 percent, and the Medical/Outpatient and Hospital/Inpatient claim types had poor record surplus rates of 76.1 percent and 96.5 percent, respectively. CCHP had record surplus rates of 56.5 percent and 44.9 percent for the Medical/Outpatient and Hospital/Inpatient claim types, respectively, as well as a Pharmacy record omission rate of 36.9 percent. Overall, five primary contributors to record incompleteness were identified, as described below.

- Omitted and surplus records contained values for data elements such as the *CCN*, *Billing/Reporting Provider Number*, or the *Referring/Prescribing/Admitting Provider Number* which were not found in one of the data sources.

- Omitted and surplus records were from some members, or members' dates of service, which were not found in one of the data sources.

- Records with specific adjudication dates were found in one data source, but not the other.

- Adjustment records were found in one data source, but not the other.

- One data source contained duplicate records (i.e., based on data elements such as the CIN, date of service, and/or payment information), while the other data source contained only a single record with the corresponding information.

Additionally, the risk of record incompleteness was higher when the MCPs made system changes.

Data Element Completeness

Overall, the element completeness was good, with statewide element omission and element surplus rates below 4 percent for nearly all of the key data elements. Fields with relatively incomplete data included the *Rendering Provider Number* in the Medical/Outpatient claim type which had a statewide element omission rate of 11.7 percent, as well as the *Referring/Prescribing/Admitting Provider Number* and *Provider Type* in the Pharmacy claim type each of which had an element surplus rate above 6 percent.

At the MCP level, there were considerably large variations. The Medical/Outpatient claim type had a notable number of MCPs with poor element omission rates for the *Rendering Provider Number* and *Provider Specialty*. For the *Rendering Provider Number*, two patterns that could contribute to the low completeness results were identified:

- For the records with the *Rendering Provider Number* omitted from DHCS's data, the provider types were primarily "09" (Clinical laboratories) or "16" (Community hospital inpatient). For these provider types, the Encounter Data Element Dictionary does not require the *Rendering Provider Number* to be populated. Therefore, it is possible that the omission was due to a system edit from the MCPs or DHCS.

- For the records with element omission, the *Rendering Provider Number* values populated in the MCP's data generally contained the same values as the *Billing/Reporting Provider Number*.

Provider Specialty also had a few underlying patterns for the element omission listed below.

- The values omitted from the DHCS data warehouse had invalid provider specialty values such as "99" (Unknown).

- The MCP's data contained some specific provider specialty codes such as "HO." For the majority of the records with element omission, the *Provider Type* contained values such as "09" (Clinical laboratories) or "16" (Community hospital inpatient). For these provider types, the Encounter Data Element Dictionary does not require *Provider Specialty* to be populated. Therefore, it is possible that the system edit from the MCPs or DHCS may have contributed to the element omission.

In the Medical/Outpatient claim type, two MCPs had *Referring/Prescribing/Admitting Provider Number* surplus rates above 70 percent, and the Hospital/Inpatient and Pharmacy claim types also had some high surplus rates for the data element.

- CCHP's element surplus rate of 99.9 percent was due to invalid *Referring/Prescribing/Admitting Provider Number* values populated in DHCS's data. CCHP stated that the majority of the *Referring/Prescribing/Admitting Provider Number* values were missing from its data warehouse.

◆ Although the *Referring/Prescribing/Admitting Provider Number* values were omitted from HPSJ's Medical/Outpatient data, the surplus *Referring/Prescribing/Admitting Provider Number* values in the DHCS data file were generally the same as the *Billing/Reporting Provider Number* values and sometimes also the same as the *Rendering Provider Number* values in DHCS's data.

◆ For the Pharmacy claim type, CCAH had the highest element surplus rate of 100.0 percent because CCAH did not receive the *Referring/Prescribing/Admitting Provider Number* information from its PBM, while its PBM submits them to DHCS.

The Hospital/Inpatient claim type had *Provider Type* surplus rates above 25 percent for two MCPs, and the Pharmacy claim type had three MCPs with surplus rates of 99.9 percent or greater. The Medical/Outpatient claim type also had an element surplus rate of 46.7 percent for one MCP.

◆ CenCal likely had an error occur during the data extraction process for the EDV study which resulted in high *Provider Type* surplus rates for three claim types.

◆ For Partnership, there were no values listed in the Pharmacy data it submitted to HSAG. However, in DHCS's data, all matched records had a value of "24" (Pharmacies/Pharmacist).

◆ CCHP stated that the *Provider Type* data were not available for the Pharmacy data in its data warehouse although DHCS's data contained the value of "24" (Pharmacies/Pharmacist) for all of the records with element surplus.

For the Hospital/Inpatient claim type, the key data elements *Secondary Diagnosis Code*, *Primary Surgical Procedure Code,* and *Secondary Surgical Procedure Code* had relatively poor element omission rates for one MCP each. For all three data elements, it appears that DHCS's data were missing values from the MCPs. The *Revenue Code* also had a poor element omission rate of 52.2 percent for Partnership and a poor element surplus rate of 45.2 percent for HPSM due to the additional LTC accommodation codes in one data source but not the other.

For the *Billing/Reporting Provider Number* data element in the Pharmacy data, CCHP had an element surplus rate of 100.0 percent. CCHP stated that the values for the *Billing/Reporting Provider Number* were not available for the Pharmacy data in its data warehouse, although all records with element surplus had a seven-digit *Billing/Reporting Provider Number* in DHCS's data. Pharmacy encounters also had four MCPs with relatively poor element omission rates for the *Drug/Medical Supply* data element. For all of these MCPs, the element omission was primarily due to the additional value of "9999MZZ" populated in the MCP's data but omitted from DHCS's data.

The element completeness was fairly high for the LTC claim type, as each MCP had element omission and surplus rates below 5 percent for all of the key data elements.

Data Element Accuracy

Overall, the majority of the key data elements in each of the four claim types had statewide element accuracy rates above 95 percent. The *Billing/Reporting Provider Number* data element had the lowest element accuracy with rates below 95 percent in the Medical/Outpatient, Hospital/Inpatient, and Pharmacy claim types and an accuracy rate of 40.6 percent in the LTC claim type. The element accuracy rates for the *Referring/Prescribing/Admitting Provider Number* were also relatively lower with rates around 91 percent for the Hospital/Inpatient and Pharmacy claim types and a rate of 74.4 percent in the LTC claim type.

The element accuracy rates across the MCPs varied widely. For the *Billing/Reporting Provider Number*, the Medical/Outpatient claim type had three MCPs with rates below 53 percent, the Hospital/Inpatient claim type had two MCPs with rates below 50 percent, the Pharmacy claim type had four MCPs with rates below 9 percent, and the LTC claim type had one MCP with a rate below 39 percent. For all the claim types, there were two major issues causing inaccuracies for this data element.

◆ Different types of provider numbers as identified by their differing length or appearance were used to populate the *Billing/Reporting Provider Number* field in the MCP and the DHCS data files.

◆ For some MCPs, the *Billing/Reporting Provider Number* values were truncated in the DHCS database.

The *Referring/Prescribing/Admitting Provider Number* had similar issues, with two MCPs with accuracy rates below 12 percent for the Medical/Outpatient claim type, two MCPs with rates below 5 percent for the Hospital/Inpatient claim type, five MCPs with rates below 44 percent for the Pharmacy claim type, and an MCP with an accuracy rate of 73.7 percent in the LTC claim type. The primary accuracy issues for this data element included:

◆ Different types of provider numbers were used to populate the *Referring/Prescribing/Admitting Provider Number* field in the MCP and the DHCS data files.

◆ For some MCPs, the *Referring/Prescribing/Admitting Provider Number* values were truncated in DHCS's data.

◆ One MCP's data contained invalid provider numbers.

The *Rendering Provider Number* had an accuracy rate of 0.0 percent for IEHP (based on a denominator of 10 records), and accuracy rates below 55 percent for two additional MCPs. The inaccuracies for these MCPs were primarily due to a difference in the types of provider numbers submitted by DHCS and the respective MCPs.

The *Provider Type* data element primarily had accuracy issues for the Medical/Outpatient and Hospital/Inpatient claim types, although the Pharmacy and LTC claim types each had one MCP with an accuracy rate of 68.7 percent and 0.0 percent, respectively.

◆ For the Medical/Outpatient claim type, the unmatched *Provider Type* combinations varied from MCP to MCP. In addition, some specific *Provider Type* values with letters (i.e., "OM," "OL") contributed to the inaccuracy.

◆ While the value "16" (Community Hospital Inpatient) was generally in DHCS's Hospital/Inpatient records with inaccuracy, the corresponding *Provider Type* values in the MCPs' data varied across the MCPs.

◆ SFHP's low accuracy rate in the Pharmacy claim type was due to a *Provider Type* of "24" (Pharmacies/Pharmacist) in the DHCS records, while the corresponding records that SFHP submitted to HSAG contained the *Provider Type* "26" (Physicians).

◆ SCAN's LTC records had a low accuracy rate due to the value "24" (Pharmacies/pharmacist) in SCAN's file and the value "16" (Community Hospital Inpatient) in DHCS's file.

In the Medical/Outpatient claim type, five MCPs had *Provider Specialty* accuracy rates below 95 percent, with the lowest element accuracy rate of 38.4 percent.

◆ Of the unmatched *Provider Specialty* codes, some were nonnumeric such as "CH" or had a length of three characters (i.e., "47F").

◆ A number of MCPs populated the value "86"[11] or the value "99" (Unknown) in the encounters they submitted to HSAG for the EDV study.

In the Medical/Outpatient claim type, three MCPs had accuracy rates of around 81 percent for the *CPT/HCPCS Codes* element, although the causes of the low accuracy rates for each MCP varied. Contributors to issues with this data element are listed below.

◆ The MCPs' records contained *CPT/HCPCS Codes* that began with the letter "C" (i.e., "C008A"), while the respective DHCS records contained 5-digit CPT/HCPCS codes.

◆ The revenue codes were populated in DHCS's encounters, while the CPT/HCPCS codes were populated in the respective MCP records.

◆ The MCP's records contained a code with an additional alpha character at the end, while the corresponding DHCS records did not contain the additional alpha character.

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[11] Description for the value of "86" was not listed in the document, "Paid Claims and Encounters Standard 35C-File—Data Element Dictionary, Version 1.9" (Revised June 2012), prepared by DHCS's Information Technology Services Division, Medi-Cal Applications Support Section.

The *Primary Diagnosis Code* data element had the lowest element accuracy rate of 3 percent or less for the Medical/Outpatient and Hospital/Inpatient data, due to the invalid value "12345" populated in the respective DHCS records for CenCal.

The *Revenue Code* inaccuracies in the Hospital/Inpatient encounters were attributed to a few main issues.

◆ An MCP had the same revenue code under the same CCN, while the respective DHCS records contained multiple revenue codes for the same CCN. This was likely due to errors that occurred when the MCP prepared the encounter data for this EDV study.

◆ The revenue codes were populated in different orders by *CCN* and *Line Number* between the MCP and DHCS records.

◆ Gaps in *Line Number* in the MCPs' encounters caused inaccuracies in the *Revenue Code.*

◆ The data element *Revenue Code* for some MCPs displayed a pattern in which the first two digits of the MCPs' revenue code matched the last two digits of the respective revenue code in DHCS's data.

Overall, the Pharmacy claim type had the highest all-element accuracy rate of 78.8 percent, and the LTC claim type had the lowest all-element accuracy rate of 32.4 percent. Performance varied at the MCP level, although CCHP, CenCal, and HPSJ had the lowest performance, with all-element accuracy rates less than 3 percent for each claim type. Generally, the poor performance on the element completeness, and/or element accuracy was the cause for the low performance on the all-element accuracy rates for each MCP.

Recommendations

Based on its review, HSAG recommends the following for DHCS to improve encounter data quality:

General Encounter Information

◆ Some MCPs were submitting the LTC encounters under the Hospital/Inpatient claim type. Additionally, MCPs identified LTC records using a variety of methods which included using the provider type, Place of Service Code, Type of Bill code, etc. DHCS should clarify with the MCPs on how to identify and submit LTC records to DHCS, so that all MCPs can define LTC records uniformly and DHCS can easily identify them. MCPs not offering LTC services may have some interim LTC records while DHCS moves members to the FFS program. DHCS's clarification should include these interim LTC records, too.

- DHCS data did not contain Outpatient records, as identified by *Claim Type* of "1" (Outpatient), for CCHP, CHG, Care1st, and SCAN. DHCS needs to evaluate whether it is reasonable that these MCPs would not have outpatient services records. If not, DHCS should work with the MCPs to investigate the causes and correct the issues.

- Currently, there is no clear documentation on the edits that the fiscal intermediary (FI) performs when processing the MCPs' data. DHCS should request the FI to compile these documents so that DHCS can review and modify the existing edits if needed.

- There is no clear documentation on the edits that Information Technology Services Division (ITSD) at DHCS performs when processing the MCPs' data. ITSD should compile these documents so that DHCS can review and modify the existing edits if needed.

- DHCS should investigate the adjudication history for each of the MCPs. If an MCP does not provide the adjudication history to DHCS, DHCS should follow up with the MCP and clarify that the MCP should follow DHCS's requirements to submit the updated information for a record if it has been adjudicated after the submission to DHCS. For the MCPs with adjudication history in DHCS's data, DHCS should develop an automated process to identify the final adjudication records.

- When an MCP experiences a system change, it is likely that the encounter data submitted to DHCS will be impacted. DHCS should consider requesting the MCPs to notify DHCS about any major system changes and create processes and procedures to monitor the quality of the encounter data.

- Currently, the encounter data are submitted to DHCS in three formats: 35C file format, Encounter Data layout, and NCPDP format. Data received in the Encounter Data Layout and NCPDP format are converted to the 35C format and stored in the DHCS data warehouse. To improve the quality and data processing efficiency, DHCS should consider reducing the number of formats used for data submission.

Record Completeness

To monitor record completeness, DHCS should routinely examine the monthly claim volume based on dates of service or adjudication dates by claim type to detect any abnormalities. For some claim types, the evaluation could be done for certain subcategories (e.g., for the Medical/Physician encounters, DHCS can check the monthly volume by provider type; place of service; services type such as vision, lab, transportation, etc.).

Element Completeness and Accuracy

◆ For the data elements *Billing/Reporting Provider Number*, *Referring/Prescribing/Admitting Provider Number*, and *Rendering Provider Number*, the field length is 12 characters based on the Encounter Data Element Dictionary. However, these data elements were saved as a 10-character field in the DHCS data warehouse. DHCS should consider increasing the length of these three data fields to 12 characters in the data warehouse to avoid truncation of the values MCPs submit. In the meantime, DHCS should encourage the MCPs to submit the providers' 10-digit NPIs whenever possible.

◆ The percentage of records with missing values for the data elements *Rendering Provider Number* and *Referring/Prescribing/Admitting Provider Number* varied among the MCPs. For the MCPs with a high percentage of missing values, DHCS should evaluate whether the MCPs should change their processes and procedures to collect and submit values for these two data elements.

◆ DHCS should verify if the *Referring/Prescribing/Admitting Provider Number, Billing/Reporting Provider Number,* and/or *Rendering Provider Number* should be the same for specific records. DHCS also should apply system edits to detect invalid provider numbers.

◆ DHCS's data layout restricts the MCPs to submit a maximum of two diagnosis codes. DHCS should store additional diagnosis code fields to capture the full diagnosis profile for the services rendered. In addition, DHCS should apply a system edit to recognize invalid diagnosis codes such as "12345."

◆ Some MCPs did not submit any values to DHCS for data elements such as *Secondary Diagnosis Code*, *Primary Surgical Procedure Code*, and *Secondary Surgical Procedure Code*. DHCS should set up system edits to detect this type of issue.

◆ The Encounter Data Element Dictionary does not contain the data element *Revenue Code*. Therefore, the actual revenue codes were populated in the *Accommodation Code* or *Procedure Code* field in DHCS's data. DHCS should add the data element *Revenue Code* to the Encounter Data Element Dictionary.

◆ DHCS's system edits/audit rules should be reviewed and updated as necessary. For example, DHCS should determine if *Rendering Provider Number* or *Provider Specialty* values are removed from the data that the MCPs submitted to DHCS if the *Provider Type* values do not require these data elements to be populated.

◆ For the *Drug/Medical Supply* data element in the Pharmacy claim type, the value of "9999MZZ" was populated in the data the MCPs submitted to HSAG but was omitted from DHCS's data. DHCS should investigate the reasons for the element omission on the *Drug/Medical Supply* data element.

◆ In the initial analysis, *Days of Stay* was considered as one of the key data elements. Because the values populated in this element in DHCS's data are calculated by DHCS, this data element was excluded from the EDV study. During the preliminary file review, HSAG noted that the MCPs

calculated the *Days of Stay* using the *Header Service From Date* and *Header Service To Date*, the *Detail Service From Date* and *Detail Service To Date*, the *Admission Date* and *Discharge Date*, as well as the quantity for the records with a *Revenue Code* indicating room and board. DHCS should determine a standard way to determine the *Days of Stay* so that the information is consistent and comparable between the MCPs.

◆ The Encounter Data Element Dictionary does not contain the data element *Line Number*. DHCS should add the *Line Number* data element to the Encounter Data Element Dictionary so that DHCS can recognize the line level information from the MCPs.

Study Limitations

◆ The administrative review results from this study were directly dependent on the quality of the submitted files from the participating MCPs. Since these records were used as a "gold standard" when validating key data elements in the DHCS file, poor-quality data could have compromised the validity and reliability of the study results.

◆ This study provided an initial assessment of the extent and magnitude of data element discrepancies between DHCS's data files and the MCPs' data files. When possible, HSAG attempted to evaluate the characteristics of omitted/surplus records and those with noted data element discrepancies. However, the current study was comparative and limited in its exploration of why discrepancies were noted.

◆ The results presented in this report are for the encounters with dates of service between July 1, 2010, and June 30, 2011, and submitted to DHCS on or before October 31, 2012. If an MCP made systematic changes after October 31, 2012, the findings may not be applicable for the MCP's current encounter data.

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ENCOUNTER DATA PROCESS SUPPLEMENTAL QUESTIONNAIRE

Section A: Submitting Encounter Data to the DHCS

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that if your staff uses an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination.

1. Please describe the process for preparing the encounter data files for submission to DHCS. Provide copies of any policies and procedures document associated with this process.

2. How many staff are responsible for reviewing, preparing, and testing the processes for submitting encounter data files to DHCS? Please provide a brief description of their responsibilities.
   For example, "we have three staff responsible for this process. One reviews the state's requirements (or any updates) and develops program codes to ensure all requirements are addressed. This staff also prepares the actual data files. Another staff …."

3. Describe the data system/data warehouse used to prepare the encounter data files submitted to DHCS?

4. Please describe the encounters you submit to the DHCS on a monthly basis. (Additional prompts to address the questions and guide your responses are outlined below.)
   a. Do you submit (1) only encounters associated with a claim having a final adjudication status, or (2) all the adjudication records associated with the claim/encounter? If the answer is (2), what field do you use in the submission file to denote the adjudication status?
   b. Is there a specific date each month for preparing the submission file? (e.g., first Friday, etc.)
   c. Is there a specific date each month for sending the encounter submission file to the DHCS? (e.g., same date as the submission file is prepared, or, the next working day).

5. Describe the policy or procedure used to make sure there are no duplicated or missing records in monthly submitted files.

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6. In preparing your monthly submission files, do you need to manipulate any of the data elements (e.g., create new fields, reformat fields, etc.) in order to meet DHCS' submission requirements?
   For Example, revenue code is not a data element in the Encounter Record layout. Do you store revenue code as a data field in your data system? How do you manipulate this data field when preparing your monthly submission file?

   ☐ Yes
   ☐ No

   If YES, please describe what fields are affected and how they are modified.

7. Does your claim processing system assign new unique identifiers to claims that undergo retrospective adjustments?

   ☐ Yes
   ☐ No

   If NO, how do you meet the state's requirement for submitting adjustment or replacement records to DHCS? How are these records identified differently from the final paid claims in the submitted files?

8. Describe the steps, if any, used to ensure that monthly encounter file submissions are timely, complete and accurate, and meet DHCS's submission requirements.

9. Do you keep a copy of your monthly submission file(s) in your system?

   ☐ Yes
   ☐ No

   If YES, please describe how you use these files.

10. What challenges do you face in submitting encounter data to DHCS?

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ENCOUNTER DATA PROCESS SUPPLEMENTAL QUESTIONNAIRE

Section B: Handling Submission Information from the DHCS

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that if your staff uses an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination.

1. Describe the type of feedback and/or information you receive from DHCS following submission of your monthly encounter data? Please describe the process and content of this information. Also provide any policies and procedures, associated with this process.

2. How many staff are responsible for:
   - receiving and reviewing the information from DHCS
   - categorizing any errors or data issues identified by DHCS and forwarding the information to other staff for investigation
   - receiving feedback regarding corrections/updates related to identified errors or data issues
   - resubmitting previously rejected encounters to DHCS

   Please provide a brief description of the responsibilities for each group of staff.
   For example, "we have one staff member that receives and reviews the information from DHCS. This staff member also categorizes and triages the issues to other departments. The claims department will handle any adjudication-related data issues. The IT department will handle file-level rejection issues...."

3. Where do you store the feedback and information you receive from DHCS?

4. Regarding rejected encounters, is there anyone specifically responsible for handling these encounters? Where are the changes or updates to encounters stored? Do you send these encounters to DHCS separately from your monthly submissions?

5. Do you have any policies and procedures for processing and/or resubmitting the corrected, rejected encounters?
   ☐ Yes
   ☐ No

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If YES, please describe the process or attach the policies and procedures documentation.

6. Please provide an estimate of the number/percentage of encounters being initially rejected, the number/percentage of rejected encounters being resubmitted, and the number/percentage of encounters being rejected multiple times to DHCS at different time intervals.
For example, "usually, 60 percent of the rejected encounters were resubmitted within 30 days of receiving the rejection report from DHCS and 95 percent of the rejected encounters were resubmitted within 90 days of the receipt."

7. How do you handle a situation where a retrospective adjustment is documented and made to an encounter previously submitted and rejected by DHCS?

8. What challenges do you face in handling submission information from DHCS?

ENCOUNTER DATA PROCESS SUPPLEMENTAL QUESTIONNAIRE

Section C: Encounter Data Submission from Capitated Providers

Contact person for this section (Name and Title)	
Contact Information (Phone Number and Email)	

Please note that if your staff uses an electronic version of this questionnaire, the response boxes are expandable. Do not worry about pagination.

1. What percentage of your provider network is based on a capitation contract with your MCP? On a monthly basis, what percentage of your claims/encounters comes from these providers?

2. With regard to timeliness, to what extent do these capitated providers submit encounters within a timeframe that is similar to your fee-for-service providers?

   For example, "For our FFS providers, we generally receive their claims within two weeks from the dates of services. The majority of our capitated providers send their encounters to us within 30 days of the dates of services."

3. What is the volume of encounters per capitated provider, and what is the volume of encounters per fee-for-service provider?

4. Do you have any strategies to encourage capitated providers to submit complete and timely encounters?
   ☐ Yes
   ☐ No

   If YES, please describe or attach the strategy.

5. Describe the challenges faced obtaining encounter data from your capitated providers?

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6. Describe the steps, if any, used to measure and ensure your capitated providers submit timely, accurate, and complete encounters?

The following table presents the MCP-specific and statewide record omission rates stratified by claim type.

Table B.1—Record Omissions

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in MCP File	Records Not in DHCS File	Rate	Records in MCP File	Records Not in DHCS File	Rate
AAH	2,009,223	130,581	6.5%	89,692	22,088	24.6%
AHF	28,946	2,782	9.6%			
Anthem	5,019,483	6,315	0.1%	209,030	4,884	2.3%
CCAH	3,512,684	96,682	2.8%	405,158	27,087	6.7%
CCHP	613,005	7,900	1.3%	31,827	2,143	6.7%
CHG	320,958	119,502	37.2%	3,401	332	9.8%
CalOptima	6,658,432	316,283	4.8%	387,160	74,510	19.2%
CalViva	3,129,549	45,888	1.5%	173,639	16,464	9.5%
Care1st	254,893	52,757	20.7%	18,083	2,143	11.9%
CenCal	2,343,815	526,106	22.4%	170,894	30,073	17.6%
HPSJ	1,713,992	356,446	20.8%	95,370	20,282	21.3%
HPSM	2,238,957	23,874	1.1%	162,808	8,131	5.0%
Health Net	11,591,409	393,229	3.4%	834,202	109,972	13.2%
IEHP	7,461,188	7,527	0.1%	426,814	11,514	2.7%
KFHC	1,860,382	12,527	0.7%	120,414	19,962	16.6%
Kaiser–Sacramento County	535,577	37,697	7.0%	2,726	612	22.5%
Kaiser–San Diego County	318,697	62,637	19.7%	2,412	1,336	55.4%
L.A. Care	14,128,450	368,832	2.6%	699,791	42,742	6.1%
Molina	2,162,662	58,361	2.7%	146,733	7,160	4.9%
Partnership	2,828,139	78,311	2.8%	318,870	30,091	9.4%
SCAN	431,011	10,590	2.5%	31,698	2,625	8.3%
SCFHP	1,641,918	120,605	7.3%	71,563	8,749	12.2%
SFHP	779,661	92,863	11.9%	30,176	5,405	17.9%
Statewide Total	**71,583,031**	**2,928,295**	**4.1%**	**4,432,461**	**448,305**	**10.1%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table B.1—Record Omissions (Continued)

MCP	Pharmacy			LTC		
	Records in MCP File	Records Not in DHCS File	Rate	Records in MCP File	Records Not in DHCS File	Rate
AAH	1,189,981	9,423	0.8%			
AHF	41,138	76	0.2%			
Anthem	2,833,081	183,020	6.5%			
CCAH	1,757,801	34,621	2.0%			
CCHP	508,060	187,616	36.9%			
CHG	2,338,639	1,587,380	67.9%			
CalOptima	3,333,043	248,319	7.5%	174,103	88	0.1%
CalViva	549,288	1,146	0.2%	181	25	13.8%
Care1st	99,689	2,847	2.9%	67	24	35.8%
CenCal	825,313	54,637	6.6%			
HPSJ	981,628	196,243	20.0%			
HPSM	706,770	60	0.0%			
Health Net	4,927,057	230,262	4.7%	1,299	314	24.2%
IEHP	3,265,732	1,943	0.1%			
KFHC	840,163	110,738	13.2%			
Kaiser–Sacramento County	252,542	38,622	15.3%	416	308	74.0%
Kaiser–San Diego County	142,128	16,150	11.4%	440	201	45.7%
L.A. Care	6,466,169	118,809	1.8%	2,047	21	1.0%
Molina	1,511,331	341,221	22.6%			
Partnership	2,601,957	1,204,902	46.3%			
SCAN	515,709	10,787	2.1%	1,102	62	5.6%
SCFHP	975,607	304,521	31.2%			
SFHP	280,857	14,272	5.1%	1,902	949	49.9%
Statewide Total	**36,943,683**	**4,897,615**	**13.3%**	**181,557**	**1,992**	**1.1%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.
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The following table presents the MCP-specific and statewide record surplus rates stratified by claim type.

Table C.1—Record Surplus

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in DHCS File	Records Not in MCP File	Rate	Records in DHCS File	Records Not in MCP File	Rate
AAH	1,883,255	4,613	0.2%	70,330	2,726	3.9%
AHF	26,383	219	0.8%			
Anthem	5,049,142	35,974	0.7%	204,146	0	0.0%
CCAH	3,441,431	25,429	0.7%	385,050	6,979	1.8%
CCHP	1,392,555	787,450	56.5%	53,839	24,155	44.9%
CHG	843,788	642,332	76.1%	87,498	84,429	96.5%
CalOptima	7,838,180	1,496,031	19.1%	319,513	6,863	2.1%
CalViva	3,182,057	98,396	3.1%	173,784	16,609	9.6%
Care1st	202,247	111	0.1%	16,966	1,026	6.0%
CenCal	1,878,172	60,463	3.2%	143,472	2,651	1.8%
HPSJ	1,448,914	91,368	6.3%	76,608	1,520	2.0%
HPSM	2,228,319	13,236	0.6%	160,100	5,423	3.4%
Health Net	12,902,368	1,704,188	13.2%	771,432	47,202	6.1%
IEHP	10,053,494	2,599,833	25.9%	632,505	217,205	34.3%
KFHC	1,942,631	94,776	4.9%	101,355	903	0.9%
Kaiser–Sacramento County	498,937	1,057	0.2%	2,293	179	7.8%
Kaiser–San Diego County	256,079	19	0.0%	1,078	2	0.2%
L.A. Care	13,759,618	0	0.0%	704,166	47,117	6.7%
Molina	2,217,037	112,736	5.1%	156,266	16,693	10.7%
Partnership	2,815,043	65,215	2.3%	294,213	5,434	1.8%
SCAN	435,614	15,193	3.5%	30,093	1,020	3.4%
SCFHP	1,601,740	80,427	5.0%	63,215	401	0.6%
SFHP	859,481	172,683	20.1%	30,150	5,379	17.8%
Statewide Total	**76,756,485**	**8,101,749**	**10.6%**	**4,478,072**	**493,916**	**11.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table C.1—Record Surplus (Continued)

MCP	Pharmacy			LTC		
	Records in DHCS File	Records Not in MCP File	Rate	Records in DHCS File	Records Not in MCP File	Rate
AAH	1,180,558	0	0.0%			
AHF	44,646	3,584	8.0%			
Anthem	2,711,264	61,203	2.3%			
CCAH	1,723,316	136	0.0%			
CCHP	414,742	94,298	22.7%			
CHG	893,285	142,026	15.9%			
CalOptima	8,073,078	4,988,354	61.8%	189,346	15,331	8.1%
CalViva	548,371	229	0.0%	156	0	0.0%
Care1st	99,670	2,828	2.8%	43	0	0.0%
CenCal	773,983	3,307	0.4%			
HPSJ	824,843	39,458	4.8%			
HPSM	706,994	284	0.0%			
Health Net	4,697,014	219	0.0%	993	8	0.8%
IEHP	3,306,040	42,251	1.3%			
KFHC	757,854	28,429	3.8%			
Kaiser–Sacramento County	214,891	971	0.5%	108	0	0.0%
Kaiser–San Diego County	125,987	9	0.0%	240	1	0.4%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,353,655	183,545	13.6%			
Partnership	1,504,839	107,784	7.2%			
SCAN	522,378	17,456	3.3%	1,066	26	2.4%
SCFHP	683,735	12,649	1.8%			
SFHP	332,202	65,617	19.8%	1,396	443	31.7%
Statewide Total	**37,840,705**	**5,794,637**	**15.3%**	**195,374**	**15,809**	**8.1%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

For all records present in both data sources, the following tables display the MCP-specific and statewide data element omission rates for each key data element and stratified by claim type.

Table D.1—Data Element Omission:
Billing/Reporting Provider Number

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	605,105	0	0.0%	29,684	0	0.0%
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	6,342,149	34	0.0%	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	34	0.0%	154,677	0	0.0%
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	2,749,828	0	0.0%	288,779	0	0.0%
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**68,654,736**	**68**	**0.0%**	**3,984,156**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table D.1—Data Element Omission:
Billing/Reporting Provider Number (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,180,558	0	0.0%			
AHF	41,062	0	0.0%			
Anthem	2,650,061	0	0.0%			
CCAH	1,723,180	0	0.0%			
CCHP	320,444	0	0.0%			
CHG	751,259	0	0.0%			
CalOptima	3,084,724	0	0.0%	174,015	0	0.0%
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	770,676	0	0.0%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	0	0.0%			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	1,397,055	35	0.0%			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	671,086	0	0.0%			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**32,046,068**	**35**	**0.0%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table D.2—Data Element Omission:
Rendering Provider Number

MCP	Medical/Outpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%
AHF	26,164	14	0.1%
Anthem	5,013,168	7	0.0%
CCAH	3,416,002	3	0.0%
CCHP	605,105	452,921	74.8%
CHG	201,456	0	0.0%
CalOptima	6,342,149	931	0.0%
CalViva	3,083,661	0	0.0%
Care1st	202,136	102,817	50.9%
CenCal	1,817,709	290	0.0%
HPSJ	1,357,546	0	0.0%
HPSM	2,215,083	16,132	0.7%
Health Net	11,198,180	0	0.0%
IEHP	7,453,661	7,228,617	97.0%
KFHC	1,847,855	0	0.0%
Kaiser–Sacramento County	497,880	179	0.0%
Kaiser–San Diego County	256,060	18	0.0%
L.A. Care	13,759,618	0	0.0%
Molina	2,104,301	2,154	0.1%
Partnership	2,749,828	0	0.0%
SCAN	420,421	142,859	34.0%
SCFHP	1,521,313	1	0.0%
SFHP	686,798	112,295	16.4%
Statewide Total	**68,654,736**	**8,059,238**	**11.7%**

Table D.3—Data Element Omission:
Referring/Prescribing/Admitting Provider Number

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	3,249	12.4%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	4	0.0%	378,071	0	0.0%
CCHP	605,105	0	0.0%	29,684	0	0.0%
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	6,342,149	498,178	7.9%	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	27	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	316,373	14.3%	154,677	19	0.0%
Health Net	11,198,180	4,960	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	1,595	0.1%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	11	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	12	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	2,749,828	1,312	0.0%	288,779	824	0.3%
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	30,066	2.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**68,654,736**	**855,787**	**1.2%**	**3,984,156**	**843**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table D.3—Data Element Omission:
Referring/Prescribing/Admitting Provider Number (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,180,558	0	0.0%			
AHF	41,062	0	0.0%			
Anthem	2,650,061	0	0.0%			
CCAH	1,723,180	7	0.0%			
CCHP	320,444	0	0.0%			
CHG	751,259	0	0.0%			
CalOptima	3,084,724	4	0.0%	174,015	0	0.0%
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	770,676	0	0.0%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	8,180	1.2%			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	1,397,055	0	0.0%			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	671,086	0	0.0%			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**32,046,068**	**8,191**	**0.0%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table D.4—Data Element Omission:
Provider Type

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	605,105	0	0.0%	29,684	0	0.0%
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	6,342,149	0	0.0%	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	0	0.0%	154,677	0	0.0%
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	2,749,828	0	0.0%	288,779	0	0.0%
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**68,654,736**	**0**	**0.0%**	**3,984,156**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

**Table D.4—Data Element Omission:
Provider Type (Continued)**

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,180,558	0	0.0%			
AHF	41,062	0	0.0%			
Anthem	2,650,061	0	0.0%			
CCAH	1,723,180	0	0.0%			
CCHP	320,444	0	0.0%			
CHG	751,259	0	0.0%			
CalOptima	3,084,724	0	0.0%	174,015	0	0.0%
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	770,676	0	0.0%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	0	0.0%			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	1,397,055	0	0.0%			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	671,086	0	0.0%			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**32,046,068**	**0**	**0.0%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

**Table D.5—Data Element Omission:
Provider Specialty**

MCP	Medical/Outpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	997,175	53.1%
AHF	26,164	4	0.0%
Anthem	5,013,168	7	0.0%
CCAH	3,416,002	432	0.0%
CCHP	605,105	233,845	38.6%
CHG	201,456	0	0.0%
CalOptima	6,342,149	4,481	0.1%
CalViva	3,083,661	0	0.0%
Care1st	202,136	0	0.0%
CenCal	1,817,709	0	0.0%
HPSJ	1,357,546	528,085	38.9%
HPSM	2,215,083	0	0.0%
Health Net	11,198,180	11,489	0.1%
IEHP	7,453,661	0	0.0%
KFHC	1,847,855	24	0.0%
Kaiser–Sacramento County	497,880	158	0.0%
Kaiser–San Diego County	256,060	20	0.0%
L.A. Care	13,759,618	0	0.0%
Molina	2,104,301	43,146	2.1%
Partnership	2,749,828	0	0.0%
SCAN	420,421	215,723	51.3%
SCFHP	1,521,313	4,045	0.3%
SFHP	686,798	485,003	70.6%
Statewide Total	**68,654,736**	**2,523,637**	**3.7%**

Table D.6—Data Element Omission:
Primary Diagnosis Code

MCP	Medical/Outpatient			Hospital/Inpatient			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%			
AHF	26,164	0	0.0%						
Anthem	5,013,168	1	0.0%	204,146	0	0.0%			
CCAH	3,416,002	0	0.0%	378,071	0	0.0%			
CCHP	605,105	0	0.0%	29,684	0	0.0%			
CHG	201,456	0	0.0%	3,069	0	0.0%			
CalOptima	6,342,149	74,302	1.2%	312,650	0	0.0%	174,015	1	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%	156	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%	43	0	0.0%
CenCal	1,817,709	11	0.0%	140,821	2	0.0%			
HPSJ	1,357,546	21	0.0%	75,088	0	0.0%			
HPSM	2,215,083	0	0.0%	154,677	1	0.0%			
Health Net	11,198,180	235	0.0%	724,230	0	0.0%	985	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%			
KFHC	1,847,855	0	0.0%	100,452	0	0.0%			
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%	108	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%	239	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%	2,026	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%			
Partnership	2,749,828	0	0.0%	288,779	0	0.0%			
SCAN	420,421	0	0.0%	29,073	0	0.0%	1,040	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%			
SFHP	686,798	93	0.0%	24,771	0	0.0%	953	0	0.0%
Statewide Total	**68,654,736**	**74,663**	**0.1%**	**3,984,156**	**3**	**0.0%**	**179,565**	**1**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table D.7—Data Element Omission:
Secondary Diagnosis Code

MCP	Medical/Outpatient			Hospital/Inpatient			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	14	0.0%	67,604	0	0.0%			
AHF	26,164	0	0.0%						
Anthem	5,013,168	24	0.0%	204,146	0	0.0%			
CCAH	3,416,002	5,453	0.2%	378,071	5	0.0%			
CCHP	605,105	642	0.1%	29,684	0	0.0%			
CHG	201,456	0	0.0%	3,069	0	0.0%			
CalOptima	6,342,149	70,851	1.1%	312,650	14	0.0%	174,015	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%	156	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%	43	0	0.0%
CenCal	1,817,709	875,629	48.2%	140,821	101,050	71.8%			
HPSJ	1,357,546	122	0.0%	75,088	37	0.0%			
HPSM	2,215,083	269	0.0%	154,677	42	0.0%			
Health Net	11,198,180	6,140	0.1%	724,230	0	0.0%	985	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%			
KFHC	1,847,855	25	0.0%	100,452	0	0.0%			
Kaiser–Sacramento County	497,880	404	0.1%	2,114	1	0.0%	108	0	0.0%
Kaiser–San Diego County	256,060	12	0.0%	1,076	0	0.0%	239	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%	2,026	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%			
Partnership	2,749,828	5,504	0.2%	288,779	3	0.0%			
SCAN	420,421	0	0.0%	29,073	0	0.0%	1,040	0	0.0%
SCFHP	1,521,313	1,139	0.1%	62,814	0	0.0%			
SFHP	686,798	3,164	0.5%	24,771	81	0.3%	953	0	0.0%
Statewide Total	**68,654,736**	**969,392**	**1.4%**	**3,984,156**	**101,233**	**2.5%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table D.8—Data Element Omission:
CPT/HCPCS Codes and Procedure Code Modifier

MCP	Medical/Outpatient CPT/HCPCS Codes			Medical/Outpatient Procedure Code Modifier		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	1,878,642	0	0.0%
AHF	26,164	0	0.0%	26,164	0	0.0%
Anthem	5,013,168	0	0.0%	5,013,168	20	0.0%
CCAH	3,416,002	110	0.0%	3,416,002	5,736	0.2%
CCHP	605,105	0	0.0%	605,105	1,019	0.2%
CHG	201,456	0	0.0%	201,456	0	0.0%
CalOptima	6,342,149	6	0.0%	6,342,149	9,560	0.2%
CalViva	3,083,661	0	0.0%	3,083,661	0	0.0%
Care1st	202,136	0	0.0%	202,136	0	0.0%
CenCal	1,817,709	34	0.0%	1,817,709	14,208	0.8%
HPSJ	1,357,546	0	0.0%	1,357,546	22	0.0%
HPSM	2,215,083	0	0.0%	2,215,083	315	0.0%
Health Net	11,198,180	0	0.0%	11,198,180	5,371	0.0%
IEHP	7,453,661	0	0.0%	7,453,661	0	0.0%
KFHC	1,847,855	0	0.0%	1,847,855	20	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	497,880	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	256,060	0	0.0%
L.A. Care	13,759,618	0	0.0%	13,759,618	0	0.0%
Molina	2,104,301	13	0.0%	2,104,301	2,187	0.1%
Partnership	2,749,828	241,279	8.8%	2,749,828	1,353	0.0%
SCAN	420,421	0	0.0%	420,421	0	0.0%
SCFHP	1,521,313	2	0.0%	1,521,313	1,130	0.1%
SFHP	686,798	0	0.0%	686,798	3	0.0%
Statewide Total	**68,654,736**	**241,444**	**0.4%**	**68,654,736**	**40,944**	**0.1%**

Table D.9—Data Element Omission:
Primary and Secondary Surgery Code, and Revenue Code

MCP	Hospital/Inpatient Primary Surgery Code			Hospital/Inpatient Secondary Surgery Code			Hospital/Inpatient Revenue Code		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	67,604	0	0.0%	67,604	0	0.0%	67,604	0	0.0%
AHF									
Anthem	204,146	0	0.0%	204,146	0	0.0%	204,146	0	0.0%
CCAH	378,071	0	0.0%	378,071	0	0.0%	378,071	0	0.0%
CCHP	29,684	57	0.2%	29,684	33	0.1%	29,684	0	0.0%
CHG	3,069	0	0.0%	3,069	0	0.0%	3,069	0	0.0%
CalOptima	312,650	652	0.2%	312,650	329	0.1%	312,650	0	0.0%
CalViva	157,175	0	0.0%	157,175	0	0.0%	157,175	0	0.0%
Care1st	15,940	0	0.0%	15,940	0	0.0%	15,940	0	0.0%
CenCal	140,821	19	0.0%	140,821	371	0.3%	140,821	0	0.0%
HPSJ	75,088	0	0.0%	75,088	0	0.0%	75,088	0	0.0%
HPSM	154,677	41,414	26.8%	154,677	27,496	17.8%	154,677	2	0.0%
Health Net	724,230	0	0.0%	724,230	0	0.0%	724,230	0	0.0%
IEHP	415,300	0	0.0%	415,300	0	0.0%	415,300	0	0.0%
KFHC	100,452	0	0.0%	100,452	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	2,114	3	0.1%	2,114	1	0.0%	2,114	0	0.0%
Kaiser–San Diego County	1,076	0	0.0%	1,076	0	0.0%	1,076	0	0.0%
L.A. Care	657,049	0	0.0%	657,049	0	0.0%	657,049	0	0.0%
Molina	139,573	0	0.0%	139,573	0	0.0%	139,573	0	0.0%
Partnership	288,779	0	0.0%	288,779	0	0.0%	288,779	150,624	52.2%
SCAN	29,073	0	0.0%	29,073	0	0.0%	29,073	0	0.0%
SCFHP	62,814	0	0.0%	62,814	454	0.7%	62,814	0	0.0%
SFHP	24,771	144	0.6%	24,771	107	0.4%	24,771	0	0.0%
Statewide Total	**3,984,156**	**42,289**	**1.1%**	**3,984,156**	**28,791**	**0.7%**	**3,984,156**	**150,626**	**3.8%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

**Table D.10—Data Element Omission:
Drug/Medical Supply**

MCP	Pharmacy		
	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,180,558	7,415	0.6%
AHF	41,062	0	0.0%
Anthem	2,650,061	0	0.0%
CCAH	1,723,180	0	0.0%
CCHP	320,444	0	0.0%
CHG	751,259	0	0.0%
CalOptima	3,084,724	0	0.0%
CalViva	548,142	0	0.0%
Care1st	96,842	0	0.0%
CenCal	770,676	0	0.0%
HPSJ	785,385	0	0.0%
HPSM	706,710	1	0.0%
Health Net	4,696,795	0	0.0%
IEHP	3,263,789	67,760	2.1%
KFHC	729,425	153,846	21.1%
Kaiser–Sacramento County	213,920	17,316	8.1%
Kaiser–San Diego County	125,978	16,712	13.3%
L.A. Care	6,347,360	0	0.0%
Molina	1,170,110	0	0.0%
Partnership	1,397,055	18,092	1.3%
SCAN	504,922	39,449	7.8%
SCFHP	671,086	0	0.0%
SFHP	266,585	7,977	3.0%
Statewide Total	**32,046,068**	**328,568**	**1.0%**

Table D.11—Data Element Omission:
Header From Date of Service

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	-	-	-	-	-	-
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	-	-	-	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	0	0.0%	-	-	-
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	-	-	-	-	-	-
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**58,957,654**	**0**	**0.0%**	**3,511,016**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

Table D.11—Data Element Omission:
Header From Date of Service (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,180,558	0	0.0%			
AHF	-	-	-			
Anthem	2,650,061	0	0.0%			
CCAH	-	-	-			
CCHP	-	-	-			
CHG	751,259	0	0.0%			
CalOptima	-	-	-	-	-	-
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	-	-	-			
HPSJ	785,385	0	0.0%			
HPSM	-	-	-			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	-	-	-			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	-	-	-			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**23,331,131**	**0**	**0.0%**	**5,550**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

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Table D.12—Data Element Omission:
Header To Date of Service

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	-	-	-	-	-	-
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	-	-	-	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	0	0.0%	-	-	-
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	-	-	-	-	-	-
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**58,957,654**	**0**	**0.0%**	**3,511,016**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

Table D.12—Data Element Omission:
Header To Date of Service (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in DHCS File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,180,558	0	0.0%			
AHF	-	-	-			
Anthem	2,650,061	0	0.0%			
CCAH	-	-	-			
CCHP	-	-	-			
CHG	751,259	0	0.0%			
CalOptima	-	-	-	-	-	-
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	-	-	-			
HPSJ	785,385	0	0.0%			
HPSM	-	-	-			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego Count	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	-	-	-			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	-	-	-			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**23,331,131**	**0**	**0.0%**	**5,550**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

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For all records present in both data sources, the following tables show the MCP-specific and statewide data element surplus rates for each key data element and stratified by claim type.

Table E.1—Data Element Surplus:
Billing/Reporting Provider Number

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	605,105	641	0.1%	29,684	0	0.0%
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	6,342,149	0	0.0%	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	7	0.0%	154,677	0	0.0%
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	2,749,828	560	0.0%	288,779	37	0.0%
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	17	0.0%	24,771	0	0.0%
Statewide Total	**68,654,736**	**1,225**	**0.0%**	**3,984,156**	**37**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.1—Data Element Surplus:
Billing/Reporting Provider Number (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,180,558	0	0.0%			
AHF	41,062	0	0.0%			
Anthem	2,650,061	0	0.0%			
CCAH	1,723,180	0	0.0%			
CCHP	320,444	320,444	100.0%			
CHG	751,259	0	0.0%			
CalOptima	3,084,724	0	0.0%	174,015	0	0.0%
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	770,676	0	0.0%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	0	0.0%			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	1,397,055	196,865	14.1%			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	671,086	0	0.0%			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**32,046,068**	**517,309**	**1.6%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

**Table E.2—Data Element Surplus:
Rendering Provider Number**

MCP	Medical/Outpatient		
	Records in Both Files	**Records with Values Not in MCP File**	**Rate**
AAH	1,878,642	0	0.0%
AHF	26,164	0	0.0%
Anthem	5,013,168	7	0.0%
CCAH	3,416,002	0	0.0%
CCHP	605,105	6	0.0%
CHG	201,456	0	0.0%
CalOptima	6,342,149	677,717	10.7%
CalViva	3,083,661	0	0.0%
Care1st	202,136	0	0.0%
CenCal	1,817,709	33	0.0%
HPSJ	1,357,546	11,161	0.8%
HPSM	2,215,083	0	0.0%
Health Net	11,198,180	0	0.0%
IEHP	7,453,661	0	0.0%
KFHC	1,847,855	0	0.0%
Kaiser–Sacramento County	497,880	196	0.0%
Kaiser–San Diego County	256,060	4	0.0%
L.A. Care	13,759,618	0	0.0%
Molina	2,104,301	288	0.0%
Partnership	2,749,828	0	0.0%
SCAN	420,421	0	0.0%
SCFHP	1,521,313	0	0.0%
SFHP	686,798	0	0.0%
Statewide Total	**68,654,736**	**689,412**	**1.0%**

**Table E.3—Data Element Surplus:
Referring/Prescribing/Admitting Provider Number**

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	5	0.0%	204,146	0	0.0%
CCAH	3,416,002	2	0.0%	378,071	0	0.0%
CCHP	605,105	604,583	99.9%	29,684	29,684	100.0%
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	6,342,149	58,456	0.9%	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	16	0.0%	140,821	0	0.0%
HPSJ	1,357,546	1,004,077	74.0%	75,088	0	0.0%
HPSM	2,215,083	107,908	4.9%	154,677	58,225	37.6%
Health Net	11,198,180	8,294	0.1%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	3,273	0.2%	100,452	322	0.3%
Kaiser–Sacramento County	497,880	2	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	2,749,828	844	0.0%	288,779	15,173	5.3%
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	6,103	0.4%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**68,654,736**	**1,793,563**	**2.6%**	**3,984,156**	**103,404**	**2.6%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.3—Data Element Surplus:
Referring/Prescribing/Admitting Provider Number (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,180,558	0	0.0%			
AHF	41,062	0	0.0%			
Anthem	2,650,061	0	0.0%			
CCAH	1,723,180	1,682,157	97.6%			
CCHP	320,444	1,302	0.4%			
CHG	751,259	0	0.0%			
CalOptima	3,084,724	39	0.0%	174,015	0	0.0%
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	770,676	68	0.0%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	153,341	21.7%			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	1,397,055	196,989	14.1%			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	671,086	0	0.0%			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**32,046,068**	**2,033,896**	**6.3%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.4—Data Element Surplus:
Provider Type

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	605,105	0	0.0%	29,684	0	0.0%
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	6,342,149	0	0.0%	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	849,452	46.7%	140,821	82,825	58.8%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	360	0.0%	154,677	0	0.0%
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	2,749,828	0	0.0%	288,779	0	0.0%
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	43,121	6.3%	24,771	6,902	27.9%
Statewide Total	**68,654,736**	**892,933**	**1.3%**	**3,984,156**	**89,727**	**2.3%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.4—Data Element Surplus:
Provider Type (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,180,558	0	0.0%			
AHF	41,062	0	0.0%			
Anthem	2,650,061	0	0.0%			
CCAH	1,723,180	0	0.0%			
CCHP	320,444	320,444	100.0%			
CHG	751,259	0	0.0%			
CalOptima	3,084,724	0	0.0%	174,015	0	0.0%
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	770,676	770,129	99.9%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	6	0.0%			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	1,397,055	1,397,055	100.0%			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	671,086	0	0.0%			
SFHP	266,585	0	0.0%	953	40	4.2%
Statewide Total	**32,046,068**	**2,487,634**	**7.8%**	**179,565**	**40**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.5—Data Element Surplus:
Provider Specialty

MCP	Medical/Outpatient		
	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,878,642	0	0.0%
AHF	26,164	19	0.1%
Anthem	5,013,168	7	0.0%
CCAH	3,416,002	154	0.0%
CCHP	605,105	0	0.0%
CHG	201,456	0	0.0%
CalOptima	6,342,149	5,967	0.1%
CalViva	3,083,661	0	0.0%
Care1st	202,136	0	0.0%
CenCal	1,817,709	2	0.0%
HPSJ	1,357,546	1	0.0%
HPSM	2,215,083	156,343	7.1%
Health Net	11,198,180	4,923	0.0%
IEHP	7,453,661	0	0.0%
KFHC	1,847,855	138	0.0%
Kaiser–Sacramento County	497,880	172	0.0%
Kaiser–San Diego County	256,060	4	0.0%
L.A. Care	13,759,618	0	0.0%
Molina	2,104,301	23,803	1.1%
Partnership	2,749,828	3,396	0.1%
SCAN	420,421	0	0.0%
SCFHP	1,521,313	44,971	3.0%
SFHP	686,798	0	0.0%
Statewide Total	**68,654,736**	**239,900**	**0.3%**

Table E.6—Data Element Surplus:
Primary Diagnosis Code

MCP	Medical/Outpatient			Hospital/Inpatient			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%			
AHF	26,164	0	0.0%						
Anthem	5,013,168	0	0.0%	204,146	0	0.0%			
CCAH	3,416,002	52	0.0%	378,071	0	0.0%			
CCHP	605,105	0	0.0%	29,684	0	0.0%			
CHG	201,456	0	0.0%	3,069	0	0.0%			
CalOptima	6,342,149	153,094	2.4%	312,650	10	0.0%	174,015	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%	156	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%	43	0	0.0%
CenCal	1,817,709	2	0.0%	140,821	9	0.0%			
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%			
HPSM	2,215,083	101,729	4.6%	154,677	15,604	10.1%			
Health Net	11,198,180	0	0.0%	724,230	0	0.0%	985	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%			
KFHC	1,847,855	0	0.0%	100,452	0	0.0%			
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%	108	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%	239	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%	2,026	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%			
Partnership	2,749,828	0	0.0%	288,779	0	0.0%			
SCAN	420,421	0	0.0%	29,073	0	0.0%	1,040	0	0.0%
SCFHP	1,521,313	22	0.0%	62,814	0	0.0%			
SFHP	686,798	33	0.0%	24,771	0	0.0%	953	0	0.0%
Statewide Total	**68,654,736**	**254,932**	**0.4%**	**3,984,156**	**15,623**	**0.4%**	**179,565**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.7—Data Element Surplus:
Secondary Diagnosis Code

MCP	Medical/Outpatient			Hospital/Inpatient			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in DHCS File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%			
AHF	26,164	0	0.0%						
Anthem	5,013,168	24	0.0%	204,146	0	0.0%			
CCAH	3,416,002	26,162	0.8%	378,071	0	0.0%			
CCHP	605,105	495	0.1%	29,684	0	0.0%			
CHG	201,456	0	0.0%	3,069	0	0.0%			
CalOptima	6,342,149	6,942	0.1%	312,650	20,275	6.5%	174,015	1	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%	156	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%	43	0	0.0%
CenCal	1,817,709	63	0.0%	140,821	0	0.0%			
HPSJ	1,357,546	10	0.0%	75,088	0	0.0%			
HPSM	2,215,083	34,731	1.6%	154,677	5,792	3.7%			
Health Net	11,198,180	8,194	0.1%	724,230	0	0.0%	985	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%			
KFHC	1,847,855	17	0.0%	100,452	0	0.0%			
Kaiser–Sacramento County	497,880	166	0.0%	2,114	0	0.0%	108	0	0.0%
Kaiser–San Diego County	256,060	2	0.0%	1,076	0	0.0%	239	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%	2,026	0	0.0%
Molina	2,104,301	6	0.0%	139,573	0	0.0%			
Partnership	2,749,828	8,416	0.3%	288,779	1	0.0%			
SCAN	420,421	0	0.0%	29,073	0	0.0%	1,040	0	0.0%
SCFHP	1,521,313	1,102	0.1%	62,814	0	0.0%			
SFHP	686,798	7,093	1.0%	24,771	55	0.2%	953	0	0.0%
Statewide Total	**68,654,736**	**93,423**	**0.1%**	**3,984,156**	**26,123**	**0.7%**	**179,565**	**1**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

**Table E.8—Data Element Surplus:
CPT/HCPCS Codes and Procedure Code Modifier**

MCP	Medical/Outpatient CPT/HCPCS Codes			Medical/Outpatient Procedure Code Modifier		
	Records in Both Files	**Records with Values Not in MCP File**	**Rate**	**Records in Both Files**	**Records with Values Not in MCP File**	**Rate**
AAH	1,878,642	0	0.0%	1,878,642	0	0.0%
AHF	26,164	0	0.0%	26,164	0	0.0%
Anthem	5,013,168	0	0.0%	5,013,168	15	0.0%
CCAH	3,416,002	1	0.0%	3,416,002	3,426	0.1%
CCHP	605,105	0	0.0%	605,105	745	0.1%
CHG	201,456	0	0.0%	201,456	0	0.0%
CalOptima	6,342,149	1	0.0%	6,342,149	10,965	0.2%
CalViva	3,083,661	0	0.0%	3,083,661	0	0.0%
Care1st	202,136	0	0.0%	202,136	0	0.0%
CenCal	1,817,709	46	0.0%	1,817,709	13,209	0.7%
HPSJ	1,357,546	0	0.0%	1,357,546	7	0.0%
HPSM	2,215,083	54	0.0%	2,215,083	341	0.0%
Health Net	11,198,180	0	0.0%	11,198,180	9,254	0.1%
IEHP	7,453,661	0	0.0%	7,453,661	0	0.0%
KFHC	1,847,855	0	0.0%	1,847,855	12	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	497,880	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	256,060	0	0.0%
L.A. Care	13,759,618	0	0.0%	13,759,618	0	0.0%
Molina	2,104,301	9	0.0%	2,104,301	35,610	1.7%
Partnership	2,749,828	0	0.0%	2,749,828	1,342	0.0%
SCAN	420,421	0	0.0%	420,421	0	0.0%
SCFHP	1,521,313	2	0.0%	1,521,313	13,331	0.9%
SFHP	686,798	18,518	2.7%	686,798	3	0.0%
Statewide Total	**68,654,736**	**18,631**	**0.0%**	**68,654,736**	**88,260**	**0.1%**

**Table E.9—Data Element Surplus:
Primary and Secondary Surgery Code, and Revenue Code**

MCP	Hospital/Inpatient Primary Surgery Code			Hospital/Inpatient Secondary Surgery Code			Hospital/Inpatient Revenue Code		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	67,604	0	0.0%	67,604	0	0.0%	67,604	5	0.0%
AHF									
Anthem	204,146	0	0.0%	204,146	0	0.0%	204,146	0	0.0%
CCAH	378,071	0	0.0%	378,071	0	0.0%	378,071	0	0.0%
CCHP	29,684	56	0.2%	29,684	32	0.1%	29,684	0	0.0%
CHG	3,069	0	0.0%	3,069	0	0.0%	3,069	0	0.0%
CalOptima	312,650	215	0.1%	312,650	128	0.0%	312,650	0	0.0%
CalViva	157,175	0	0.0%	157,175	0	0.0%	157,175	0	0.0%
Care1st	15,940	0	0.0%	15,940	0	0.0%	15,940	0	0.0%
CenCal	140,821	0	0.0%	140,821	0	0.0%	140,821	0	0.0%
HPSJ	75,088	1,459	1.9%	75,088	1,098	1.5%	75,088	0	0.0%
HPSM	154,677	60	0.0%	154,677	0	0.0%	154,677	69,894	45.2%
Health Net	724,230	0	0.0%	724,230	0	0.0%	724,230	0	0.0%
IEHP	415,300	0	0.0%	415,300	0	0.0%	415,300	0	0.0%
KFHC	100,452	0	0.0%	100,452	0	0.0%	100,452	3	0.0%
Kaiser–Sacramento County	2,114	0	0.0%	2,114	1	0.0%	2,114	0	0.0%
Kaiser–San Diego County	1,076	0	0.0%	1,076	0	0.0%	1,076	0	0.0%
L.A. Care	657,049	0	0.0%	657,049	0	0.0%	657,049	0	0.0%
Molina	139,573	0	0.0%	139,573	0	0.0%	139,573	0	0.0%
Partnership	288,779	0	0.0%	288,779	0	0.0%	288,779	0	0.0%
SCAN	29,073	0	0.0%	29,073	0	0.0%	29,073	0	0.0%
SCFHP	62,814	180	0.3%	62,814	311	0.5%	62,814	0	0.0%
SFHP	24,771	0	0.0%	24,771	0	0.0%	24,771	272	1.1%
Statewide Total	**3,984,156**	**1,970**	**0.0%**	**3,984,156**	**1,570**	**0.0%**	**3,984,156**	**70,174**	**1.8%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table E.10—Data Element Surplus:
Drug/Medical Supply

MCP	Pharmacy		
	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,180,558	0	0.0%
AHF	41,062	0	0.0%
Anthem	2,650,061	0	0.0%
CCAH	1,723,180	0	0.0%
CCHP	320,444	0	0.0%
CHG	751,259	0	0.0%
CalOptima	3,084,724	0	0.0%
CalViva	548,142	0	0.0%
Care1st	96,842	0	0.0%
CenCal	770,676	0	0.0%
HPSJ	785,385	0	0.0%
HPSM	706,710	0	0.0%
Health Net	4,696,795	0	0.0%
IEHP	3,263,789	0	0.0%
KFHC	729,425	0	0.0%
Kaiser–Sacramento County	213,920	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%
L.A. Care	6,347,360	0	0.0%
Molina	1,170,110	0	0.0%
Partnership	1,397,055	0	0.0%
SCAN	504,922	0	0.0%
SCFHP	671,086	0	0.0%
SFHP	266,585	0	0.0%
Statewide Total	**32,046,068**	**0**	**0.0%**

Table E.11—Data Element Surplus:
Header From Date of Service

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	-	-	-	-	-	-
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	-	-	-	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	0	0.0%	-	-	-
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	-	-	-	-	-	-
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**58,957,654**	**0**	**0.0%**	**3,511,016**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

**Table E.11—Data Element Surplus:
Header From Date of Service (Continued)**

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,180,558	0	0.0%			
AHF	-	-	-			
Anthem	2,650,061	0	0.0%			
CCAH	-	-	-			
CCHP	-	-	-			
CHG	751,259	0	0.0%			
CalOptima	-	-	-	-	-	-
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	-	-	-			
HPSJ	785,385	0	0.0%			
HPSM	-	-	-			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	-	-	-			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	-	-	-			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**23,331,131**	**0**	**0.0%**	**5,550**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

Table E.12—Data Element Surplus:
Header To Date of Service

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,878,642	0	0.0%	67,604	0	0.0%
AHF	26,164	0	0.0%			
Anthem	5,013,168	0	0.0%	204,146	0	0.0%
CCAH	3,416,002	0	0.0%	378,071	0	0.0%
CCHP	-	-	-	-	-	-
CHG	201,456	0	0.0%	3,069	0	0.0%
CalOptima	-	-	-	312,650	0	0.0%
CalViva	3,083,661	0	0.0%	157,175	0	0.0%
Care1st	202,136	0	0.0%	15,940	0	0.0%
CenCal	1,817,709	0	0.0%	140,821	0	0.0%
HPSJ	1,357,546	0	0.0%	75,088	0	0.0%
HPSM	2,215,083	0	0.0%	-	-	-
Health Net	11,198,180	0	0.0%	724,230	0	0.0%
IEHP	7,453,661	0	0.0%	415,300	0	0.0%
KFHC	1,847,855	0	0.0%	100,452	0	0.0%
Kaiser–Sacramento County	497,880	0	0.0%	2,114	0	0.0%
Kaiser–San Diego County	256,060	0	0.0%	1,076	0	0.0%
L.A. Care	13,759,618	0	0.0%	657,049	0	0.0%
Molina	2,104,301	0	0.0%	139,573	0	0.0%
Partnership	-	-	-	-	-	-
SCAN	420,421	0	0.0%	29,073	0	0.0%
SCFHP	1,521,313	0	0.0%	62,814	0	0.0%
SFHP	686,798	0	0.0%	24,771	0	0.0%
Statewide Total	**58,957,654**	**0**	**0.0%**	**3,511,016**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

Table E.12—Data Element Surplus:
Header To Date of Service (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Values Not in MCP File	Rate	Records in Both Files	Records with Values Not in MCP File	Rate
AAH	1,180,558	0	0.0%			
AHF	-	-	-			
Anthem	2,650,061	0	0.0%			
CCAH	-	-	-			
CCHP	-	-	-			
CHG	751,259	0	0.0%			
CalOptima	-	-	-	-	-	-
CalViva	548,142	0	0.0%	156	0	0.0%
Care1st	96,842	0	0.0%	43	0	0.0%
CenCal	-	-	-			
HPSJ	785,385	0	0.0%			
HPSM	-	-	-			
Health Net	4,696,795	0	0.0%	985	0	0.0%
IEHP	3,263,789	0	0.0%			
KFHC	729,425	0	0.0%			
Kaiser–Sacramento County	213,920	0	0.0%	108	0	0.0%
Kaiser–San Diego County	125,978	0	0.0%	239	0	0.0%
L.A. Care	6,347,360	0	0.0%	2,026	0	0.0%
Molina	1,170,110	0	0.0%			
Partnership	-	-	-			
SCAN	504,922	0	0.0%	1,040	0	0.0%
SCFHP	-	-	-			
SFHP	266,585	0	0.0%	953	0	0.0%
Statewide Total	**23,331,131**	**0**	**0.0%**	**5,550**	**0**	**0.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

For all records present in both data sources and with values present in both data sources, the following tables display the MCP-specific and statewide data element accuracy rates for each key data element and stratified by claim type.

Table F.1—Data Element Accuracy:
Billing/Reporting Provider Number

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	1,878,642	100.0%	67,604	67,604	100.0%
AHF	26,164	13,706	52.4%			
Anthem	5,013,168	4,799,364	95.7%	204,146	204,146	100.0%
CCAH	3,416,002	2,631,877	77.0%	378,071	185,828	49.2%
CCHP	604,464	570,229	94.3%	29,684	29,643	99.9%
CHG	201,456	201,456	100.0%	3,069	3,069	100.0%
CalOptima	6,342,115	2,001,446	31.6%	312,650	67,721	21.7%
CalViva	3,083,661	3,040,120	98.6%	157,175	157,147	100.0%
Care1st	202,136	201,994	99.9%	15,940	15,940	100.0%
CenCal	1,817,709	1,817,709	100.0%	140,821	140,821	100.0%
HPSJ	1,357,546	693,229	51.1%	75,088	74,094	98.7%
HPSM	2,215,042	2,204,647	99.5%	154,677	154,621	100.0%
Health Net	11,198,180	11,023,011	98.4%	724,230	699,107	96.5%
IEHP	7,453,661	7,453,584	100.0%	415,300	415,300	100.0%
KFHC	1,847,855	1,847,798	100.0%	100,452	100,452	100.0%
Kaiser–Sacramento County	497,880	497,755	100.0%	2,114	2,114	100.0%
Kaiser–San Diego County	256,060	255,156	99.6%	1,076	1,009	93.8%
L.A. Care	13,759,618	13,758,550	100.0%	657,049	656,754	100.0%
Molina	2,104,301	2,012,816	95.7%	139,573	135,742	97.3%
Partnership	2,749,268	2,597,844	94.5%	288,742	278,495	96.5%
SCAN	420,421	420,421	100.0%	29,073	29,073	100.0%
SCFHP	1,521,313	1,470,418	96.7%	62,814	57,197	91.1%
SFHP	686,781	667,434	97.2%	24,771	24,755	99.9%
Statewide Total	**68,653,443**	**62,059,206**	**90.4%**	**3,984,119**	**3,500,632**	**87.9%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

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Table F.1—Data Element Accuracy:
Billing/Reporting Provider Number (Continued)

MCP	Pharmacy			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,180,558	1,178,303	99.8%			
AHF	41,062	41,062	100.0%			
Anthem	2,650,061	2,650,061	100.0%			
CCAH	1,723,180	1,695,954	98.4%			
CCHP	0	*	*			
CHG	751,259	746,747	99.4%			
CalOptima	3,084,724	3,084,276	100.0%	174,015	67,339	38.7%
CalViva	548,142	548,131	100.0%	156	140	89.7%
Care1st	96,842	96,842	100.0%	43	43	100.0%
CenCal	770,676	756	0.1%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	706,570	100.0%			
Health Net	4,696,795	4,696,649	100.0%	985	985	100.0%
IEHP	3,263,789	3,263,789	100.0%			
KFHC	729,425	729,425	100.0%			
Kaiser–Sacramento County	213,920	213,895	100.0%	108	108	100.0%
Kaiser–San Diego County	125,978	125,960	100.0%	239	233	97.5%
L.A. Care	6,347,360	6,347,360	100.0%	2,026	2,026	100.0%
Molina	1,170,110	1,170,110	100.0%			
Partnership	1,200,152	1,090,040	90.8%			
SCAN	504,922	504,859	100.0%	1,040	1,040	100.0%
SCFHP	671,086	75	0.0%			
SFHP	266,585	22,798	8.6%	953	936	98.2%
Statewide Total	**31,528,721**	**28,913,662**	**91.7%**	**179,565**	**72,850**	**40.6%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

* There were no records with values present in both files; therefore, rates could not be calculated.

Table F.2—Data Element Accuracy:
Rendering Provider Number

MCP	Medical/Outpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,460,771	1,442,759	98.8%
AHF	3,031	2,990	98.6%
Anthem	3,354,414	3,236,236	96.5%
CCAH	1,927,192	1,927,187	100.0%
CCHP	152,167	150,838	99.1%
CHG	200,752	200,752	100.0%
CalOptima	1,132,332	612,752	54.1%
CalViva	3,083,661	3,083,661	100.0%
Care1st	99,319	96,646	97.3%
CenCal	991,382	989,638	99.8%
HPSJ	1,346,385	690,374	51.3%
HPSM	0	*	*
Health Net	10,901,449	10,872,329	99.7%
IEHP	10	0	0.0%
KFHC	1,847,855	1,847,798	100.0%
Kaiser–Sacramento County	212,161	212,112	100.0%
Kaiser–San Diego County	97,483	96,598	99.1%
L.A. Care	7,780,919	7,780,840	100.0%
Molina	2,101,715	1,752,705	83.4%
Partnership	0	*	*
SCAN	258,941	258,941	100.0%
SCFHP	1,242,431	1,225,924	98.7%
SFHP	574,503	539,758	94.0%
Statewide Total	**38,768,873**	**37,020,838**	**95.5%**

* There were no records with values present in both files; therefore, rates could not be calculated.

Table F.3—Data Element Accuracy:
Referring/Prescribing/Admitting Provider Number

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,591,491	1,538,313	96.7%	67,604	65,988	97.6%
AHF	0	*	*			
Anthem	332,124	330,964	99.7%	204,146	195,855	95.9%
CCAH	2,321,132	2,321,109	100.0%	342,961	342,961	100.0%
CCHP	169	169	100.0%	0	*	*
CHG	0	*	*	3,069	3,069	100.0%
CalOptima	1,113,100	1,090,934	98.0%	312,650	146,594	46.9%
CalViva	977,765	977,765	100.0%	157,175	157,175	100.0%
Care1st	0	*	*	15,940	15,285	95.9%
CenCal	926,727	926,726	100.0%	105,913	105,913	100.0%
HPSJ	353,469	40,814	11.5%	75,088	71,693	95.5%
HPSM	3,820	3,468	90.8%	51,756	519	1.0%
Health Net	1,444,029	1,442,363	99.9%	724,230	724,230	100.0%
IEHP	4,327,192	4,327,180	100.0%	415,300	415,300	100.0%
KFHC	64,282	64,282	100.0%	100,130	100,130	100.0%
Kaiser–Sacramento County	56	56	100.0%	2,114	2,114	100.0%
Kaiser–San Diego County	152	152	100.0%	1,076	1,076	100.0%
L.A. Care	253	253	100.0%	657,049	657,023	100.0%
Molina	0	*	*	139,573	138,899	99.5%
Partnership	240,319	11,241	4.7%	81,454	3,457	4.2%
SCAN	420,421	420,421	100.0%	29,073	29,073	100.0%
SCFHP	144,235	136,402	94.6%	62,814	55,252	88.0%
SFHP	0	*	*	24,771	24,755	99.9%
Statewide Total	**14,260,736**	**13,632,612**	**95.6%**	**3,573,886**	**3,256,361**	**91.1%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

* There were no records with values present in both files; therefore, rates could not be calculated.

Table F.3—Data Element Accuracy:
Referring/Prescribing/Admitting Provider Number (Continued)

MCP	Pharmacy			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,180,558	1,178,209	99.8%			
AHF	41,062	41,061	100.0%			
Anthem	2,650,061	2,650,024	100.0%			
CCAH	433	186	43.0%			
CCHP	319,142	304,131	95.3%			
CHG	751,259	746,473	99.4%			
CalOptima	3,084,572	3,081,906	99.9%	174,015	128,221	73.7%
CalViva	548,142	548,119	100.0%	3	3	100.0%
Care1st	96,842	88,859	91.8%	43	39	90.7%
CenCal	770,608	60,929	7.9%			
HPSJ	785,385	785,372	100.0%			
HPSM	526,770	106,578	20.2%			
Health Net	4,696,795	4,696,466	100.0%	574	574	100.0%
IEHP	3,263,789	3,263,789	100.0%			
KFHC	729,425	729,425	100.0%			
Kaiser–Sacramento County	213,920	213,920	100.0%	108	108	100.0%
Kaiser–San Diego County	125,978	125,978	100.0%	239	239	100.0%
L.A. Care	6,347,360	6,347,318	100.0%	2,026	2,026	100.0%
Molina	1,170,110	1,170,110	100.0%			
Partnership	1,200,066	194,381	16.2%			
SCAN	504,922	488,391	96.7%	1,040	1,040	100.0%
SCFHP	671,086	153,131	22.8%			
SFHP	266,585	266,585	100.0%	953	933	97.9%
Statewide Total	**29,944,870**	**27,241,341**	**91.0%**	**179,001**	**133,183**	**74.4%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table F.4—Data Element Accuracy:
Provider Type

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	1,875,109	99.8%	67,604	67,604	100.0%
AHF	26,164	26,141	99.9%			
Anthem	5,013,168	5,013,148	100.0%	204,146	204,146	100.0%
CCAH	3,416,002	3,378,895	98.9%	378,071	378,042	100.0%
CCHP	605,105	497,422	82.2%	29,684	29,590	99.7%
CHG	201,456	201,456	100.0%	3,069	3,069	100.0%
CalOptima	6,342,149	5,838,498	92.1%	312,650	59,016	18.9%
CalViva	3,083,661	3,083,661	100.0%	157,175	157,175	100.0%
Care1st	202,136	202,136	100.0%	15,940	15,940	100.0%
CenCal	968,257	82,893	8.6%	57,996	2	0.0%
HPSJ	1,357,546	733,577	54.0%	75,088	0	0.0%
HPSM	2,214,723	2,062,643	93.1%	154,677	141,431	91.4%
Health Net	11,198,180	11,177,453	99.8%	724,230	724,230	100.0%
IEHP	7,453,661	7,453,661	100.0%	415,300	415,300	100.0%
KFHC	1,847,855	1,838,375	99.5%	100,452	100,442	100.0%
Kaiser–Sacramento County	497,880	497,473	99.9%	2,114	2,114	100.0%
Kaiser–San Diego County	256,060	256,035	100.0%	1,076	1,076	100.0%
L.A. Care	13,759,618	13,759,618	100.0%	657,049	657,049	100.0%
Molina	2,104,301	1,618,356	76.9%	139,573	137,750	98.7%
Partnership	2,749,828	2,183,282	79.4%	288,779	218,819	75.8%
SCAN	420,421	420,421	100.0%	29,073	29,073	100.0%
SCFHP	1,521,313	1,198,347	78.8%	62,814	35,562	56.6%
SFHP	643,677	643,359	100.0%	17,869	17,694	99.0%
Statewide Total	**67,761,803**	**64,041,959**	**94.5%**	**3,894,429**	**3,395,124**	**87.2%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table F.4—Data Element Accuracy:
Provider Type (Continued)

MCP	Pharmacy			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,180,558	1,180,558	100.0%			
AHF	41,062	41,062	100.0%			
Anthem	2,650,061	2,650,061	100.0%			
CCAH	1,723,180	1,692,290	98.2%			
CCHP	0	*	*			
CHG	751,259	750,933	100.0%			
CalOptima	3,084,724	3,084,724	100.0%	174,015	174,015	100.0%
CalViva	548,142	548,142	100.0%	156	156	100.0%
Care1st	96,842	96,842	100.0%	43	43	100.0%
CenCal	547	547	100.0%			
HPSJ	785,385	785,385	100.0%			
HPSM	706,704	706,569	100.0%			
Health Net	4,696,795	4,696,795	100.0%	985	985	100.0%
IEHP	3,263,789	3,263,789	100.0%			
KFHC	729,425	729,421	100.0%			
Kaiser–Sacramento County	213,920	213,920	100.0%	108	108	100.0%
Kaiser–San Diego County	125,978	125,978	100.0%	239	239	100.0%
L.A. Care	6,347,360	6,347,360	100.0%	2,026	2,026	100.0%
Molina	1,170,110	1,170,110	100.0%			
Partnership	0	*	*			
SCAN	504,922	504,922	100.0%	1,040	0	0.0%
SCFHP	671,086	671,086	100.0%			
SFHP	266,585	183,101	68.7%	913	869	95.2%
Statewide Total	**29,558,434**	**29,443,595**	**99.6%**	**179,525**	**178,441**	**99.4%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

* There were no records with values present in both files; therefore, rates could not be calculated.

**Table F.5—Data Element Accuracy:
Provider Specialty**

MCP	Medical/Outpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	723,702	676,966	93.5%
AHF	10,058	9,799	97.4%
Anthem	3,359,030	3,359,030	100.0%
CCAH	3,415,416	3,358,133	98.3%
CCHP	371,260	239,125	64.4%
CHG	201,456	201,456	100.0%
CalOptima	3,298,333	3,269,027	99.1%
CalViva	1,876,768	1,876,768	100.0%
Care1st	115,007	114,816	99.8%
CenCal	1,817,707	1,796,773	98.8%
HPSJ	506,605	504,257	99.5%
HPSM	2,058,740	1,848,238	89.8%
Health Net	7,531,572	7,524,752	99.9%
IEHP	2,968,424	2,968,424	100.0%
KFHC	743,614	738,801	99.4%
Kaiser–Sacramento County	203,803	203,671	99.9%
Kaiser–San Diego County	90,510	90,503	100.0%
L.A. Care	7,722,829	7,722,829	100.0%
Molina	1,285,580	1,285,580	100.0%
Partnership	2,746,432	1,055,441	38.4%
SCAN	0	*	*
SCFHP	927,858	926,049	99.8%
SFHP	201,795	168,392	83.4%
Statewide Total	**42,176,499**	**39,938,830**	**94.7%**

* There were no records with values present in both files; therefore, rates could not be calculated.

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Table F.6—Data Element Accuracy:
Primary Diagnosis Code

MCP	Medical/Outpatient			Hospital/Inpatient			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	1,878,635	100.0%	67,604	67,604	100.0%			
AHF	26,162	26,162	100.0%						
Anthem	5,013,152	5,013,078	100.0%	204,146	204,146	100.0%			
CCAH	3,391,090	3,349,744	98.8%	377,460	377,446	100.0%			
CCHP	605,105	603,409	99.7%	29,684	29,662	99.9%			
CHG	201,357	201,357	100.0%	3,069	3,069	100.0%			
CalOptima	5,903,661	5,875,153	99.5%	312,640	291,245	93.2%	174,014	174,014	100.0%
CalViva	3,083,661	3,083,661	100.0%	157,175	157,175	100.0%	156	156	100.0%
Care1st	202,136	202,136	100.0%	15,940	15,940	100.0%	43	43	100.0%
CenCal	1,817,689	29,415	1.6%	140,358	3,189	2.3%			
HPSJ	1,357,525	1,357,492	100.0%	75,088	75,088	100.0%			
HPSM	2,108,110	2,106,800	99.9%	138,821	138,779	100.0%			
Health Net	11,197,945	11,169,171	99.7%	724,230	724,230	100.0%	985	985	100.0%
IEHP	7,447,102	7,447,102	100.0%	415,300	415,300	100.0%			
KFHC	1,847,853	1,847,796	100.0%	100,452	100,452	100.0%			
Kaiser–Sacramento County	497,880	497,255	99.9%	2,114	2,108	99.7%	108	108	100.0%
Kaiser–San Diego County	256,060	256,008	100.0%	1,076	1,074	99.8%	239	239	100.0%
L.A. Care	13,759,618	13,759,618	100.0%	657,049	657,049	100.0%	2,026	2,026	100.0%
Molina	2,104,301	2,104,301	100.0%	139,573	139,573	100.0%			
Partnership	2,749,822	2,695,085	98.0%	288,779	288,741	100.0%			
SCAN	420,398	420,398	100.0%	29,073	29,073	100.0%	1,040	1,040	100.0%
SCFHP	1,521,288	1,517,270	99.7%	62,814	62,813	100.0%			
SFHP	686,672	685,325	99.8%	24,771	24,771	100.0%	953	953	100.0%
Statewide Total	**68,077,229**	**66,126,371**	**97.1%**	**3,967,216**	**3,808,527**	**96.0%**	**179,564**	**179,564**	**100.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table F.7—Data Element Accuracy:
Secondary Diagnosis Code

MCP	Medical/Outpatient			Hospital/Inpatient			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	695,833	695,833	100.0%	64,333	64,333	100.0%			
AHF	18,196	18,196	100.0%						
Anthem	1,163,313	1,163,298	100.0%	192,401	192,401	100.0%			
CCAH	2,085,410	2,081,597	99.8%	292,915	292,841	100.0%			
CCHP	295,711	295,344	99.9%	28,221	28,196	99.9%			
CHG	86,354	86,354	100.0%	2,963	2,963	100.0%			
CalOptima	2,429,499	2,416,142	99.5%	275,756	234,391	85.0%	33,568	33,568	100.0%
CalViva	1,259,035	1,259,035	100.0%	150,108	150,108	100.0%	62	62	100.0%
Care1st	92,629	92,614	100.0%	0	*	*	0	*	*
CenCal	14,576	14,526	99.7%	3,029	3,029	100.0%			
HPSJ	645,162	645,152	100.0%	72,252	72,252	100.0%			
HPSM	1,117,934	1,117,615	100.0%	80,759	80,738	100.0%			
Health Net	2,752,920	2,748,258	99.8%	645,202	645,202	100.0%	920	920	100.0%
IEHP	3,485,187	3,485,187	100.0%	380,094	380,094	100.0%			
KFHC	953,917	953,910	100.0%	96,319	96,319	100.0%			
Kaiser–Sacramento County	123,812	123,612	99.8%	2,078	2,075	99.9%	73	73	100.0%
Kaiser–San Diego County	52,557	52,539	100.0%	1,029	1,028	99.9%	6	6	100.0%
L.A. Care	4,765,883	4,765,883	100.0%	505,081	505,081	100.0%	1,743	1,743	100.0%
Molina	980,895	980,894	100.0%	129,519	129,507	100.0%			
Partnership	1,307,305	1,279,036	97.8%	164,447	164,415	100.0%			
SCAN	136,635	136,635	100.0%	28,498	28,498	100.0%	933	933	100.0%
SCFHP	818,000	816,329	99.8%	60,137	60,136	100.0%			
SFHP	240,487	236,170	98.2%	17,032	16,868	99.0%	864	862	99.8%
Statewide Total	**25,521,250**	**25,464,159**	**99.8%**	**3,192,173**	**3,150,475**	**98.7%**	**38,169**	**38,167**	**100.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

* There were no records with values present in both files; therefore, rates could not be calculated.

**Table F.8—Data Element Accuracy:
CPT/HCPCS Codes and Procedure Code Modifier**

MCP	Medical/Outpatient CPT/HCPCS Codes			Medical/Outpatient Procedure Code Modifier		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	1,878,642	100.0%	443,722	443,722	100.0%
AHF	26,164	26,164	100.0%	3,241	3,241	100.0%
Anthem	5,013,168	5,013,095	100.0%	1,581,533	1,581,529	100.0%
CCAH	3,409,738	3,390,136	99.4%	1,613,249	1,611,565	99.9%
CCHP	605,105	603,440	99.7%	239,217	238,623	99.8%
CHG	201,456	201,456	100.0%	42,025	42,025	100.0%
CalOptima	6,342,124	5,081,261	80.1%	1,553,167	1,548,658	99.7%
CalViva	3,083,661	3,083,661	100.0%	1,323,247	1,323,247	100.0%
Care1st	202,136	202,136	100.0%	33,818	33,818	100.0%
CenCal	1,816,173	1,688,354	93.0%	698,241	689,551	98.8%
HPSJ	1,357,041	1,109,386	81.8%	569,783	569,776	100.0%
HPSM	2,215,029	1,810,304	81.7%	715,803	715,520	100.0%
Health Net	11,198,180	11,169,401	99.7%	3,149,901	3,145,589	99.9%
IEHP	7,453,661	7,453,661	100.0%	1,912,818	1,912,818	100.0%
KFHC	1,847,855	1,847,336	100.0%	943,168	943,154	100.0%
Kaiser–Sacramento County	497,880	496,898	99.8%	0	*	*
Kaiser–San Diego County	256,060	255,908	99.9%	0	*	*
L.A. Care	13,759,618	13,759,618	100.0%	1,781,129	1,781,129	100.0%
Molina	2,104,006	2,053,156	97.6%	520,212	519,439	99.9%
Partnership	2,508,549	2,464,360	98.2%	958,883	958,199	99.9%
SCAN	420,421	420,421	100.0%	92,796	92,796	100.0%
SCFHP	1,521,237	1,476,059	97.0%	411,376	410,648	99.8%
SFHP	668,280	668,162	100.0%	194,107	193,957	99.9%
Statewide Total	**68,386,184**	**66,153,015**	**96.7%**	**18,781,436**	**18,759,004**	**99.9%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

* There were no records with values present in both files; therefore, rates could not be calculated.

Table F.9—Data Element Accuracy:
Primary and Secondary Surgery Code, and Revenue Code

MCP	Hospital/Inpatient Primary Surgery Code			Hospital/Inpatient Secondary Surgery Code			Hospital/Inpatient Revenue Code		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	42,812	42,812	100.0%	24,252	24,252	100.0%	67,599	63,171	93.4%
AHF									
Anthem	148,861	148,861	100.0%	93,249	93,249	100.0%	204,146	204,146	100.0%
CCAH	0	*	*	0	*	*	265,246	264,940	99.9%
CCHP	16,290	16,258	99.8%	10,653	10,579	99.3%	29,684	29,604	99.7%
CHG	0	*	*	0	*	*	3,069	771	25.1%
CalOptima	184,731	184,645	100.0%	119,431	119,355	99.9%	312,650	311,772	99.7%
CalViva	110,717	110,717	100.0%	56,274	56,274	100.0%	157,175	141,893	90.3%
Care1st	0	*	*	0	*	*	15,940	15,940	100.0%
CenCal	44,618	44,574	99.9%	27,269	27,269	100.0%	140,006	129,274	92.3%
HPSJ	51,537	51,537	100.0%	34,601	34,601	100.0%	75,088	74,999	99.9%
HPSM	8,506	6,540	76.9%	0	*	*	83,664	79,132	94.6%
Health Net	451,333	451,333	100.0%	262,408	262,408	100.0%	724,230	597,442	82.5%
IEHP	257,266	257,266	100.0%	148,413	148,413	100.0%	415,300	415,300	100.0%
KFHC	46,318	46,318	100.0%	22,675	22,675	100.0%	100,449	100,449	100.0%
Kaiser–Sacramento County	1,347	1,342	99.6%	809	804	99.4%	2,114	2,114	100.0%
Kaiser–San Diego County	592	591	99.8%	299	298	99.7%	1,076	1,074	99.8%
L.A. Care	339,887	339,887	100.0%	198,503	198,503	100.0%	657,049	656,171	99.9%
Molina	95,614	95,614	100.0%	56,902	56,902	100.0%	139,573	132,210	94.7%
Partnership	0	*	*	0	*	*	138,155	132,030	95.6%
SCAN	12,162	12,162	100.0%	8,172	8,172	100.0%	29,073	29,073	100.0%
SCFHP	37,217	36,929	99.2%	14,053	14,052	100.0%	62,814	62,704	99.8%
SFHP	0	*	*	0	*	*	24,499	24,499	100.0%
Statewide Total	**1,849,808**	**1,847,386**	**99.9%**	**1,077,963**	**1,077,806**	**100.0%**	**3,648,599**	**3,468,708**	**95.1%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

* There were no records with values present in both files; therefore, rates could not be calculated.

**Table F.10—Data Element Accuracy:
Drug/Medical Supply**

MCP	Pharmacy		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,173,143	1,170,852	99.8%
AHF	41,062	41,060	100.0%
Anthem	2,650,061	2,650,061	100.0%
CCAH	1,723,180	1,720,386	99.8%
CCHP	320,444	319,134	99.6%
CHG	751,259	746,480	99.4%
CalOptima	3,084,724	3,075,882	99.7%
CalViva	548,142	548,039	100.0%
Care1st	96,842	96,842	100.0%
CenCal	770,676	769,086	99.8%
HPSJ	785,385	785,384	100.0%
HPSM	706,709	706,544	100.0%
Health Net	4,696,795	4,695,609	100.0%
IEHP	3,196,029	3,196,029	100.0%
KFHC	575,579	575,579	100.0%
Kaiser–Sacramento County	196,604	196,032	99.7%
Kaiser–San Diego County	109,266	109,255	100.0%
L.A. Care	6,347,360	6,347,360	100.0%
Molina	1,170,110	1,170,110	100.0%
Partnership	1,378,963	1,373,114	99.6%
SCAN	465,473	465,473	100.0%
SCFHP	671,086	664,114	99.0%
SFHP	258,608	258,608	100.0%
Statewide Total	**31,717,500**	**31,681,033**	**99.9%**

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Table F.11—Data Element Accuracy:
Header From Date of Service

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	1,814,195	96.6%	67,604	67,604	100.0%
AHF	26,164	26,164	100.0%			
Anthem	5,013,168	5,013,083	100.0%	204,146	204,146	100.0%
CCAH	3,416,002	3,414,926	100.0%	378,071	378,048	100.0%
CCHP	-	-	-	-	-	-
CHG	201,456	201,456	100.0%	3,069	3,069	100.0%
CalOptima	-	-	-	312,650	311,683	99.7%
CalViva	3,083,661	3,083,661	100.0%	157,175	157,175	100.0%
Care1st	202,136	202,136	100.0%	15,940	15,940	100.0%
CenCal	1,817,709	1,760,241	96.8%	140,821	140,716	99.9%
HPSJ	1,357,546	1,293,461	95.3%	75,088	75,088	100.0%
HPSM	2,215,083	2,210,699	99.8%	-	-	-
Health Net	11,198,180	11,168,977	99.7%	724,230	724,230	100.0%
IEHP	7,453,661	7,453,661	100.0%	415,300	415,300	100.0%
KFHC	1,847,855	1,847,801	100.0%	100,452	100,452	100.0%
Kaiser–Sacramento County	497,880	497,849	100.0%	2,114	2,114	100.0%
Kaiser–San Diego County	256,060	256,055	100.0%	1,076	1,076	100.0%
L.A. Care	13,759,618	13,759,618	100.0%	657,049	657,049	100.0%
Molina	2,104,301	2,104,301	100.0%	139,573	139,573	100.0%
Partnership	-	-	-	-	-	-
SCAN	420,421	420,421	100.0%	29,073	29,073	100.0%
SCFHP	1,521,313	1,515,890	99.6%	62,814	62,813	100.0%
SFHP	686,798	686,798	100.0%	24,771	24,771	100.0%
Statewide Total	**58,957,654**	**58,731,393**	**99.6%**	**3,511,016**	**3,509,920**	**100.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

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Table F.11—Data Element Accuracy:
Header From Date of Service (Continued)

MCP	Pharmacy			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,180,558	1,178,265	99.8%			
AHF	-	-	-			
Anthem	2,650,061	2,650,054	100.0%			
CCAH	-	-	-			
CCHP	-	-	-			
CHG	751,259	751,259	100.0%			
CalOptima	-	-	-	-	-	-
CalViva	548,142	548,142	100.0%	156	156	100.0%
Care1st	96,842	96,842	100.0%	43	43	100.0%
CenCal	-	-	-			
HPSJ	785,385	785,385	100.0%			
HPSM	-	-	-			
Health Net	4,696,795	4,696,794	100.0%	985	985	100.0%
IEHP	3,263,789	3,263,789	100.0%			
KFHC	729,425	729,425	100.0%			
Kaiser–Sacramento County	213,920	213,920	100.0%	108	108	100.0%
Kaiser–San Diego County	125,978	125,978	100.0%	239	239	100.0%
L.A. Care	6,347,360	6,347,360	100.0%	2,026	2,026	100.0%
Molina	1,170,110	1,170,110	100.0%			
Partnership	-	-	-			
SCAN	504,922	504,922	100.0%	1,040	1,040	100.0%
SCFHP	-	-	-			
SFHP	266,585	266,585	100.0%	953	953	100.0%
Statewide Total	**23,331,131**	**23,328,830**	**100.0%**	**5,550**	**5,550**	**100.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

Table F.12—Data Element Accuracy:
Header To Date of Service

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	1,797,729	95.7%	67,604	67,604	100.0%
AHF	26,164	26,164	100.0%			
Anthem	5,013,168	5,013,083	100.0%	204,146	204,146	100.0%
CCAH	3,416,002	3,408,487	99.8%	378,071	378,054	100.0%
CCHP	-	-	-	-	-	-
CHG	201,456	201,456	100.0%	3,069	3,069	100.0%
CalOptima	-	-	-	312,650	310,919	99.4%
CalViva	3,083,661	3,083,661	100.0%	157,175	157,175	100.0%
Care1st	202,136	202,136	100.0%	15,940	15,940	100.0%
CenCal	1,817,709	1,627,596	89.5%	140,821	140,615	99.9%
HPSJ	1,357,546	1,357,516	100.0%	75,088	74,889	99.7%
HPSM	2,215,083	2,205,730	99.6%	-	-	-
Health Net	11,198,180	11,168,969	99.7%	724,230	724,230	100.0%
IEHP	7,453,661	7,453,661	100.0%	415,300	415,300	100.0%
KFHC	1,847,855	1,847,801	100.0%	100,452	100,452	100.0%
Kaiser–Sacramento County	497,880	497,880	100.0%	2,114	2,114	100.0%
Kaiser–San Diego County	256,060	256,060	100.0%	1,076	1,076	100.0%
L.A. Care	13,759,618	13,759,618	100.0%	657,049	657,049	100.0%
Molina	2,104,301	2,104,301	100.0%	139,573	139,573	100.0%
Partnership	-	-	-	-	-	-
SCAN	420,421	420,421	100.0%	29,073	29,073	100.0%
SCFHP	1,521,313	1,515,734	99.6%	62,814	62,813	100.0%
SFHP	686,798	686,798	100.0%	24,771	24,771	100.0%
Statewide Total	**58,957,654**	**58,634,801**	**99.5%**	**3,511,016**	**3,508,862**	**99.9%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

Table F.12—Data Element Accuracy:
Header To Date of Service (Continued)

MCP	Pharmacy			LTC		
	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate	Records with Values Present in Both Files	Records with Same Values in Both Files	Rate
AAH	1,180,558	1,178,265	99.8%			
AHF	-	-	-			
Anthem	2,650,061	2,650,054	100.0%			
CCAH	-	-	-			
CCHP	-	-	-			
CHG	751,259	751,259	100.0%			
CalOptima	-	-	-	-	-	-
CalViva	548,142	548,142	100.0%	156	156	100.0%
Care1st	96,842	96,842	100.0%	43	43	100.0%
CenCal	-	-	-			
HPSJ	785,385	785,385	100.0%			
HPSM	-	-	-			
Health Net	4,696,795	4,696,794	100.0%	985	985	100.0%
IEHP	3,263,789	3,263,789	100.0%			
KFHC	729,425	729,425	100.0%			
Kaiser–Sacramento County	213,920	213,920	100.0%	108	108	100.0%
Kaiser–San Diego County	125,978	125,978	100.0%	239	239	100.0%
L.A. Care	6,347,360	6,347,360	100.0%	2,026	2,026	100.0%
Molina	1,170,110	1,170,110	100.0%			
Partnership	-	-	-			
SCAN	504,922	504,922	100.0%	1,040	1,040	100.0%
SCFHP	-	-	-			
SFHP	266,585	266,585	100.0%	953	953	100.0%
Statewide Total	**23,331,131**	**23,328,830**	**100.0%**	**5,550**	**5,550**	**100.0%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

The notation (-) indicates that the key data element was part of the matching key, and so results for those data elements were biased. Therefore, they are not displayed in the table.

For records present in both data sources, the following table shows the MCP-specific and statewide all-element accuracy rates by claim type.

Table G.1—All-Element Accuracy

MCP	Medical/Outpatient			Hospital/Inpatient		
	Records in Both Files	Records with Same Values in Both Files	Rate	Records in Both Files	Records with Same Values in Both Files	Rate
AAH	1,878,642	808,698	43.0%	67,604	61,671	91.2%
AHF	26,164	10,655	40.7%			
Anthem	5,013,168	4,796,868	95.7%	204,146	195,855	95.9%
CCAH	3,416,002	2,474,882	72.4%	378,071	185,655	49.1%
CCHP	605,105	0	0.0%	29,684	0	0.0%
CHG	201,456	201,456	100.0%	3,069	771	25.1%
CalOptima	6,342,149	782,105	12.3%	312,650	2,979	1.0%
CalViva	3,083,661	3,040,120	98.6%	157,175	141,865	90.3%
Care1st	202,136	96,455	47.7%	15,940	15,285	95.9%
CenCal	1,817,709	681	0.0%	140,821	2	0.0%
HPSJ	1,357,546	28,755	2.1%	75,088	0	0.0%
HPSM	2,215,083	900,133	40.6%	154,677	6,273	4.1%
Health Net	11,198,180	11,022,075	98.4%	724,230	580,471	80.2%
IEHP	7,453,661	225,034	3.0%	415,300	415,300	100.0%
KFHC	1,847,855	1,828,539	99.0%	100,452	100,117	99.7%
Kaiser–Sacramento County	497,880	496,098	99.6%	2,114	2,100	99.3%
Kaiser–San Diego County	256,060	255,028	99.6%	1,076	1,006	93.5%
L.A. Care	13,759,618	13,758,547	100.0%	657,049	655,850	99.8%
Molina	2,104,301	1,248,894	59.3%	139,573	125,929	90.2%
Partnership	2,749,828	672,513	24.5%	288,779	20,650	7.2%
SCAN	420,421	66,956	15.9%	29,073	29,073	100.0%
SCFHP	1,521,313	1,096,966	72.1%	62,814	23,053	36.7%
SFHP	686,798	124,723	18.2%	24,771	17,036	68.8%
Statewide Total	**68,654,736**	**43,936,181**	**64.0%**	**3,984,156**	**2,580,941**	**64.8%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.

Table G.1—All-Element Accuracy (Continued)

MCP	Pharmacy			LTC		
	Records in Both Files	Records with Same Values in Both Files	Rate	Records in Both Files	Records with Same Values in Both Files	Rate
AAH	1,180,558	1,170,791	99.2%			
AHF	41,062	41,060	100.0%			
Anthem	2,650,061	2,650,024	100.0%			
CCAH	1,723,180	36,906	2.1%			
CCHP	320,444	0	0.0%			
CHG	751,259	746,457	99.4%			
CalOptima	3,084,724	3,074,743	99.7%	174,015	53,885	31.0%
CalViva	548,142	548,034	100.0%	156	140	89.7%
Care1st	96,842	88,859	91.8%	43	39	90.7%
CenCal	770,676	547	0.1%			
HPSJ	785,385	0	0.0%			
HPSM	706,710	124,981	17.7%			
Health Net	4,696,795	4,695,504	100.0%	985	985	100.0%
IEHP	3,263,789	3,196,029	97.9%			
KFHC	729,425	575,575	78.9%			
Kaiser–Sacramento County	213,920	196,014	91.6%	108	108	100.0%
Kaiser–San Diego County	125,978	109,245	86.7%	239	233	97.5%
L.A. Care	6,347,360	6,347,318	100.0%	2,026	2,026	100.0%
Molina	1,170,110	1,170,110	100.0%			
Partnership	1,397,055	0	0.0%			
SCAN	504,922	450,250	89.2%	1,040	0	0.0%
SCFHP	671,086	74	0.0%			
SFHP	266,585	14,477	5.4%	953	847	88.9%
Statewide Total	**32,046,068**	**25,236,998**	**78.8%**	**179,565**	**58,263**	**32.4%**

Note: Gray blank cells indicate that the MCP either did not collect or submit data for this claim type or the data for this claim type were not identifiable.