



Department of Alcohol & Drug Programs (ADP)

Information Management Services Division (IMSD)

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**California Outcomes Measurement System  
(CalOMS) Treatment (TX)**

**Data Quality and Compliance Report  
Use and Interpretation Guide**

**Counties and Direct Contract Providers**

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Version 2.0

April 2009

## DOCUMENT HISTORY

<b>Version</b>	<b>Date</b>	<b>Brief Description of Modifications</b>
1.0	08/10/2007	Initial Production Release Version
2.0	04/06/2009	Revised for County and Direct Contract Provider Use

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## 1.0 Executive Synopsis

This guide provides a detailed explanation of the Data Quality and Compliance Report (DQCR).

The guide is intended to serve as a reference on how to produce and interpret the report. Specifically, this guide describes:

- Report generation procedures for the DQCR used by the CalOMS Tx data liaisons and by the counties and direct contract providers (C/DCP).
- Report filters and the ways in which the filters are used to determine the data included in the DQCR, and
- Report components and their contents.

This guide also contains a section that addresses how the DQCR may assist the user in CalOMS Tx data quality and data submission monitoring.

## 2.0 Data Quality and Compliance Report Access and Overview

### 2.1 Data Quality and Compliance Report Access

To generate the DQCR the counties and direct contract providers will need to request access to the DQCR function via the Department of Mental Health's, Information Technology Web Services (ITWS) Memberships following the established ITWS access administration process for CalOMS Tx.

### 2.2 Data Quality and Compliance Report Overview

The DQCR presents an overview of the C/DCP performance and their compliance with the CalOMS Tx data quality standards for data submission timeliness, completeness and accuracy. The report includes a high level summary table and three supporting tables that contain a more detailed analysis of the data submitted. The three supporting tables help explain the conclusions presented in the summary table.

In order to understand the DQCR content and layout, it is important to review the following concepts that are related to CalOMS Tx data submission:

- **Direct Contract Providers (DCP) vs. County Contract Providers (CCP).**

**Direct Contract Providers** are entities that are contracting directly with the State of California to provide alcohol and other drug (AOD) addiction treatment services. Per their Drug Medical Contract, the DCPs are obligated to report CalOMS Tx data directly to the state via ITWS. Each DCP facility location is assigned a separate identification number that is recorded in ADP's Master Provider File. Each DCP facility location should submit CalOMS Tx data using the assigned identification number. CalOMS Tx application considers each DCP location a separate DCP reporting unit and clients should be reported under the facility location that they receive treatment services from.

**County Contract Providers** are entities that are contracting with a specific county (or in some cases several counties) to provide AOD services. The CCPs are obligated to report CalOMS Tx data to the county where they are located. CCP facilities are assigned identification numbers that are recorded in ADP's Master Provider File. The county is responsible for submitting all CCP treatment data from any CCP located in their county to the CalOMS Tx system.

- **Report Month vs. Submission Month**

**Report Month** for admissions is determined based on the admission date, regardless of when the record was submitted to CalOMS Tx. Similarly, for discharges and annual updates, the report month is determined based on the discharge date or annual update date respectively.

**Submission Month** for any record type is the month in which the physical submission of the record to CalOMS Tx occurred. For example, if an admission with the admission date of January 15, 2007 is submitted on March 1, 2007 then the report month for this admission is January 2007 and the submission month is March 2007. This is the reference month selection.

**Submission Report view** presents the report that contains data that are based on who (which C/DCP) submitted the data, regardless of who paid for or performed the service.

- **Submission of records vs. Resubmission of records**

Records submitted with the Form Type 1 (Admission), 4 (Discharge) or 7 (Annual Update) are considered **submissions**.

Records submitted with the Form Type 2 (Resubmission of Admission), 5 (Resubmission of Discharge) or 8 (Resubmission of Annual Update) are considered **resubmissions**.

**Note:** DQCR presents “geographic” view of the data, which means that whether or not the record is included in the report for a specific C/DCP and a specific month is determined based on where/by whom the service is performed, not who paid for the service. For example, if a CCP in County A provided a service and County B paid for it, this service will be included in the report counts for County A and not for County B.

For those counties that submit data for a DCP the header must be changed to the DCP provider ID. If not, the DCP data will be added together with the county data and no data will appear on the DCPs DQCR.

DQCR contains the following tables:

- Data Quality Measures Performance Summary for Selected Report Month table (summary table)
- Summary Metrics for Selected Report Month table (supporting table)
- Data Timeliness View for Report Month table (supporting table)
- Data Completeness Summary for Selected Report Month table (supporting table)

The summary table presents an “at a glance” view of the C/DCP’s compliance with the data quality standards based on the following metrics: total late submissions, total late resubmissions, number of providers not reporting, percent of later records submitted and percent of rejected records. The metrics are calculated for the selected report month.

The supporting tables provide details for each metric for the selected report month and, in some tables, for the months proceeding the report month and for the same month in the last year so that the user can have a perspective on the numbers in the report:

- **Summary Metrics for Selected Report Month** table provides a high-level view of the submission counts, acceptance and rejection rates, and record submission timeliness for the selected report month, for six months prior to the report month, and for the same month during last year. This table also lists the number of CCPs that are reporting or not reporting data for each month within the specified report window.
- **Data Timeliness View for Report Month** table answers the following question for the specified report month: “How late/timely are the record submissions?” The table provides the timeliness assessment for the accepted records submitted for the specified report month. Record timeliness is determined for various record types

(admission, discharge, annual update) and submission type (“original” submission vs. resubmission).

- **Data Completeness Summary for the Selected Report Month** table supports the Data Timeliness View table described above; it presents a different view of the data timeliness and answers the question: “When was the data for the selected report month submitted?” User can specify the submission window for the report month by making a selection in the “Reference Month” filter. The submission window displays six months starting with the selected reference month and lists the number of records for the report month that were submitted during each month in the submission window.



### 3.0 Data Quality and Compliance Report Generation Procedure – ITWS

This section describes how to produce the DQCR in the ITWS system.

#### Step 1 – Log into ITWS

Log into ITWS using assigned user ID and password. The ITWS main page will be displayed (Figure 1).

#### Step 2 – Select CalOMS

From the ITWS main page (Figure 1), select Systems menu option (1). Under Systems menu, select California Outcomes Measurement System (CalOMS) from the drop down list of the available systems (2). CalOMS main page will be displayed (Figure 2).

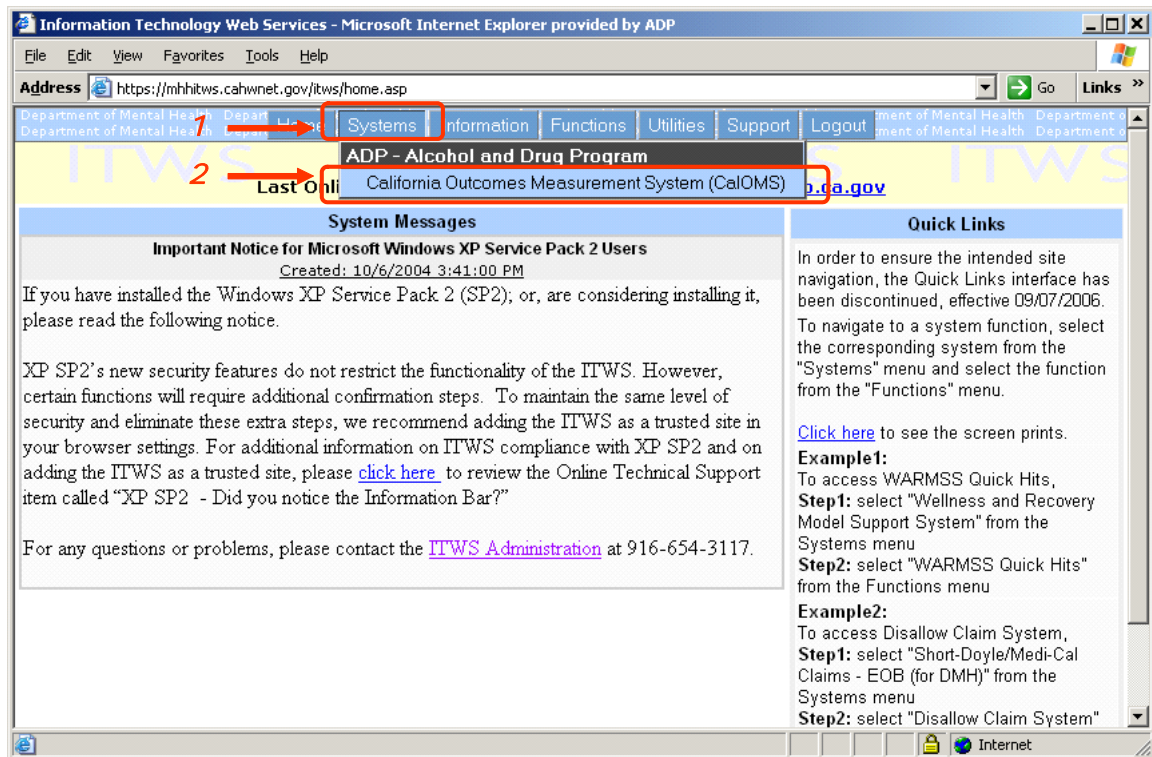


Figure 1 – ITWS Main Page

### Step 3 – Access Open Admissions Report Filter Screen

From the CalOMS Main page, click the Functions button (1) on the top navigation bar. Under the Request Reports menu group (2) click to select Data Quality and Compliance Report (3) from the list (Figure 2). The Data Quality and Compliance Report Filter screen will be displayed.

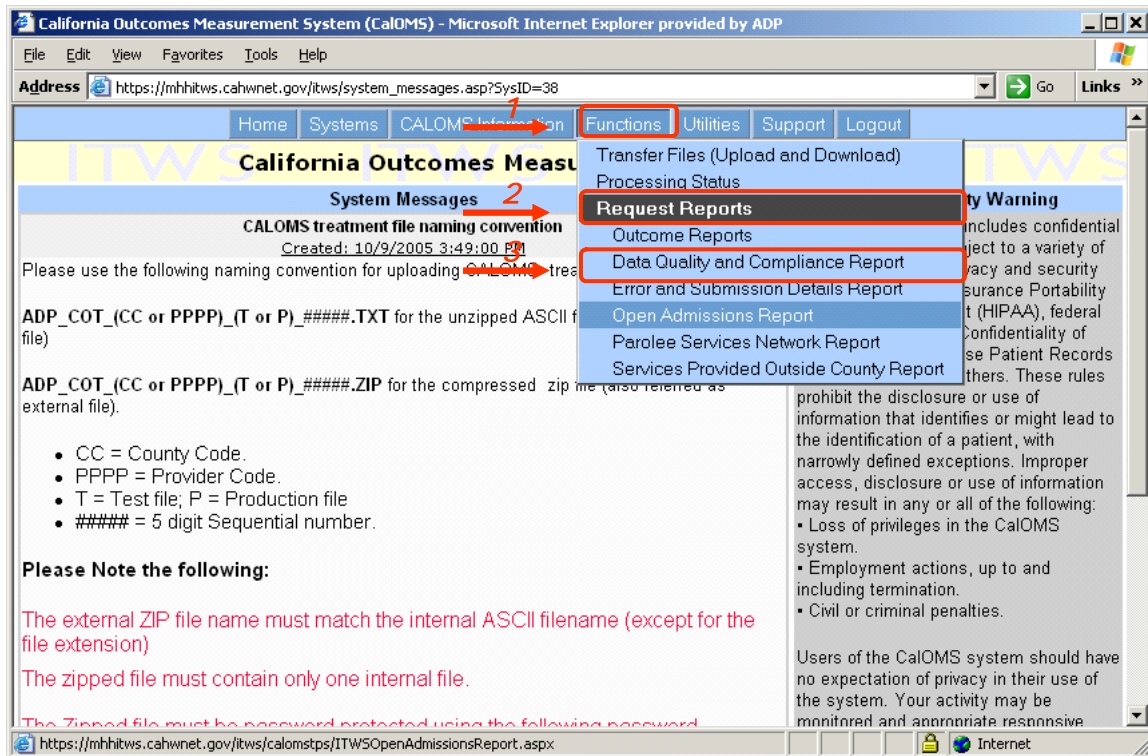


Figure 2 – ITWS CalOMS Main Page

### Step 4 – Select C/DCP

From the DQCR Filter screen select the desired C/DCP value from the drop down list (1). The selected value will be displayed in the C/DCP field (1) (Figure 3).

Please refer to the Section 4.1 for a detailed description of the use of this filter.

### Step 5 – Select Report Month

From the DQCR Filter screen select the report month and year from the drop down lists (2). The report month/year selection entered by the user will be displayed in the Report Month fields (2) (Figure 3).

Please refer to Section 4.2 for a detailed description of the use of this filter.

**Step 6 – Select Reference Month**

From the DQCR Filter screen select the reference month and year from the drop down lists (3). The reference month/year selection entered by the user will be displayed in the Reference Month fields (3) (Figure 3).

Please refer to Section 4.3 for a detailed description of the use of this filter.

**Step 7 – Select Include NTP Maintenance value**

From the DQCR Filter screen make a selection in the Include NTP Maintenance field using the values “Yes” or “No” in the drop down lists (4). The Include NTP Maintenance selection entered by the user will be displayed in the Include NTP Maintenance field (4) (Figure 3).

Please refer to Section 4.4 for a detailed description of the use of this filter.

**Step 8 – Generate Report**

Click the View button (5) to generate the report in PDF format or click the Data Extract button (6) to generate the report in Excel format (Figure 3). The system will process the report request.

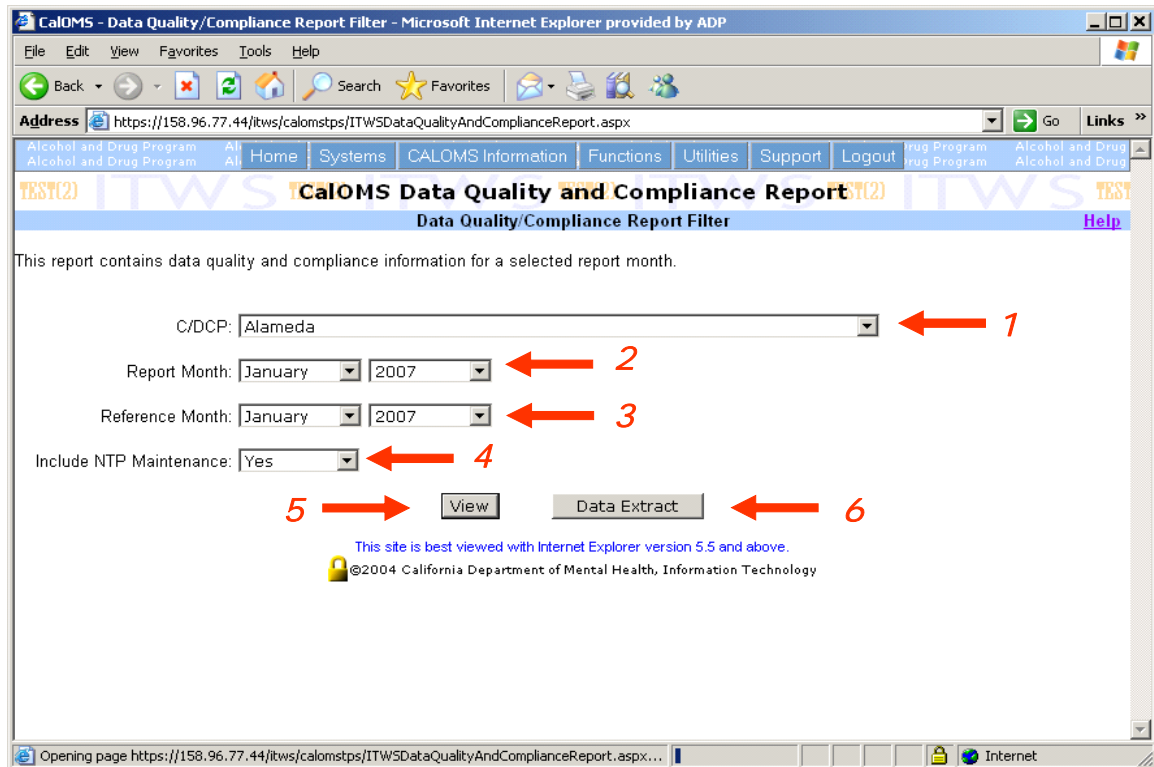


Figure 3 – ITWS Data Quality and Compliance Report Filter Screen

The DQCR contains Protected Health Information (PHI) and should be protected in compliance with the privacy and security requirements defined in the rules of the Health Insurance Portability and Accountability Act (HIPAA) and Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2).

If the requested report takes longer than 15 seconds to produce, the user will receive the following message: "Report retrieval is processing in the background. Please check your inbox later." The message will appear in red at the top of the DQC Filter screen. The user will not see a dialog box allowing the viewing of the report (Figure 4).

Once the report is produced by the system and is available for viewing, the system will place the zipped and password protected report file on the Transfer Files screen in the Download section and send an email notification to the user stating that the requested report is ready for review.

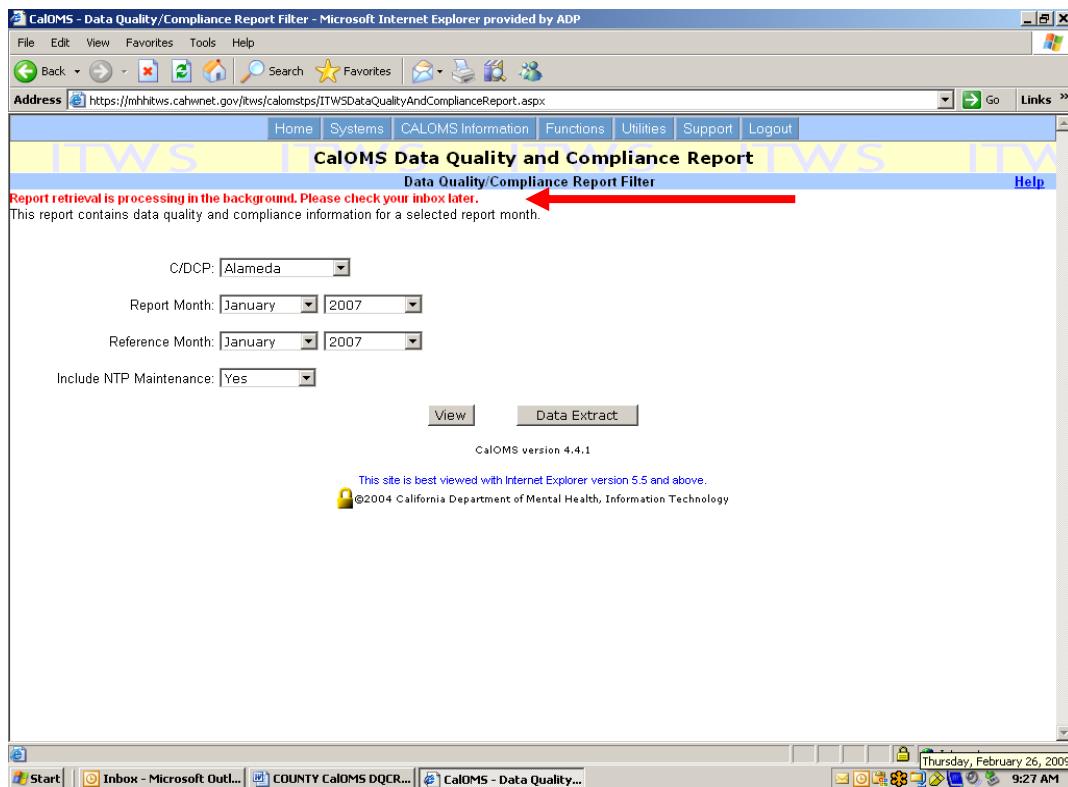


Figure 4 – ITWS File Download Dialog Box

The user can retrieve the report by navigating to Transfer Files screen. To access Transfer Files screen click on the Functions button (1) on the top navigation bar and select Transfer Files (Upload and Download) option (2) (Figure 5).

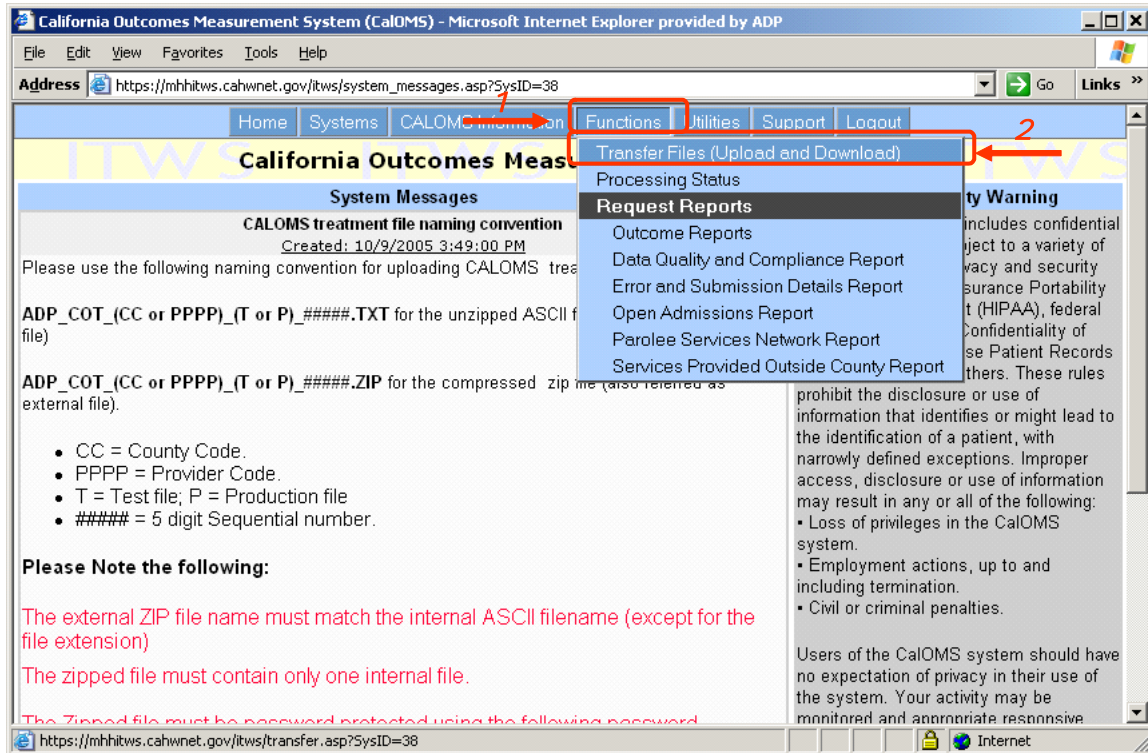


Figure 5 – ITWS Accessing Transfer Files Screen

The Transfer Files screen will be displayed (Figure 6). To access the report from the Transfer Files screen, locate the report file in the Download section of the screen (1). The file name will contain the report name – “DATAQUALCOMP” and the report request date and time (2) (Figure 6).

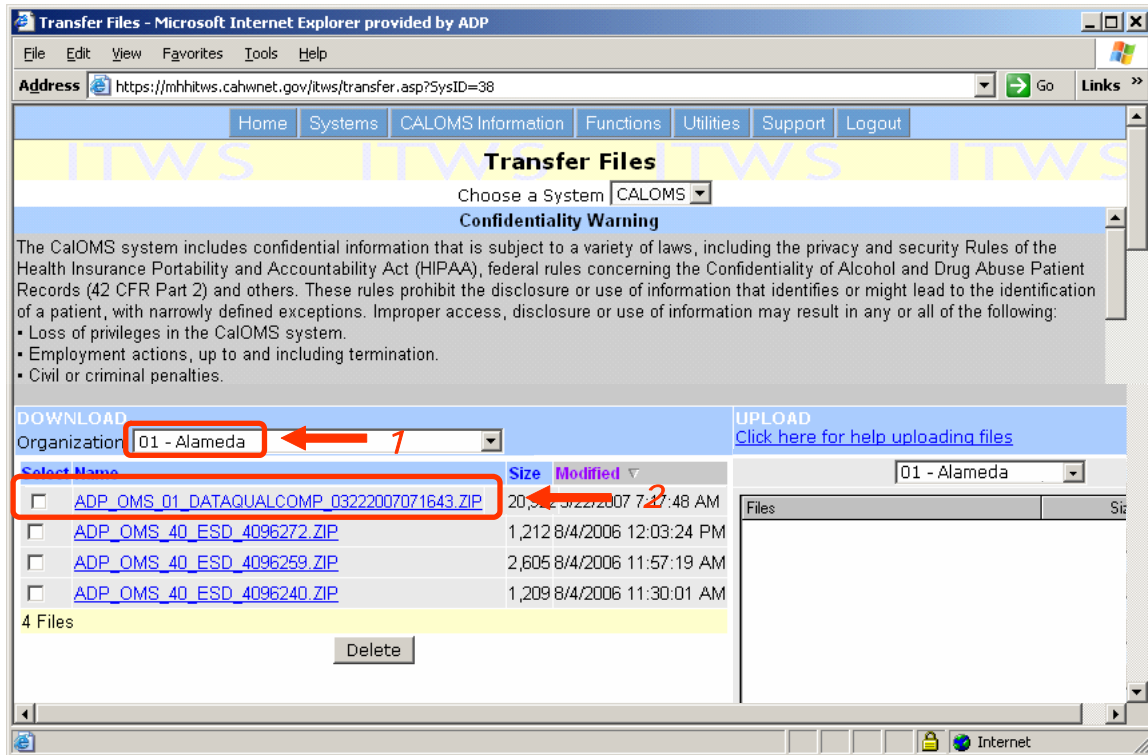


Figure 6 – ITWS Transfer Files Screen

To open the report from the Transfer Files screen, click on the file name (2). The report file will download to the user’s workstation and the File Download dialog box will be displayed. Click the Open button to open the downloaded file. The report file is zipped and password protected and will require the user to enter their password information in order to open the file. C/DCPs should use the password that is being used to submit CalOMS files in ITWS.

NOTE: It is recommended that a copy of any report generated in ITWS be saved to a secure location on a personal computer. Please delete any old reports on the ITWS Transfer File screen once they are no longer needed. As the list of old reports that appear on the ITWS Transfer screen grows, it will take longer for new reports to generate.

Any reports older than 90 days will automatically be deleted by ITWS.

## 4.0 Data Quality and Compliance Report Filters

The DQCR can be filtered using any combination of four available filter criteria. This section provides a detailed explanation of each of the DQCR filters (Figure 7). These include C/DCP filter (1), Report Month filter (2), Reference Month filter (3) and Include NTP Maintenance filter (4).

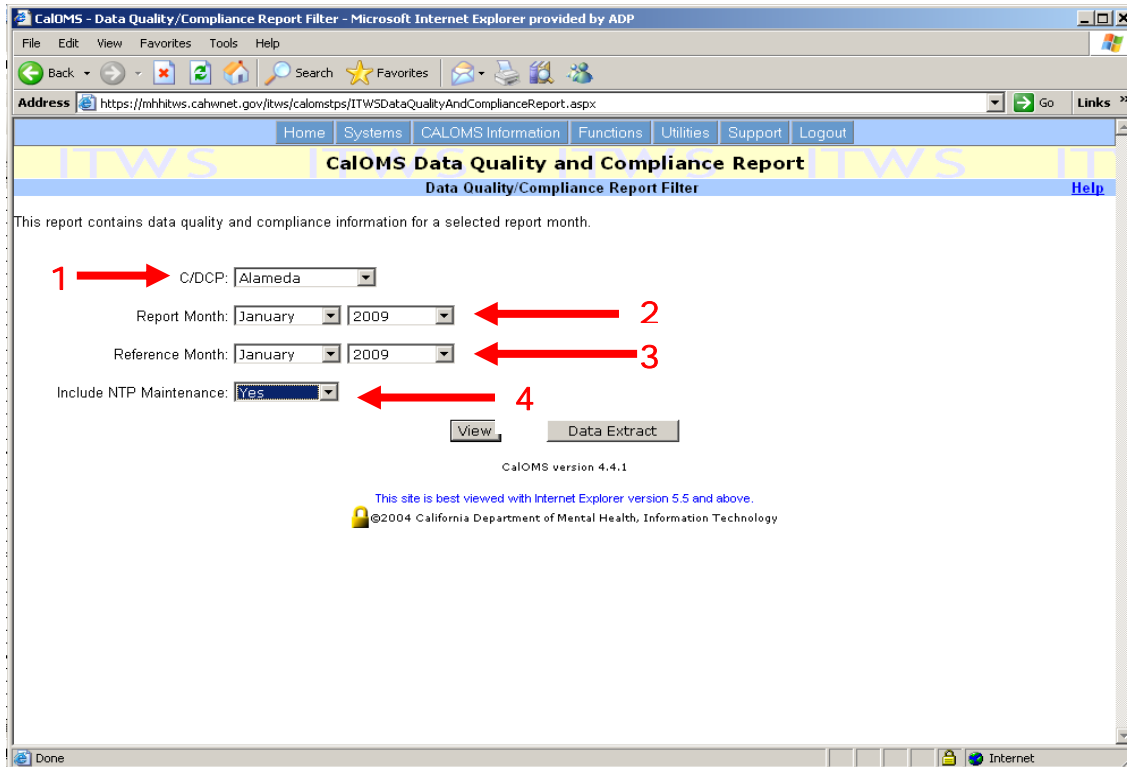


Figure 7 – Data Quality and Compliance Report Filters

### 4.1 C/DCP Filter

The C/DCP filter (1) allows the user to specify the C/DCP for which to run the DQCR. The list of C/DCPs available to the user in the drop down list is based on the user's access/roles. Counties or direct contract providers will only be able to see what they are authorized to see based on their user profile settings established in ITWS. For example, San Diego county drop down list will have only one option – San Diego. Certain vendors, for example Tower Systems, perform data submission and analysis functions for several direct providers. They have been granted access to data for all the DCPs with which they contract so their drop down list may include several DCPs. Neither "Statewide" option nor "All" option is available in ITWS.

### 4.2 Report Month Filter

The Report Month filter and the corresponding Year filter (2) allows the user to specify the report month and year for which to produce the DQCR.



The Report Month drop down list includes all months from January through December. The corresponding “Year” drop down list includes years starting with 2001 through the current year.

The DQCR will be produced for the specified report month/year and will contain data for that report month/year and data for the same month in the year proceeding the selected report month/year. The Summary Metrics table will display CalOMS Tx record submission data for six months prior to the selected report month.

For example, if the user selects April 2007 as the report month, the resulting DQCR will be produced for April 2007 report month. The Summary Metrics table of the report will contain statistics for April 2007 (report month), April 2006 (last year’s comparison) and March 2007, February 2007, January 2007, December 2006, November 2006 and October 2006 (6 month prior to the report month).

### **4.3 Reference Month Filter**

The Reference Month filter and the corresponding Year filter (3) allow the user to specify the reference month and year to be used to generate Data Completeness Summary table of the DQCR.

The Reference Month drop down list includes all months from January through December. The corresponding “Year” drop down list includes years starting with 2001 through the current year.

The value specified in the Reference Month field will be used to define the Submission Window on the Data Completeness Summary table of the DQCR. The submission window will display CalOMS Tx record submission statistics for the selected report month over the six month period. The six month submission window period starts with the specified Reference Month and is counted forward. For example, if a specified Reference Month is January 2007, then the submission window contains the following months: January 2007, February 2007, March 2007, April 2007, May 2007 and June 2007.

### **4.4 Include NTP Maintenance Filter**

The “Include NTP Maintenance Filter” (4) allows the user to make a selection to exclude the NTP Maintenance records from being counted in the DQCR. **Records with the service modality type of “NTP Maintenance” are identified in CalOMS Tx as records with the combination of Service Type (1) and Medication Prescribed During Treatment (either 2, 3, 4 or 5). If NTP records were submitted with Service Type (1) and a medication was not selected the records will be counted as Outpatient records.**

The default value in the filter field is “Select”. In order to exclude the NTP Maintenance records from the DQCR calculation the user will need to select “No”. If “Yes” is selected, the NTP Maintenance records will be counted.

NOTE: If the user elects not to include NTP Maintenance records in the DQCR calculation, NTP Detox records will still be included in the report calculation for the relevant report month.

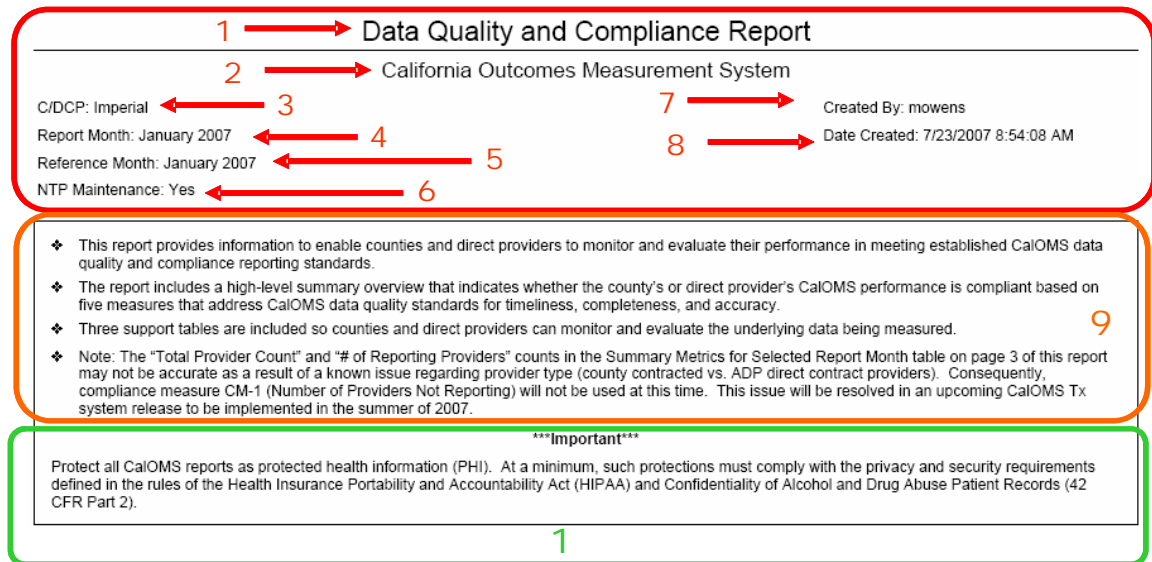


## 5.0 Data Quality and Compliance Report Contents

The DQCR contains a title page and four tables that contain data quality and submission measurement data. The following sections describe the report header and each of the tables separately and provide detailed explanation for the elements of each part of the DQCR.

### 5.1 Data Quality and Compliance Report Header

The title page of the report contains essential information about the report (Figure 8).



**Figure 8 – Data Quality and Compliance Report Title Page**

The title page contains the report name (1) and the system name (2). It also contains the following data elements:

User-selected report filters:

- C/DCP (3) – Identifies the provider partner selected by the user.
- Report Month (4) – Identifies the report month it was submitted in, and selected by the user.
- Reference Month (5) – Identifies the reference month selected by the user, and allows the user to go back and review the previous month.
- NTP Maintenance (6) – Identifies the selection made by the user to include or not to include the NTP Maintenance.

System generated information:

- Created By (7) – Identifies the user by displaying their CalOMS Tx user name.
- Date Created (8) – Displays the date that the report was created.



### **5.2.1 TM-1: Total Late Submissions Measure**

The TM-1 measure reflects the ADP data timeliness standard for record submission. This standard applies to the records submitted as “original” submissions and states that the counties and direct providers should submit CalOMS Tx data to ADP no later than 45 days after the end of the report month. Records submitted as “original” submissions later than 45 days after the end of the report month are considered late. The % of late records submitted as “original” submissions should not exceed 5%.

This measure applies only to the records submitted as “original” submissions, i.e. records with form type code of 1 (Admission), 4 (Discharge) or 7 (Annual Update). Any record with form type code of 1, 4 or 7 submitted later than 45 days after the end of the report month are considered late.

Compliance is determined by comparing the total number of records for the report month accepted by CalOMS Tx to the number of records with form type code of 1, 4 or 7 submitted more than 45 days later than the last day of the report month. TM-1 measure represents the threshold for the allowed % of late submissions – if the number of “original” submissions submitted late exceeds 5% for the report month, the C/D/CP is out of compliance with the submission timeliness standard.

### **5.2.2 TM-2: Total Late Resubmissions Measure**

The TM-2 measure reflects the ADP data timeliness standard for record submission. This standard applies to the records submitted as resubmissions and states that the counties and direct providers should correct errors and resubmit corrected CalOMS Tx data to ADP no later than 75 days after the end of the report month. Records submitted as resubmissions later than 75 days after the end of the report month are considered late. The % of late records submitted as “original” submissions should not exceed 5%.

This measure applies only to the records submitted as resubmissions, i.e. records with form type code of 2 (Resubmission of Admission), 5 (Resubmission of Discharge) or 8 (Resubmission of Annual Update). Any record with form type code of 2, 6 or 8 submitted later than 75 days after the end of the report month are considered late.

Compliance is determined by comparing the total number of records for the report month accepted by CalOMS Tx to the number of records with form type code of 2, 6 or 8 submitted more than 75 days later than the last day of the report month. TM-2 measure represents the threshold for the allowed % of late submissions – if the number of resubmissions submitted late exceeds 5% for the report month, the C/D/CP is out of compliance with the submission timeliness standard.

### **5.2.3 CM-1: Number of Providers Not Reporting Measure**

The CM-1 measure reflects ADP completeness standard for CalOMS Tx data reporting. The standard states that counties should account for all (100%) of their CCPs in the treatment data submission for each month. If a particular CCP did not have treatment data to be submitted for a particular month, the counties are responsible for submitting a provider no activity record for those providers.

The measure is based on calculating the number of non-reporting CCPs by comparing the total number of CCPs for a specific county to the number of providers who reported data (treatment data or provider no activity records) for the selected report month. The number of providers in the county should equal the number of providers reporting data, and the number of non-reporting providers should equal zero in order to be compliant with this measure.

NOTE: Providers that no longer contract with the county but are included in the calculation will appear on the *Open Providers Report*. After determining which providers are inactive contact [CalOMShelp@apd.ca.gov](mailto:CalOMShelp@apd.ca.gov) for assistance in removing them from ADP's Master Provider File (MPF).

#### **5.2.4 CM-2: Total Percent Records Late Measured in the 6th Submission Month Measure**

This measure does not directly correspond to any data quality standard defined in CalOMS Tx and can not be used to directly determine compliance with any of the existing standards. This measure may need to be removed from the summary table pending the decision of the ADP stakeholders.

#### **5.2.5 AM-1: Percent Records Rejected Measure**

The AM-1 measure reflects ADP data accuracy standard for CalOMS Tx data reporting. The standard states that the rate of reject record errors detected should not exceed 5% for each data batch file submitted.

### **5.3 Summary Metrics for Selected Report Month Table**

The Summary Metrics for Selected Report Month table (Figure 10) provides a snapshot of data submission quality for the selected report month, for the same month in the previous year, and for the six months prior to the selected reported month.

This view allows the user to evaluate the statistics in the historical context by comparing the report month to the same period in the previous year and by observing the trends and data submission quality during the six months preceding the report month. The presentation of data in this manner allows the user to make inferences about data quality in the report month based on several months' worth of data as opposed to the report month statistics only.

The statistics for each month are based on the number of records submitted by the C/DCPs to CalOMS Tx for a particular month. The report counts admissions, resubmissions of admissions, discharges, resubmissions of discharges, annual updates and resubmissions of annual updates; the report calculation does not include deletion of admission, deletion of discharge or deletions of annual update records.

Each record is included in the calculation based on its "report month" and not on the date when the record was physically submitted to CalOMS Tx by the C/DCP. For example, an admission record with admission date of 01/01/2007 will be included in the January 2007 calculation, even if it was submitted in February of 2007 or in March of 2007. In the context of DQCR, the submission date is only used to calculate the timeliness for each record.

This is the only view of the report that provides the user with the data on rejected records. All subsequent views are based on accepted records only.

Data Quality and Compliance Report

California Outcomes Measurement System

Summary Metrics for Selected Report Month

	Previous 6 Report Months						Report Month Totals	Last Year's Totals
	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	May-06
1 → Total Records Received	263	197	187	143	155	176	120	248
2 → Total Records Accepted	139	109	142	116	140	142	103	166
3 → Total Records Rejected	124	88	45	27	15	34	17	82
4 → % Records Rejected	47.1	44.7	24.1	18.9	9.7	19.3	14.2	33.1
5 → Total Records On-Time	113	60	79	22	3	64	1	89
6 → Total Records Late	26	49	63	94	137	78	102	77
7 → % Records Late	18.7	45.0	44.4	81.0	97.9	54.9	99.0	46.4
8 → Number of Unique Admissions	77	64	70	78	95	79	63	94
9 → Discharge/Admission Ratio	0.81	0.69	1.03	0.49	0.47	0.80	0.63	0.72
10 → Total Provider Count	17	17	17	17	17	17	17	17
11 → # of Reporting Providers	14	12	14	12	11	11	8	13
12 → # Reporting No Activity	2	1	1	1	1	1	1	0
13 → # Not Reporting	1	4	2	4	5	5	8	4

USE GUIDE: Use this summary to track metrics for the selected report month as compared to prior report months and the same month last year. You can track record volume (Total Records Received) as well as general metrics on timeliness (On-Time, Late). You can also see if admissions and discharges are in balance (Adm/Discharge Ratio) and how well your providers are reporting.

Figure 10 – Summary Metrics for Selected Report Month

For each month, the Summary Metrics for Selected Report Month table (Figure 10) contains the following statistics:

1. **Total Records Received:** the number in this row for each of the months on the report represents the total number of records received from the C/DCP for that particular month. The Total Records Received number is the sum of Total Records Accepted and Total Records Rejected for the month.
2. **Total Records Accepted:** the number in this row for each month on the report represents the total number of records accepted for that particular month.
3. **Total Records Rejected:** the number in this row for each month on the report represents the total number of records rejected for that particular month.
4. **Percent Records Rejected:** the number in this row for each month represents the number of records rejected for the month as a percentage of total records received for the month. It is calculated as follows: (Total Records Rejected / Total Records Received)\*100.
5. **Total Records On-Time:** the number in this row for each month on the report represents the number of records submitted timely and accepted for the particular month. Rejected records are not included in the calculation and their timeliness is not determined.

Specifically, any record with the Form Type 1, 4 or 7 (admission, discharge or annual update respectively) is due no later than 45 days after the last day of the report month. Any record with the Form Type 2, 5 or 8 (resubmission of admission, resubmission of discharge or resubmission of annual update respectively) is due not later than 75 days after the last day of the report month. The timeliness is determined by comparing the submission date for each record to the established timeliness timeframe for each report month. Record submitted after the applicable deadline (45-day or 75-day) are considered late.

6. **Total Records Late:** the number in this row for each month on the report represents the number of records submitted late and accepted for the particular month. Rejected records are not included in the calculation and their timeliness is not determined.

Specifically, any record with the Form Type 1, 4 or 7 (admission, discharge or annual update respectively) is due no later than 45 days after the last day of the report month. If the admission falls within the report month, then it is late. Any record with the Form Type 2, 5 or 8 (resubmission of admission, resubmission of discharge or resubmission of annual update respectively) is due no later than 75 days after the last day of the report month. The timeliness is determined by comparing the submission date for each record to the established timeliness timeframe for each report month. Record submitted after the applicable deadline (45-day or 75-day) are considered late.

7. **Percent Records Late:** the number in this row for each month represents the number of records submitted late and accepted for the particular month as a percentage of total records received for the month. It is calculated as follows:  $(\text{Total Records Submitted Late} / \text{Total Records Accepted}) * 100$ .
8. **Number of Unique Admissions:** the number in this row for each month on the report represents the number of unique admissions received and accepted for a particular month. This number includes all unique admissions for a particular month regardless if the admission record was originally submitted with the form type 1 or 2. NOTE: If an admission was submitted once and then resubmitted several times, it would only be counted once.
9. **Discharge/Admission Ratio:** the number in this row for each month on the report represents the proportion of the number of discharges submitted and accepted for a particular month to the number of unique admissions submitted and accepted for the same month. The ratio is established by dividing the number of discharges received for a specific month by the number of unique admissions received for the same month. Please note, that if an admission or discharge was resubmitted several times, it would only be counted once.

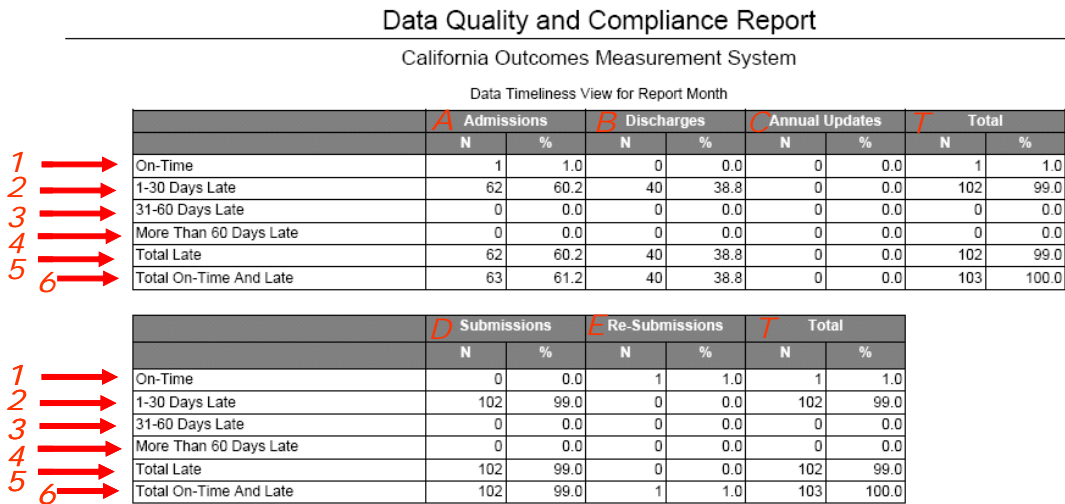
The ratio should be interpreted in the following manner:



- a. '1' indicates that an equal number of unique admissions and unique discharges was submitted for a particular month
  - b. A value that is greater than '1' indicates that more unique discharges than unique admissions were submitted for a particular month
  - c. A value that is less than '1' indicates that the number of unique admissions submitted for a particular month is greater than the number of unique discharges
  - d. ADP does not currently have established guidelines for the acceptable discharge/admission ratio. Ideally, management expects this ratio to be at 95%.
10. **Total Provider Count:** the number in this row for each month on the report represents the total count of all CalOMS Tx providers that are “open” in a particular month. The providers are determined to be “open” based on the ADP MPF. If a provider appears as open for your county, and they do not provide services for your county, then this needs to be corrected. Please contact [CalOMShelp@adp.ca.gov](mailto:CalOMShelp@adp.ca.gov) for assistance in removing them from the MPF.
- Only CalOMS Tx providers marked as “Parent” are included in the count. The CalOMS Tx providers marked as “Satellite” are not included in the count.
11. **Number of Reporting Providers:** the number in this row for each month on the report represents the count of CalOMS Tx providers who submitted CalOMS Tx data for a particular month.
12. **Number Reporting No Activity:** the number in this row for each month on the report represents the count of CalOMS Tx providers who submitted a provider no activity report for a particular month.
13. **Number Not Reporting:** the number in this row for each month on the report represents the number of CalOMS Tx providers who did not report data for a particular month. This is a calculated field and the following formula is used to derive the number of providers who have not reported data: “# Not Reporting” = “Total Provider Count” - “# Report Providers” – “# Reporting No Activity”.

### 5.4 Data Timeliness View for Report Month

The Data Timeliness View for Report Month tables (Figure 11) provides details on how timely records for the selected report month were submitted. The tables present data timeliness statistics for each transaction type: admission, discharge, and annual update; and submission type: submission and resubmission. The data are presented as a count (N) and as a percentage (%) to total number of records received and accepted for the report month. Each table also contains a “Total” column.



USE GUIDE: Use this summary to view timeliness metrics for the selected report month by transaction type. If your Summary Statistics data indicated a timeliness problem, you can use this table to understand what records are contributing to this problem.

Figure 11 – Data Timeliness View for Report Month

For each transaction type and submission type, the report (Figure 11) lists the submission data for the following categories (rows):

1. **On-time:** number of records submitted and accepted for the selected report month within the defined timeliness timeframe (45-day period for submission or 75-day period for re-submissions)
2. **1-30 Days Late:** number of records submitted and accepted for the selected report month 1-30 days after the appropriate cut off date (after the 45-day or 75-day period)
3. **31-60 Days Late:** number of records submitted and accepted for the selected report month 31-60 days after the appropriate cut off date (after the 45-day or 75-day period)



4. **More Than 60 Days Late:** number of records submitted and accepted for the selected report month more than 60 days after the appropriate cut off date (after the 45-day or 75-day period)
5. **Total Late:** total number of late records submitted and accepted for the selected report month any time after the appropriate cut off date (after the 45-day or 75-day period)
6. **Total On-Time and Late:** total number of all records submitted and accepted for the selected report month

This view (Figure 11) allows the user to view the details of record timeliness for all records submitted and accepted for the selected report month within two tables. The timeliness details are provided by the submission types, so that the user can gain perspective on timeliness problems as they relate to either Admissions (A), Discharges (B), Annual Updates (C) or Submissions (D) vs. Re-Submissions (E).

In the first table, record types are broken out and measured as follows:

- **Admissions (A):** The counts in this column include all accepted Admissions and Re-Submissions of Admissions with an admission date in the selected report month
- **Discharges (B):** The counts in this column include all accepted Discharges and Re-Submission of Discharges with a discharge date in the selected report month
- **Annual Updates (C):** The counts in this column include all accepted Annual Updates and Re-Submission of Annual Updates with an annual update date in the selected report month
- **Total (T):** This column contains totals calculated for each row of the table. The total number of on-time and late records is the total number of all records submitted to CalOMS Tx and accepted for the selected report month.

NOTE: This is the same number as Total Records Accepted number in the Report Month column in Summary Metrics table.

In the second table, records are broken out into Submissions (D) and Re-submissions (E):

- **Submissions (D)** this category includes only accepted admissions, discharges or annual updates submitted with the Form Type 1, 4 or 7 respectively with an admission, discharge or annual update date in the selected report month.
- **Re-Submissions (E)** this category includes only accepted resubmissions of admissions, discharges or annual updates submitted with the Form Type 2, 5 or 8 with an admission, discharge or annual update date in the selected report month.
- **Total (T):** This column contains totals calculated for each row of the table. The total number of on-time and late records is the total number of all records submitted to CalOMS Tx and accepted for the selected report month.

NOTE: This is the same number as Total Records Accepted number in the Report Month column in Summary Metrics table.

The Total (T) columns for both tables are identical.

The “N” represents the count or “Number” vs. the “%” that represents the Percent Value. “N” is a count of records that meet the criteria for a particular row in the table (on-time, late, etc). The “%” is calculated as follows: (N from each row / N Total On-Time and Late records)\* 100).

## **5.5 Data Completeness Summary for Selected Report Month**

The Data Completeness Summary for Selected Report Month table (Figure 12) presents a view of data submission flow for the selected report month. This view illustrates when the accepted records for the selected report month were actually submitted to CalOMS Tx.

The report lists the number of total accepted records for the report month and for the same month in the previous year. The records are listed by the submission status (submission/resubmission) and as a total. The report also contains a six month submission window which illustrates when the records from the report month totals were accepted into CalOMS Tx. The period of time covered by the submission window is defined by the user at the time of the report request based on the reference month. The user selects a reference month, which becomes the first month in the six month long submission window.

NOTE: when selecting the reference month, user should keep in mind that the reference month should never be earlier than the report month. No submission of data could be made for the report month in the months prior to the report month as the events reported had not occurred yet.

For example, if user selects report month of April 2007 and reference month of March 2007, the resulting submission window will show March 2007, April 2007, May 2007, June 2007, July 2007 and August 2007. The March 2007 numbers will be zeros, because it would never be possible to submit April 2007 data in March of 2007.

If user selects the submission window in such a way that it displays future months (i.e. months that have not occurred yet), there will be no data displayed in the future month columns in the submission window (Figure 12).

Report Month for admissions is determined based on the admission date, regardless of when the record was submitted to CalOMS Tx. Similarly, for discharges and annual updates, the report month is determined based on the discharge date or annual update date respectively.

Data Quality and Compliance Report

California Outcomes Measurement System

Data Completeness Summary for Selected Report Month

	Last Year's Totals	Report Month Totals	Submission Window					
	May-06	May-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07
<b>1</b> → Submissions								
<b>a</b> → New Records Submitted			0	0	102			
<b>b</b> → Cumul Records Submitted	127	102	0	0	102			
<b>c</b> → Cumul Late Records	64	102	0	0	102			
<b>d</b> → % Late Records	50.4	100.0	0.0	0.0	100.0			
<b>2</b> → Re-Submissions								
<b>a</b> → New Records Submitted			0	0	1			
<b>b</b> → Cumul Records Submitted	39	1	0	0	1			
<b>c</b> → Cumul Late Records	13	0	0	0	0			
<b>d</b> → % Late Records	33.3	0.0	0.0	0.0	0.0			
<b>3</b> → Total								
<b>a</b> → New Records Submitted			0	0	103			
<b>b</b> → Cumul Records Submitted	166	103	0	0	103			
<b>c</b> → Cumul Late Records	77	102	0	0	102			
<b>d</b> → % Late Records	46.4	99.0	0.0	0.0	99.0			

USE GUIDE: Use this summary to view the flow of Submissions and Re-submissions for the selected Report month. Flow is presented for a series of months (Submission Window) in which the data is submitted for the selected Report Month. Use the "Reference Month", when creating this report, to select the first month in the Submission Window. Use this Data Completeness Summary to better understand the flow of Submission and Re-Submission data that contribute to this Data Timeliness summary.

Figure 12 – Data Completeness Summary for Selected Report Month

The record submission data for the report month is broken down into the following categories (Figure 12):

1. **Submissions (1)** – this category includes only accepted admissions, discharges or annual updates submitted with the Form Type 1, 4 or 7 respectively. The record counts are further divided into the following:
  - a. **New Records Submitted (a)** – counts the number of records submitted and accepted for the report month during a specific month in the submission window. This number represents only the records accepted during the specific month, not a cumulative number of records accepted

NOTE: In Last Year's (LY) Total and Report Month Total columns the New Records submitted cell will always be grayed out because these columns represent the total number of submissions for the LY or report month.

  - b. **Cumulative Records Submitted (b)** – counts the cumulative number of records submitted and accepted for the report month during the months in the submission window. In the first month of the submission window the number of new records submitted and cumulative records submitted are the same. In each subsequent month the cumulative number is calculated by adding the number of new records to the number of cumulative records from the previous month.
  - c. **Cumulative Late Records (c)** - counts the cumulative number of records submitted and accepted late for the report month during the months in the submission window.

- d. **Percent Late Records** (d) – represents the percentage of later records to the cumulative number of records submitted and accepted for each month in the submission window. This percentage is calculated as follows:  $(\text{Cumulative Late Records}/\text{Cumulative Records Submitted}) \times 100$ .
2. **Resubmissions** (2) - this category includes only accepted resubmissions of admissions, discharges or annual updates submitted with the Form Type 2, 5 or 8 respectively. The record counts are further divided into
- a. **New Records Submitted** (a) – counts the number of resubmission records submitted and accepted for the report month during a specific month in the submission window. This number represents only the resubmission records accepted during the specific month, not a cumulative number of records accepted
- NOTE: In Last Year's Total and Report Month Total columns the New Records submitted cell will always be grayed out because these columns represent the total number of re-submissions for the LY or report month
- b. **Cumulative Records Submitted** (b) – counts the cumulative number of resubmission records submitted and accepted for the report month during the months in the submission window. In the first month of the submission window the number of resubmission records submitted and cumulative records submitted is the same. In each subsequent month the cumulative number is calculated by adding the number of new resubmission records to the number of cumulative records from the previous month
- c. **Cumulative Late Records** (c) - counts the cumulative number of resubmission records submitted and accepted late for the report month during the months in the submission window
- d. **% Late Records** (d) – represents the percentage of late records to the cumulative number of records submitted and accepted for each month in the submission window. This percentage is calculated as follows:  $(\text{Cumulative Late Records}/\text{Cumulative Records Submitted}) \times 100$
3. **Total** (3) - this category includes both accepted resubmissions of admissions, discharges or annual updates submitted and submissions of admissions, discharges and annual updates. The record counts are further divided into the following:
- a. **New Records Submitted** (a) – counts the number of all records submitted and accepted for the report month during a specific month in the submission window. This number represents all new records accepted during the specific month, not a cumulative number of records accepted

NOTE: In Last Year's Total and Report Month Total columns the New Records submitted cell will always be grayed out because these columns represent the total number of submissions and re-submissions for the LY or report month.

- b. **Cumulative Records Submitted** (b) – counts the cumulative number of all records submitted and accepted for the report month during the months in the submission window. In the first month of the submission window the number of resubmission records submitted and cumulative records submitted is the same. In each subsequent month the cumulative number is calculated by adding the number of all new records to the number of cumulative records from the previous month
- c. **Cumulative Late Records** (c) - counts the cumulative number of all records submitted and accepted late for the report month during the months in the submission window
- d. **% Late Records** (d) – represents the percentage of late records to the cumulative number of records submitted and accepted for each month in the submission window. This percentage is calculated as follows:  $(\text{Cumulative Late Records} / \text{Cumulative Records Submitted}) * 100$

## 6.0 Data Quality and Compliance Report Practical Application

The following sections provide suggestions on how the DQCR could be used by the liaisons and the C/DCPs to monitor the quality and completeness of submitted CalOMS Tx data.

The DQCR can be used to help:

- Assess overall compliance for a particular month and identify trends based on historic view
- Review the number of reporting providers vs. the total number of CalOMS Tx providers
- Assess timeliness of record submission for the report month and identify which record types tend to be late
- Determine if the submission data for a specific report month is complete

### 6.1 Assess Overall Compliance and Identify Trends

Using Summary Metrics for Selected Report Month table, the user can review the main compliance indicators such as record rejection rate (% Records Rejected row), record timeliness (% Records Late row) and record submission completeness (# of Reporting Providers vs. Total Provider Count).

In addition to reviewing the above indicators for the report month, the user can compare the report month numbers to the same indicators in six months prior to the report month. This feature can help the C/DCP and liaisons identify compliance trends and potential compliance issues.

### 6.2 Review Reporting Provider Counts

Using Summary Metrics for Selected Report Month table the C/DCP and liaisons can review the number of CalOMS Tx providers reporting data vs. the total CalOMS Tx provider count for a particular county. If the number of reporting providers is consistently lower than the number of total providers, this may signal that either not all CalOMS Tx providers in the county are reporting data or that the Total Provider Count is incorrect based on MPF. Providers that no longer contract with the county but are included in the calculation will appear on the *Open Providers Report*. After determining which providers are inactive, contact [CalOMShelp@apd.ca.gov](mailto:CalOMShelp@apd.ca.gov) for assistance in removing them.

### 6.3 Assess Timeliness for Report Month

Using Summary Metrics for Selected Report Month table the C/DCP and liaisons can review the high level timeliness indicator: % Records Late. However, this number

represents the overall records late figure. To determine exactly how late the records for the report month are and which types of records are late, review the Data Timeliness View for Report Month. Using the Data Timeliness View for Report Month table the C/DCP and liaisons will be able to identify if the tardiness occurred mostly in resubmissions or submissions; or if only specific record types (admission or discharge, or annual updates) were late/on-time.

#### **6.4 Determine if Submissions are Complete for Report Month**

Frequently the CalOMS Tx liaisons are asked if the submission for a specific month is complete. Using Data Completeness Summary for Selected Report Month table the C/DCPs and liaisons can estimate if the submission for a specific report month is complete. In order to do so, the reference month should be set to be equal to the report month. The resulting submission window will illustrate how and when the submissions for the report month happened. By reviewing the submission levels for the report month over the six months period (submission window) and comparing the cumulative totals to the same month in the previous year, the C/DCP and liaisons can estimate if a particular report month submission are not complete, almost complete or complete.