DATE: August 14, 2019

TO: ALL MEDI-CAL DENTAL MANAGED CARE PLANS

SUBJECT: **APL 19-004 – X12 274 PROVIDER NETWORK DATA REPORTING REQUIREMENTS** (SUPERCEDES APL 17-010)

PURPOSE:
The purpose of this Dental All Plan Letter (APL) is for the Department of Health Care Services (DHCS) to inform Medi-Cal Dental Managed Care (DMC) plans about changes to how provider network data is submitted to DHCS and resulting transition from use of the monthy "Provider Network Report" to the electronic X12 standard format.

BACKGROUND:
Currently, DMC plans utlize the monthly "Provider Network Report" template to submit primary care, speciality care, and safety net clinic provider data to DHCS pursuant to the DMC Contract, Exhibit A, Attachment 8, Provisions G and H. DMC plans also report summary network data (i.e., total number of unique providers, office locations, clinics) as well as changes to its provider network through submission of this monthly deliverable.

In support of Department-wide provider data quality improvement initiatives, DHCS has transitioned to the X12 standard format for electronic submission of provider network data by managed care plans. This change will result in eventual discontinuation of the existing Excel-based provider network reports that DMC plans currently submit. DHCS' purpose for adopting the X12 standard for provider network data submission is to ensure a comprehensive and standardized file layout and protocol for the submission of provider network data. The data will be used by DHCS to conduct network assessments, perform data analytics, and complete other federal and state reporting requirements.

Effective September 1, 2019 or upon successful completion of the required testing requirements, DHCS will inform DMC plans to begin submitting 274 production data using the X12 standard file format on a case-by-case basis. Until instructed to do so, DMC plans must continue submitting the monthly "Provider Network Report" in conjunction with the X12 format. DMC plans must receive DHCS authorization prior to fully transitioning to sole use of the X12 format for monthly provider data submissions.

REQUIREMENTS:

1. **DHCS Communication**
   Any questions or comments regarding the preparation and submission of the 274 provider files, as well as issues related to accessing the secure file transfer protocol (SFTP) folder, should be sent to the DMC mailbox at dmcdeliverables@dhcs.ca.gov.

2. **Managed Care Provider Data**
   a. Provider files shall include data for all provider types accessible in the network, including both individual providers and facilities.

   b. DMC plans are responsible for reporting their full network, including information of delegated providers.

   c. DMC plans are responsible for validating that all reported network providers serve Medi-Cal members enrolled in the plan at the specified office location indicated.

   d. DMC plans must submit one file for each Health Care Plan (HCP) Code.

   e. Each HCP file must contain data on providers that provide covered dental services and medically necessary services to members in that HCP, regardless of where the provider or facility is located.

3. **Submission Format**
   Effective September 1, 2019 or upon approval by DHCS, DMC plans are required to submit managed care provider data in a national standard transaction in compliance with the X12 Health Care Provider Directory (274) version 4050X109 Implementation Guide and the most recent DHCS 274 Companion Guide.

4. **Submission Process**
   a. DMCs are required to submit complete, accurate, reasonable, and timely provider data in the 274 format on a monthly basis.

   b. All DMC provider data must be submitted through the DHCS SFTP site. DHCS has established SFTP accounts for each DMC plan and has granted access to designated personnel who are allocated secure access on the plan's behalf. Each DMC plan has two sets of SFTP folders that house both test and production submissions separately. Each set contains both a "Submit" folder and a "Response" folder. DMC plans can submit provider data files by saving them in the "Submit" folder where DHCS' system will automatically retrieve the files for processing. Once a file has been successfully processed, it will be automatically removed from the "Submit" folder and DHCS will post a confirmation to the "Response" folder. DMC plans must not change the SFTP folder structures in any way as this will disrupt file processing.

    c. The 274 data submitted to DHCS will represent the DMC plan'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 DMC plan is required to send the provider file for each HCP by 12:00 p.m. between the 1st and 10th day of the month. Any files received after 12:00 p.m. on the 10th day of the month will be processed the following month and will be considered untimely.

5. Response Files

    a. DMC plans are responsible for monitoring the "Response" folders and retrieving 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 12:00 p.m. on the 10th day of the month. The file cannot be corrected at the record level; therefore, an entire new file must be submitted with the corrected data.

    b. For submission of files due to data corrections outside of the regular file submission window, the data will be processed the following month.

7. Submission Tracking

DMC plans 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 DMC plans 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 DMC plan attests the information is complete and accurate to the best of its knowledge. The PDSRF will be distributed to each DMC plan under separate cover via email.

8. Submission Compliance

DMC plans are required to submit complete, accurate, reasonable, and timely provider data on a monthly basis. DMC plans 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 DMC plans via email. These documents will also be available upon request.

If you have any questions regarding this APL, please contact
dmcdeliverables@dhcs.ca.gov.

Sincerely,

Original signed by:

Alani Jackson, MPA
Chief, Medi-Cal Dental Services Division
Department of Health Care Services