

**STATE OF CALIFORNIA**  
**Budget Change Proposal - Cover Sheet**  
 DF-46 (REV 10/20)

<b>Fiscal Year</b> FY 2022-23	<b>Business Unit</b> 4260	<b>Department</b> Health Care Services	<b>Priority No.</b>
<b>Budget Request Name</b> 4260-061-BCP-2022-GB		<b>Program</b> 3960	<b>Subprogram</b> 3960010

**Budget Request Description**

Encounter Data Improvement Support

**Budget Request Summary**

The Department of Health Care Services (DHCS) requests two-year limited-term (LT) resources equivalent to 3.0 positions, LT contract funding and expenditure authority of \$17,473,000 (\$1,747,000 Reimbursement Fund (RF); \$15,726,000 Federal Fund (FF)) in fiscal year (FY) 2022-23 and \$17,446,000 (\$1,745,000 RF; \$15,701,000 FF) in FY 2023-24 to further advance improvements in data quality in managed care and county behavioral health. The requested resources will be used to improve encounter data quality that will assist DHCS in meeting the Transformed Medicaid Statistical Information System (T-MSIS) requirements. The Reimbursement will be funded by a grant stemming from the Centene-Health Net merger and leverage 90/10 federal funding.

<b>Requires Legislation</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Code Section(s) to be Added/Amended/Repealed</b>	
<b>Does this BCP contain information technology (IT) components?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	<b>Department CIO</b>	<b>Date</b>

**For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.**

**Project No. Project Approval Document:**

**Approval Date:**

**If proposal affects another department, does other department concur with proposal?**  Yes  No

*Attach comments of affected department, signed and dated by the department director or designee.*

<b>Prepared By</b> Jessica Bogard	<b>Date</b> 1/10/2022	<b>Reviewed By</b> Erika Sperbeck	<b>Date</b> 1/10/2022
<b>Department Director</b> Michelle Baass	<b>Date</b> 1/10/2022	<b>Agency Secretary</b> Brendan McCarthy for Mark Ghaly, CalHHS Secretary	<b>Date</b> 1/10/2022

**Department of Finance Use Only**

**Additional Review:**  Capital Outlay  ITCU  FSCU  OSAE  Dept. of Technology

<b>PPBA</b> Laura Ayala	<b>Date submitted to the Legislature</b> 1/10/2022
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## Analysis of Problem

### A. Budget Request Summary

The Department of Health Care Services (DHCS) requests two-year limited-term (LT) resources equivalent to 3.0 positions, LT contract funding and expenditure authority of \$17,473,000 (\$1,747,000 Reimbursement Fund (RF); \$15,726,000 Federal Fund (FF)) in fiscal year (FY) 2022-23 and \$17,446,000 (\$1,745,000 RF; \$15,701,000 FF) in FY 2023-24 to further advance improvements in data quality in managed care and county behavioral health. The requested resources will be used to improve encounter data quality that will assist DHCS in meeting the Transformed Medicaid Statistical Information System (T-MSIS) requirements. The Reimbursement will be funded by a grant stemming from the Centene-Health Net merger and leverage 90/10 federal funding.

Division	Activity
<p><b>Deputy Director's Office (DDO) Health Care Delivery Systems (HCDS): 1.0 two-year LT position effective 7/1/2022 to 6/30/2024</b></p> <ul style="list-style-type: none"> <li>• 1.0 Health Program Specialist II (HPS II)</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee programmatic functions while providing policy and consultative advice related to the implementation of the encounter data quality efforts.</li> </ul>
<p><b>Health Information Management Division (HIMD): 1.0 two-year LT position effective 7/1/2022 to 6/30/2024</b></p> <ul style="list-style-type: none"> <li>• 1.0 Staff Services Manager I (SSM I)</li> </ul>	<ul style="list-style-type: none"> <li>• Develop and provide reports related to encounter data quality that can be reported at the plan and provider level.</li> <li>• Work with divisions across DHCS to address specific data quality issues and drive measurable improvement.</li> </ul>
<p><b>Medi-Cal Behavioral Health Division (MCBHD) 1.0 two-year LT position effective 7/1/2022 to 6/30/2024</b></p> <ul style="list-style-type: none"> <li>• 1.0 Associate Governmental Program Analyst (AGPA)</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with Enterprise Data and Information Management (EDIM) Team to identify and monitor Behavioral Health services/encounter data quality issues.</li> <li>• Engage with Behavioral Health Plans to address data quality issues identified by the state and contract teams.</li> <li>• Work closely with EDIM staff on improvements to publicly reported data dashboards.</li> </ul>

### B. Background/History

The Federal Centers for Medicare and Medicaid Services (CMS) issued its Final Rule CMS-2390-P on May 6, 2016, which amended and expanded the requirements of Title 42, Code of Federal Regulations, Part 438, pertaining to managed care, including managed care plans, Program of All-Inclusive Care for the Elderly (PACE) plans, dental managed care plans, and county behavioral health plans. CMS proposed to modernize the Medicaid managed care regulatory structure to facilitate and support delivery system reform initiatives resulting in improved health outcomes and the beneficiary experience, while effectively managing costs.

The Federal Managed Care Regulations (FMCR) required states to substantially expand oversight and monitoring of Managed Care Plans (MCP), Mental Health Plans (MHP), Drug Medi-Cal Organized Delivery Systems (DMC-ODS), Prepaid Inpatient Hospital Plan (PIHP), and Dental Managed Care (DMC) activities by requiring greater detail in oversight activities and verification of information reported by MCPs and DMCs, including data on provider networks according to a specified range of provider types, cultural and language standards, and

## Analysis of Problem

quality improvement projects. The regulation also required states to demonstrate their willingness to issue sanctions to plans that repeatedly failed to comply with program requirements. (CMS-2390-P Part I, Section A).

Federal law, section 4753 of the Balanced Budget Act of 1997 (Public Law 105-33), required DHCS to provide data to CMS in the format prescribed for the Medicaid Statistical Information System (MSIS). The claims data format for MSIS electronic transmission is specified in the State Medicaid Manual, Part 2, Section 2700, and may be updated by the Secretary from time to time. DHCS reported the MSIS data quarterly, for approximately two decades. However, this was replaced with the T-MSIS which was an expansion of the existing CMS MSIS data extract process for data used by CMS to assist in federal reporting for Medicaid and the Children's Health Insurance Program (CHIP). Section 6504 of the Affordable Care Act (ACA) strengthened the MSIS provision and requires states to include data elements necessary for program integrity, program evaluation, and administration. ACA Section 402 added additional mandates regarding the timeliness of data and Sections 4302 and 2602 mandate additional data elements, such as data on health disparities and dual-eligible beneficiaries. The Medicaid and CHIP Managed Care final rule CMS-2328 puts additional focus on the T-MSIS reporting in 42 CFR §438.242 (health information systems) and §438.818 (enrollee encounter data). As part of the rule, there are financial consequences for Federal Financial Participation (FFP) if data does not meet the CMS requirements. Data provided through T-MSIS will be utilized by CMS to evaluate contracted managed care plans compliance with data reporting requirements established under final rule CMS-2328. Previous LT funded resources were authorized via 4260-018-BCP-2017-GB, and expire on June 30, 2021. The resources were established as LT to provide support for DHCS to onboard new workloads, and to provide time to assess whether the additional resources were needed long term.

DHCS has been focusing on data quality for encounter data for many years. However, there continues to be significant opportunity for improvement. This is important for DHCS both in that 80 to 90 percent of the Medi-Cal population receives services through managed care and in that CMS is putting increasing priority on data quality through T-MSIS. If encounter and claims data does not meet data quality standards set by T-MSIS, federal funding would be at risk. In addition, data quality issues in behavioral health have been a recurrent concern of the Legislature and stakeholders.

Given the importance of encounter data quality, the Department of Managed Health Care (DMHC) directed Centene and Health Net, as part of their merger, to provide \$50 million over five years to strengthen the infrastructure of the Medi-Cal health care delivery system, particularly for Medi-Cal providers contracted with managed care plans, that will improve the completeness and accuracy of encounter data and provider directories.<sup>1</sup> This investment resulted in the Encounter Data Improvement Program (EDIP) which is designed to overcome the barriers to timely, complete, and accurate encounter data and inform real solutions. The multi-phased program is grounded in evidence-based research and deliberate action including:

- An Encounter Data Market Research Study
- One-Time Immediate Improvement Funding
- Provider-Level Assessment & Implementation Grants
- Multi-Stakeholder Engagement Process
- Established Organizational Oversight

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<sup>1</sup> Undertaking 29, Community Investments, <https://www.dmhc.ca.gov/Portals/0/AbouttheDMHC/NewsRoom/u032216.pdf>

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Health Net has contracted with Integrated Healthcare Association (IHA) for \$26 million to improve the collection and reporting of patient encounter data for Medi-Cal beneficiaries. DHCS is working with IHA to align the EDIP measures with the requirements DHCS has for encounter data.

DHCS has invested in various efforts to improve data quality for encounter data that is received from managed care plans and counties. This has included the establishment of an Encounter Data Quality Unit, development of quality measures for encounter data, development and implementation of the Post-Adjudicated Claims and Encounters processing and validation system, quarterly reports comparing encounter data submission volumes to managed care plan submitted financial data (Stoplight Reports), yearly studies comparing DHCS' encounter data to beneficiary medical records (Encounter Data Validation Study), enforcement with the use of corrective action plans and fines. These efforts have resulted in significant improvements. However, the research done based on the EDIP demonstrated that there are still significant opportunities for improvements, including<sup>2</sup>:

- Lack of understanding and education among stakeholders regarding encounter data and its value;
- Insufficient incentives for providers to submit timely and complete encounter data;
- Inadequate training on data submission at the provider level;
- Technology challenges and variable technology across clinical settings;
- Variable quality control in encounter data submissions;
- Poor communication among all parties involved in the data submission;
- Lack of standardization – specifically around coding; and,
- Issues specific to Medi-Cal patients, such as increased likelihood of fragmented care, difficulty verifying coverage and encounter data gaps.

As part of the T-MSIS data quality assessments performed by CMS, there are many additional data quality issues that have been identified that need to be addressed.

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<sup>2</sup> Encounter Data Market Research Study, [https://www.healthnet.com/content/healthnet/en\\_us/news-center/news-releases/2021-03-10-health-net-invests-26-million-to-oversee-monitor-and-implement-encounter-data-improvement-efforts.html](https://www.healthnet.com/content/healthnet/en_us/news-center/news-releases/2021-03-10-health-net-invests-26-million-to-oversee-monitor-and-implement-encounter-data-improvement-efforts.html)

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### Resource History (Dollars in thousands)

#### Deputy Director's Office (Health Care Delivery Systems)

<b>Program Budget</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Authorized Expenditures	\$2,985	\$2,800	\$2,556	\$3,619	\$4,212
Actual Expenditures	\$2,985	\$2,800	\$2,556	\$3,619	\$4,212
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	15.0	14.0	16.0	17.0	36.0
Filled Positions	13.7	13.3	12.7	17.0	33.7
Vacancies	1.3	0.7	3.3	0.0	2.3

#### Health Information Management Division

<b>Program Budget</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>
Authorized Expenditures	N/A	N/A	N/A	N/A	\$2,901
Actual Expenditures	N/A	N/A	N/A	N/A	\$2,829
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	N/A	51.0
Filled Positions	N/A	N/A	N/A	N/A	49.0
Vacancies	N/A	N/A	N/A	N/A	2.0

\*Effective FY 2020-21 Information Management Division and Research & Analytic Studies Division have reorganized into Enterprise Data and Information Management, Data Management and Analytics Division and Health Information Management Division.

## Analysis of Problem

### Medi-Cal Behavioral Health Division

Program Budget	2016-17	2017-18	2018-19	2019-20	2020-21
Authorized Expenditures	N/A	N/A	N/A	\$13,909	\$17,968
Actual Expenditures	N/A	N/A	N/A	\$8,619	\$16,291
Revenues	N/A	N/A	N/A	N/A	N/A
Authorized Positions	N/A	N/A	N/A	87.0	88.0
Filled Positions	N/A	N/A	N/A	70.4	76.1
Vacancies	N/A	N/A	N/A	16.6	11.9

\*Effective FY 2019-20 Medi-Cal Behavioral Health Division split from Mental Health Services Division.

### Workload History

\*This is a new proposal and the workload in this proposal has not been measured previously.

### C. State Level Consideration

High quality data is important for the implementation, monitoring, and oversight activities necessary for programs administered by DHCS. This proposal aligns with DHCS' mission to provide Californians access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services, and long-term care and DHCS initiatives such as California Advancing and Innovating Medi-Cal (CalAIM).

This proposal will improve data quality for encounter data that is received from managed care plans and counties. The proposal also directly supports the California Health & Human Services (CHHS) priorities to support data driven patient-centered care and the CHHS 2016 Information Strategic Plan. Specifically, this proposal is directly aligned with goal three to develop an enterprise data management strategy that supports improved access to services for the public, program interoperability through data sharing, and a data-driven decision making approach to increasing business efficiency. Programs and initiatives that have a dependency on encounter data will also benefit, such as the Health Care Payments Data Program managed by the Department of Health Care Access and Information.

### D. Justification

The request would result in \$17,473,000 (\$1,747,000 RF; \$15,726,000 FF) in FY 2022-23 and \$17,446,000 (\$1,745,000 RF; \$15,701,000 FF) in FY 2023-24 to support infrastructure at DHCS that will assist in developing and providing reports related to encounter data quality that can be reported at the plan and provider level. Additionally, funds would be used to work with counties, plans, and providers on initiatives to address specific data quality issues and drive measurable improvement.

This proposal would address the issues identified in the EDIP and the CMS required Transformed Medicaid Statistical Information System (T-MSIS) reviews in the following ways.

#### Compliance

T-MSIS requirements are set forth by CMS and necessitate that data submitted from states is timely, reliable, and consistent with federal requirements. CMS is continuously working with

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each state to improve the quality and completeness of T-MSIS data. CMS has issued several data sets for states to analyze and answer key question about their Medicaid program. Under this proposal, DHCS will be able to keep pace with the frequent technical guidance, tools, and data files released by CMS to ensure compliance with their data quality standards.

### Reporting

Current DHCS reporting on data quality is compiled through the use of an Enterprise Performance Monitoring (EPM) modules. These modules compute and compile monthly encounter data submission statistics for the quality measures for encounter data and the spotlight reports for managed care plans managed by the Managed Care Quality and Monitoring Division (MCQMD) for internal tracking. The module is used by DHCS staff but is not directly available to managed care plans. Under this proposal, (1) the measures included in the module would be expanded to include all measures that are part of the T-MSIS data quality reports produced by CMS; (2) the plans included in the module would be expanded to include dental plans, specialty plans, mental health plans, and Drug Medi-Cal plans; (3) the module would be extended to allow plans and providers to log in to see their specific data quality reports; and, (4) expand public reporting to reflect the expanded monitoring. The EPM environment was developed under a Stage 1 Business Analysis (S1BA) which was approved on December 21, 2016. The Post Implementation Evaluation Report is in process.

### Technical Assistance

As identified in the Health Net EDIP, there is significant need for technical assistance for counties, plans, and providers to address data quality for encounter data. Assessment and Implementation Grants have been awarded to Medi-Cal managed care plans and providers during FY 2019-2021 that have shown improvements while identifying opportunities for additional work. Activities shown to have initial success include supporting staff to increase the focus on data quality; enhancing coordination across departments to streamline submission processes, and improving the understanding of common errors. Under this proposal, this technical assistance would be extended to work with additional counties, plans, and providers over the two years of this proposal.

In order to achieve these goals, DHCS requests contract funding and LT staffing for a unit that will oversee and coordinate with the contracts and DHCS programs.

### **DDO (HCDS) (Two-year LT Equivalent to 1.0 position)**

#### *1.0 HPS II*

- 1.0 HPS II will oversee the programmatic functions and serve as a highly-skilled technical program consulting, providing policy and consultative advice related to the implementation of the encounter data quality efforts. The HPS II will work closely with data teams in EDIM and throughout HCDS's divisions (MCQMD, Managed Care Operations Division (MCO), Integrated Systems of Care Division (ISCD)) and the contractors to monitor and address data quality issues with plans, including with MCPs, and PACE organizations. The HPS II will provide leadership and facilitation internal and external stakeholder processes and will coordinate with responsible divisions conducting MCP, Dental Managed Care, MHP, Drug Medi-Cal and DMC-ODS contract oversight and engagement to address data quality, and data-sharing, issues identified by the state and contract teams

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### **HIMD (Two-year LT Equivalent to 1.0 position)**

#### *1.0 SSM I*

- The 1.0 SSM I will lead in the administrative and contract management duties related to this effort, including resource planning, reporting, budgeting, contract management, and change management. The SSM I will receive data from programs and the contractors and develop performance reports, issue and risk logs, and risk plans. In conjunction with EDIM's administrative section, the SSM I will provide encounter data quality specific information for budgeting, contracting, and invoicing activities. The SSM I will manage any required reporting, including quarterly and monthly CMS reports, annual updates to the state legislature, and yearly Advance Planning Document (APD) updates. The SSM I will review program and contractor activities and recommend solutions to management. The SSM I will also track the performance of the contract work they have been assigned, propose remediation solutions, track resolution, and inform management of progress.

### **HIMD Enterprise Performance Monitoring (EPM) Support for Data Quality Reporting (Support External)**

*\$2,000,000 (\$200,000 RF; \$1,800,000 FF) in FY 2022-23*

*\$2,000,000 (\$200,000 RF; \$1,800,000 FF) in FY 2023-24*

EPM is responsible for designing, development, and delivery of secure business intelligence solutions and services that drive health care quality and strategy formulation. EPM uses enterprise department tools to interface with a complex collection of program systems, including but not limited to the Medi-Cal Eligibility Data System, Post Adjudicated Claims and Encounter System and the Management Information System/Decision Support System. EPM gathers and transforms data from these various systems to form program specific data marts (subsets/data extracts from the data warehouse specific to a given program area, to support automated data reporting) resulting in enhancements to speed, usability, and data quality. The request is for additional contracted resources of \$2,000,000 (\$200,000 RF; \$1,800,000 FF) per year, which includes positions that require specialized advanced analytical skills. These include significant experience using business intelligence tools and techniques

### **HIMD Technical Assistance contract(s) (Support External)**

*\$15,000,000 (\$1,500,000 RF; \$13,500,000 FF) in FY 2022-23*

*\$15,000,000 (\$1,500,000 RF; \$13,500,000 FF) in FY 2023-24*

The contract would allow for a combination of direct technical assistance and grants that would not exceed \$15 million per year and be provided to counties, plans, and providers to support improved data quality.

### **MCBHD (Two-year LT Equivalent to 1.0 position)**

#### *1.0 AGPA*

- 1.0 AGPA will perform a variety of analytical activities related to the implementation of the encounter data quality efforts. The AGPA will work closely with data teams in EDIM and the contractors to monitor and address data quality issues with plans. The AGPA will be responsible for MHP and DMC-ODS contract oversight and engagement to address data quality issues identified by the state and contract teams. The AGPA will also work with EDIM staff on improvements to publicly reported data dashboards.



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### E. Outcomes and Accountability

Outcomes based on this work would be measured through the EPM reporting of T-MSIS data quality measures. Additionally, the data would be used to assess utilization and Core Set Quality Measures over the time period of the proposal. DHCS would:

- Work with submitters to improve encounter data quality to support reporting to CMS on measures for waiver services, Core Set Measures, and value-based purchasing.
- Improve communication with stakeholders, improving data quality as changes occur in Medi-Cal and the medical industry.
- Meet quality standards for T-MSIS data quality issues related to encounter data, including T-MSIS Priority Issues.
- Work with stakeholders to develop data reporting and dashboards that can be used to monitor encounter data quality.
- Have high quality encounter data to monitor and evaluate the Medi-Cal program.
- Have stronger system edits uniformly applied to data submitted, reducing adjustments and providing accurate data more timely.
- Have more completeness and consistency of claim payment data elements.
- Have more completeness and consistency of key provider information on claims.
- Have consistency on crossover claims.
- Have consistency of managed care plan reporting and cross-file consistency.

#### Projected Outcomes

Workload Measure	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
EPM Cubes in production for Data Quality Reporting	1	9	9	N/A	N/A	N/A
Data Quality Measures in the EPM Cubes	30	60	90	N/A	N/A	N/A
EPM users for Data Quality Reporting	20	40	200	N/A	N/A	N/A
Program Areas in EPM	1	8	8	N/A	N/A	N/A
Number of Reports Published in EPM	5	100	200	N/A	N/A	N/A
Number of Custom tools developed (Automated loader, automated test harness etc.) in EPM	0	2	2	N/A	N/A	N/A
Technical Assistance provided to counties, plans, and providers	0	300	300	N/A	N/A	N/A

### F. Analysis of All Feasible Alternatives

**Alternative 1:** Approve the request for two-year LT resources equivalent to 3.0 positions, LT contract funding and expenditure authority of \$17,473,000 (\$1,747,000 RF; \$15,726,000 FF) in FY

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2022-23 and \$17,446,000 (\$1,745,000 RF; \$15,701,000 FF) in FY 2023-24 to further advance improvements in data quality in managed care and county behavioral health.

Pros:

- Allows DHCS to adequately plan and meet the quality standards for all T-MSIS Priority Issues and other issues related to encounter data.
- Allows DHCS to work with stakeholders to develop data reporting and dashboards that can be used to monitor encounter data quality.
- Allows DHCS to have high quality encounter data to monitor and evaluate the Medi-Cal program.
- Allows DHCS to have stronger system edits uniformly applied to data submitted, reducing adjustments and providing accurate data more timely.

Cons:

- Increases staff costs.
- Increases time and resource commitments for training.
- Temporarily increases the number of state staff.

**Alternative 2:** Approve the request for two-year LT resources equivalent to 2.0 positions, LT contract funding and expenditure authority of \$17,329,000 (\$1,733,000 RF; \$15,596,000 FF) in FY 2022-23 and \$17,311,000 (\$1,731,000 RF; \$15,580,000 FF) in FY 2023-24 to further advance improvements in data quality in managed care and county behavioral health.

Pros:

- Allows DHCS to partially plan and meet quality standards for some T-MSIS Priority Issues and other issues related to encounter data.
- Allows DHCS to plan for the development of data reporting and dashboards for quality data monitoring.
- Allows DHCS to more robustly engage with stakeholders to develop data reporting and dashboards that can be used to monitor encounter data quality.

Cons:

- Increases staff costs.
- Increases time and resource commitments for training.
- Less resources to allocate for supporting the achievement of encounter data quality goals in a timely manner.

**Alternative 3:** Denial of funding and redirect existing staff.

Pros:

- Does not increase staff costs.
- Does not increase time and resource commitments for onboarding new staff.
- Does not increase staffing space needs.

Cons:

- Takes current staff away from other critical work.

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- DHCS will take longer to achieve encounter data quality goals.
- DHCS would be at risk for not meeting T-MSIS Priority Issues, which would put federal funds at risk.
- DHCS would be at risk for data submissions in multiple non-standard proprietary formats and non-compliant formats, which would put federal funds at risk.

### G. Implementation Plan

Approval of this proposal requires a hiring plan, facilities, and additional work space for the LT positions and contract staff. Upon approval of this proposal, the impacted divisions will initiate the necessary steps to secure the positions with start dates of July 1, 2022.

### H. Supplemental Information

The request includes one-time funding for office automation and cubicle buildouts, including cabling at a cost of \$27,000 (\$1,000 RF; \$26,000 FF) in FY 2022-23. The request also includes travel costs of \$9,000 (\$1,000 RF; \$8,000 FF) in FY 2022-23 and FY 2023-24.

Additionally, DHCS requests contract funding of \$17,000,000 (\$1,700,000 RF; \$15,300,000 FF) in both FY 2022-23 and FY 2023-24 to aid improvements in data quality.

### I. Recommendation

**Alternative 1:** Approve the request for two-year LT resources equivalent to 3.0 positions, LT contract funding and expenditure authority of \$17,473,000 (\$1,747,000 RF; \$15,726,000 FF) in FY 2022-23 and \$17,446,000 (\$1,745,000 RF; \$15,701,000 FF) in FY 2023-24 to further advance improvements in data quality in managed care and county behavioral health.

## J. Workload Standards

**WORKLOAD STANDARDS**  
**Health Information Management Division**  
**Limited Term Resources Equivalent to 1.0 Staff Services Manager I**  
**803-395-4800-XXX**  
**(7/1/22 – 6/30/24)**

<b>Activities</b>	<b>Number of Items</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Manages administrative duties related to resource planning, reporting, budgeting, contract management, and change management	10	45	450
Provides subject matter expertise regarding encounter data quality specific information for budget, contracting, and invoicing activities	20	22	440
Develops performance reports, issue, and risk logs, and risk plans	15	20	300
Manages any required reporting, including quarterly and monthly CMS reports, annual updates to the state legislature, and yearly APD updates	20	5	100
Reviews quality reporting trends nationally and statewide and recommends policy or program changes to executive management	10	5	50
Reviews and revises federally and state mandated documents related to data quality	16	10	160
Manages day-to-day operations of the unit, including overseeing a team of analysts.	10	30	300
<b>Total hours worked</b>			<b>1,800</b>
<b>1,800 hours = 1.0 Position</b>			
<b>Actual number of Positions requested</b>			<b>1.0</b>

**WORKLOAD STANDARDS**  
**Deputy Director's Office**  
**Health Care Delivery Systems**  
**Limited-Term Resources Equivalent to 1.0 Health Program Specialist II**  
**803-017-8336-XXX**  
**(7/1/22 – 6/30/24)**

<b>Activities</b>	<b>Number of Items</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Serve as highly-skilled technical program consultant, providing policy and consultative advice related to the implementation of encounter data quality efforts within the Medi-Cal managed care delivery system, and to Medi-Cal managed care health plans.	300	1	300
Work closely with data teams in EDIM and throughout HCDS's divisions (MCQMD, MCOD, and ISCD) and the contractors to monitor and address data quality issues with plans, including with MCPs and Program of All-Inclusive Care for the Elderly (PACE) organizations. Coordinate with responsible divisions conducting MCP, Dental Managed Care, MHP, Drug Medi-Cal and DMC-ODS contract oversight and engagement to address data quality, and data-sharing, issues identified by the state and contract teams.	300	1	300
Develop managed care policy communications, including All Plan Letters, memos, fact sheets, and stakeholder informing material.	215	2	430
Coordinate with external stakeholders, including MCP trade associations, to collaborate on policy development, policy dissemination, and solicitation of industry feedback.	330	1	330
Analyze proposed state legislation related to interoperability and Medi-Cal managed care. Conducts legislative review of federal and state regulations on interoperability for impact to the managed care delivery system.	190	1	190
Participate in scheduled and ad hoc meetings to discuss or resolve issues with both internal and external stakeholders.	50	1	50
Responding to and working with Centers for Medicare and Medicaid Services (CMS) on MCP contracts and policy guidance.	50	4	200
<b>Total hours worked</b>			<b>1,800</b>
<b>1,800 hours = 1.0 Position</b>			
<b>Actual number of Positions requested</b>			<b>1.0</b>

**WORKLOAD STANDARDS**  
**Medi-Cal Behavioral Health Division**  
**Limited Term Resources Equivalent to 1.0 Associate Governmental Program Analyst**  
**806-472-5393-XXX**  
**(7/1/22 – 6/30/24)**

<b>Activities</b>	<b>Number of Items</b>	<b>Hours per Item</b>	<b>Total Hours</b>
Works with data teams and contractors in EDIM to monitor and address data quality issues and plans.	40	10	400
Provides MHP and DMC-ODS contract oversight and engagement to address data quality issues identified by the state and contract teams.	15	10	150
Assesses whether programs, plans, etc. working with encounter data are exchanging quality data in a secure and sustainable manner.	25	10	250
Researches trends and analyzes encounter data quality issues identified by data teams and contractors to work with plans regarding mitigation and resolution.	25	10	250
Resolves questions regarding contracts and provides technical assistance to contractors and State/federal agencies; communicates via written correspondence, telephone, and e-mail on contract issues and problems in a timely manner.	40	5	200
Develops recommendations for management consideration to resolve issues related to the plan contracts, and any non-compliance issues.	15	10	150
Work with EDIM staff on improvements to publicly reported data dashboards.	40	10	400
<b>Total hours worked</b>			<b>1,800</b>
<b>1,800 hours = 1.0 Position</b>			
<b>Actual number of Positions requested</b>			<b>1.0</b>

**K. BCP Fiscal Detail Sheet**

BCP Title: Encounter Data Improvement Support

BR Name: 4260-061-BCP-2022-GB

## Budget Request Summary

## Personal Services

Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
Salaries and Wages Earnings - Temporary Help	0	248	248	0	0	0
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$248</b>	<b>\$248</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Total Staff Benefits	0	132	132	0	0	0
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$380</b>	<b>\$380</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Operating Expenses and Equipment

Operating Expenses and Equipment	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5301 - General Expense	0	18	12	0	0	0
5302 - Printing	0	6	6	0	0	0
5304 - Communications	0	6	6	0	0	0
5320 - Travel: In-State	0	9	9	0	0	0
5322 - Training	0	3	3	0	0	0
5324 - Facilities Operation	0	27	27	0	0	0
5340 - Consulting and Professional Services - External	0	17,000	17,000	0	0	0
5344 - Consolidated Data Centers	0	3	3	0	0	0
539X - Other	0	21	0	0	0	0
<b>Total Operating Expenses and Equipment</b>	<b>\$0</b>	<b>\$17,093</b>	<b>\$17,066</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Total Budget Request

Total Budget Request	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
<b>Total Budget Request</b>	<b>\$0</b>	<b>\$17,473</b>	<b>\$17,446</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Fund Summary

## Fund Source

Fund Source	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
State Operations - 0890 - Federal Trust Fund	0	15,726	15,701	0	0	0
0995 - Reimbursements	0	1,747	1,745	0	0	0
<b>Total State Operations Expenditures</b>	<b>\$0</b>	<b>\$17,473</b>	<b>\$17,446</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Total All Funds</b>	<b>\$0</b>	<b>\$17,473</b>	<b>\$17,446</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Program Summary

## Program Funding

Program Funding	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
3960010 - Medical Care Services (Medi-Cal)	0	17,473	17,446	0	0	0
<b>Total All Programs</b>	<b>\$0</b>	<b>\$17,473</b>	<b>\$17,446</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Personal Services Details

## Salaries and Wages

Salaries and Wages	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
TH00 - Temporary Help (Eff. 07-01-2022) (LT 06-30-2024)	0	248	248	0	0	0
<b>Total Salaries and Wages</b>	<b>\$0</b>	<b>\$248</b>	<b>\$248</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Staff Benefits

Staff Benefits	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
5150350 - Health Insurance	0	60	60	0	0	0
5150600 - Retirement - General	0	72	72	0	0	0
<b>Total Staff Benefits</b>	<b>\$0</b>	<b>\$132</b>	<b>\$132</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## Total Personal Services

Total Personal Services	FY22 Current Year	FY22 Budget Year	FY22 BY+1	FY22 BY+2	FY22 BY+3	FY22 BY+4
<b>Total Personal Services</b>	<b>\$0</b>	<b>\$380</b>	<b>\$380</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>