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Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: December 28, 2016

ALL PLAN LETTER 16-019
SUPERSEDES ALL PLAN LETTER 14-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: MANAGED CARE PROVIDER DATA REPORTING REQUIREMENTS

PURPOSE:

This All Plan Letter (APL) supersedes APL 14-006 and provides further specifications to the Provider Network Data reporting requirements for all Medi-Cal managed care health plans (MCPs).

BACKGROUND:

MCPs have historically met their contractual requirements to submit provider data to the California Department of Health Care Services (DHCS) utilizing up to three different proprietary formats as required by previous APLs and other policies, including the 2011 Centers for Medicare and Medicaid (CMS) Final Rule 6028 (CMS-6028-F) requirement that MCPs submit provider files on a monthly basis pursuant to CMS guidance. Data from those submissions have been used for beneficiary enrollment, to assess network adequacy, and for state and federal reporting requirements pursuant to Title 42, Code of Federal Regulations Sections 438.602 and 455.436

In support of Medi-Cal provider data quality improvement initiatives, DHCS has transitioned to an X12 standard file format for provider network data submitted by all MCPs.

REQUIREMENTS/POLICY:

1. Communication

DHCS has designated the following electronic mailbox for communications about the provider file submissions: MCPProviderDataTransition@dhcs.ca.gov. Questions or comments regarding the preparation and submission of the provider files, as well as issues related to accessing the secure file transfer protocol (SFTP) folder, should be addressed to this mailbox. Designated DHCS staff members monitor the mailbox daily and will respond to messages.

2. Managed Care Provider Data

- a) Provider files shall include data for all provider types accessible in the network, both individual providers and facilities.
- b) MCPs are responsible for reporting their full network, including information of delegated providers.
- c) MCPs must submit one file for each Health Care Plan (HCP) Code.
- d) Each HCP file must contain data on providers that provide covered services and medically necessary services to beneficiaries in that HCP, regardless of where the provider or facility is located.

3. Submission Format

MCPs are required to submit managed care provider data in a national standard transaction in compliance with the Accredited Standards Committee (ASC) X12N 274 version 4050X109 Implementation Guide and the most recent DHCS 274 Companion Guide.

4. Submission Process

- a) MCPs are required to submit complete, accurate, reasonable, and timely provider data on a monthly basis.
- b) All managed care provider data must be submitted through the DHCS SFTP site. DHCS has established SFTP accounts for each MCP and granted access to the MCP's identified personnel who are allocated secure access on its behalf. Each MCP has a set of two SFTP folders for test and production submissions that includes a "Submit" folder and "Response" folder. MCPs can submit provider data files by saving them in the "Submit" folder where DHCS' system will automatically pick up the files for processing. Once a file has been successfully processed, it will automatically remove the files from the "Submit" folder and DHCS will post a response file to the "Response" folder as confirmation. MCPs must not change the SFTP folder structures in any way as this will disrupt file processing.
- c) The data submitted will represent the MCP's entire managed care provider network as of the end of the previous month (i.e., the file submitted

beginning of June will contain data for the entire month of May). Each MCP is required to send the provider file for each HCP between the 1st and 10th of the month.

5. Response Files

- a) MCPs are responsible for monitoring their "Response" folders and picking up all response files in a timely manner. DHCS will return a Validation Response File (VRF) for each submitted provider data file.
- b) The VRF will provide details on whether a file was accepted or rejected in its entirety. There will be no partial file acceptance. If rejected, the VRF will include information on the errors that occurred with the file.

6. Resubmission of Rejected Files

- a) If a provider data file submission is rejected, it must be corrected and submitted as a new file by the 10th of the month. The file cannot be corrected at the record level; an entire new file must be submitted.
- b) For submission of files due to data corrections outside of the regular file submission window, refer to the DHCS 274 Companion Guide.

7. Submission Tracking

MCPs are required to complete and submit a Provider Data Submission Reconciliation Form (PDSRF) to DHCS on a monthly basis. The PDSRF is a document that MCPs will use to track provider data file submissions. DHCS will use the information collected to validate that all transmitted files were received to ensure data completeness. By submitting the provider file, the MCP attests the information is complete and accurate to the best of its knowledge.

8. Submission Compliance

MCPs are required to submit complete, accurate, reasonable, and timely provider data on a monthly basis. MCPs who fail to meet the reporting requirements may be issued a Corrective Action Plan (CAP) and be subject to sanctions or penalties for non-compliance. Please note that the most recent version of the DHCS 274 Companion Guide and PDSRF template will be distributed to all MCPs via email. These documents will also be available upon request.

ALL PLAN LETTER 16-019
Page 4

If you have any questions regarding the requirements in this APL, please contact your assigned Contract Manager or MCProviderDataTransition@dhcs.ca.gov for assistance.

Sincerely,

Original signed by Sarah Brooks

Sarah Brooks
Deputy Director
Health Care Delivery Systems