

Oregon Health Authority Health Services Division

Calendar Year 2021 Encounter Data Validation Report

February 2022



Table of Contents

1. Overview and Methodology	1-1
Overview	1-1
Methodology	1-3
Administrative Profile	1-3
Comparative Analysis	1-6
Technical Assistance	1-8
2. Administrative Profile	2-1
Encounter Data Completeness	2-1
Monthly Encounter Record Counts	2-1
Monthly Encounter Volume	2-7
Monthly Encounter Volume per 1,000 MM	2-12
Monthly Paid Amount PMPM	2-17
Encounter Data Timeliness	2-22
Lag Between Service Date and MMIS Received Date	2-22
Lag Between CCO Payment Date and MMIS Received Date	2-28
Field-Level Encounter Data Completeness and Accuracy	2-33
Dental Encounters	2-33
Professional Encounters	2-34
Inpatient Encounters	2-35
Outpatient Encounters	2-36
Pharmacy Encounters	2-36
Encounter Data Referential Integrity	2-37
3. Comparative Analysis	3-1
Background	3-1
Record Completeness	3-1
Encounter Data Record Omission and Record Surplus	3-1
Data Element Completeness	3-3
Element Omission and Element Surplus	3-4
Element Accuracy	3-9
All-Element Accuracy	3-14
Technical Assistance	3-16
4. Discussion	4-1
Conclusions	4-1
Administrative Profile	4-1
Comparative Analysis	4-2
Recommendations	4-5
Administrative Profile	4-5
Comparative Analysis	4-5
Study Limitations	4-6

Appendix A. Overall Administrative Profile and Comparative Analysis Results A-1

Appendix B. Results for Advanced Health B-1

Appendix C. Results for AllCare CCO, Inc. C-1

Appendix D. Results for Cascade Health Alliance, LLC D-1

Appendix E. Results for Columbia Pacific CCO, LLC E-1

Appendix F. Results for Eastern Oregon CCO, LLC F-1

Appendix G. Results for Health Share of Oregon G-1

Appendix H. Results for InterCommunity Health Network..... H-1

Appendix I. Results for Jackson Care Connect I-1

Appendix J. Results for PacificSource Community Solutions–Central Oregon..... J-1

Appendix K. Results for PacificSource Community Solutions–Columbia Gorge K-1

Appendix L. Results for PacificSource Community Solutions–Lane L-1

Appendix M. Results for PacificSource Community Solutions–Marion Polk M-1

Appendix N. Results for Trillium Community Health Plan, Inc.–South..... N-1

Appendix O. Results for Umpqua Health Alliance, LLC..... O-1

Appendix P. Results for Yamhill Community Care Organization..... P-1

1. Overview and Methodology

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, Oregon Health Authority (OHA) must ensure that each of its coordinated care organizations (CCOs) maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollment. OHA must also review and validate encounter data collected, maintained, and submitted by the CCOs to ensure that they are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program; submission of high-quality encounter data can accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitated rates, and obtain complete and accurate utilization information.

During calendar year (CY) 2020, OHA contracted with Health Services Advisory Group, Inc. (HSAG) to conduct encounter data validation (EDV) studies over a three-year period. HSAG's approach to conducting EDV studies is tailored to address the specific needs of its clients by customizing elements outlined in Centers for Medicare & Medicaid Services' (CMS') External Quality Review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, October 2019 (EQR Protocol 5).¹⁻¹ In general, the following core evaluation steps describe HSAG's approach to conducting EDV:

- Information Systems (IS) Review—Assessment of the State's and/or CCOs' IS and processes.
- Administrative profile—Analysis of the State's electronic encounter data completeness, accuracy, and timeliness.
- Comparative analysis—Analysis of the State's electronic encounter data completeness and accuracy through a comparison between the State's electronic encounter data and the data extracted from the CCOs' data systems.
- Technical assistance—Follow-up assistance provided to the CCOs that perform poorly in the comparative analysis.
- Medical record review (MRR)—Analysis of the State's electronic encounter data completeness and accuracy by comparing the State's electronic encounter data to the information documented in the corresponding members' medical records.

¹⁻¹ Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity*, October 2019. Available at: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf>. Accessed on: Dec 27, 2021.

In alignment with CMS’ EQR Protocol 5 for validating encounter data, in CY 2020, HSAG conducted an EDV-focused assessment, based in part on a streamlining of the Information Systems Capabilities Assessment (ISCA). The evaluation included an assessment of the CCOs’ processes for collecting, maintaining, and submitting encounter data to OHA. The evaluation provided information on the strengths and limitations of the CCOs’ IS in promoting and maintaining quality encounter data. Similarly, HSAG also evaluated OHA’s processes for collecting and managing the CCO-submitted encounter data.

During CY 2021, HSAG conducted the following two core evaluation activities and a technical assistance component for the EDV activity:

- Administrative profile—Analysis of OHA’s electronic encounter data completeness, accuracy, and timeliness.
- Comparative analysis—Analysis of OHA’s electronic encounter data completeness and accuracy through a comparison between OHA’s electronic encounter data and the data extracted from the CCOs’ data systems.
- Technical assistance—Follow-up assistance provided to the CCOs that perform poorly in the comparative analysis.

Table 1-1 lists the CCOs that were included in this study. The remainder of this section describes the methodology for the CY 2021 EDV study.

Table 1-1—List of CCOs

CCO Name	Acronym
Advanced Health	AH
AllCare CCO, Inc.	AllCare
Cascade Health Alliance, LLC	CHA
Columbia Pacific CCO, LLC	CPCCO
Eastern Oregon CCO, LLC	EOCCO
Health Share of Oregon	Health Share
InterCommunity Health Network	IHN
Jackson Care Connect	JCC
PacificSource Community Solutions—Central Oregon	PSCS-CO
PacificSource Community Solutions—Columbia Gorge	PSCS-CG
PacificSource Community Solutions—Lane	PSCS-Lane
PacificSource Community Solutions—Marion Polk	PSCS-MP
Trillium Community Health Plan, Inc.—South	TCHP-South
Umpqua Health Alliance, LLC	UHA
Yamhill Community Care Organization	YCCO

Methodology

Administrative Profile

The administrative profile analysis of the State's encounter data is essential to gauging the general completeness, accuracy, and timeliness of encounter data. The degree of the CCOs' data file completeness and accuracy will provide insight into the quality of OHA's overall encounter system and represents the basis for establishing confidence in reporting and rate setting activities.

To conduct this component of the EDV study, HSAG used various data sources including encounter data, member demographic/enrollment data, and provider data extracted from OHA's system. HSAG submitted a data submission requirements document to notify OHA of the required data needed. The data submission requirements document was based on the study objectives and data elements to be evaluated in the study. It included a brief description of the study, the review period, required data elements, and information regarding the submission of the requested files.

To assist OHA in preparing the requested data files, HSAG provided a technical assistance session through a conference call. During the technical assistance session, HSAG reviewed the data submission requirements to ensure that all questions related to data preparation and extraction were addressed. Following completion of the technical assistance session, HSAG updated and forwarded a final version of the data submission requirements document to OHA for review and approval.

HSAG examined the accuracy, completeness, and timeliness of OHA's encounters submitted by the CCOs with dates of service between January 1, 2020, and December 31, 2020. HSAG evaluated the following metrics:

Metrics for Encounter Data Completeness

- Monthly encounter record counts by paid month (i.e., the month when encounters are paid by the CCOs).
- Monthly encounter volume by service month (i.e., the month when services occur). For this metric, encounter volume was evaluated using visit-level variables (i.e., member, date of service, and provider) to avoid double counting.
- Monthly encounter volume per 1,000 member months (MM) by service month to account for variation on the member counts from month to month.
- Monthly paid amount per member per month (PMPM) by service month.

Metrics for Encounter Data Timeliness

- Claims lag triangle to illustrate the percentage of encounters accepted into OHA's data system within two months, three months, ..., and such from the service month (i.e., lag days between service date and Medicaid Management Information System [MMIS] received date).
- Percentage of encounters received by MMIS within 30 days, 60 days, 90 days, ..., and such from the payment date (i.e., lag days between CCO payment date and MMIS received date).

Metrics for Field-Level Encounter Data Completeness and Accuracy

- Percent present and percent valid values for selected key data elements listed in Table 1-2.

Table 1-2—Key Data Elements

Key Data Element	Dental	Professional	Institutional	Pharmacy	Criteria for Validity
Member Identification (ID)	√	√	√	√	<ul style="list-style-type: none"> In member file supplied by OHA Eligible for Medicaid on the date of service Enrolled in a specific CCO on the date of service
Detail Service From Date	√	√	√	√	<ul style="list-style-type: none"> Detail Service From Date ≤ Detail Service To Date Detail Service From Date ≤ Paid Date
Detail Service To Date	√	√	√		<ul style="list-style-type: none"> Detail Service From Date ≤ Detail Service To Date Detail Service To Date ≤ Paid Date
Paid Date	√	√	√	√	<ul style="list-style-type: none"> Paid Date ≥ Detail Service From Date Paid Date ≥ Detail Service To Date
Billing Provider Number (National Provider Identifier [NPI]/Medicaid ID)	√	√	√	√	In provider file supplied by OHA
Rendering Provider Number (NPI/Medicaid ID)	√	√			In provider file supplied by OHA
Attending Provider Number (NPI/Medicaid ID)			√		In provider file supplied by OHA
Prescribing Provider Number (NPI/Medicaid ID)				√	In provider file supplied by OHA

Key Data Element	Dental	Professional	Institutional	Pharmacy	Criteria for Validity
Primary Diagnosis Code		√	√		In national International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) diagnosis code sets
Secondary Diagnosis Code(s)		√	√		In national ICD-10-CM diagnosis code sets
Current Dental Terminology (CDT)/ Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) Code(s)	√	√	√		In national CDT, CPT, and HCPCS diagnosis code sets
Tooth Number	√				If not missing, populated with the appropriate universal numbering
Tooth Surface (1 through 5)	√				If not missing, populated with the appropriate tooth surface code: B, D, F, I, L, M, O
Oral Cavity Code	√				If not missing, populated with the appropriate oral designation code value: 00, 01, 02, 10, 20, 30, 40
Surgical Procedure Code(s)			√		In national ICD-10-CM surgical procedure code sets
Type of Bill			√		In national type of bill code sets
Revenue Code			√		In national revenue code sets
Diagnosis-Related Group (DRG) Code			√		In national DRG code sets
National Drug Code (NDC)		√	√	√	In national NDC sets

Encounter Data Referential Integrity

- Identify that the encounter data can be merged with and contained the appropriate provider and member in the provider and member enrollment files, respectively.

The CCO results for these metrics were stratified by the appropriate encounter types such as dental, professional, institutional (i.e., inpatient and outpatient), pharmacy, and other sub-categories defined by OHA, but no more than 10 categories in total. Overall, results from these metrics will help OHA evaluate encounter data accuracy, completeness, and timeliness, as well as set up future monitoring metrics, as appropriate.

Comparative Analysis

The goal of the comparative analysis is to evaluate the extent to which encounters submitted to OHA by the CCOs are complete and accurate, based on corresponding information stored in the CCOs' data systems. HSAG leveraged the OHA data requirements document developed for the administration profile component to develop a data requirements document to request data from the CCOs. A follow-up technical assistance session occurred approximately one week after distributing the data requirements document, thereby allowing the CCOs time to review and prepare their questions for the session.

To evaluate the accuracy and completeness of the submitted encounters, HSAG assessed OHA's and the CCOs' encounters with dates of service between January 1, 2020, and December 31, 2020.

To ensure that the extracted data from both sources (i.e., OHA and CCO data sources) represent the same universe of encounters, the data targeted dental, professional, institutional, and pharmacy encounters submitted to OHA on or before February 28, 2021.

Once HSAG received data files from both data sources, the analytic team conducted a preliminary file review to ensure that the submitted data were adequate to conduct the evaluation. The preliminary file review included the following basic checks:

- Data extraction—Extracted based on the data requirements document.
- Percentage present—Required data fields are present on the file and have values in those fields.
- Percentage of valid values—The values included are the expected values (e.g., valid ICD-10-CM codes in the diagnosis field).
- Evaluation of matching claim numbers—The percentage of claim numbers matching between the data extracted from OHA's data warehouse and the CCOs' data submitted to HSAG.

Based on the results of the preliminary file review, HSAG generated a report that highlighted major findings requiring both OHA and the CCOs to resubmit data, as needed.

Once HSAG received and processed the final set of data from OHA and each CCO, HSAG conducted a series of analyses, which were divided into two analytic sections.

First, HSAG assessed record-level data completeness using the following metrics for each encounter data type:

- The number and percentage of records present in the CCO-submitted files but not in the OHA-submitted files (record omission).
- The number and percentage of records present in OHA-submitted files but not in the CCO-submitted files (record surplus).

Second, based on the number of records present in both data sources, HSAG further examined completeness and accuracy for the key data elements listed in Table 1-3. The analyses focused on an element-level comparison for each data element.

Table 1-3—Key Data Elements for Comparative Analysis

Key Data Element	Dental	Professional	Institutional	Pharmacy
Member ID	√	√	√	√
Detail Service From Date	√	√		
Detail Service To Date	√	√		
Header Service From Date			√	√
Header Service To Date			√	
Admission Date			√	
Billing Provider NPI	√	√	√	√
Rendering Provider NPI	√	√		
Attending Provider NPI			√	
Prescribing Provider NPI				√
Referring Provider NPI	√	√	√	
Primary Diagnosis Code		√	√	
Secondary Diagnosis Code		√	√	
Procedure Code	√	√	√	
Procedure Code Modifier		√	√	
Tooth Number	√			
Mouth Quadrant	√			
Tooth Surface (1 through 5)	√			
Primary Surgical Procedure Code			√	
Secondary Surgical Procedure Code			√	
NDC		√	√	√
Drug Quantity				√
Revenue Code			√	

Key Data Element	Dental	Professional	Institutional	Pharmacy
DRG Code			√	
Header Paid Amount			√	√
Dispensing Fee				√

For the records that matched between OHA's and the CCOs' data from the first step, HSAG evaluated element-level completeness based on the following metrics:

- The number and percentage of records with values present in the CCO-submitted files but not in the OHA-submitted files (element omission).
- The number and percentage of records with values present in the OHA-submitted files but not in the CCO-submitted files (element surplus).
- The number and percentage of records with values missing from both the OHA-submitted and the CCO-submitted files (element missing values).

Element-level accuracy was limited to those records with values present in both the CCO-submitted files and the OHA-submitted files. For each key data element, HSAG determined the number and percentage of records with the same values in both the CCO-submitted files and the OHA-submitted files (element accuracy).

Finally, for the records present in both OHA's and the CCOs' data, HSAG evaluated the number and percentage of records with the same values for all key data elements relevant to each encounter data type (all-element accuracy).

Technical Assistance

As a follow-up to the comparative analysis activity, HSAG provided technical assistance to the CCOs regarding the issues identified from the comparative analysis. First, HSAG drafted CCO-specific encounter data discrepancy reports highlighting key areas for investigation. Second, HSAG distributed the discrepancy reports to the CCOs as well as data samples to assist with their internal investigations. HSAG then worked with the CCOs to review the potential root causes of the key issues and requested written responses from the CCOs.

2. Administrative Profile

This section shows results from the administrative profile, which evaluated the extent to which the encounter data in OHA's data warehouse are complete, accurate, and submitted by the CCOs in a timely manner for encounters with dates of service in CY 2020. For this component of the EDV study, HSAG conducted the analyses for the following three domains:

- Encounter data completeness
- Encounter data timeliness
- Field-level encounter data completeness and accuracy

Encounter Data Completeness

The following subsections provide results by claim type for encounter data completeness. The figures include results for the following:

- Monthly encounter record counts by MMIS month (i.e., the month when encounters were received and processed by MMIS).
- Monthly encounter volume by service month (i.e., the month when services occur). For this metric, encounter volume was evaluated using visit-level variables (i.e., member, date of service, and provider) to avoid double counting.
- Monthly encounter volume per 1,000 MM by service month to account for variation on the member counts from month to month.
- Monthly paid amount PMPM by service month.

Monthly Encounter Record Counts

This measure evaluates the total line items received and processed by OHA's MMIS in each MMIS month (i.e., the month when encounters were received by MMIS). The record counts were calculated at the detail line level. For example, if an encounter has three detail lines (i.e., it has three procedure codes), the record count for this encounter is three.

Figure 2-1 provides the monthly dental encounter record counts received and processed by OHA's MMIS. Although all CCOs' encounter records that were processed exhibited a decline in May 2020 as a result of the coronavirus disease 2019 (COVID-19) public health emergency (PHE), Health Share and PSCS-MP had the highest record count which had a sharp decline, then a fluctuation in volume through October 2020 with another sharp decline thereafter.

Figure 2-1—Encounter Record Counts by MMIS Month: Dental

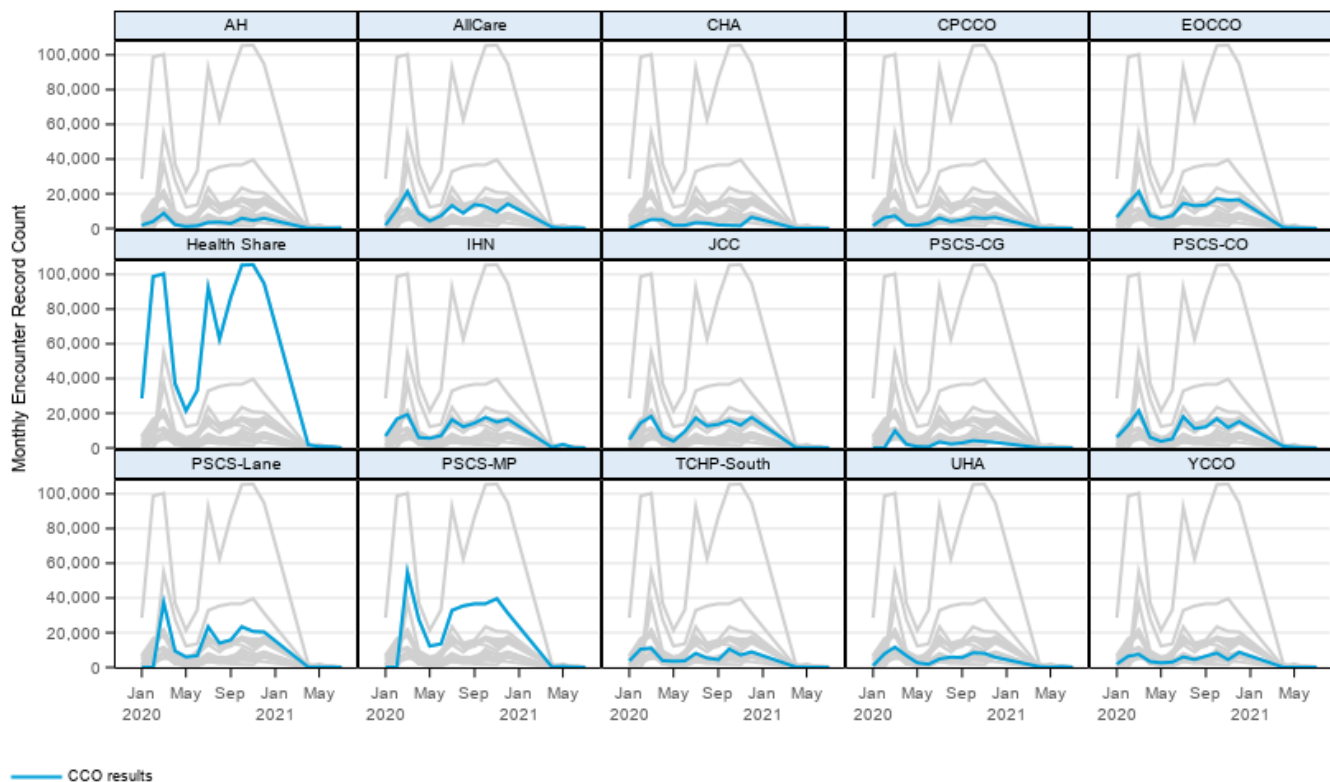


Figure 2-2—Encounter Record Counts by MMIS Month: Professional

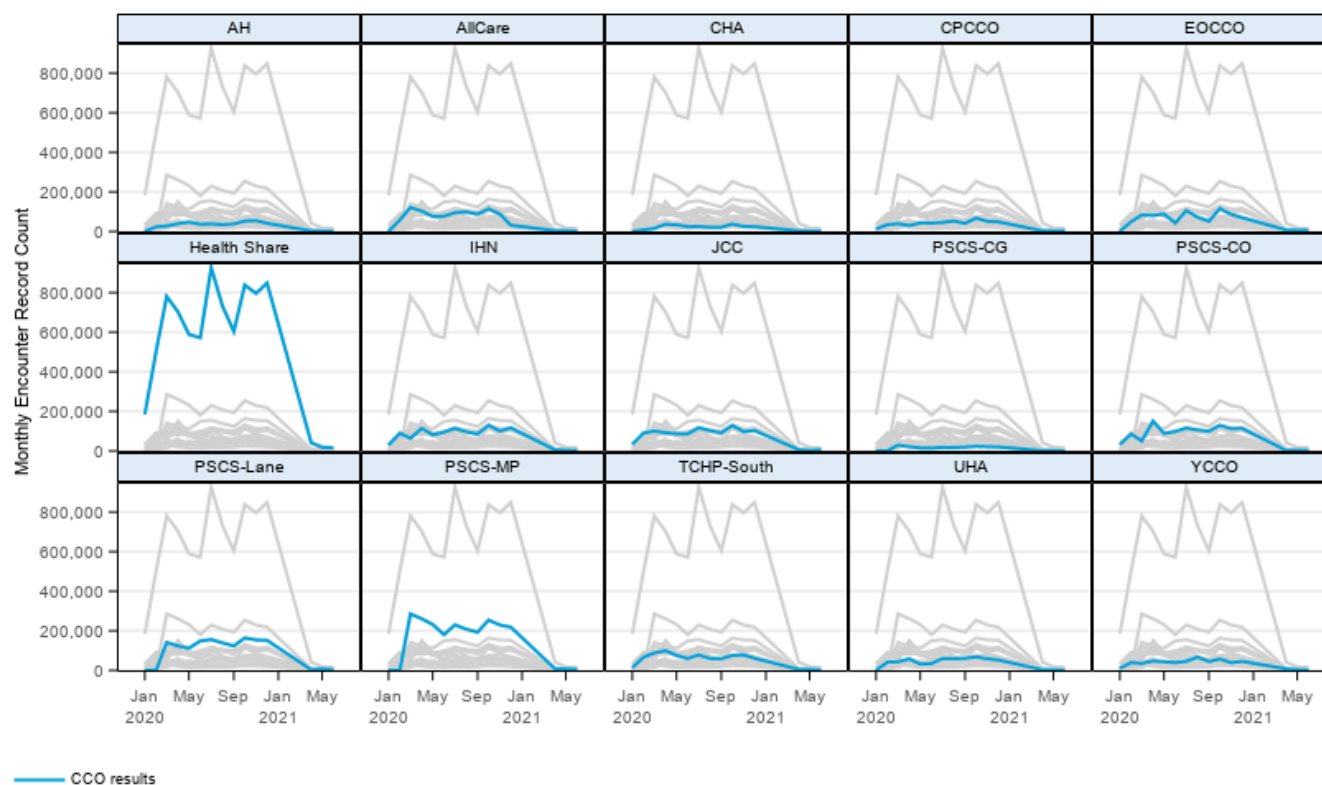


Figure 2-3 provides the monthly inpatient encounter record counts received and processed by OHA's MMIS. The inpatient encounter records received and processed showed fluctuations throughout CY 2020, with a sharp decline observed in October 2020. Health Share had the highest inpatient encounter record counts processed compared to other CCOs.

Figure 2-3—Encounter Record Counts by MMIS Month: Inpatient

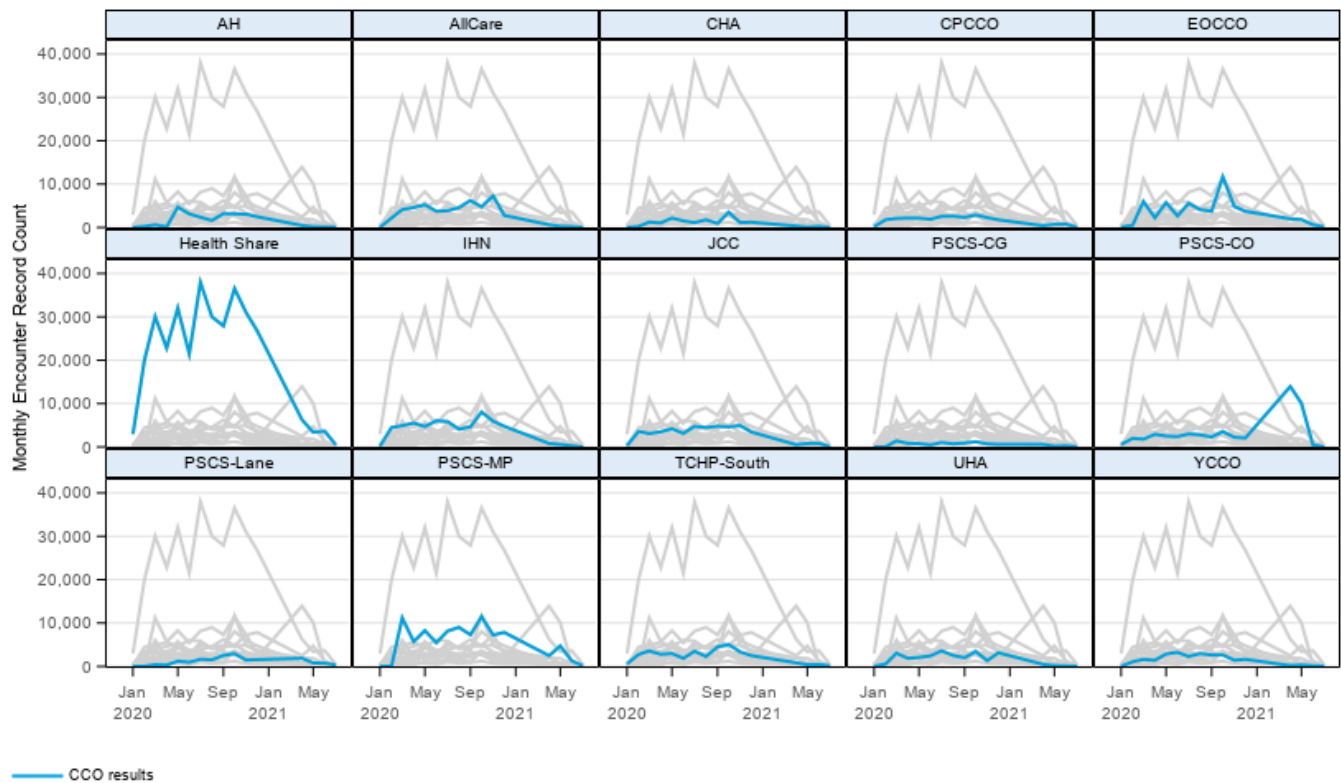


Figure 2-4 provides the monthly outpatient encounter record counts received and processed by OHA's MMIS. Similar to the inpatient encounters, the outpatient encounter records received and processed showed fluctuations throughout CY 2020, with a sharp decline observed in October 2020. Similar to the dental, professional, and inpatient encounters, Health Share had the highest outpatient encounter record counts processed compared to other CCOs.

Figure 2-4—Encounter Record Counts by MMIS Month: Outpatient

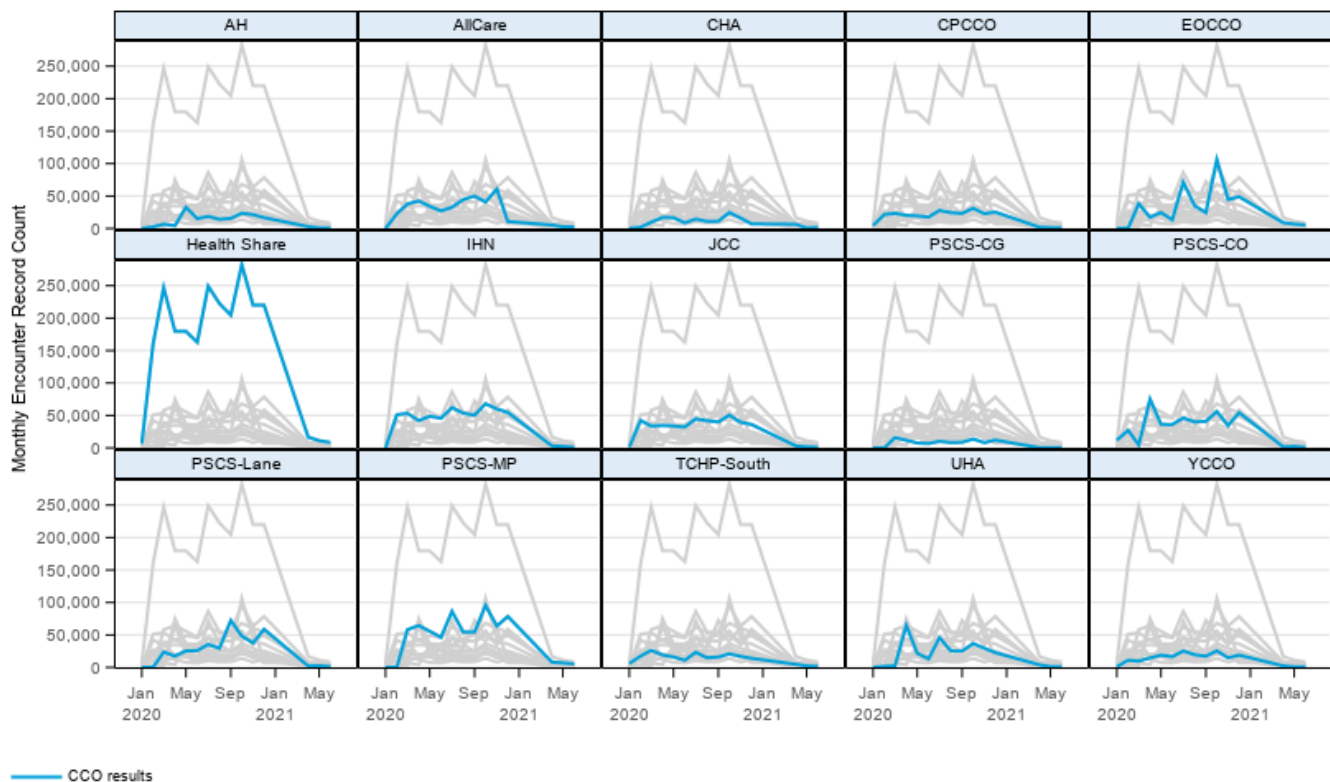
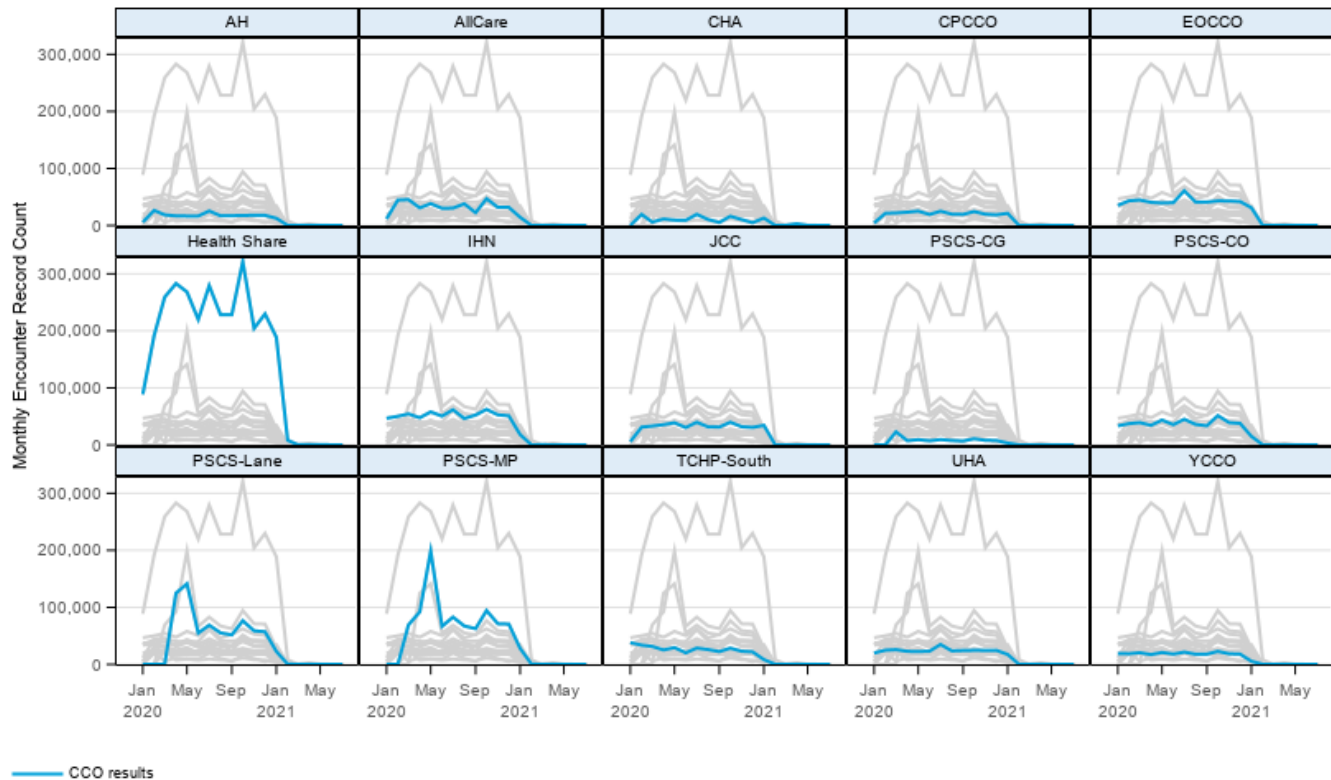


Figure 2-5 provides the monthly pharmacy encounter record counts received and processed by OHA's MMIS. Similar to the other encounter records received and processed, the pharmacy encounters also showed fluctuations throughout CY 2020. Health Share had the highest pharmacy encounter record counts processed compared to other CCOs, with PSCS-MP a far second in highest record counts.

Figure 2-5—Encounter Record Counts by MMIS Month: Pharmacy



Monthly Encounter Volume

Figure 2-6 provides the monthly encounter volume for dental encounters. Although all CCOs exhibited a decline in April 2020 as a result of the COVID-19 PHE, Health Share had the highest volume throughout CY 2020, showing a sharp decline in April 2020 followed by a sharp increase through October 2020. All other CCOs had a slight decline in April 2020 with a steady volume of encounters throughout the year.

Figure 2-6—Encounter Volume by Service Month: Dental

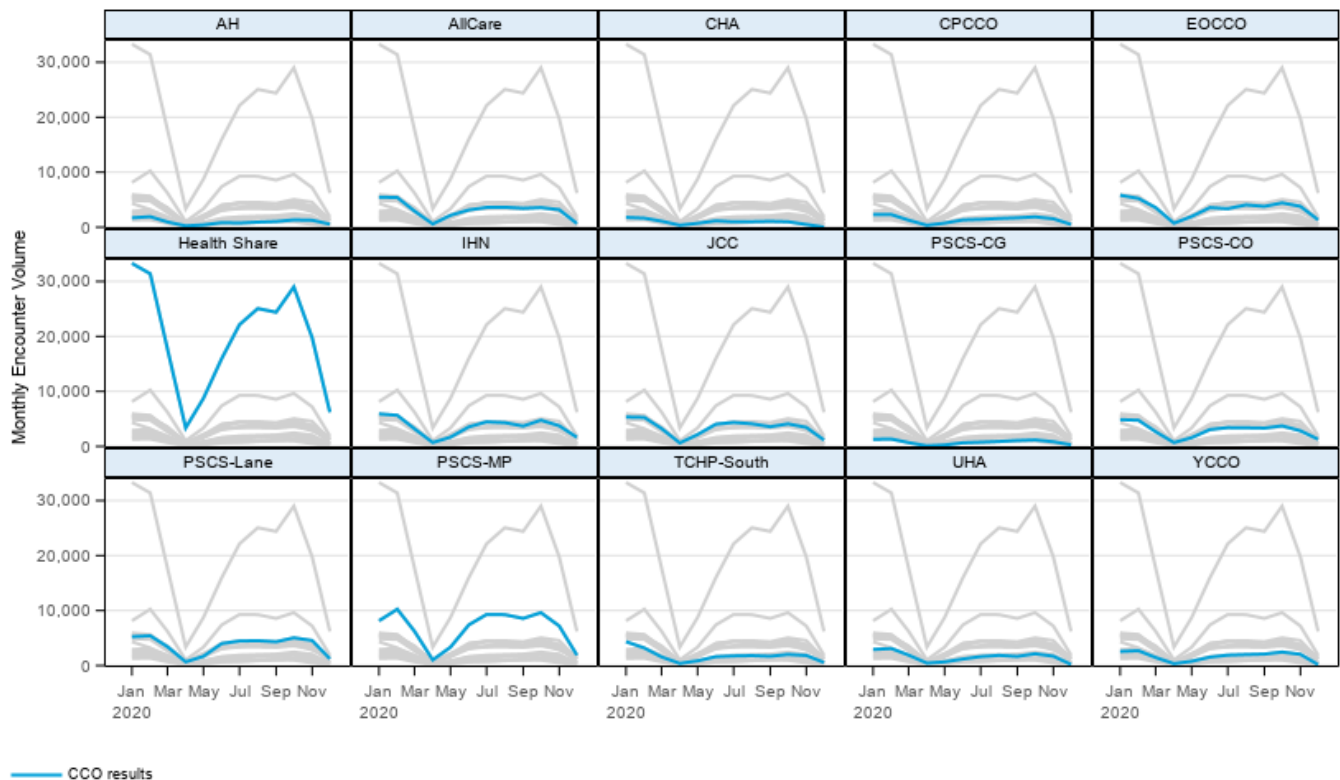


Figure 2-7 provides the monthly encounter volume for professional encounters. The volume of professional encounters showed a slight decline in April 2020 and remained relatively steady the remainder of CY 2020 for all CCOs, except for Health Share. Encounter volume for Health Share declined rapidly between January 2020 and April 2020 and between October 2020 and December 2020. Health Share had the highest professional encounter volume compared to all other CCOs.

Figure 2-7—Encounter Volume by Service Month: Professional

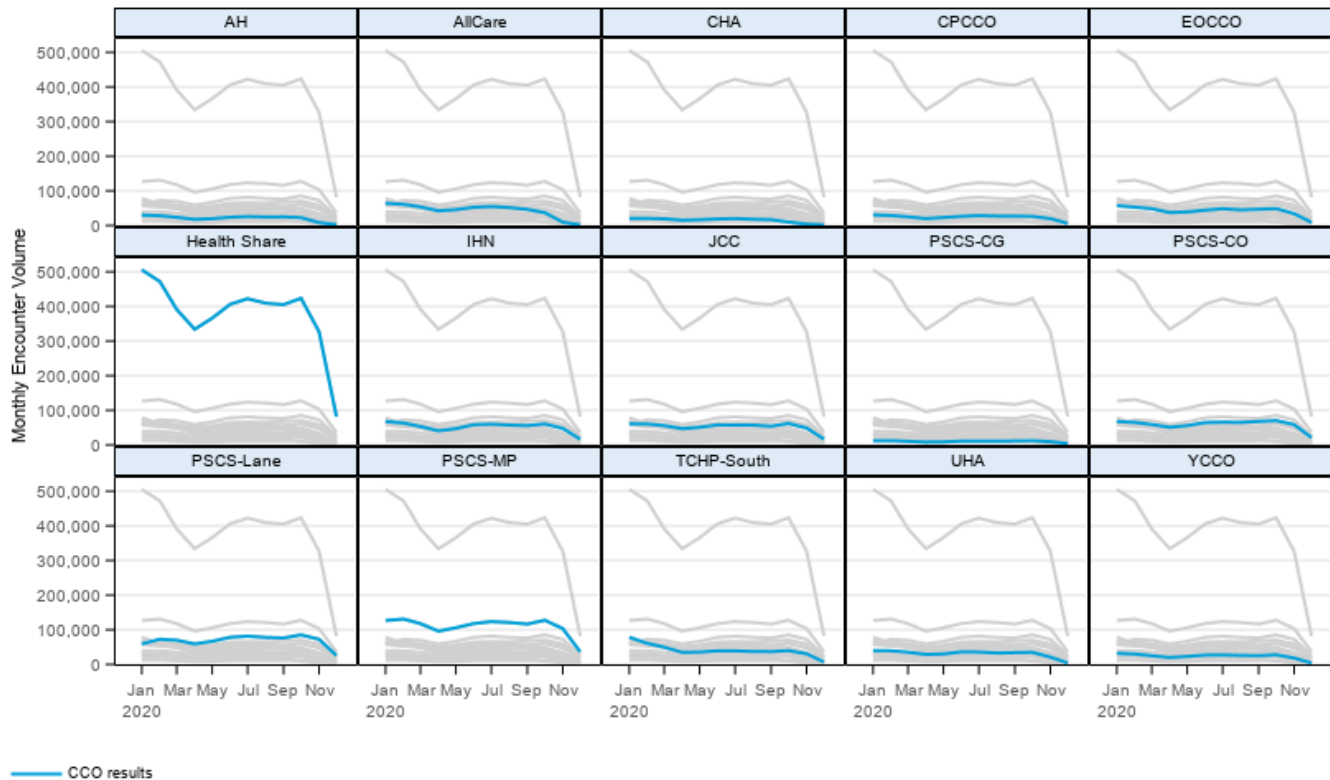


Figure 2-8 provides the monthly encounter volume for inpatient encounters. Similar to the professional encounters, the volume of inpatient encounters remained relatively steady throughout CY 2020 for all CCOs, except for Health Share. Encounter volume for Health Share declined rapidly between January 2020 and April 2020 and between October 2020 and December 2020. Health Share had the highest inpatient encounter volume compared to all other CCOs.

Figure 2-8—Encounter Volume by Service Month: Inpatient

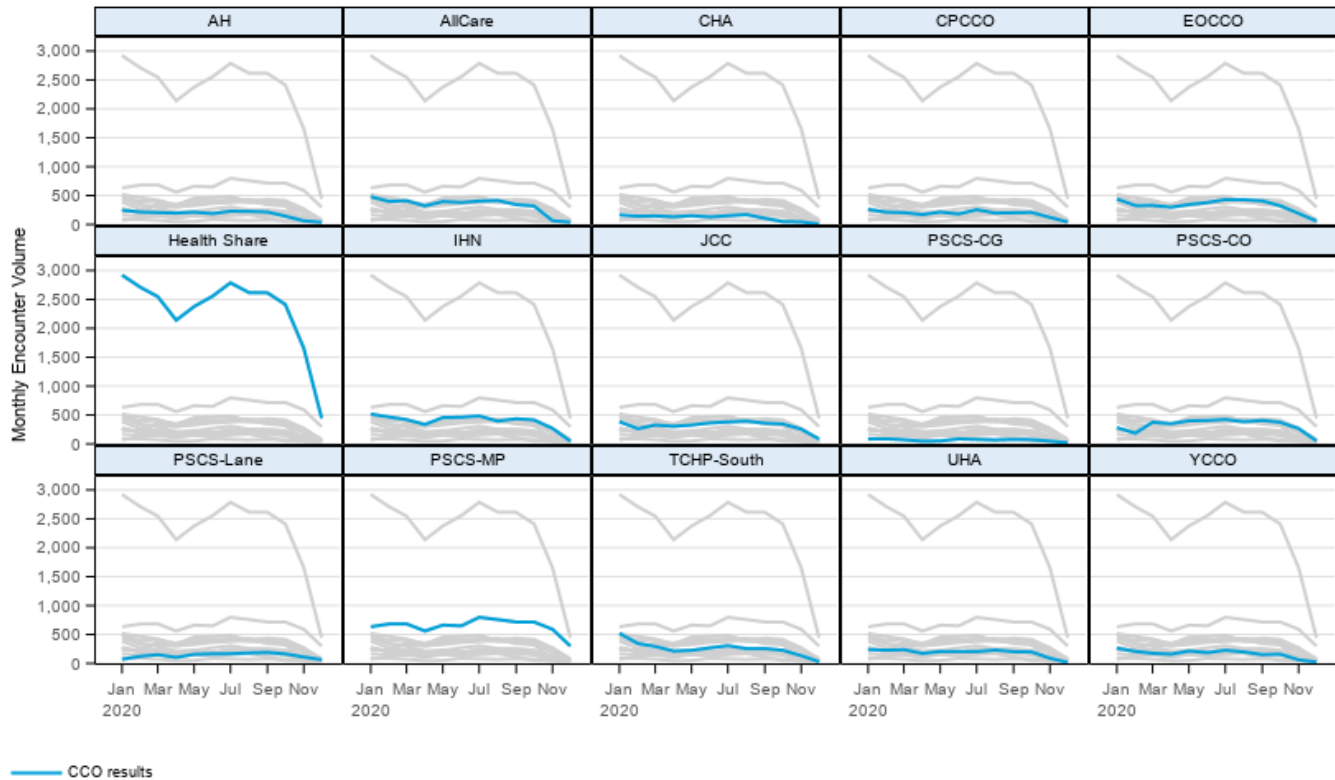


Figure 2-9 provides the monthly encounter volume for outpatient encounters. Although all CCOs exhibited a decline in April 2020 due to the COVID-19 PHE, Health Share had the highest volume with a sharp decline in April 2020, followed by a sharp increase through June 2020, which was followed by another sharp decline in October 2020. All other CCOs had a slight decline in April 2020 with a steady volume of encounters throughout the year.

Figure 2-9—Encounter Volume by Service Month: Outpatient

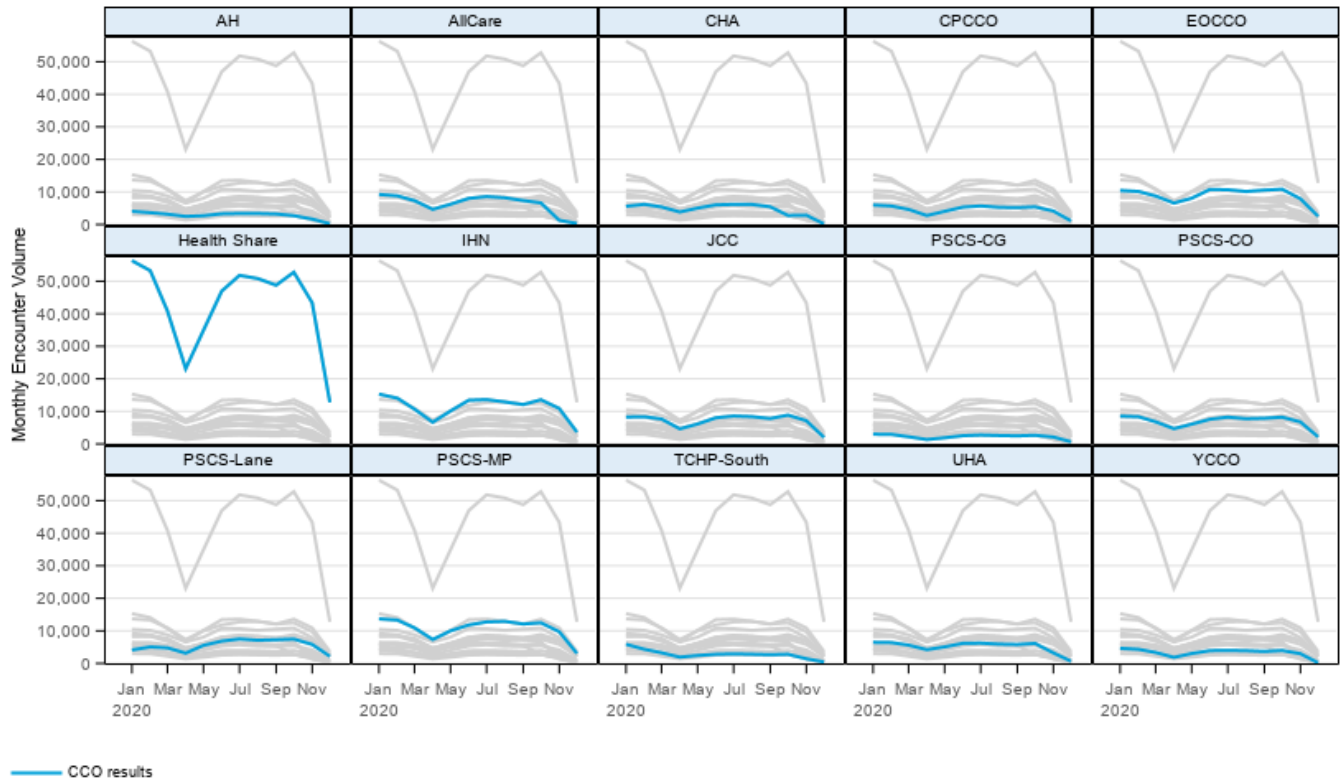
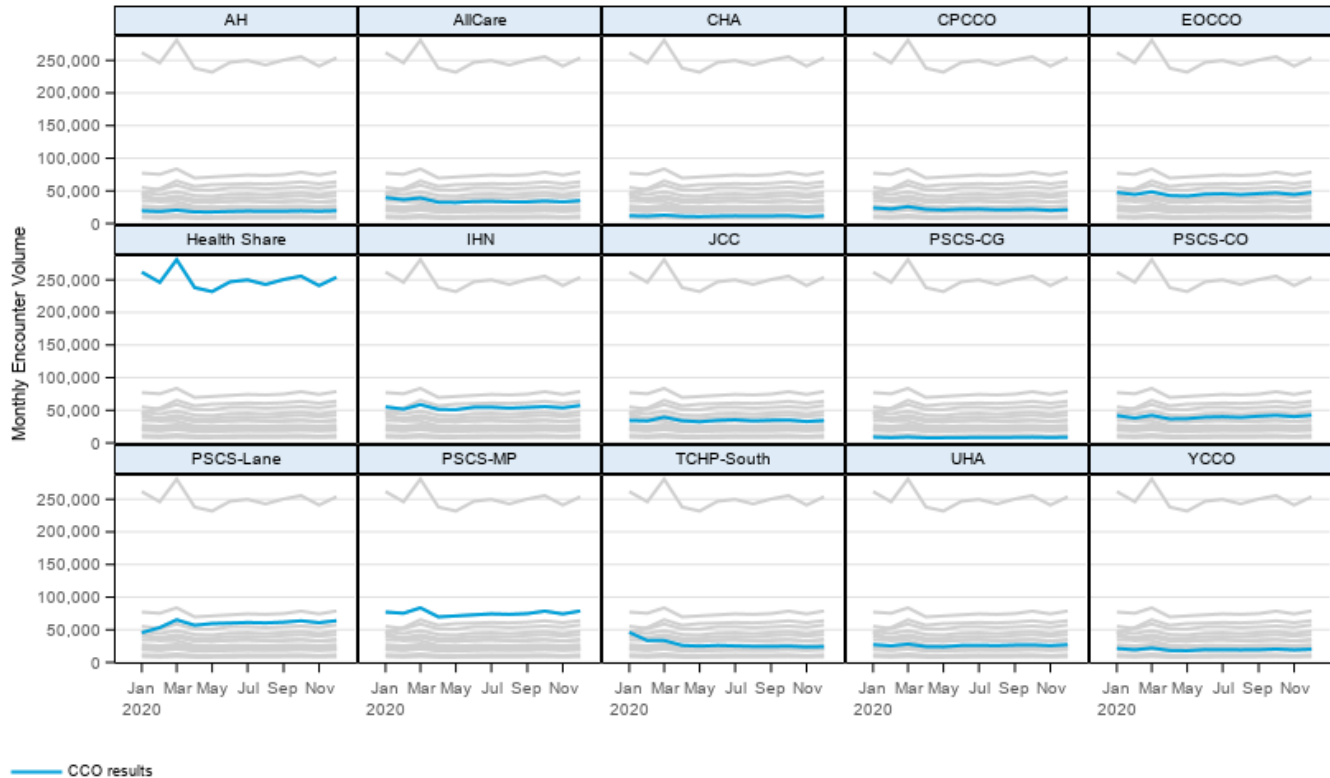


Figure 2-10 provides the monthly encounter volume for pharmacy encounters. Pharmacy encounters remained relatively steady throughout CY 2020 for all CCOs, each exhibiting an uptick in March 2020. There was marginal variation across CCOs, with the exception of Health Share; Health Share's submission was approximately 250,000 encounters per month while all other CCOs had encounter volumes of fewer than 100,000 per month.

Figure 2-10—Encounter Volume by Service Month: Pharmacy



Monthly Encounter Volume per 1,000 MM

Figure 2-11 provides the monthly encounter volume per 1,000 MM for dental encounters. Controlling for CCO membership size, while CCO variation among dental encounters was relatively low, three CCOs (i.e., AllCare, JCC, and PSCS-MP) generally had slightly more dental encounters submitted than other CCOs.

Figure 2-11—Encounter Volume per 1,000 MM: Dental

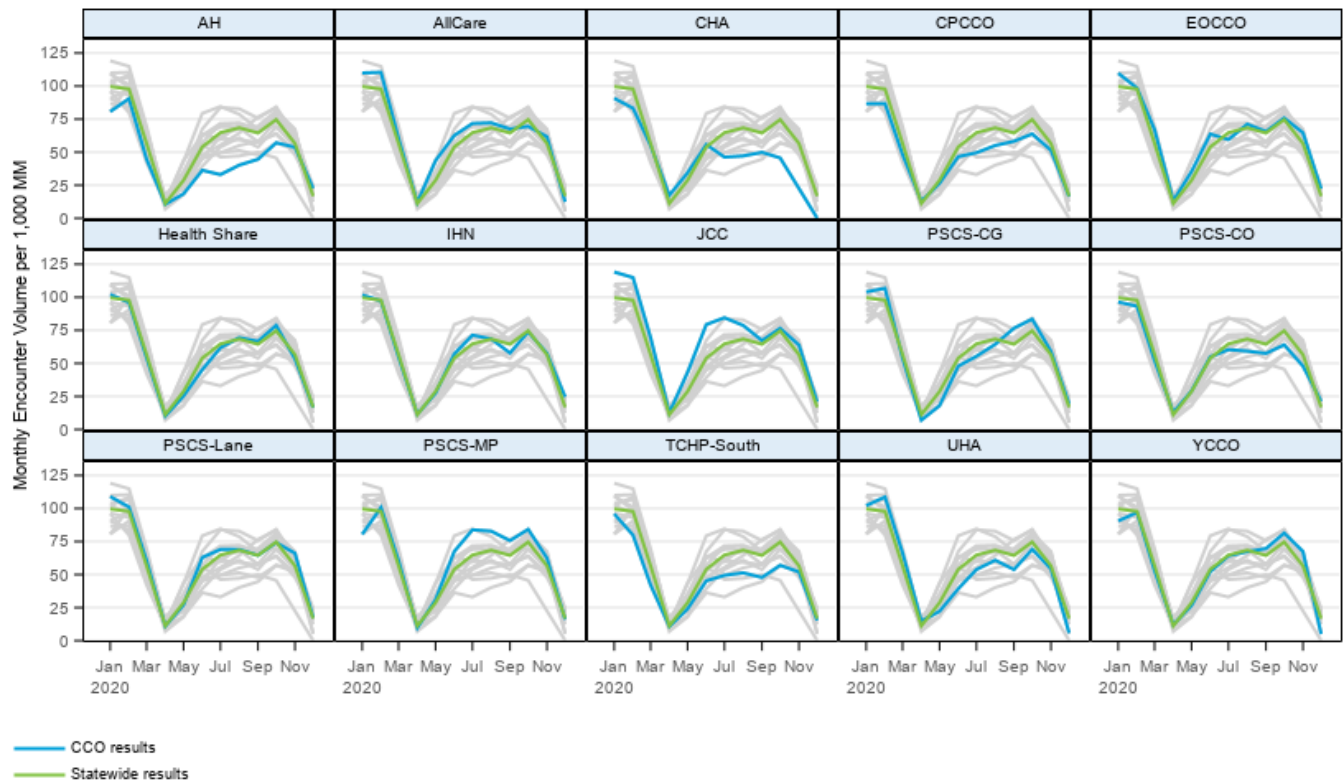


Figure 2-12 provides the monthly encounter volume per 1,000 MM for professional encounters. CCO variation among professional encounters was relatively low with most CCOs near the statewide average. Additionally, all CCOs exhibited a similar trend throughout CY 2020, where encounter volume dipped in April 2020 followed by an incline and then began to drop around October 2020.

Figure 2-12—Encounter Volume per 1,000 MM: Professional

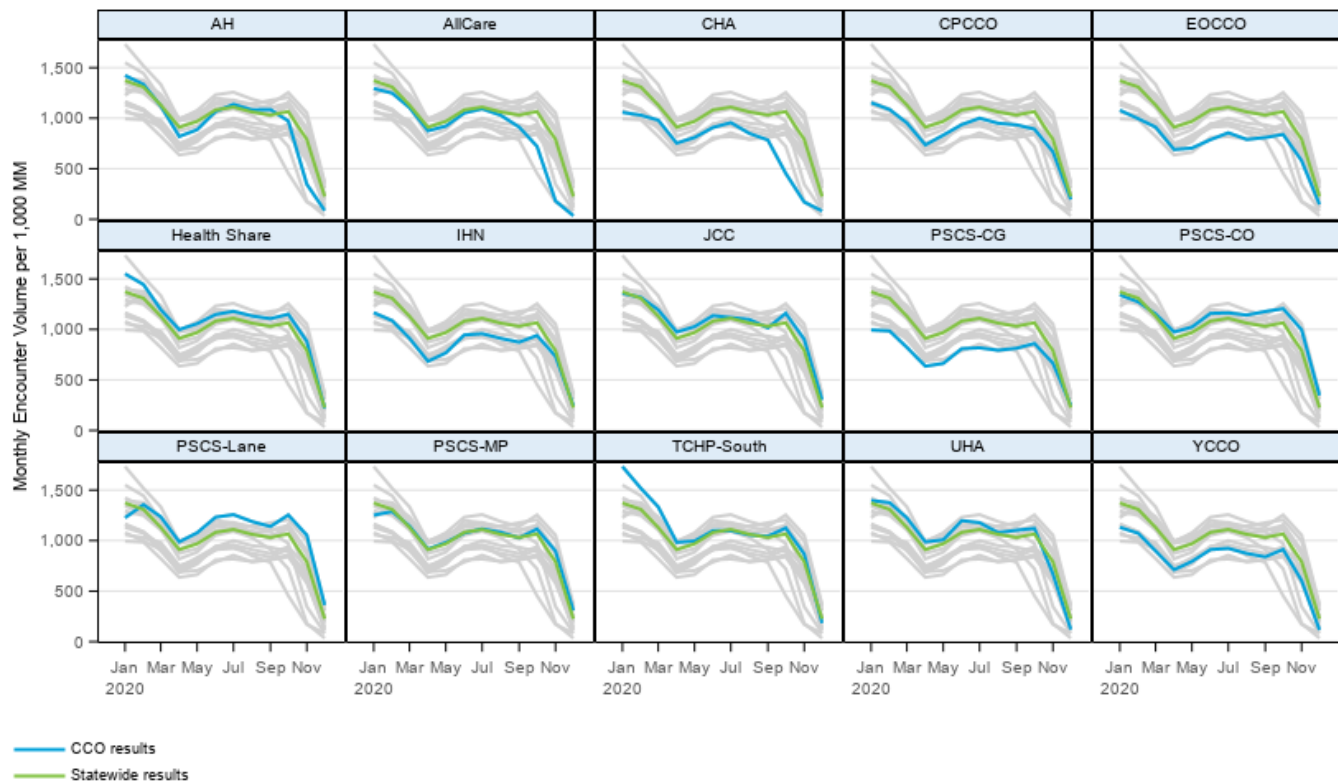


Figure 2-13 provides the monthly encounter volume per 1,000 MM for inpatient encounters. CCO variation among inpatient encounters was relatively higher compared to professional and dental encounters. Most CCOs' encounter volumes were near the statewide average, except for AH, PSCS-CG, and PSCS-Lane.

Figure 2-13—Encounter Volume per 1,000 MM: Inpatient

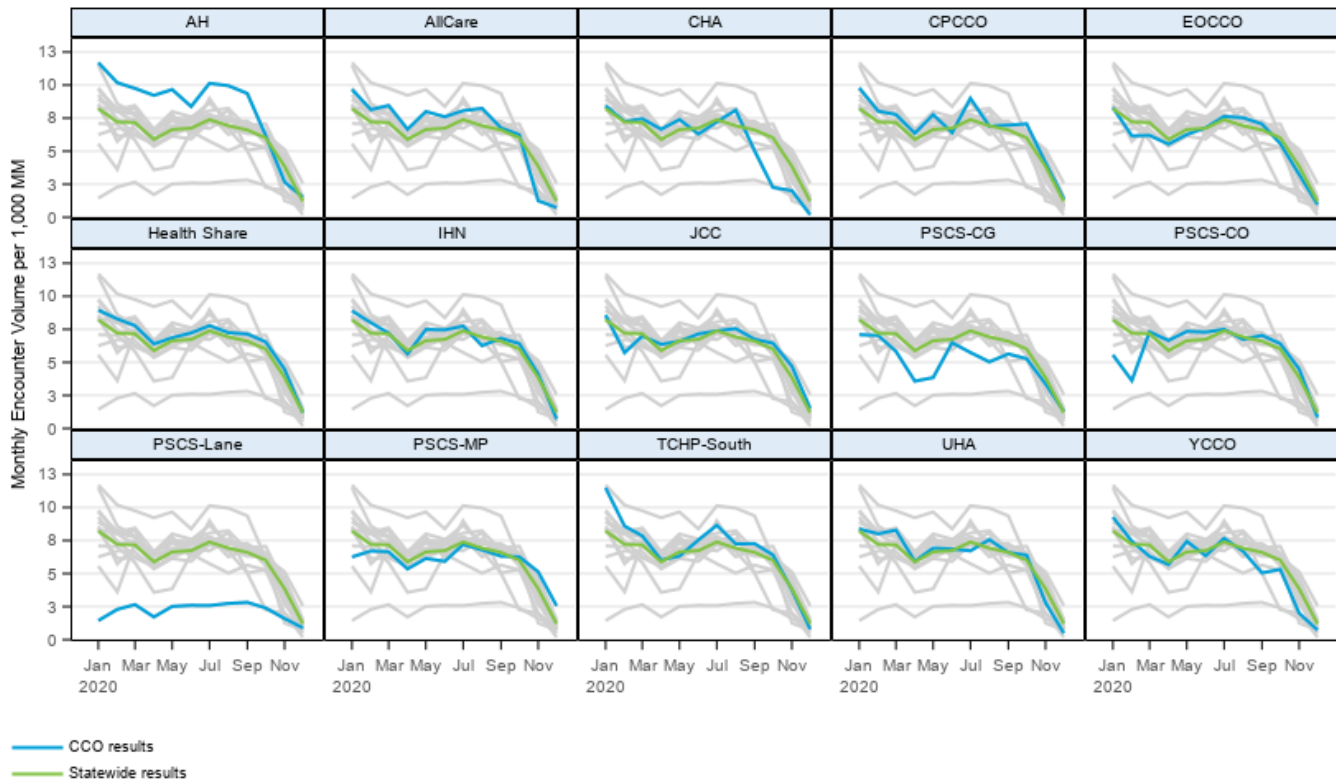


Figure 2-14 provides the monthly encounter volume per 1,000 MM for outpatient encounters. While the CCOs exhibited similar trends throughout CY 2020, there was substantive variation across most CCOs. CHA had the highest average monthly volume through September 2020 compared to all other CCOs. All CCOs exhibited an encounter volume decline in April 2020 followed by an incline in June 2020, which tapered through October 2020 and began to decline thereafter.

Figure 2-14—Encounter Volume per 1,000 MM: Outpatient

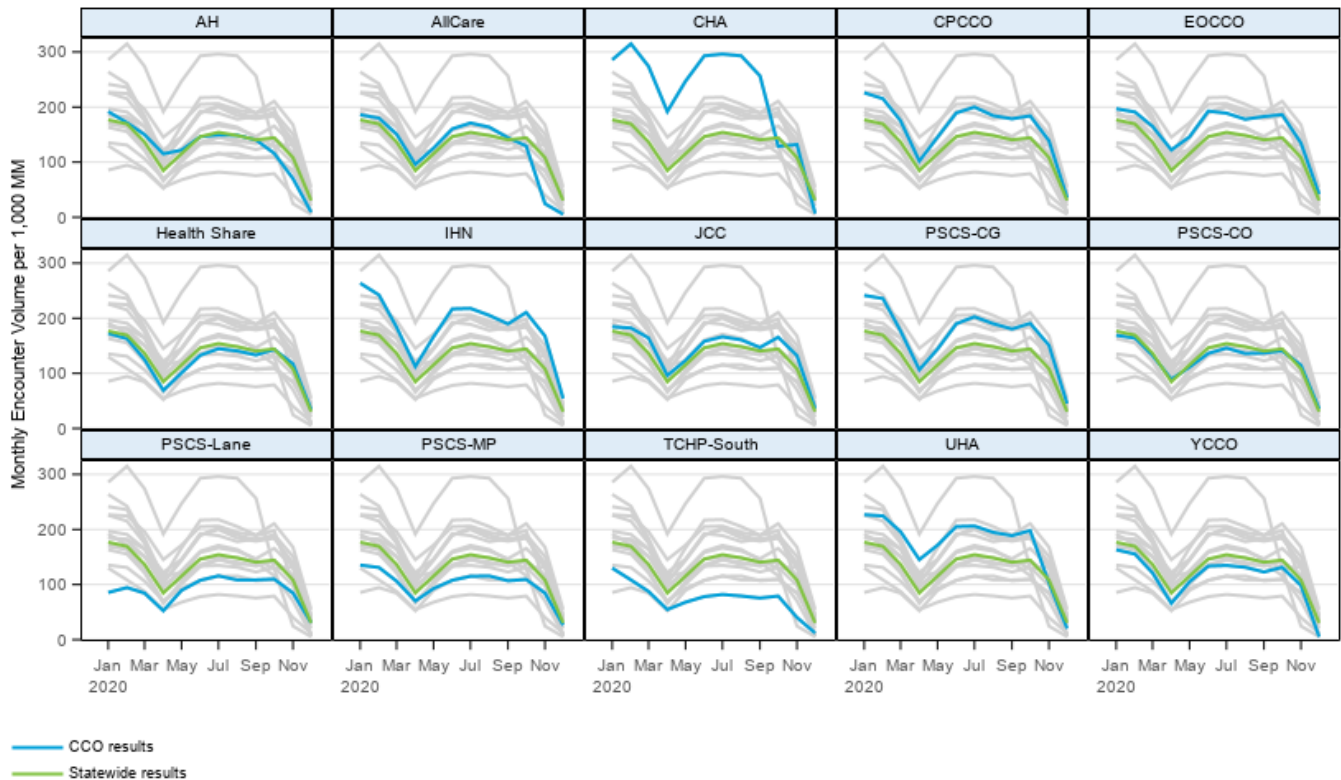
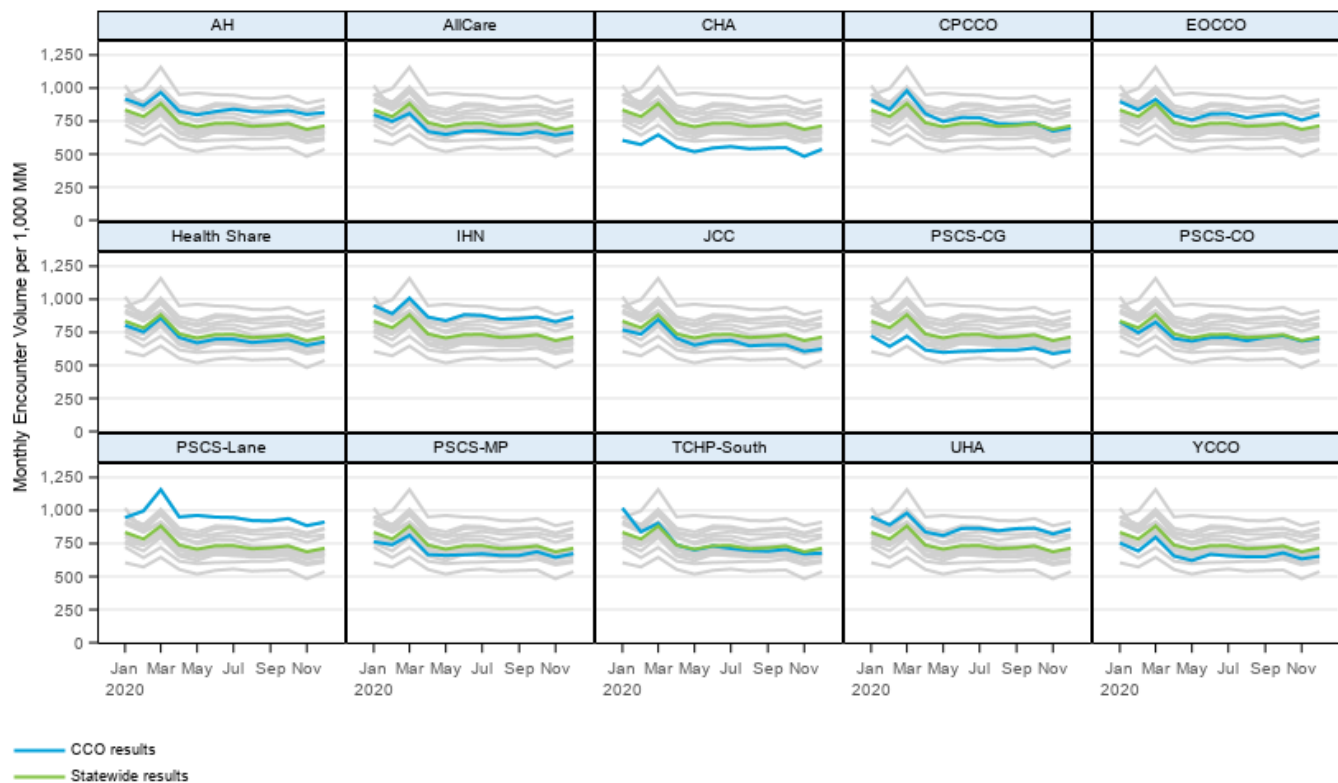


Figure 2-15 provides the monthly encounter volume per 1,000 MM for pharmacy encounters. The pharmacy encounter volume declined slightly from a peak in March 2020 throughout the remainder of CY 2020. There was relatively low encounter volume variation across the CCOs.

Figure 2-15—Encounter Volume per 1,000 MM: Pharmacy



Monthly Paid Amount PMPM

Figure 2-16 provides the paid amount PMPM for dental encounters. While most CCOs exhibited a decline in dental PMPM paid amounts in April 2020, this decline is not nearly as substantive as the decline in encounter volume. This implies that the average cost per claim increased during this time as a result of the COVID-19 PHE.

Figure 2-16—Paid Amount PMPM: Dental

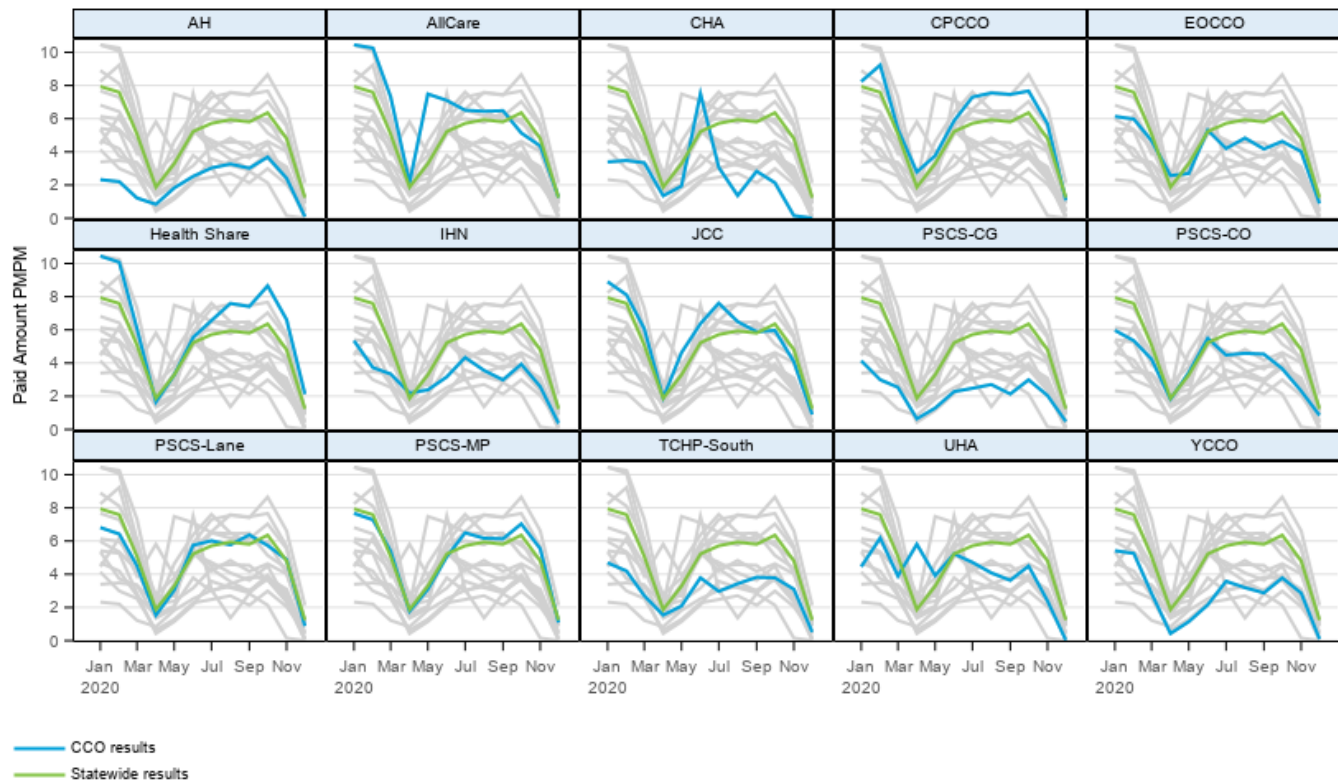


Figure 2-17 provides the paid amount PMPM for professional encounters. Similar to encounter volume, all CCOs exhibited a similar trend throughout 2020, where PMPM paid amounts dipped in April 2020, followed by a slight incline, and then began to drop drastically around October 2020.

Figure 2-17—Paid Amount PMPM: Professional

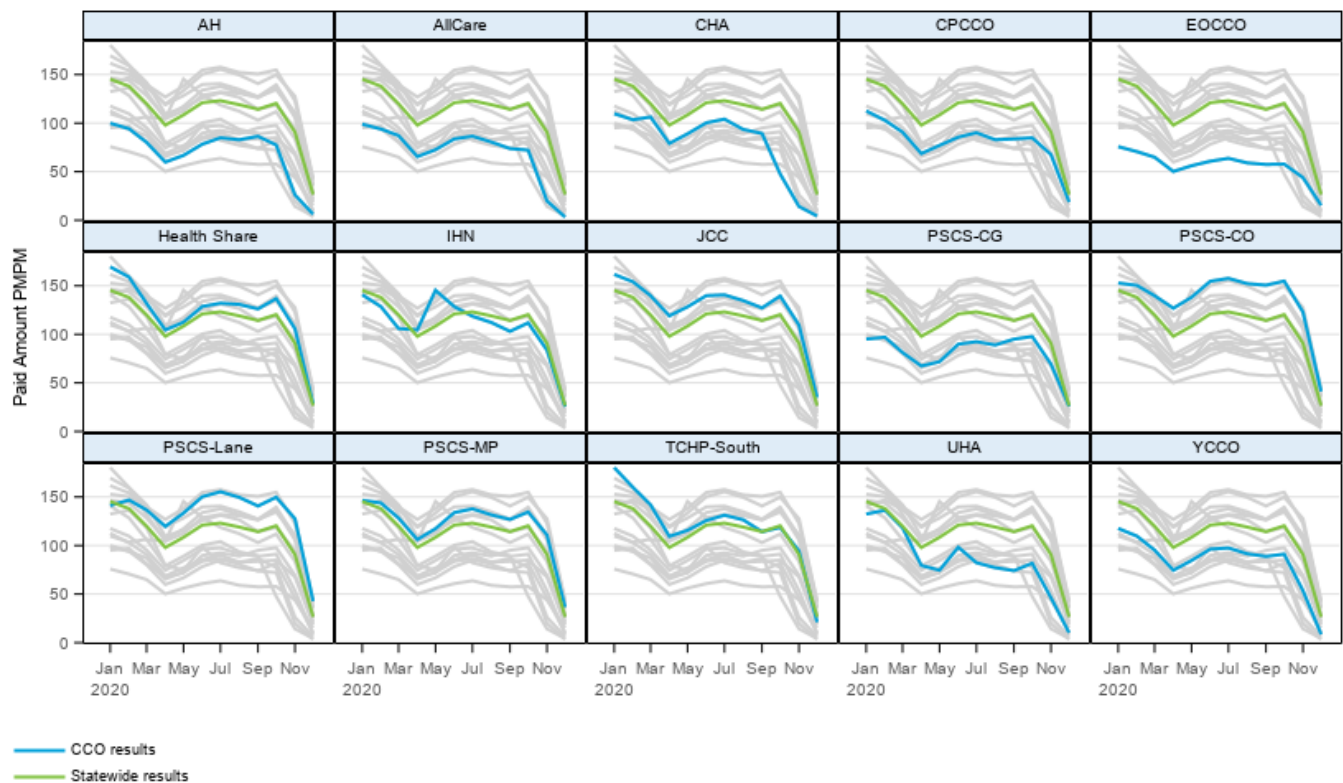


Figure 2-18 provides the paid amount PMPM for inpatient encounters. CCO PMPM paid amount variation among inpatient encounters was relatively higher compared to professional and dental encounters. Most CCOs' PMPM paid amounts were near the statewide average, except for AH, PSCS-CO, PSCS-Lane, and UHA.

Figure 2-18—Paid Amount PMPM: Inpatient



Figure 2-19 provides the paid amount PMPM for outpatient encounters. While the CCOs exhibited similar trends throughout CY 2020, there was substantive variation across most CCOs. CPCCO had the highest average PMPM paid amount throughout CY 2020 compared to all other CCOs. All CCOs exhibited a PMPM paid amount decline in April 2020 followed by an incline in June 2020, which tapered through October 2020 and began to decline thereafter.

Figure 2-19—Paid Amount PMPM: Outpatient

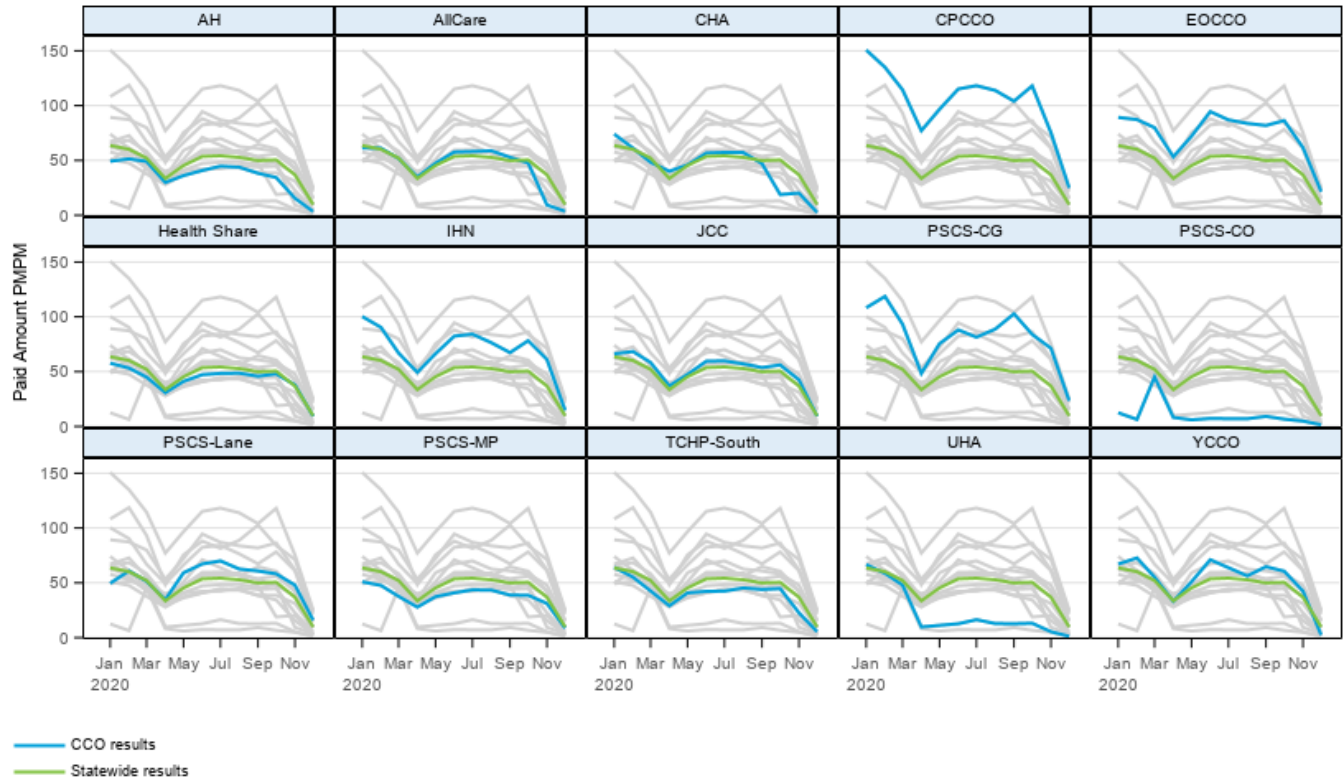
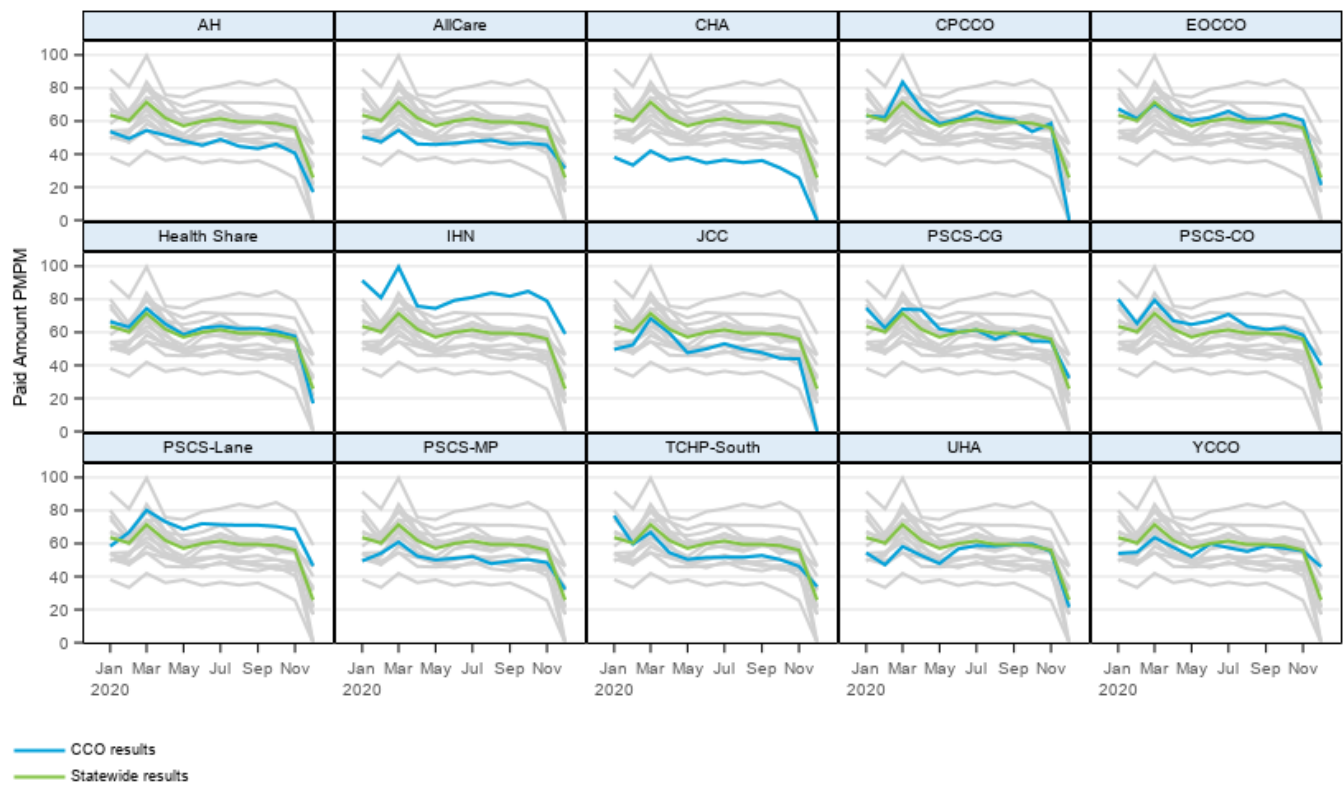


Figure 2-20 provides the paid amount PMPM for pharmacy encounters. Similar to pharmacy encounter volume, there was a slight decline from a peak in March 2020 throughout the remainder of CY 2020, with a relatively large decline occurring in October 2020.

Figure 2-20—Paid Amount PMPM: Pharmacy



Encounter Data Timeliness

The following subsections provide results by claim type for encounter data timeliness. The figures and tables include results for the following:

- Claims lag triangle to illustrate the percentage of encounters accepted into OHA's data system within two months, three months, ..., and such from the service month (i.e., lag days between service date and MMIS received date).
- Percentage of encounters received by MMIS within 30 days, 60 days, 90 days, ..., and such from the payment date (i.e., lag days between CCO payment date and MMIS received date).

Lag Between Service Date and MMIS Received Date

This section assesses the lag between service month and the month when records were accepted and processed in MMIS. Timely submission of encounters following their date of service is critical for conducting accurate analyses both for OHA and its subcontractors such as actuaries and its external quality review organization (EQRO). Lags in data submission could result in delayed analysis or incomplete or biased results.

Figure 2-21 and Table 2-1 show that, statewide, 99.5 percent of dental encounters were submitted within six months from the last date of service. Given the typical run-out of six months, all CCOs except for IHN (98.7 percent) submitted more than 99.0 percent of claims, which represents a sufficient completeness rate for most analyses.

Figure 2-21—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Dental

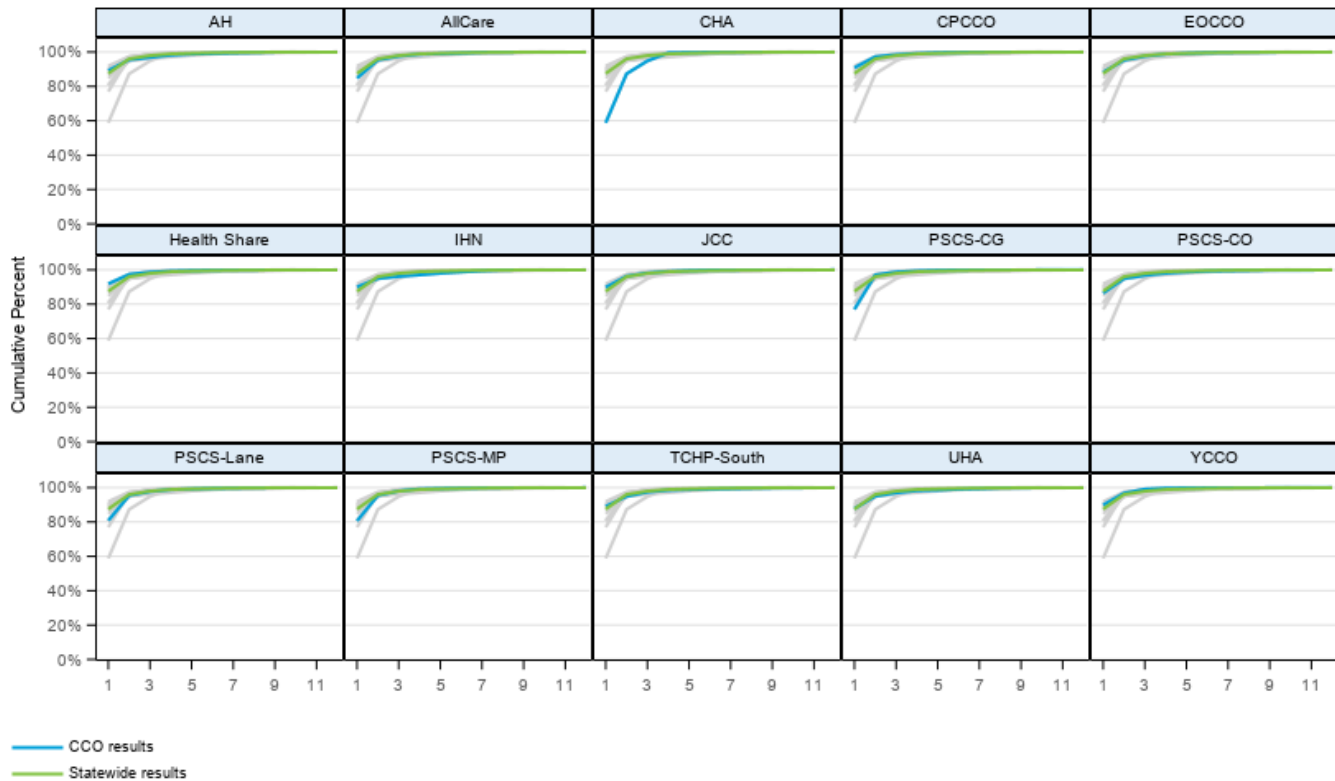


Table 2-1—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Dental

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 1 month	87.5%	89.2%	84.8%	58.8%	90.8%	88.2%	91.8%	90.0%	89.8%	77.0%	86.4%	80.8%	80.6%	89.1%	87.7%	89.8%
Submitted within 2 months	96.0%	95.5%	95.4%	87.3%	97.2%	95.2%	97.4%	94.9%	96.3%	97.0%	94.8%	95.4%	95.4%	94.9%	95.0%	96.8%
Submitted within 3 months	97.9%	96.8%	97.6%	94.8%	98.4%	97.6%	98.7%	96.2%	98.1%	98.7%	96.7%	97.7%	98.1%	97.4%	96.9%	99.1%
Submitted within 4 months	98.9%	98.2%	98.7%	99.5%	99.2%	98.8%	99.3%	97.0%	99.1%	99.4%	98.0%	98.8%	99.2%	98.5%	98.2%	99.7%
Submitted within 5 months	99.3%	98.9%	99.1%	99.7%	99.6%	99.2%	99.5%	98.0%	99.5%	99.7%	98.7%	99.2%	99.5%	98.9%	98.5%	99.8%
Submitted within 6 months	99.5%	99.1%	99.4%	99.8%	99.7%	99.6%	99.7%	98.7%	99.8%	99.8%	99.2%	99.5%	99.7%	99.2%	99.1%	99.9%
Submitted within 7 months	99.7%	99.4%	99.8%	99.8%	99.8%	99.7%	99.8%	99.4%	99.8%	99.9%	99.4%	99.7%	99.8%	99.4%	99.4%	99.9%
Submitted within 8 months	99.8%	99.7%	99.8%	99.9%	99.9%	99.8%	99.9%	99.8%	99.9%	99.9%	99.6%	99.8%	99.9%	99.6%	99.8%	100.0%
Submitted within 9 months	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.8%	99.9%	99.9%	99.8%	99.8%	100.0%
Submitted within 10 months	99.9%	99.9%	99.9%	100.0%	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%	99.8%	99.9%	100.0%	99.8%	99.9%	100.0%
Submitted within 11 months	99.9%	99.9%	100.0%	100.0%	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	99.9%	100.0%
Submitted within 12 months	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	99.9%	99.9%	100.0%
Submitted after 12 months	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%

Figure 2-22 and Table 2-2 illustrate that 98.8 percent of professional encounters were submitted to OHA within a typical run-out period of six months from the last date of service. There was very minimal variation among the CCOs, with CCO submission rates ranging from 96.7 percent (UHA) to 99.5 percent (AllCare). Similar to dental encounters, the professional encounter submission also shows a sufficient completeness rate for most analyses.

Figure 2-22—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Professional

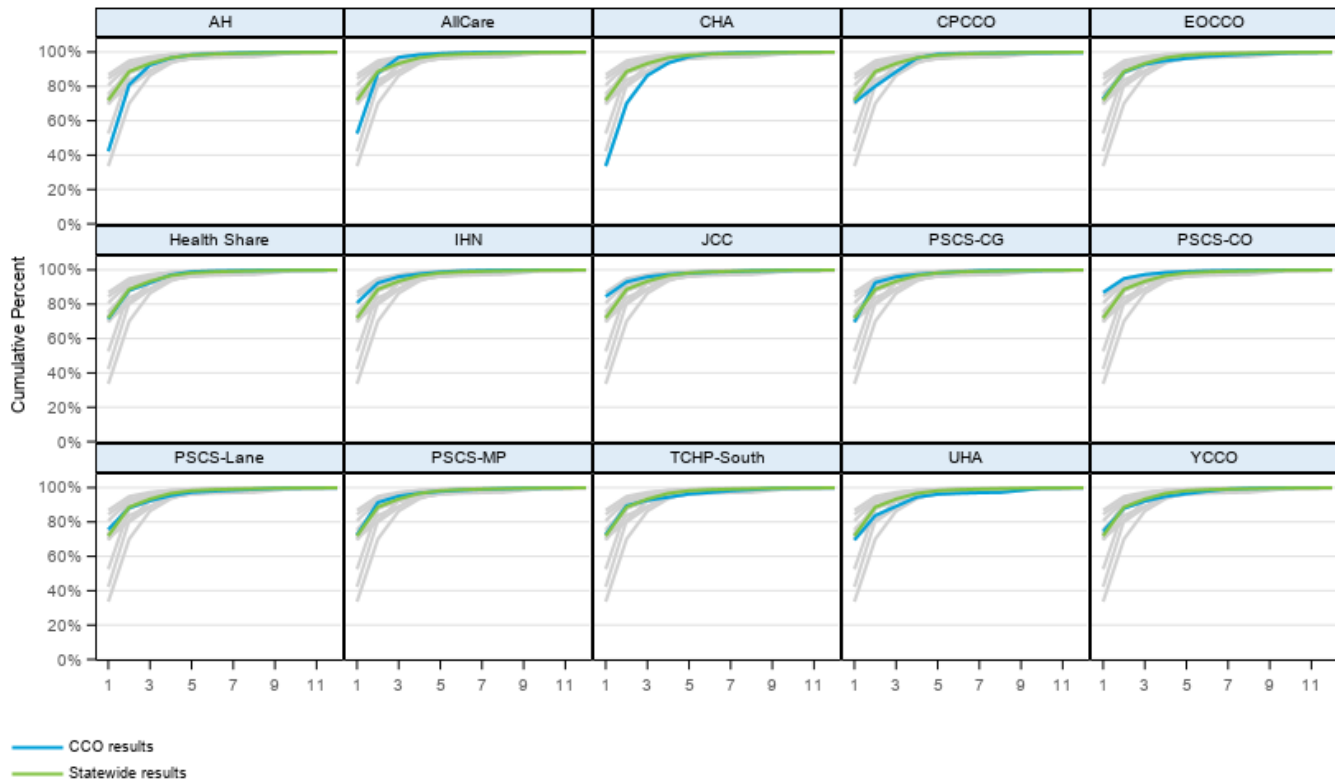


Table 2-2—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Professional

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 1 month	71.9%	42.2%	52.5%	33.6%	70.6%	72.8%	71.4%	80.7%	84.5%	69.6%	86.8%	75.6%	72.4%	72.6%	69.5%	74.4%
Submitted within 2 months	88.6%	80.9%	87.7%	70.1%	80.1%	88.3%	88.0%	92.3%	93.0%	92.5%	94.9%	88.2%	91.3%	89.5%	83.7%	88.0%
Submitted within 3 months	93.3%	92.4%	96.9%	86.4%	88.4%	92.9%	92.5%	96.0%	95.9%	95.9%	97.2%	92.4%	95.0%	92.6%	89.1%	92.1%
Submitted within 4 months	96.6%	96.5%	98.4%	93.6%	96.4%	94.9%	97.0%	97.6%	97.3%	97.2%	98.4%	95.3%	96.8%	94.4%	94.4%	94.8%
Submitted within 5 months	98.2%	98.3%	99.1%	97.3%	98.7%	96.3%	98.9%	98.7%	98.0%	98.1%	99.0%	97.3%	97.8%	96.3%	96.2%	96.5%
Submitted within 6 months	98.8%	99.0%	99.5%	99.0%	99.0%	97.5%	99.2%	99.3%	98.6%	98.9%	99.4%	97.9%	98.5%	97.2%	96.7%	98.0%
Submitted within 7 months	99.1%	99.4%	99.7%	99.4%	99.3%	98.2%	99.5%	99.6%	99.0%	99.4%	99.6%	98.5%	99.0%	98.1%	97.0%	99.1%
Submitted within 8 months	99.4%	99.6%	99.8%	99.7%	99.4%	98.8%	99.6%	99.8%	99.4%	99.6%	99.7%	99.1%	99.4%	98.8%	97.2%	99.5%
Submitted within 9 months	99.6%	99.7%	99.9%	99.8%	99.5%	99.2%	99.7%	99.8%	99.6%	99.7%	99.8%	99.6%	99.7%	99.6%	98.4%	99.7%
Submitted within 10 months	99.8%	99.8%	99.9%	99.9%	99.6%	99.6%	99.8%	99.9%	99.7%	99.7%	99.9%	99.7%	99.8%	99.7%	99.7%	99.9%
Submitted within 11 months	99.8%	99.9%	99.9%	99.9%	99.6%	99.7%	99.8%	99.9%	99.8%	99.9%	99.9%	99.8%	99.9%	99.8%	99.7%	99.9%
Submitted within 12 months	99.9%	100.0%	100.0%	99.9%	99.7%	99.8%	99.9%	100.0%	99.9%	99.9%	100.0%	99.8%	99.9%	99.9%	99.8%	99.9%
Submitted after 12 months	0.1%	0.0%	0.0%	0.1%	0.3%	0.2%	0.1%	0.0%	0.1%	0.1%	0.0%	0.2%	0.1%	0.1%	0.2%	0.1%

Figure 2-23 and Table 2-3 illustrate that, statewide, 94.5 percent of inpatient encounters were submitted to OHA within a typical run-out period of six months from the last date of service. PSCS-CO lagged behind other CCOs, submitting only 62.5 percent of encounters within six months, while IHN had the highest submission rate of 98.8 percent. Given these rates, OHA and its subcontractors will need to allow sufficient run-out for inpatient encounters and assess submission rates by CCO prior to conducting any analyses.

Figure 2-23—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Inpatient

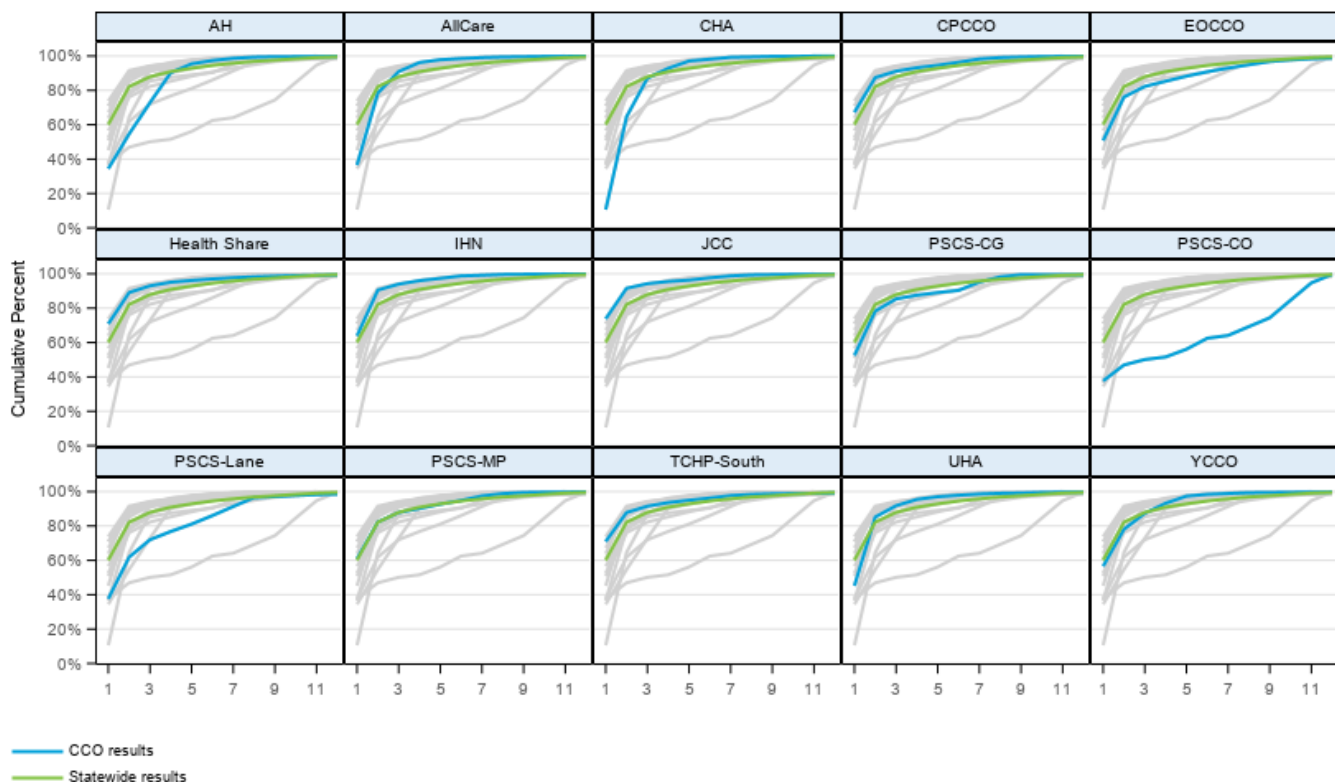


Table 2-3—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Inpatient

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 1 month	60.1%	34.4%	36.5%	10.6%	67.3%	50.8%	70.9%	63.8%	73.8%	52.5%	37.7%	37.6%	60.9%	70.9%	45.2%	56.5%
Submitted within 2 months	82.2%	54.6%	78.5%	64.6%	87.5%	76.1%	89.1%	90.5%	91.6%	78.3%	46.9%	61.9%	82.3%	87.8%	85.2%	78.1%
Submitted within 3 months	87.9%	72.8%	91.0%	87.1%	91.2%	82.3%	93.0%	94.0%	94.3%	85.4%	50.1%	72.0%	87.8%	91.5%	91.8%	87.4%
Submitted within 4 months	90.9%	90.3%	96.2%	92.8%	93.2%	85.3%	95.1%	96.0%	95.5%	87.5%	51.6%	76.8%	90.2%	93.6%	95.5%	93.2%
Submitted within 5 months	92.9%	95.5%	97.8%	97.1%	94.6%	88.3%	96.2%	97.4%	96.3%	89.1%	56.1%	81.1%	92.7%	95.0%	97.0%	97.4%
Submitted within 6 months	94.5%	97.4%	98.5%	98.2%	96.3%	90.8%	97.0%	98.8%	97.7%	90.3%	62.5%	86.1%	94.9%	96.2%	97.9%	98.4%
Submitted within 7 months	95.8%	98.7%	99.1%	99.3%	98.3%	92.9%	97.7%	99.2%	98.8%	95.2%	64.1%	91.3%	97.5%	97.7%	98.6%	98.9%
Submitted within 8 months	96.9%	99.4%	99.4%	99.5%	99.1%	94.9%	98.2%	99.6%	99.4%	98.2%	69.3%	96.5%	98.9%	98.4%	99.0%	99.4%
Submitted within 9 months	97.6%	99.6%	99.6%	99.8%	99.4%	96.8%	98.6%	99.7%	99.5%	99.5%	74.4%	97.1%	99.5%	98.7%	99.2%	99.5%
Submitted within 10 months	98.4%	99.6%	99.8%	99.8%	99.7%	97.7%	99.0%	99.8%	99.7%	99.5%	84.6%	97.7%	99.7%	98.8%	99.6%	99.6%
Submitted within 11 months	99.1%	99.6%	99.8%	100.0%	99.8%	98.4%	99.2%	99.9%	99.7%	99.5%	94.7%	98.2%	99.7%	99.0%	99.7%	99.7%
Submitted within 12 months	99.5%	99.7%	100.0%	100.0%	99.8%	98.8%	99.4%	99.9%	99.7%	99.5%	99.7%	98.5%	99.9%	99.2%	99.7%	99.8%
Submitted after 12 months	0.5%	0.3%	0.0%	0.0%	0.2%	1.2%	0.6%	0.1%	0.3%	0.5%	0.3%	1.5%	0.1%	0.8%	0.3%	0.2%

Figure 2-24 and Table 2-4 illustrate that 98.0 percent of outpatient encounters were submitted to OHA within a typical run-out period of six months from the last date of service. EOCCO lagged behind other CCOs, submitting 90.5 percent of encounters within six months, while IHN had the highest submission rate of 99.4 percent. Given these rates, while outpatient encounter submission showed sufficient completeness rates for most analyses, OHA and its subcontractors will need to assess submission rates by CCO prior to conducting any analyses.

Figure 2-24—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Outpatient

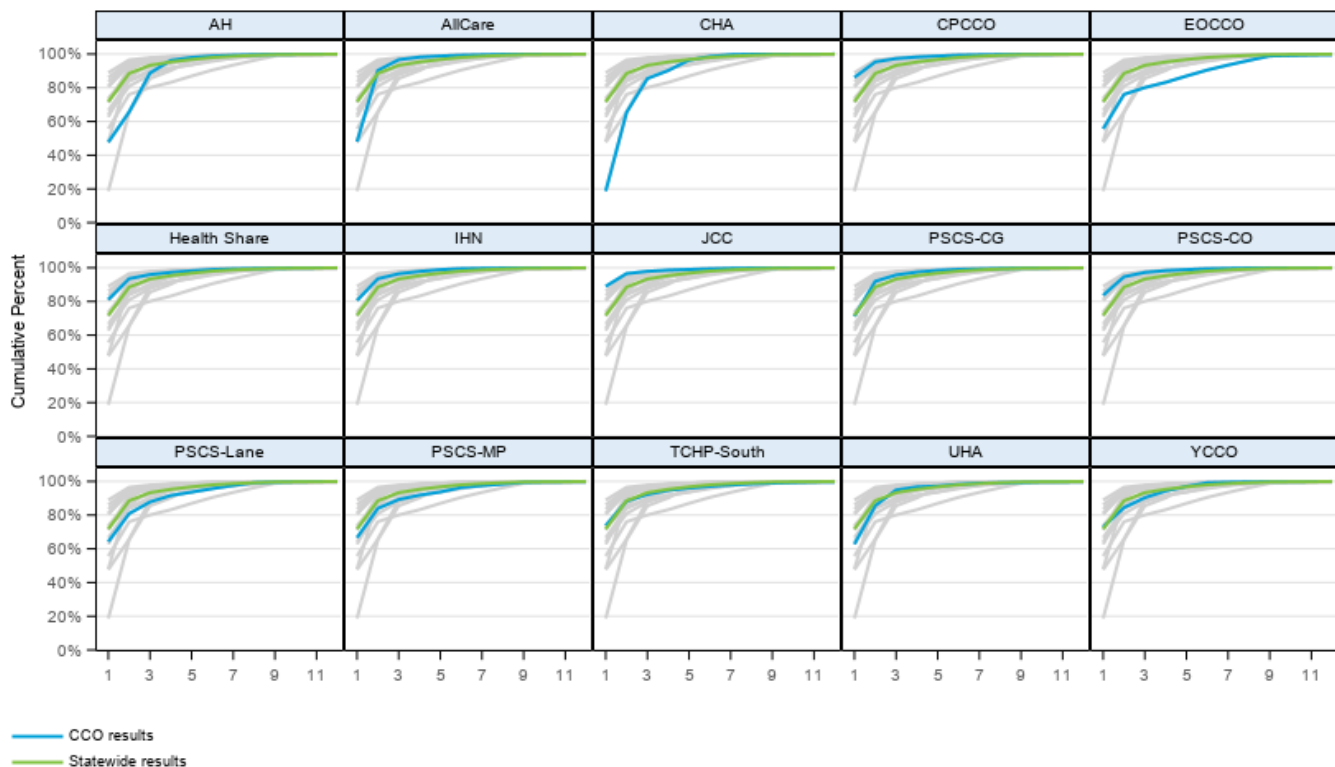


Table 2-4—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Outpatient

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 1 month	71.7%	47.7%	48.0%	18.7%	86.1%	55.7%	81.1%	80.6%	88.9%	71.2%	83.7%	64.2%	66.6%	73.8%	62.7%	72.9%
Submitted within 2 months	88.5%	65.6%	90.2%	65.4%	95.3%	76.0%	93.5%	93.5%	96.5%	91.9%	94.6%	80.9%	84.0%	88.3%	85.6%	84.4%
Submitted within 3 months	93.3%	88.7%	96.7%	85.5%	97.3%	80.1%	95.9%	96.4%	97.8%	95.7%	97.2%	87.8%	89.2%	92.2%	94.9%	90.3%
Submitted within 4 months	95.3%	96.2%	98.2%	90.2%	98.3%	83.2%	97.2%	97.8%	98.6%	97.4%	98.3%	91.6%	91.8%	94.7%	96.7%	94.3%
Submitted within 5 months	96.8%	98.0%	98.9%	96.4%	98.8%	87.0%	98.1%	98.9%	99.0%	98.4%	98.9%	93.6%	93.7%	96.0%	97.2%	97.0%
Submitted within 6 months	98.0%	98.8%	99.3%	98.6%	99.3%	90.5%	98.9%	99.4%	99.3%	99.0%	99.3%	95.7%	96.3%	97.0%	98.3%	99.2%
Submitted within 7 months	98.7%	99.3%	99.5%	99.6%	99.5%	93.5%	99.3%	99.6%	99.6%	99.3%	99.6%	97.6%	97.5%	97.8%	98.9%	99.5%
Submitted within 8 months	99.2%	99.6%	99.8%	99.9%	99.7%	96.2%	99.5%	99.8%	99.8%	99.5%	99.8%	99.2%	98.4%	98.5%	99.2%	99.7%
Submitted within 9 months	99.6%	99.7%	99.9%	99.9%	99.8%	98.9%	99.7%	99.9%	99.9%	99.7%	99.9%	99.5%	99.4%	99.0%	99.4%	99.8%
Submitted within 10 months	99.8%	99.9%	99.9%	100.0%	99.8%	99.2%	99.8%	99.9%	99.9%	99.8%	99.9%	99.8%	99.7%	99.3%	99.7%	99.8%
Submitted within 11 months	99.8%	99.9%	99.9%	100.0%	99.9%	99.4%	99.9%	100.0%	99.9%	99.9%	100.0%	99.9%	99.8%	99.6%	99.7%	99.9%
Submitted within 12 months	99.9%	99.9%	100.0%	100.0%	99.9%	99.6%	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.8%	99.9%
Submitted after 12 months	0.1%	0.0%	0.0%	0.0%	0.1%	0.4%	0.1%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.3%	0.2%	0.1%

Figure 2-25 and Table 2-5 show that, statewide, 99.9 percent of pharmacy encounters were submitted within six months of the service (dispense) date. All CCOs except CHA (97.8 percent) submitted 99.9 percent or more of encounters within six months. Given these rates, the pharmacy encounter submission showed sufficient completeness rates for most analyses.

Figure 2-25—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Pharmacy

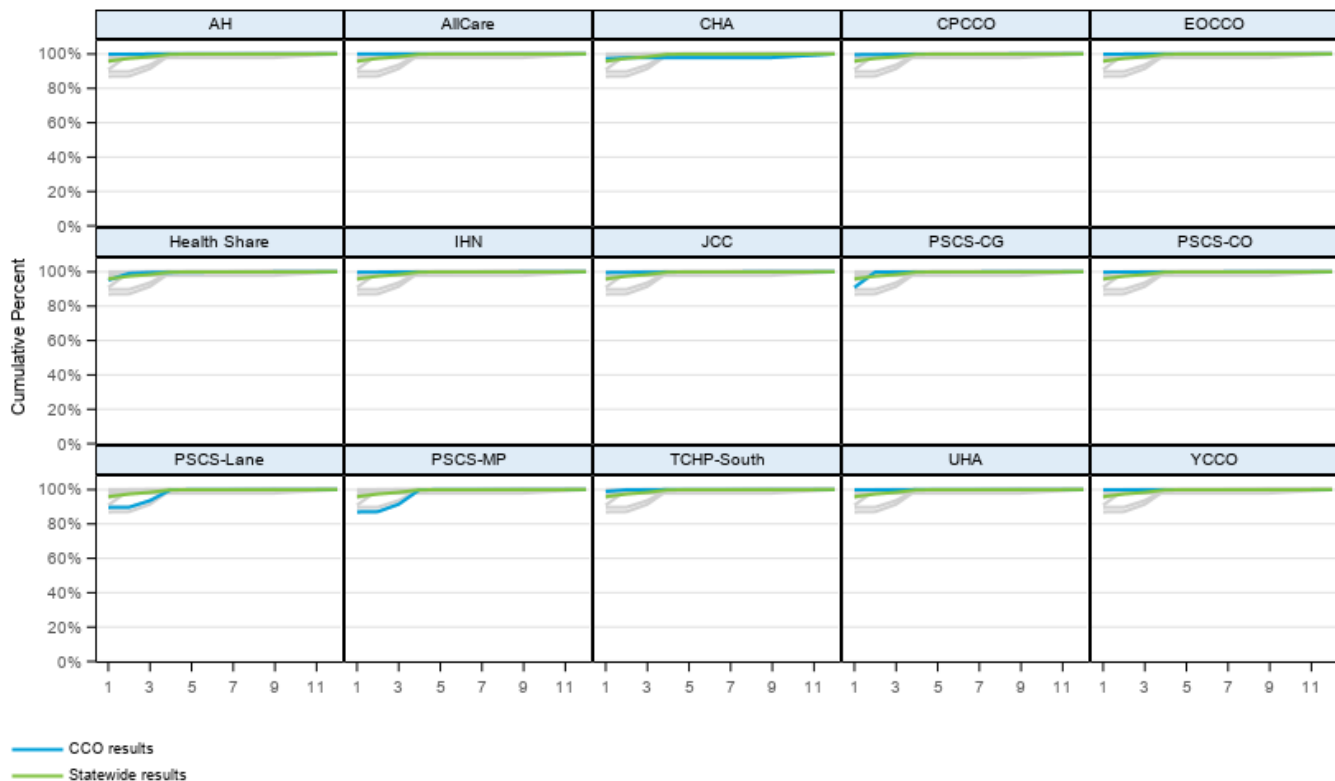


Table 2-5—Cumulative Percentage of Encounters Submitted to OHA Since Service Month: Pharmacy

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 1 month	95.9%	100.0%	100.0%	97.2%	99.6%	100.0%	95.2%	99.7%	99.6%	90.9%	99.8%	89.6%	87.0%	98.9%	99.9%	99.9%
Submitted within 2 months	97.4%	100.0%	100.0%	97.8%	99.7%	100.0%	99.1%	99.9%	99.7%	99.9%	99.9%	89.7%	87.1%	99.9%	100.0%	99.9%
Submitted within 3 months	98.4%	100.0%	100.0%	97.8%	99.8%	100.0%	99.6%	99.9%	99.8%	99.9%	99.9%	93.6%	91.5%	100.0%	100.0%	99.9%
Submitted within 4 months	99.9%	100.0%	100.0%	97.8%	99.9%	100.0%	99.7%	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 5 months	99.9%	100.0%	100.0%	97.8%	99.9%	100.0%	99.8%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 6 months	99.9%	100.0%	100.0%	97.8%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 7 months	99.9%	100.0%	100.0%	97.8%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 8 months	99.9%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 9 months	100.0%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 10 months	100.0%	100.0%	100.0%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 11 months	100.0%	100.0%	100.0%	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 12 months	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted after 12 months	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Lag Between CCO Payment Date and MMIS Received Date

The second timeliness measure evaluates the lag days between the CCOs' paid date and the MMIS received date. This timeliness metric is used to evaluate how soon the CCOs submit encounters to OHA after their internal processes.

Figure 2-26 and Table 2-6 provide the cumulative percentage of encounters received by OHA every 30 days through 360 days since CCO payment date for dental encounters. Statewide, the CCOs submitted 95.8 percent of dental encounters within 30 days of the payment date, where percentage ranged as low as 90.5 percent (PSCS-CG) and as high as 100.0 percent (UHA and YCCO). All CCOs reached at least 99.0 percent within 60 days.

Figure 2-26—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Dental

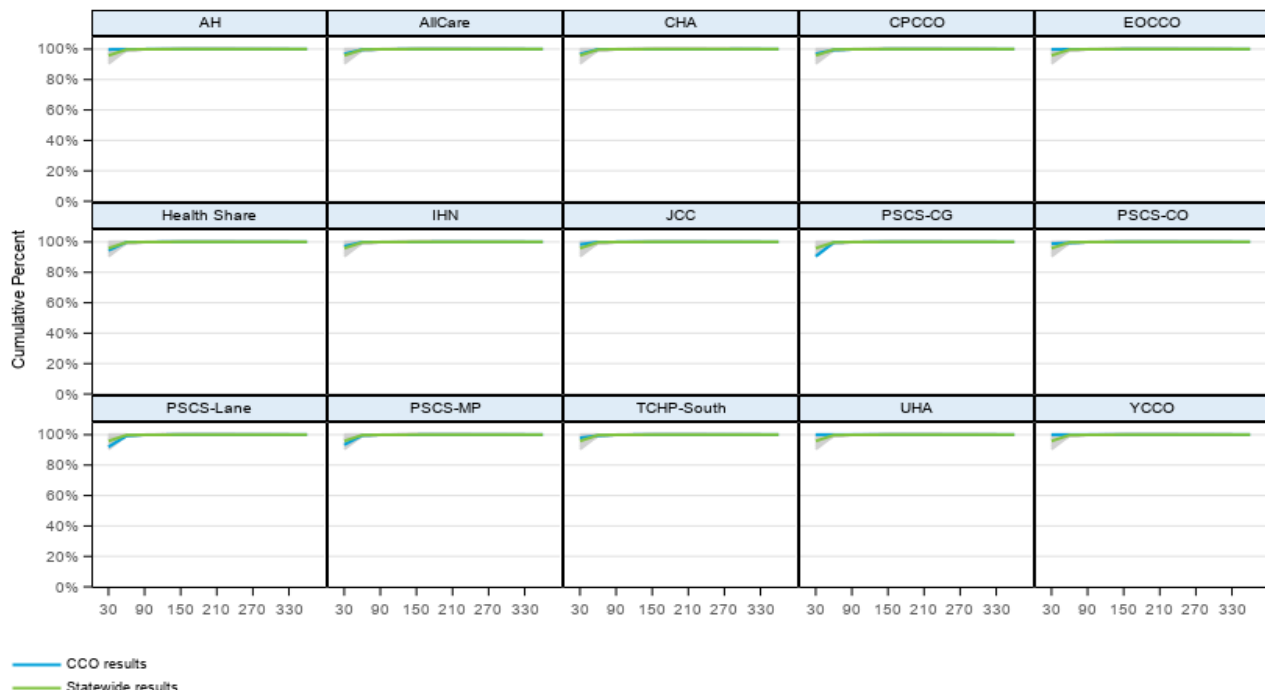


Table 2-6—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Dental

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 30 days	95.8%	99.7%	96.8%	96.7%	96.9%	99.8%	94.4%	97.2%	98.3%	90.5%	98.8%	92.0%	93.4%	97.9%	100.0%	100.0%
Submitted within 60 days	99.8%	99.9%	99.7%	99.9%	99.5%	99.9%	99.9%	99.9%	99.9%	99.7%	99.4%	99.3%	99.6%	99.4%	100.0%	100.0%
Submitted within 90 days	100.0%	100.0%	99.9%	100.0%	99.9%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%
Submitted within 120 days	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 150 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 180 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 210 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 240 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 270 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 300 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 330 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 360 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted after 360 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Figure 2-27 and Table 2-7 provide the cumulative percentage of encounters received by OHA every 30 days through 360 days since CCO payment date for professional encounters. Statewide, the CCOs submitted 96.4 percent of professional encounters within 30 days of payment date, with 10 CCOs submitting at least 99.0 percent of their professional encounters within this time frame. All CCOs except Health Share (97.5 percent) reached at least 99.0 percent within 60 days.

Figure 2-27—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Professional

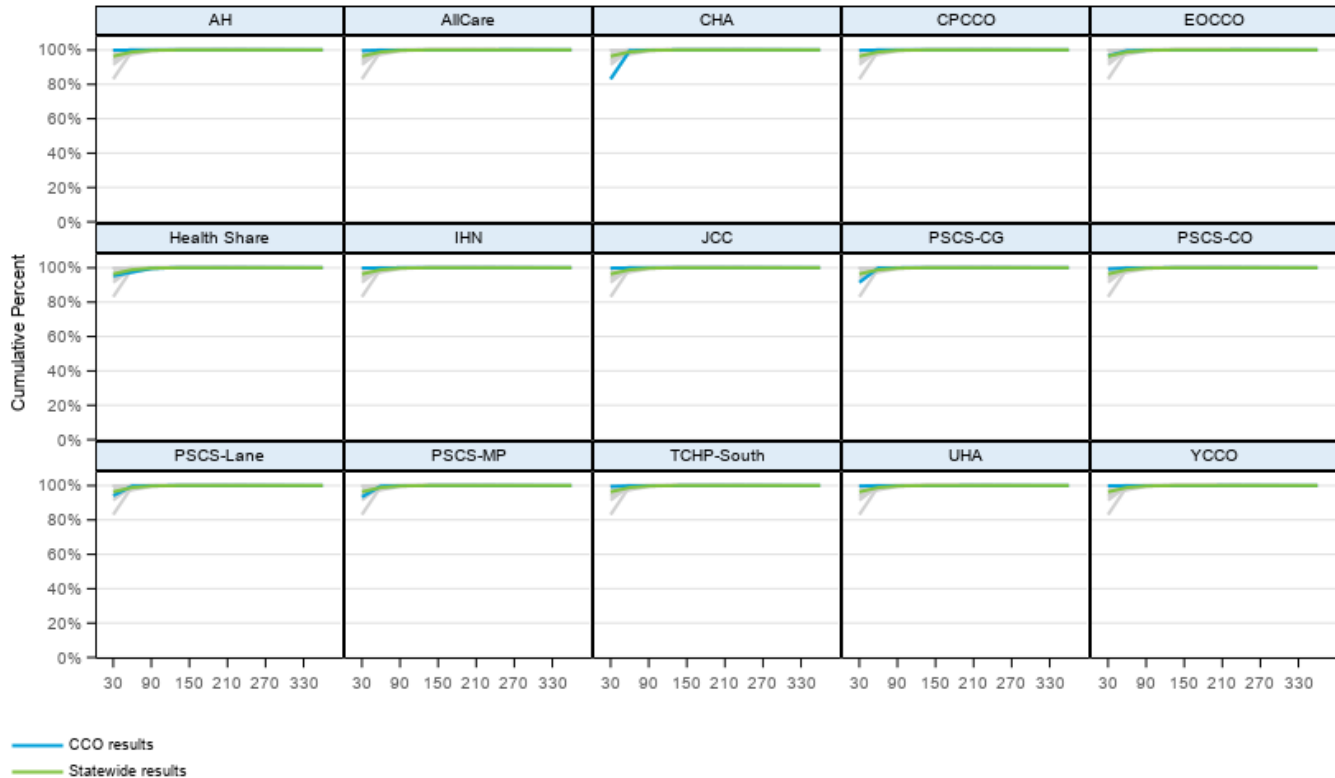


Table 2-7—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Professional

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 30 days	96.4%	99.9%	99.6%	83.1%	99.9%	96.6%	95.3%	99.9%	99.9%	91.5%	99.3%	94.2%	93.4%	99.5%	99.8%	99.9%
Submitted within 60 days	98.9%	100.0%	100.0%	99.7%	100.0%	99.5%	97.5%	100.0%	100.0%	99.9%	100.0%	99.8%	99.7%	99.9%	99.9%	100.0%
Submitted within 90 days	99.8%	100.0%	100.0%	100.0%	100.0%	99.9%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	99.9%	100.0%
Submitted within 120 days	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 150 days	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 180 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 210 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 240 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 270 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 300 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 330 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 360 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted after 360 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Figure 2-28 and Table 2-8 provide the cumulative percentage of encounters received by OHA every 30 days through 360 days since CCO payment date for inpatient encounters. Statewide, the CCOs submitted 97.2 percent of inpatient encounters within 30 days of payment date, with seven CCOs submitting at least 99.0 percent of their inpatient encounters within this time frame. Eleven of the 15 CCOs reached at least 99.0 percent submission of inpatient encounters within 60 days.

Figure 2-28—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Inpatient

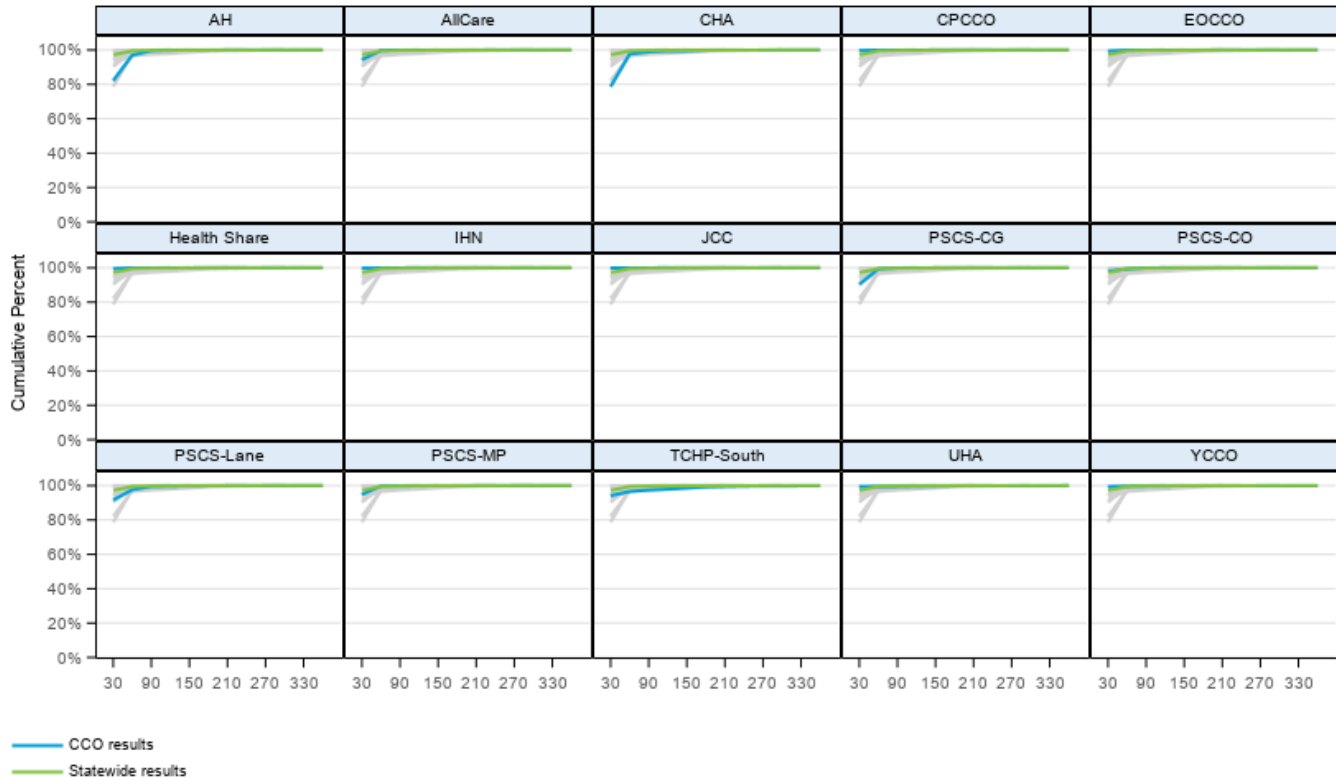


Table 2-8—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Inpatient

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 30 days	97.2%	82.1%	94.3%	78.7%	99.6%	99.2%	99.4%	99.8%	100.0%	90.3%	98.0%	91.6%	94.9%	94.2%	99.3%	99.3%
Submitted within 60 days	99.5%	97.0%	99.8%	97.7%	100.0%	99.9%	99.9%	99.9%	100.0%	99.4%	99.3%	97.6%	99.8%	96.6%	99.5%	99.6%
Submitted within 90 days	99.8%	99.6%	100.0%	98.9%	100.0%	99.9%	100.0%	100.0%	100.0%	99.9%	99.9%	99.5%	99.8%	97.4%	99.5%	99.8%
Submitted within 120 days	99.8%	99.9%	100.0%	99.5%	100.0%	99.9%	100.0%	100.0%	100.0%	99.9%	100.0%	99.7%	99.9%	97.9%	99.7%	99.9%
Submitted within 150 days	99.9%	99.9%	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.9%	98.6%	99.7%	99.9%
Submitted within 180 days	99.9%	99.9%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.2%	99.9%	99.9%
Submitted within 210 days	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	100.0%	99.9%
Submitted within 240 days	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	100.0%	99.9%
Submitted within 270 days	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	99.9%
Submitted within 300 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	100.0%	100.0%
Submitted within 330 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
Submitted within 360 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%
Submitted after 360 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%

Figure 2-29 and Table 2-9 provide the cumulative percentage of encounters received by OHA every 30 days through 360 days since CCO payment date for outpatient encounters. Statewide, the CCOs submitted 98.1 percent of outpatient encounters within 30 days of payment date, with 12 CCOs submitting at least 99.0 percent of their outpatient encounters within this time frame. All CCOs reached at least 99.0 percent submission of outpatient encounters within 60 days.

Figure 2-29—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Outpatient

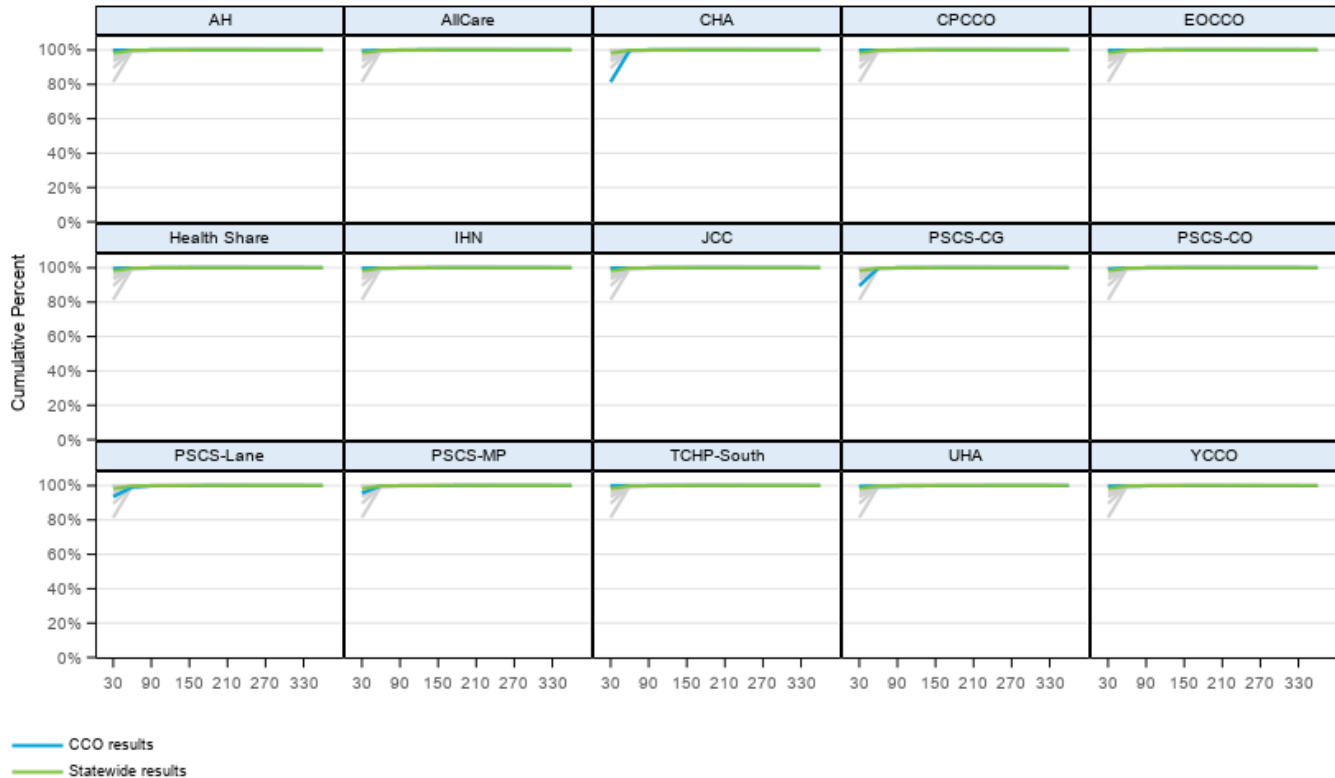


Table 2-9—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Outpatient

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCS-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 30 days	98.1%	99.9%	99.4%	81.4%	99.9%	99.8%	99.7%	99.8%	99.9%	89.5%	99.3%	93.6%	95.7%	100.0%	99.6%	99.7%
Submitted within 60 days	99.9%	100.0%	99.9%	99.8%	99.9%	100.0%	100.0%	99.9%	100.0%	99.9%	99.9%	99.1%	99.9%	100.0%	99.7%	99.8%
Submitted within 90 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%	99.7%	99.9%
Submitted within 120 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.9%
Submitted within 150 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Submitted within 180 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Submitted within 210 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%
Submitted within 240 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 270 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 300 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 330 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 360 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted after 360 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Figure 2-30 and Table 2-10 show that all CCOs aside from CHA, Health Share, PSCS-CG, PSCS-Lane, and PSCS-MP had at least a 99.0 percent submission rate of pharmacy encounters within 30 days. PSCS-CG, PSCS-Lane, and PSCS-MP continued to lag behind other CCOs in submitting pharmacy encounters within 60 days.

Figure 2-30—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Pharmacy

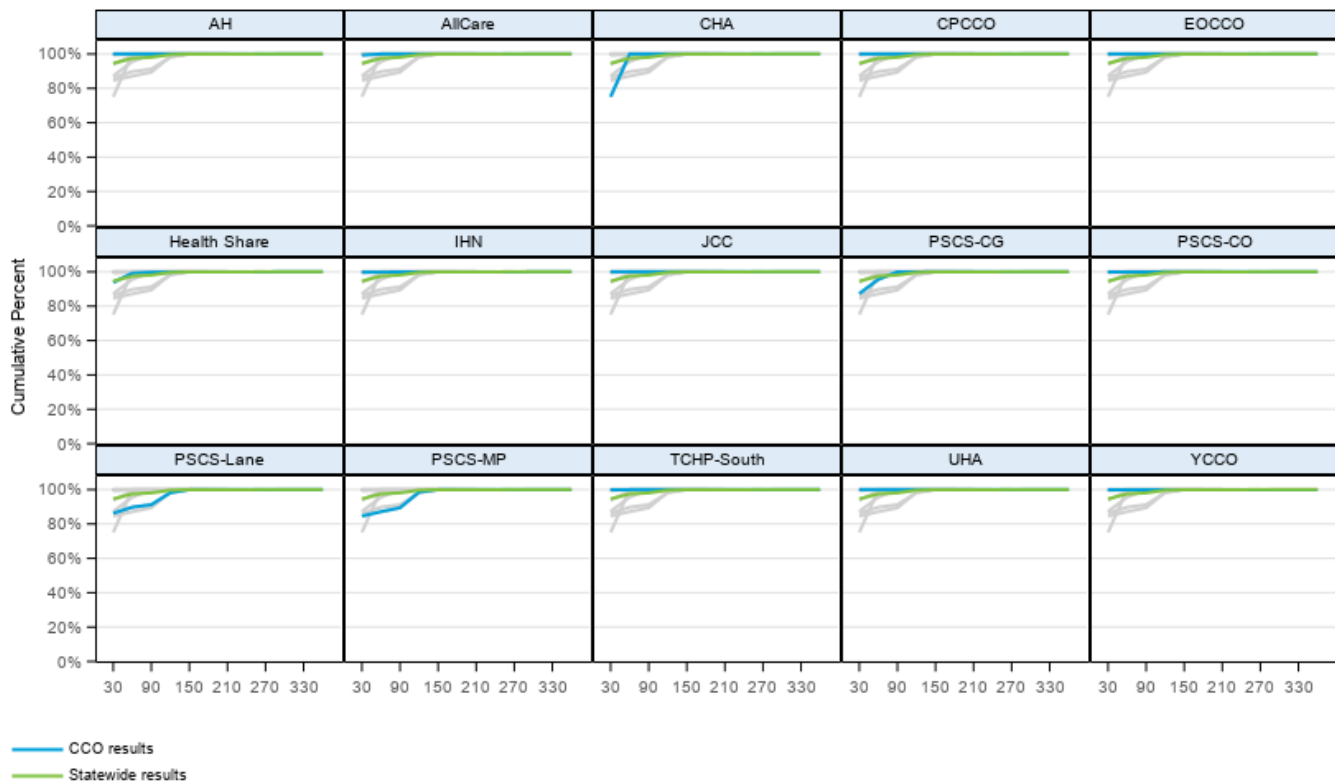


Table 2-10—Cumulative Percentage of Encounters Submitted to OHA Since Payment Date: Pharmacy

Category	Statewide	AH	AllCare	CHA	CPCCO	EOCCO	Health Share	IHN	JCC	PSCS-CG	PSCC-CO	PSCS-Lane	PSCS-MP	TCHP-South	UHA	YCCO
Submitted within 30 days	94.6%	100.0%	99.4%	75.1%	100.0%	100.0%	93.8%	99.8%	100.0%	87.3%	99.9%	86.2%	84.6%	99.9%	100.0%	99.9%
Submitted within 60 days	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%	99.2%	99.8%	100.0%	95.6%	100.0%	89.8%	87.1%	100.0%	100.0%	99.9%
Submitted within 90 days	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%	99.9%	100.0%	100.0%	100.0%	91.2%	89.4%	100.0%	100.0%	99.9%
Submitted within 120 days	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%	100.0%	100.0%	98.2%	98.5%	100.0%	100.0%	99.9%
Submitted within 150 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 180 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 210 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 240 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 270 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 300 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 330 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted within 360 days	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Submitted after 360 days	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Field-Level Encounter Data Completeness and Accuracy

To determine the completeness and accuracy of OHA’s encounter data, HSAG evaluated key data elements based on the following metrics:

- Percent present: Required data fields are present in the file and have information in those fields.
- Percent valid values: Values are the expected values (e.g., valid CPT codes in the procedure code field, NPIs on claims are found in the provider file).

Results from this analysis identified gaps in the completeness of certain data fields and potential issues with data validity and/or integrity with other datasets.

Table 2-11 through Table 2-15 provide the percentage of claims present and percentage of valid values for key data elements across all CCOs. Percentage present is calculated only for fields that are applicable to appropriate claim types (e.g., calculations exclude diagnosis codes from pharmacy encounters or attending provider from professional encounters). Similarly, percent valid values are only calculated for fields in which values are present. For instance, Table 2-11 shows 47.6 percent of dental encounters contained a *Tooth Number*, and 100.0 percent of those contained valid values.

Dental Encounters

Table 2-11 displays the percent present and percent valid values for the key data elements in the dental encounters.

Table 2-11—Percent Present and Percent Valid Value: Dental

Field	Percent Present	Percent Valid Value
Member ID	100.0%	>99.9%
Header First Date of Service	100.0%	100.0%
Header Last Date of Service	100.0%	100.0%
Detail First Date of Service	100.0%	100.0%
Detail Last Date of Service	100.0%	100.0%
Paid Date	100.0%	100.0%
Billing Provider NPI	>99.9%	86.2%
Rendering Provider NPI	100.0%	94.8%
CDT Codes	100.0%	>99.9%
Tooth Number	47.6%	100.0%
Tooth Surface Codes	12.0%	100.0%
Oral Cavity Codes	31.3%	100.0%

Key findings pertaining to field-level completeness for dental encounters statewide are as follows:

- Fields that were fully populated had values present except for *Billing Provider NPI*, in which a very small number of records did not have this field populated.
- All fields that were partially populated (i.e., *Tooth Number*, *Tooth Surface Codes*, and *Oral Cavity Codes*) were not expected to be present on all claims, as they would only be populated under certain situations.

Key findings pertaining to valid values are as follows:

- *Billing Provider NPI* and *Rendering Provider NPI* were valid for 86.2 percent and 94.8 percent, respectively, of encounters since the provider NPIs were not included in the provider data.

Professional Encounters

Table 2-12 displays the percent present and percent valid values for the key data elements in the professional encounters.

Table 2-12—Percent Present and Percent Valid Value: Professional

Field	Percent Present	Percent Valid Value
Member ID	100.0%	>99.9%
Detail First Date of Service	100.0%	100.0%
Detail Last Date of Service	100.0%	>99.9%
Paid Date	100.0%	>99.9%
Billing Provider NPI	>99.9%	84.0%
Rendering Provider NPI	>99.9%	93.3%
Referring Provider NPI	>99.9%	93.3%
Primary Diagnosis Codes	100.0%	>99.9%
Secondary Diagnosis Codes	42.2%	>99.9%
CPT/HCPCS Codes	100.0%	>99.9%
NDC	4.8%	98.9%

Key findings pertaining to field-level completeness for professional encounters statewide are as follows:

- Similar to dental encounters, a handful of records did not have *Billing Provider NPI* values populated in the professional encounters.
- Other fields (i.e., *Secondary Diagnosis Codes* and *NDC*) that were partially populated were not expected to be present on every professional claim record.

Key findings pertaining to valid values are as follows:

- *Billing Provider NPI*, *Rendering Provider NPI*, and *Referring Provider NPI* were valid for 84.0 percent, 93.3 percent, and 93.3 percent, respectively, of encounters since the provider NPIs were not included in the provider data.

Inpatient Encounters

Table 2-13 displays the percent present and percent valid values for the key data elements in the inpatient encounters.

Table 2-13—Percent Present and Percent Valid Value: Inpatient

Field	Percent Present	Percent Valid Value
Member ID	100.0%	99.9%
Header First Date of Service	100.0%	100.0%
Header Last Date of Service	100.0%	100.0%
Paid Date	100.0%	100.0%
Billing Provider NPI	100.0%	89.9%
Attending Provider NPI	100.0%	95.2%
Referring Provider NPI	12.7%	91.5%
Primary Diagnosis Codes	100.0%	100.0%
Secondary Diagnosis Codes	97.5%	100.0%
Primacy Surgical Procedure Codes	55.9%	>99.9%
CPT/HCPCS Codes	0.1%	85.4%
DRG	100.0%	99.2%
Revenue Codes	100.0%	100.0%
NDC	0.5%	98.1%
Type of Bill Codes	100.0%	100.0%

Key findings pertaining to field-level completeness for inpatient encounters statewide are as follows:

- *CPT/HCPCS Codes* were populated for 0.1 percent of inpatient encounters; however, this was expected since 100.0 percent of *Revenue Codes* were fully present on all inpatient encounter records.
- Other fields (i.e., *Referring Provider NPI*, *Secondary Diagnosis Codes*, *Primary Surgical Procedure Codes*, and *NDC*) that were partially populated were not expected to be present on every inpatient claim record.

Key findings pertaining to valid values are as follows:

- *Billing Provider NPI*, *Attending Provider NPI*, and *Referring Provider NPI* were valid for 89.9 percent, 95.2 percent, and 91.5 percent, respectively, of encounters since the provider NPIs were not included in the provider data.
- *CPT/HCPCS Codes* were valid for 85.4 percent of encounters, in which the invalid codes were generally associated with the Health Insurance Prospective Payment System (HIPPS) codes.

Outpatient Encounters

Table 2-14 displays the percent present and percent valid values for the key data elements in the outpatient encounters.

Table 2-14—Percent Present and Percent Valid Value: Outpatient

Field	Percent Present	Percent Valid Value
Member ID	100.0%	>99.9%
Header First Date of Service	100.0%	100.0%
Header Last Date of Service	100.0%	>99.9%
Paid Date	100.0%	100.0%
Billing Provider NPI	100.0%	91.2%
Attending Provider NPI	100.0%	93.9%
Primary Diagnosis Codes	100.0%	>99.9%
Secondary Diagnosis Codes	62.7%	>99.9%
CPT/HCPCS Codes	92.1%	>99.9%
Revenue Codes	100.0%	100.0%
NDC	11.0%	98.6%
Type of Bill Codes	100.0%	100.0%

Key findings pertaining to field-level completeness for outpatient encounters statewide are as follows:

- *CPT/HCPCS Codes* were populated for 92.1 percent of outpatient encounters; however, this was expected since 100.0 percent of *Revenue Codes* were fully present on all outpatient encounter records.
- Other fields (i.e., *Secondary Diagnosis Codes* and *NDC*) that were partially populated were not expected to be present on every outpatient claim record.

Key findings pertaining to valid values are as follows:

- *Billing Provider NPI* and *Attending Provider NPI* were valid for 91.2 percent and 93.9 percent, respectively, of encounters since the provider NPIs were not included in the provider data.

Pharmacy Encounters

Table 2-15 displays the percent present and percent valid values for the key data elements in the pharmacy encounters.

Table 2-15—Percent Present and Percent Valid Value: Pharmacy

Field	Percent Present	Percent Valid Value
Member ID	100.0%	>99.9%
Date of Service	100.0%	>99.9%
Paid Date	100.0%	100.0%
Billing Provider NPI	100.0%	64.1%
Prescribing Provider NPI	>99.9%	95.7%
NDC	100.0%	99.8%

Key findings pertaining to field-level completeness for pharmacy encounters statewide are as follows:

- All fields assessed were present on more than 99.9 percent of pharmacy encounters.

Key findings pertaining to valid values are as follows:

- Billing Provider NPI* and *Prescribing Provider NPI* were valid for 64.1 percent and 95.7 percent, respectively, of encounters since the provider NPIs were not included in the provider data.

Encounter Data Referential Integrity

Referential integrity is critical for conducting many analyses involving claims/encounter data, as key identifiers are often joined across multiple tables. For instance, member enrollment data must be joined with encounter data when calculating Healthcare Effectiveness Data and Information Set (HEDIS[®])²⁻¹ performance measures to ensure members meeting denominator criteria also meet continuous enrollment criteria. Likewise, provider data must be joined with encounter data to identify visits with specific provider types (e.g., primary care provider [PCP], obstetrician/gynecologist [OB/GYN], ophthalmologist).

HSAG examined bidirectional referential integrity across the files and key identifiers outlined in Table 2-16.

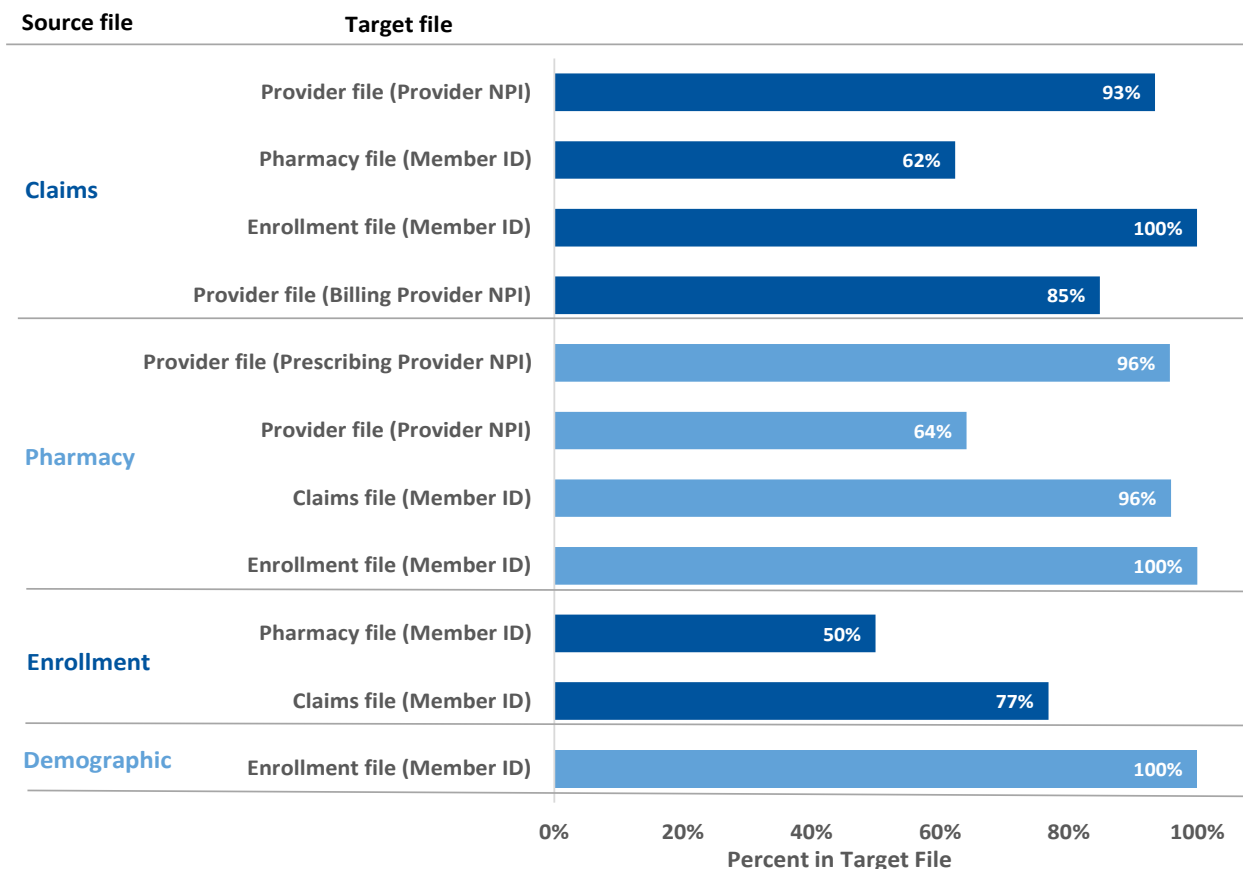
Table 2-16—Referential Integrity Checks

Field	File 1	File 2
Member ID	Enrollment	Claims
Member ID	Enrollment	Pharmacy
Member ID	Demographics	Enrollment
Member ID	Claims	Pharmacy
Provider NPI	Claims	Provider
Provider NPI	Pharmacy	Provider
Billing Provider NPI	Claims	Provider
Prescribing Provider NPI	Pharmacy	Provider

²⁻¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

Figure 2-31 illustrates high referential integrity between member IDs in claims and enrollment, pharmacy and enrollment, and enrollment and demographics.

Figure 2-31—Referential Integrity Across All CCOs



Key findings from Figure 2-31:

- Virtually 100.0 percent of member IDs in the claims file were in the enrollment file, 100.0 percent of member IDs in the pharmacy file were in the enrollment file, and 100.0 percent of member IDs in the demographic file were in the enrollment file.
- Only 93.0 percent of provider NPIs (i.e., *Rendering Provider NPI*) in the claims (i.e., dental, professional, inpatient, and outpatient) were found in the provider file, suggesting 47.0 percent of providers were invalid. Recall from Table 2-12, approximately 93.3 percent of professional encounters contained a valid *Rendering Provider NPI* value.
- Likewise, only 85.0 percent of *Billing Provider NPI* values in the encounters were found in the provider file.
- Similarly, only 64.0 percent of provider NPI (*Billing Provider NPI*) values in the pharmacy encounters were found in the provider file.

3. Comparative Analysis

Background

This section presents findings from the results of the comparative analysis of the dental, professional, institutional, and pharmacy encounter data maintained by OHA and the CCOs. The analysis examined the extent to which encounters submitted by the CCOs and maintained in OHA's data warehouse (and data subsequently extracted and submitted by OHA to HSAG for the study) were complete and accurate when compared to data submitted by the CCOs to HSAG.

HSAG requested both OHA and the CCOs submit the final status of the claim/encounter in their data submissions for the study. To compare OHA's and the CCOs' submitted data, HSAG developed a comparable match key between the two data sources. Data fields used in developing the match key varied by CCO and encounter type but generally included the *Internal Control Number (ICN)* field and the associated claim line number. These field values were concatenated to create a unique match key, which became the unique identifier for each encounter detail line in OHA's and each CCO's data.

Record Completeness

As described in the "Methodology" section, two aspects of record completeness were used—record omission and record surplus.

Encounter record omission and surplus rates are summary metrics designed to evaluate discrepancies between two data sources—i.e., primary and secondary. The primary data source refers to data maintained by an organization (e.g., CCO) responsible for sending data to another organization (e.g., OHA). The data acquired by the receiving organization are referred to as the secondary data source. By comparing these two data sources (i.e., primary and secondary), the analysis yields the percentage of records contained in one source and not the other, and vice versa. As such, encounter record omission refers to the percentage of encounters reported in the primary data source but missing from the secondary data source. For this analysis, the omission rate identifies the percentage of encounters reported by a CCO but missing from OHA's data. Similarly, the encounter record surplus rate refers to the percentage of encounters reported in the secondary data source (OHA) but missing from the primary data source (CCO).

Encounter Data Record Omission and Record Surplus

Table 3-1 displays the number of CCOs with record omission rates (i.e., the percentage of records present in the files submitted by the CCOs that were not found in OHA's files) based on rates of less than 5.0 percent (i.e., low), between 5.0 percent and 10.0 percent (i.e., moderately low), and more than 10.0 percent (i.e., high).

Table 3-1 also displays the number of CCOs with record surplus rates (i.e., the percentage of records present in OHA’s files but not present in the files submitted by the CCOs) based on rates of less than 5.0 percent (i.e., low), between 5.0 percent and 10.0 percent (i.e., moderately low), and more than 10.0 percent (i.e., high).

Lower rates indicate better performance for both record omission and record surplus. Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-1—Record Omission and Record Surplus Rates by Encounter Type

Encounter Type	Omission			Surplus		
	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%
Dental	1	1	13	2	2	11
Professional	1	0	14	1	1	13
Institutional	1	2	12	2	0	13
Pharmacy	1	4	10	1	2	12

Key Findings:

- The professional encounters exhibited the most complete data with low record omission and surplus rates (i.e., less than 5.0 percent) for at least 13 of the 15 CCOs. However, one CCO (i.e., Health Share) had a record omission rate and record surplus rate of more than 10.0 percent, while one CCO (i.e., JCC) had a record surplus rate of 5.5 percent.
 - Health Share noted that in reviewing the example omitted encounters provided to Health Share, it was determined that Health Share did not remove the intermediate and initial claims to which adjustments had been made. HSAG had requested both OHA and the CCO submit encounters that were in their final status.
 - In response to the data discrepancy report that HSAG provided, JCC noted that on April 23, 2021, there were several files that were accidentally reloaded, creating duplicate records that were originally loaded on April 21, 2021. JCC indicated that this was reported to OHA during its weekly meeting, and precautions were added to ensure files were not accidentally loaded more than once.
- Similarly, the institutional encounters also exhibited relatively complete data with low record omission and surplus rates (i.e., less than 5.0 percent) for at least 12 of the 15 CCOs. However, one CCO (i.e., Health Share) had a record omission rate and record surplus rate of more than 10.0 percent, while one CCO (i.e., AllCare) had a record surplus rate of more than 10.0 percent.
 - Health Share noted that in reviewing the example omitted encounters provided to Health Share, it was determined that Health Share did not remove the intermediate and initial claims to which adjustments had been made. HSAG had requested both OHA and the CCO submit encounters that were in their final status.

- In response to the data discrepancy report that HSAG provided, AllCare noted that an anomaly was identified in the data extract for the study. The error was related to a data table join misstep, causing an inadvertent omission of encounter records.
- The dental record omission and surplus rates were very low for most CCOs, where 13 out of 15 CCOs had record omission rates of less than 5.0 percent, while 11 out of 15 CCOs had record surplus rates of less than 5.0 percent. However, one CCO (i.e., IHN) had record omission and record surplus rates of more than 10.0 percent, while one CCO (i.e., PSCS-CO) had a record surplus rate of more than 10.0 percent.
 - In response to the data discrepancy report that HSAG provided, IHN noted that based on the example record omission and record surplus records provided to IHN to investigate, the discrepancies were primarily due to records without ICNs in its submission for the study. It noted that the process of converting Capitol Dental files from Microsoft Excel to text led to a loss of ICNs in the data. Additionally, IHN noted that there were instances of duplicated dental encounter submissions that resulted in multiple ICNs provided by the State.
 - In response to the data discrepancy report that HSAG provided, PSCS-CO noted that in reviewing the example discrepant records that were provided, it was determined that these records were associated with records that were set and remained in an “in progress” status when they should have been in an “accepted” status. As such, these records were not included in the data extract for the study. PSCS-CO also noted that it will work with its vendor to have these records moved to the appropriate “accepted” status.
- For pharmacy encounters, 10 out of 15 CCOs had record omission rates of less than 5.0 percent, while 12 out of 15 CCOs had record surplus rates of less than 5.0 percent. One CCO (i.e., Health Share) had both record omission and record surplus rates of more than 10.0 percent.
 - In response to the data discrepancy report that HSAG provided, Health Share noted that through the EDV process, it was made aware that it was necessary to collect the National Council for Prescription Drug Programs (NCPDP) response files from its partners. Health Share noted that prior to this activity, it did not have a need for this information since it currently collected pharmacy all payer all claims (APAC) and the NCPDP files for auditing. Health Share noted that it was only able to extract files from CareOregon for the study. Health Share also noted that it has plan in place to begin collecting the response files in early 2022.

Data Element Completeness

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the

denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA-submitted encounter data are more accurate.

Finally, this section presents the all-element accuracy results for records present in both data sources with the same values (missing or non-missing) for all key data elements relevant to each claim type.

Element Omission and Element Surplus

Table 3-2 displays the number of CCOs with data element omission and surplus rates for dental encounters, based on rates of less than 5.0 percent (i.e., low), between 5.0 percent and 10.0 percent (i.e., moderately low), and more than 10.0 percent (i.e., high). **For the element omission and element surplus indicators, lower rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-2—Data Element Omission and Surplus: Dental Encounters

Data Element	Omission			Surplus		
	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%
Member ID	0	0	15	0	0	15
Detail Service From Date	0	0	15	0	0	15
Detail Service To Date	0	0	15	0	1	14
Billing Provider NPI	0	0	15	1	0	14
Rendering Provider NPI	0	0	15	9	1	5
Procedure Code	0	0	15	0	0	15
Tooth Number	0	0	15	1	0	14
Oral Cavity Code 1	0	0	15	0	1	14
Oral Cavity Code 2	0	0	15	0	0	15
Oral Cavity Code 3	0	0	15	0	0	15
Oral Cavity Code 4	0	0	15	0	0	15
Oral Cavity Code 5	0	0	15	0	0	15
Tooth Surface 1	1	0	14	0	0	15
Tooth Surface 2	0	1	14	0	0	15
Tooth Surface 3	0	0	15	0	0	15
Tooth Surface 4	0	0	15	0	0	15
Tooth Surface 5	0	0	15	0	0	15
Header Paid Amount	0	0	15	0	0	15

Key Findings:

- Overall, all CCOs had very low omission rates (i.e., less than 5.0 percent) for all data elements evaluated for dental encounters, except for element omission rates associated with *Tooth Surface 1* and *Tooth Surface 2*, where one CCO (i.e., Health Share) had element omission rates of more than 10.0 percent for both *Tooth Surface 1* and *Tooth Surface 2*. These discrepancies appeared to be related to the tooth number values being populated in the tooth surface fields for most of the encounters.
- Similarly, all CCOs had very low surplus rates (i.e., less than 5.0 percent) for all data elements evaluated, except for element surplus rates associated with the *Detail Service To Date*, *Billing Provider NPI*, *Rendering Provider NPI*, and *Tooth Number* data elements.
 - CPCCO’s surplus rate for the *Detail Service To Date* data element was relatively high at 10.0 percent. It was determined that one of CPCCO’s dental data sources (i.e., Willamette) in CPCCO’s dental data submission for the study failed to include any detail line service date values.
 - Health Share’s surplus rates for the *Billing Provider NPI* and *Tooth Number* data elements were high at 30.8 percent and 11.0 percent, respectively. Based on Health Share’s investigation effort on the examples provided by HSAG, it was determined that there were issues in its matching process to extract the *Billing Provider NPI* information from APAC and the Electronic Data Interchange (EDI) claims. Health Share also noted that it is working toward implementing new methods to collect the *Billing Provider NPI* in the future. Health Share noted similar issues when extracting the *Tooth Number* information.
 - The *Rendering Provider NPI* surplus rates were high (i.e., more than 10.0 percent) for nine out of the 15 CCOs. Based on discussion with OHA’s analytic team, it was noted that if *Rendering Provider NPI* values were submitted to OHA by the CCO in the encounter data, the OHA MMIS captured the submitted values. However, if the *Rendering Provider NPI* values were not submitted, the MMIS populated the *Rendering Provider NPI* with the *Billing Provider NPI* values. As a result, when records were compared, field values were present in the OHA-submitted data file while values were not present in the CCO-submitted data file (i.e., element surplus).

Table 3-3 displays the number of CCOs with data element omission and surplus rates for professional encounters, based on rates of less than 5.0 percent (i.e., low), between 5.0 percent and 10.0 percent (i.e., moderately low), and more than 10.0 percent (i.e., high). **For the element omission and element surplus indicators, lower rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-3—Data Element Omission and Surplus: Professional Encounters

Data Element	Omission			Surplus		
	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%
Member ID	0	0	15	0	0	15
Detail Service From Date	0	0	15	0	0	15
Detail Service To Date	0	0	15	0	0	15
Billing Provider NPI	0	0	15	0	0	15
Rendering Provider NPI	0	0	15	7	0	8
Primary Diagnosis Code	0	0	15	0	0	15
Secondary Diagnosis Code	0	0	15	1	3	11
Procedure Code	0	0	15	0	0	15
Procedure Code Modifier	0	0	15	0	0	15
NDC	0	0	15	0	0	15
Header Paid Amount	0	0	15	0	0	15

Key Findings:

- Overall, all CCOs had very low omission rates (i.e., less than 5.0 percent) for all data elements evaluated for professional encounters.
- While nine out of 11 of the data elements evaluated for professional encounters showed that all CCOs had very low surplus rates (i.e., less than 5.0 percent), two data elements evaluated (i.e., *Rendering Provider NPI* and *Secondary Diagnosis Code*) only had eight CCOs and 11 CCOs, respectively, with very low surplus rates.
 - The *Rendering Provider NPI* surplus rates were high (i.e., more than 10.0 percent) for seven out of the 15 CCOs. The high surplus rates for *Rendering Provider NPI* associated with the seven CCOs were due to the same reason as discussed for the dental encounters.
 - For the *Secondary Diagnosis Code* data element, one CCO (i.e., TCHP-South) had a high surplus rate of 12.9 percent. TCHP-South noted in its response to the data discrepancy report that it used the header level diagnosis code information in the outbound encounters submitted to OHA, while for the data extract for the study it used the diagnosis code associated with each detail line of the claim. TCHP-South also noted that for future extracts, it will implement the same process as was used to submit the outbound encounters.

Table 3-4 displays the number of CCOs with data element omission and surplus rates for institutional encounters, based on rates of less than 5.0 percent (i.e., low), between 5.0 percent and 10.0 percent (i.e., moderately low), and more than 10.0 percent (i.e., high). **For the element omission and element surplus indicators, lower rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-4—Data Element Omission and Surplus: Institutional Encounters

Data Element	Omission			Surplus		
	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%
Member ID	0	0	15	0	0	15
Header Service From Date	0	0	15	0	0	15
Header Service To Date	0	0	15	0	0	15
Admission Date	3	1	11	0	0	15
Billing Provider NPI	0	0	15	0	0	15
Attending Provider NPI	0	0	15	0	0	15
Primary Diagnosis Code	0	0	15	0	0	15
Secondary Diagnosis Code	2	0	13	0	0	15
Procedure Code	2	0	13	0	0	15
Procedure Code Modifier	0	0	15	0	0	15
Primary Surgical Procedure Code	1	0	14	0	3	12
Secondary Surgical Procedure Code	0	0	15	0	0	15
NDC	3	1	11	0	0	15
Revenue Code	0	0	15	0	0	15
DRG Code	0	0	15	0	2	13
Header Paid Amount	0	0	15	0	0	15

Key Findings:

- Overall, all CCOs had very low omission rates (i.e., less than 5.0 percent) for all data elements evaluated for institutional encounters, except for element omission rates associated with *Admission Date*, *Secondary Diagnosis Code*, *Procedure Code*, *Primary Surgical Procedure Code*, and *NDC*.
 - Both CPCCO and JCC had high omission rates (i.e., more than 10.0 percent) for the *Admission Date*, *Secondary Diagnosis Code*, and *NDC* data elements. For the *Admission Date* data element, both CPCCO and JCC populated the admission date field for all institutional encounters, while most outpatient encounters were not expected to have admission dates. CPCCO and JCC noted that queries to extract the data for the study did not align with the queries to submit data to OHA.

For the *Secondary Diagnosis Code* data element, CPCCO and JCC noted that in its reporting system, all secondary diagnosis codes were not sequenced, hence causing inaccuracy when reporting secondary diagnosis codes. For the *NDC* data element, CPCCO and JCC noted that they have used the incorrect NDC lookup table when extracting the data for the study. Both CPCCO and JCC noted that the data extract issues will be corrected in the future.

- YCCO had high omission rates (i.e., more than 10.0 percent) for the *Admission Date* and *Procedure Code* data elements. In YCCO’s response to the data discrepancy report, it noted that admission dates were included in the data extract for the study but not included in its 837 file export to OHA. Per YCCO, these values should not have been included, for example, on an outpatient claim. For the *Procedure Code* data element, YCCO noted that its system requires a procedure code to be populated for all claim lines. As such, when a claim is billed with just a revenue code, YCCO’s system will populate the procedure code with “RV” and a revenue code, which resulted in the high omission records. YCCO noted that it will adjust the logic in future data extracts.
- EOCCO had a high omission rate (i.e., more than 10.0 percent) for the *NDC* data element. Based on EOCCO’s investigation on the example records that were provided, it noted that the discrepancy was caused by a claim line’s NDC that was populated on multiple lines instead of the line that it was supposed to solely populate.
- Health Share had a high omission rate (i.e., more than 10.0 percent) for the *Primary Surgical Procedure Code* data element. Based on Health Share’s investigation effort on the examples provided, Health Share determined that the discrepancy was due to a mapping issue during the extract. Health Share also noted that it had now completed testing a new mapping that showed correct information was extracted.
- UHA had a high omission rate (i.e., more than 10.0 percent) for the *Procedure Code* data element. UHA noted that its system requires a procedure code to be populated for all claim lines. As such, when a claim is billed with just a revenue code, UHA’s system will populate the procedure code with “RV” and a revenue code, which resulted in the high omission records. UHA noted that it will adjust the logic in future data extracts.
- Overall, nearly all CCOs had very low surplus rates (i.e., less than 5.0 percent) for all data elements evaluated for institutional encounters, with no CCOs having surplus rates of more than 10.0 percent.

Table 3-5 displays the number of CCOs with data element omission and surplus rates for pharmacy encounters, based on rates of less than 5.0 percent (i.e., low), between 5.0 percent and 10.0 percent (i.e., moderately low), and more than 10.0 percent (i.e., high). **For the element omission and element surplus indicators, lower rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-5—Data Element Omission and Surplus: Pharmacy Encounters

Data Element	Omission			Surplus		
	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%	Number of CCOs With Rate >10%	Number of CCOs With Rate 5–10%	Number of CCOs With Rate <5%
Member ID	0	0	15	0	0	15
Header Service From Date	0	0	15	0	0	15
Billing Provider NPI	0	0	15	0	0	15
Prescribing Provider NPI	0	0	15	0	1	14
NDC	0	0	15	0	0	15
Drug Quantity	0	0	15	0	1	14
Header Paid Amount	0	0	15	0	1	14
Dispensing Fee	0	0	15	4	0	11

Key Findings:

- Overall, all of the CCOs had very low omission rates (i.e., less than 5.0 percent) for all data elements evaluated for pharmacy encounters.
- Overall, nearly all CCOs had very low surplus rates (i.e., less than 5.0 percent) for all data elements evaluated for pharmacy encounters, except for element omission rates associated with the *Dispensing Fee* data element. All PSCS CCOs (i.e., PSCS-CG, PSCS-CO, PSCS-Lane, and PSCS-MP) had element surplus rates of more than 10.0 percent for the *Dispensing Fee* data element. Based on PSCS investigation efforts on the example discrepant records, PSCS determined that its weekly NCPDP file submissions to OHA did not include a dispensing fee. PSCS noted that it brought up the question to OHA as to how a dispensing fee is in the OHA data but not in the PSCS data file, and OHA indicated that the dispensing fee was calculated and populated within OHA’s claims processing system.

Element Accuracy

Table 3-6 displays the number of CCOs with data element accuracy rates for dental encounters, based on rates of more than 95.0 percent (i.e., high), between 85.0 percent and 95.0 percent (i.e., moderately high), and less than 84.0 percent (i.e., low). **For this indicator, higher rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-6—Data Element Accuracy: Dental Encounters

Data Element	Accuracy		
	Number of CCOs With Rate <85%	Number of CCOs With Rate 85–95%	Number of CCOs With Rate >95%
Member ID	1	0	14
Detail Service From Date	0	0	15
Detail Service To Date	0	0	15
Billing Provider NPI	0	0	15
Rendering Provider NPI	0	0	15
Procedure Code	0	4	11
Tooth Number	0	1	14
Oral Cavity Code 1	0	0	15
Oral Cavity Code 2 ¹	0	0	0
Oral Cavity Code 3 ¹	0	0	0
Oral Cavity Code 4 ¹	0	0	0
Oral Cavity Code 5 ¹	0	0	0
Tooth Surface 1	1	0	14
Tooth Surface 2	1	0	14
Tooth Surface 3	1	0	14
Tooth Surface 4	1	0	14
Tooth Surface 5 ²	0	0	13
Header Paid Amount	0	0	15

¹ There were no records with values present in both sources (i.e., OHA and all CCOs.) As such, the accuracy indicator was not evaluated for any CCOs.

² Two CCOs (i.e., AH and Health Share) did not have records with values present in both sources. As such, the accuracy indicator was not evaluated for these two CCOs.

Key Findings:

- Nearly all CCOs had very high accuracy rates (i.e., more than 95.0 percent) for all data elements evaluated for dental encounters, while five data elements (i.e., *Member ID*, *Tooth Surface 1*, *Tooth Surface 2*, *Tooth Surface 3*, and *Tooth Surface 4*) had accuracy rates of less than 85.0 percent for one of the 15 CCOs.
 - IHN had a low accuracy rate of 84.2 percent for the *Member ID* data element. The low accuracy rate was due to the inclusion of “01” as a suffix for some IHN-submitted member IDs. When these two digits were removed, all member IDs had the same values in both sources.
 - Health Share had low accuracy rates for the *Tooth Surface 1*, *Tooth Surface 2*, *Tooth Surface 3*, and *Tooth Surface 4* data elements. Among records where these fields had different values when populated and compared, it appeared that values from both sources had values populated in different positions. For example, the Health Share-submitted *Tooth Surface 1* had the same values as the OHA-submitted *Tooth Surface 2*.

Table 3-7 displays the number of CCOs with data element accuracy rates for professional encounters, based on rates of more than 95.0 percent (i.e., high), between 85.0 percent and 95.0 percent (i.e., moderately high), and less than 84.0 percent (i.e., low). **For this indicator, higher rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-7—Data Element Accuracy: Professional Encounters

Data Element	Accuracy		
	Number of CCOs With Rate <85%	Number of CCOs With Rate 85–95%	Number of CCOs With Rate >95%
Member ID	0	0	15
Detail Service From Date	0	1	14
Detail Service To Date	0	1	14
Billing Provider NPI	0	0	15
Rendering Provider NPI	0	0	15
Primary Diagnosis Code	0	3	12
Secondary Diagnosis Code	0	4	11
Procedure Code	0	1	14
Procedure Code Modifier	0	0	15
NDC	3	0	12
Header Paid Amount	0	0	15

Key Findings:

- Nearly all CCOs had very high accuracy rates (i.e., more than 95.0 percent) for all data elements evaluated for professional encounters, while one data element (i.e., *NDC*) had an accuracy rate of less than 85.0 percent for three of the 15 CCOs.
 - JCC’s accuracy rate for the *NDC* data element was low at 77.1 percent. JCC noted that it had used the incorrect NDC lookup table when extracting the data for the study. JCC also noted that the data extract issues will be corrected in the future.
 - Both UHA and YCCO had very low accuracy for the *NDC* data element, where each had accuracy rates of 0.0 percent. The low accuracy rates were due to how UHA and YCCO populated this field in its submitted data for the study. Based on further investigation, it appeared that the UHA-submitted and YCCO-submitted data included additional information as a suffix within the *NDC* field. The additional information appeared to be the drug quantity measure values, and when the information was removed from the NDC string, the *NDC* data element had a higher accuracy when compared to the *NDC* values from the OHA-submitted data.

Table 3-8 displays the number of CCOs with data element accuracy rates for institutional encounters, based on rates of more than 95.0 percent (i.e., high), between 85.0 percent and 95.0 percent (i.e., moderately high), and less than 84.0 percent (i.e., low). **For this indicator, higher rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-8—Data Element Accuracy: Institutional Encounters

Data Element	Accuracy		
	Number of CCOs With Rate <85%	Number of CCOs With Rate 85–95%	Number of CCOs With Rate >95%
Member ID	0	0	15
Header Service From Date	0	0	15
Header Service To Date	0	4	11
Admission Date	0	0	15
Billing Provider NPI	0	0	15
Attending Provider NPI	0	0	15
Primary Diagnosis Code	0	0	15
Secondary Diagnosis Code	3	2	10
Procedure Code	0	2	13
Procedure Code Modifier	0	0	15
Primary Surgical Procedure Code ¹	1	0	12
Secondary Surgical Procedure Code ²	2	0	10
NDC	4	1	10
Revenue Code	0	2	13
DRG Code	2	0	13
Header Paid Amount	0	0	15

¹ Two CCOs (i.e., UHA and YCCO) did not have records with values present in both sources. As such, the accuracy indicator was not evaluated for these two CCOs.

² Three CCOs (i.e., Health Share, UHA, and YCCO) did not have records with values present in both sources. As such, the accuracy indicator was not evaluated for these three CCOs.

Key Findings:

- The accuracy rates for data elements that were evaluated for the institutional encounters were generally very high for most CCOs. The *Secondary Diagnosis Code*, *Primary Surgical Procedure Code*, *Secondary Surgical Procedure Code*, *NDC*, and *DRG* data elements had low accuracy rates for at least one CCO.
 - Health Share’s accuracy rates for the *Secondary Diagnosis Code* and *Primary Surgical Procedure Code* data elements were very low at 70.8 percent and 0.0 percent, respectively. In Health Share’s response to the data discrepancy report, it was determined that the discrepancies noted for these fields were due to Health Share extracting the data from the APAC claims instead of the EDI claims.

- CPCCO’s and JCC’s accuracy rates for the *Secondary Diagnosis Code*, *Secondary Surgical Procedure Code*, and *NDC* data elements were very low, with rates of less than 85.0 percent. For the *Secondary Diagnosis Code* data element, CPCCO and JCC noted that in their reporting systems, all secondary diagnosis codes were not sequenced, hence causing inaccuracy when reporting secondary diagnosis codes. For the *NDC* data element, CPCCO and JCC noted that they have used the incorrect NDC lookup table when extracting the data for the study. Both CPCCO and JCC noted that the data extract issues will be corrected in the future.
- UHA’s and YCCO’s accuracy rates for the *NDC* data element were very low, with rates of less than 85.0 percent. As described previously, the low accuracy rates were due to how UHA and YCCO populated this field in their submitted data for the study. It appeared that the UHA- and YCCO-submitted data included additional information as a suffix within the *NDC* field. The additional information appeared to be the drug quantity measure values, and when the information was removed from the NDC string, the *NDC* data element had a higher accuracy when compared to the *NDC* values from the OHA-submitted data.
- CHA’s accuracy rate for the *DRG* data element was very low at 58.1 percent. Based on CHA’s investigation efforts on the example discrepant records, it appeared that a high volume of the *DRG* values that did not match were for the Medicare crossover claims.
- TCHP-South’s accuracy rate for the *DRG* data element was low at 82.5 percent. Based on TCHP-South’s investigation efforts on the example discrepant records, TCHP-South noted that its claims adjudication system had a 4-digit DRG, which included a leading zero; however, the DRG submitted to OHA had a 3-digit value.

Table 3-9 displays the number of CCOs with data element accuracy rates for pharmacy encounters, based on rates of more than 95.0 percent (i.e., high), between 85.0 percent and 95.0 percent (i.e., moderately high), and less than 84.0 percent (i.e., low). **For this indicator, higher rates indicate better performance.** Fully detailed tables for each CCO are provided in the CCO-specific appendices.

Table 3-9—Data Element Accuracy: Pharmacy Encounters

Data Element	Accuracy		
	Number of CCOs With Rate <85%	Number of CCOs With Rate 85–95%	Number of CCOs With Rate >95%
Member ID	1	0	14
Header Service From Date	0	0	15
Billing Provider NPI	0	0	15
Prescribing Provider NPI	0	0	15
NDC	0	0	15
Drug Quantity	0	1	14
Header Paid Amount	0	0	15
Dispensing Fee ¹	11	0	0

¹ Four CCOs (i.e., PSCS-CG, PSCS-CO, PSCS-Lane, and PSCS-MP) did not have records with values present in both sources. As such, the accuracy indicator was not evaluated for these four CCOs.

Key Findings:

- Nearly all CCOs had very high accuracy rates (i.e., more than 95.0 percent) for all data elements evaluated for pharmacy encounters, while two data elements (i.e., *Member ID* and *Dispensing Fee*) had accuracy rates of less than 85.0 percent for one CCO and 11 out of the 15 CCOs, respectively.
 - IHN had a low accuracy rate for the *Member ID* data element with a rate of 0.0 percent. The low accuracy rate was due to the inclusion of “01” as a suffix for some IHN-submitted member IDs. When these two digits were removed, all member IDs had the same values in both sources.
 - All CCOs that had the *Dispensing Fee* data element values populated had very few records matched when compared to the OHA-submitted data. It was determined that the dispensing fee values in the OHA-submitted data were calculated and populated within OHA’s claims processing system, hence the difference in values when compared to the CCO-submitted values for the study.

All-Element Accuracy

Table 3-10 displays the all-element accuracy results for the percentage of records present in both data sources with the same values (missing or non-missing) for all key data elements relevant to each encounter data type. Of note, in calculating the all-element accuracy indicators, a few adjustments were made as follows:

- For dental and professional encounters, while the *Rendering Provider NPI* data element was included in the individual data element assessment (i.e., element omission, element surplus, and element accuracy), this data element was not included in the all-element accuracy rate. This is due to the knowledge that how this data element was processed and populated in the MMIS deviated from how the values were submitted by the CCOs to OHA.
- For pharmacy encounters, while the *Dispensing Fee* data element was included in the individual data element assessment (i.e., element omission, element surplus, and element accuracy), this data element was not included in the all-element accurate rate, since it was determined that the dispensing fee values in the OHA-submitted files were calculated and populated within OHA’s claims processing system.

Table 3-10—All-Element Accuracy by CCO and Encounter Type

CCO	Dental Encounters	Professional Encounters	Institutional Encounters	Pharmacy Encounters
AH	100.0%	96.1%	93.5%	94.1%
AllCare	97.5%	99.5%	94.1%	97.2%
CHA	99.7%	90.8%	93.3%	95.7%
CPCCO	88.4%	86.8%	0.0%	93.0%
EOCCO	97.5%	95.8%	67.6%	97.7%
Health Share	49.4%	90.2%	36.9%	95.8%
IHN	83.1%	86.4%	94.3%	0.0%

CCO	Dental Encounters	Professional Encounters	Institutional Encounters	Pharmacy Encounters
JCC	90.0%	85.1%	0.0%	93.1%
PSCS-CG	93.4%	99.4%	90.6%	96.4%
PSCS-CO	86.6%	99.7%	93.0%	96.4%
PSCS-Lane	93.5%	99.8%	89.6%	95.6%
PSCS-MP	96.2%	97.3%	93.8%	96.6%
TCHP-South	96.0%	82.4%	67.1%	90.7%
UHA	99.0%	95.6%	66.0%	96.5%
YCCO	93.4%	95.0%	59.6%	96.4%
Overall	77.3%	92.6%	61.3%	87.5%

Key Findings:

- The all-element accuracy rates varied across all encounter types, with the institutional encounters exhibiting the lowest overall all-element accuracy rate (61.3 percent) and the professional encounters exhibiting the highest overall all-element accuracy rate (92.6 percent).
- The overall all-element dental encounter rate was relatively high at 77.3 percent, with CCO rates ranging from 49.4 percent (Health Share) to 100.0 percent (AH).
 - The low overall all-element accuracy rate for dental encounters was mostly attributed to the low all-element accuracy rate of 49.4 percent for Health Share, where it had a high omission rate for the *Tooth Surface 1* data element (i.e., 17.7 percent); high element surplus rates for the *Billing Provider NPI* and *Tooth Number* data elements (i.e., 30.8 percent and 11.0 percent, respectively); and low accuracy rates for the *Tooth Surface 1*, *Tooth Surface 2*, *Tooth Surface 3*, and *Tooth Surface 4* data elements (i.e., 0.2 percent, 0.2 percent, 0.3 percent, and 0.1 percent, respectively).
- The overall all-element professional encounter rate was high at 92.6 percent, with CCO rates ranging from 82.4 percent (i.e., TCHP-South) to 99.8 percent (i.e., PSCS-Lane).
 - TCHP-South's element surplus rate (i.e., 12.9 percent) for the *Secondary Diagnosis Code* data element contributed to its low all-element accuracy rate and, consequently, impacted the overall all-element accuracy rate.
- The overall all-element institutional encounter rate was relatively low at 61.3 percent, with CCO rates ranging from 0.0 percent (i.e., CPCCO and JCC) to 94.3 percent (i.e., IHN).
 - The low overall all-element accuracy rate for institutional encounters was mostly attributed to the low all-element accuracy rate of 0.0 percent for CPCCO and JCC. The all-element accuracy rates for these two CCOs were impacted by the low performance results from the *Admission Date* (i.e., element omission), *NDC* (i.e., element omission and element accuracy), *Secondary Diagnosis Code* (i.e., element omission and element accuracy), and *Surgical Procedure Code* (i.e., element accuracy) data elements.

- The overall all-element pharmacy encounter rate was relatively high at 87.5 percent, with CCO rates ranging from 0.0 percent (i.e., IHN) to 97.7 percent (i.e., EOCCO).
 - The low overall all-element accuracy rate for pharmacy encounters was mostly attributed to the low all-element accuracy rate of 0.0 percent for IHN, where the element accuracy rate for the *Member ID* data element was at 0.0 percent. However, this result should be interpreted with caution since, as noted previously, IHN submitted member ID values with “01” as a suffix for some IHN-submitted member IDs; when these two digits were removed, all of the member IDs had the same values in both sources.

Technical Assistance

Based on study findings from the comparative analysis component, HSAG initiated a series of follow-up activities designed to assist the CCOs in addressing and resolving major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each CCO, which included a description of key issues for the CCOs to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the CCOs in reviewing the results.

Second, the CCOs were required to submit written responses on any required resolutions or follow-up items identified and noted in the data discrepancy reports. Follow-up resolution documents from the CCOs regarding data issues identified during the CCOs’ reviews can be found in the CCO-specific appendices. Additionally, the CCOs’ responses based on each CCO’s investigation efforts to determine the root cause of the identified discrepancies are also included in each CCO’s corresponding appendix.

Conclusions

The overall findings from the two activities (i.e., administrative profile and comparative analysis) of the EDV study are presented below.

Administrative Profile

For the administrative profile analysis, HSAG evaluated encounter data completeness and timeliness, and element completeness and accuracy for encounters with dates of service from January 1, 2020, through December 31, 2020.

Encounter Data Completeness

Encounter data completeness was assessed in three focus areas: (1) record counts by MMIS month, (2) visit/service volume by service month, and (3) paid amounts by service month. Findings for each focus area include:

- **Encounter record counts by MMIS month:** In general, the total number of processed encounter records across all CCOs declined around the May 2020 time frame as a result of the COVID-19 PHE and fluctuated throughout the remainder of 2020.
- **Encounter volume by service month:** The visit/service counts by service month for all encounter types across all CCOs generally showed a decline in April 2020 followed by an increase in June 2020 that tapered until October 2020 when the volume began to decline again.
- **Paid amount by service month:** The trends for the paid amount by service month for all encounter types showed a similar trend to those exhibited by the visit/service counts by service month.

Encounter Data Timeliness

Two measures were used to evaluate the timeliness of encounter data submission. One measure evaluated the lag days between the date of service and the MMIS date (i.e., date when records are processed by the MMIS). The other measure was based on the lag days between the CCO payment dates and MMIS date.

- **Lag Days Between Service Date and MMIS Date:** Results showed that, statewide, at least 98.0 percent of dental, professional, outpatient, and pharmacy encounters were submitted within six months from the last date of service. Given a standard encounter run-out of six months, these encounters represent a sufficient completeness rate for most analyses. Across all encounter data types, inpatient encounters showed the lowest percentage of processed encounters with slightly less than 95.0 percent being submitted within six months from the last date of service. As such, OHA and

its subcontractors will need to allow at least six months of encounter run-out for all encounter types to ensure sufficient completeness to conduct analyses.

- **Lag Days Between CCO Payment Date and MMIS Date:** Statewide, the CCOs submitted at least 95.0 percent of all encounters within 30 days of payment date.

Field-Level Encounter Data Completeness and Accuracy

Percent present and percent valid value rates were evaluated for key data elements for each encounter type. All data elements associated with each encounter type had percent present rates as expected, where fields that were expected to be populated were populated and fields that were situational had some values populated or had no values populated. All key data elements had a percent valid value rate of 100.0 percent or nearly 100.0 percent, except for data fields across all encounter data types that were populated with provider NPIs. Accuracy rates for these fields ranged from 64.1 percent (i.e., *Billing Provider NPI/Pharmacy*) to 95.2 percent (i.e., *Attending Provider NPI/Inpatient*).

Overall, the completeness and accuracy of OHA's encounter data support analyses that rely on encounter data such as performance measure calculation. Data were largely complete, valid, and reliable. While minor gaps and data concerns were identified, this should not prevent the State from conducting more comprehensive encounter data analyses.

It is clear that the COVID-19 PHE affected the volume and rate of encounter submission in early to mid-2020, particularly for dental, professional, inpatient, and outpatient encounters.

Comparative Analysis

For the comparative analysis component of the EDV study, HSAG evaluated dental encounters, professional encounters, institutional encounters, and pharmacy encounters, with dates of service from January 1, 2020, through December 31, 2020.

HSAG evaluated the record-level data completeness of OHA's encounter data by investigating the record omission and record surplus in OHA's data compared to each CCO. HSAG evaluated the element-level completeness of OHA's encounter data using the element omission and element surplus rates for key data elements relevant to each encounter type. For data element accuracy, HSAG determined the accuracy of OHA's encounter data by comparing the values of key data elements for records with data present in both OHA's and the CCOs' encounter records. HSAG also determined all-element accuracy by evaluating the records present in both data sources with exactly the same values (missing or non-missing) for all data elements relevant to each encounter type.

Record Completeness

The professional encounters exhibited the most complete data with low record omission and record surplus rates (i.e., less than 5.0 percent) for at least 13 of the 15 CCOs. However, one CCO (i.e., Health Share) had high record omission and record surplus rates (i.e., more than 10.0 percent), which disproportionately affected the overall statewide rates for these indicators since Health Share had a

higher encounter data volume compared to the other CCOs. Similarly, the institutional encounters also exhibited relatively complete data with low record omission and record surplus rates for at least 12 of the 15 CCOs. Health Share again consistently exhibited high record omission and record surplus rates (i.e., more than 10.0 percent). The dental record omission and surplus rates were very low for most CCOs, where 13 out of 15 CCOs had record omission rates of less than 5.0 percent, and 11 out of 15 CCOs had record surplus rates of less than 5.0 percent. For pharmacy encounters, 10 out of 15 CCOs had record omission rates of less than 5.0 percent, while 12 out of 15 CCOs had record surplus rates of less than 5.0 percent. One CCO (i.e., Health Share) had both record omission and record surplus rates for pharmacy encounters of more than 10.0 percent.

Data Element Completeness

Overall, among encounters that could be matched between the OHA-submitted data and the CCO-submitted data, a high-level of completeness (i.e., low omission and surplus rates) was exhibited, with few exceptions, across all CCOs. Professional and pharmacy encounters were the most complete at the data element level, with nearly all key data elements exhibiting less than 5.0 percent omission and surplus rates across nearly all CCOs. A few CCOs had high surplus rates for the *Rendering Provider NPI* data element from the professional encounters; however, these high rates were due to OHA's processing of incoming encounters where the *Rendering Provider NPI* was not populated. In these cases, OHA populated missing *Rendering Provider NPI* values with the *Billing Provider NPI* values, causing the mismatch between provider data elements in the MMIS and the CCOs' encounter data.

Overall, nearly all CCOs had very low surplus and omission rates (i.e., less than 5.0 percent) for all data elements evaluated with institutional encounters, except for element omission rates associated with the *Admission Date*, *Secondary Diagnosis Code*, *Procedure Code*, *Primary Surgical Procedure Code*, and *NDC* data elements.

All CCOs had very low omission rates (i.e., less than 5.0 percent) for all data elements evaluated for dental encounters, except for element omission rates associated with the *Tooth Surface 1* and *Tooth Surface 2* data elements, where one CCO (i.e., Health Share) had element omission rates of more than 10.0 percent for both data elements. Similarly, all CCOs had very low surplus rates (i.e., less than 5.0 percent) for all data elements evaluated, except for element surplus rates associated with the *Detail Service To Date*, *Billing Provider NPI*, *Rendering Provider NPI*, and *Tooth Number* data elements.

Data Element Accuracy

HSAG determined element-level accuracy by comparing the values of key data elements for records with data present in both OHA's and the CCOs' records. Overall, among records that could be matched between the OHA-submitted data and the CCO-submitted data, a high level of accuracy (i.e., high overall element accuracy) was observed, with a few exceptions.

Nearly all CCOs had very high accuracy rates (i.e., more than 95.0 percent) for all data elements evaluated for dental encounters, with the exception of one CCO that exhibited accuracy rates less than 85.0 percent for five data elements (i.e., *Member ID*, *Tooth Surface 1*, *Tooth Surface 2*, *Tooth Surface 3*,

and *Tooth Surface 4*). Similarly, nearly all CCOs had very high accuracy rates (i.e., more than 95.0 percent) for all data elements evaluated for professional encounters, except for three CCOs that had accuracy rates less than 85.0 percent for one data element (i.e., *NDC*). The accuracy rates for data elements that were evaluated for the institutional encounters were generally very high for most CCOs. The *Secondary Diagnosis Code*, *Primary Surgical Procedure Code*, *Secondary Surgical Procedure Code*, *NDC*, and *DRG* data elements had low accuracy rates for at least one CCO. Finally, while most CCOs had very high accuracy rates (i.e., more than 95.0 percent) for all data elements evaluated for pharmacy encounters, 11 of the CCOs exhibited accuracy rates less than 85.0 percent for the *Dispensing Fee* data element, while one CCO had an accuracy rate less than 85.0 percent for the *Member ID* data element. However, it is important to note that the dispensing fee values in the OHA-submitted files were calculated and not populated based on the values submitted by the CCOs.

All-Element Accuracy

The overall all-element accuracy rates varied across the different encounter types, with the institutional encounters exhibiting the lowest overall all-element accuracy rate (61.3 percent) and the professional encounters exhibiting the highest overall all-element accuracy rate (92.6 percent):

- The overall all-element dental encounter rate was relatively high at 77.3 percent, with CCO rates ranging from 49.4 percent (Health Share) to 100.0 percent (AH).
- The overall all-element professional encounter rate was high at 92.6 percent, with CCO rates ranging from 82.4 percent (i.e., TCHP-South) to 99.8 percent (i.e., PSCS-Lane).
- The overall all-element institutional encounter rate was relatively low at 61.3 percent, with CCO rates ranging from 0.0 percent (i.e., CPCCO and JCC) to 94.3 percent (i.e., IHN).
- The overall all-element pharmacy encounter rate was relatively high at 87.5 percent, with CCO rates ranging from 0.0 percent (i.e., IHN) to 97.7 percent (i.e., EOCCO).

Recommendations

To improve the quality of encounter data submissions from the CCOs, HSAG offers the following recommendations to assist OHA and the CCOs in addressing opportunities for improvement:

Administrative Profile

- Overall, the administrative profile demonstrated consistent patterns of encounter data volume across all encounter types and CCOs, suggesting a high degree of completeness. However, due to month-to-month fluctuations in volume, OHA should continue to monitor instances in which a high number of records were processed during any specific months. Additionally, the administrative profile demonstrated that the CCOs submitted the data timely. As such, OHA should continue existing monitoring programs to identify and track encounter data trends, as well as working with the CCOs to support and assess compliance with encounter data submission requirements and expectations.
- Due to the COVID-19 PHE, the encounter data volume and/or payment trends presented in this study may not be appropriate to compare to earlier time frames and/or use as a baseline for encounter data monitoring purposes. As such, HSAG recommends OHA continue to monitor encounter data volume and timeliness to determine an appropriate baseline for trending purposes once volume and payment trends stabilize.
- Key data fields associated with the respective encounters were generally complete and contained valid values that would support most downstream uses of the data. However, the provider fields (i.e., *Billing Provider NPI*, *Rendering Provider NPI*, *Referring Provider NPI*, and *Attending Provider NPI*) exhibited low rates of valid values (e.g., 64.1 percent for *Billing Provider NPI* associated with pharmacy encounters). The low validity of the provider fields may have been attributed to the artifacts in how OHA's provider data were stored and extracted for the study. HSAG recommends that OHA review both the MMIS data tables and business rules for storing and processing provider data to develop clear guidance on how to identify and extract provider data reliably to support monitoring and reporting activities.
- OHA should align future EDV activities with ongoing efforts to support CMS' Transformed Medicaid Statistical Information System (T-MSIS) initiative. Specifically, T-MSIS Priority Items (TPI) identified as data quality issues should be incorporated into the analysis to better understand the root cause of the issues, monitor encounter data quality on an ongoing basis, and target data quality improvement activities.

Comparative Analysis

- The results from the comparative analysis indicated encounters submitted by the CCOs and maintained in OHA's data warehouse were relatively complete and accurate when compared to data submitted to HSAG by the CCOs for the study, with few exceptions. The assessment indicated that OHA has a strong encounter data monitoring program that should be continued to ensure continued completeness and accuracy of the CCOs' encounter data submissions.
- Low accuracy rates were observed for the *Dispensing Fee* data element across all CCOs when values were compared between the CCO-submitted encounter files and OHA data systems. Based on the

responses received from the CCOs, HSAG determined that the dispensing fee values in the OHA-submitted data were calculated within OHA's claims processing system and not populated from the CCO-submitted encounter data. As such, HSAG recommends that OHA work with the CCOs to address the discrepancies in the *Dispensing Fee* data element to understand the factors contributing to differences between the values in OHA's claims processing system and the values reported by the CCOs' Pharmacy Benefit Managers (PBMs).

- During the comparative analysis, Health Share noted it was unaware that the CCOs were required to collect NCPDP response files from its pharmacy partners. As such, HSAG recommends OHA follow up with Health Share and clarify encounter data submission expectations and contract requirements, including the need for each CCO to collect, validate, and submit encounter data on behalf of its delegates. Additionally, OHA should review its encounter data monitoring procedures to ensure the CCOs are held accountable in capturing all necessary encounter data elements from delegated entities.
- In order to support ongoing encounter data monitoring, OHA should consider development and implementation of a formal encounter data quality program that includes both performance metrics and standards. Using the current EDV as a basis, OHA can build upon these baseline results to hold the CCOs accountable to performance standards and maintain/improve the quality of data used to support program monitoring. As the encounter data program matures, established standards and metrics could be incorporated into OHA's CCO agreement.

Study Limitations

When evaluating the findings presented in this report, it is important to understand the following limitations associated with this study:

- The administrative profile results and the comparative analysis presented in this study are dependent on the quality of the encounter data submitted by OHA and the CCOs. Any substantial and systemic errors in the extraction and transmission of the encounter data may bias the results and compromise the validity and reliability of the study findings.
- The administrative profile and comparative analyses were associated with encounters with dates of service from January 1, 2020, through December 31, 2020. As such, results from these analyses may not reflect the current quality of the CCOs' and OHA's encounter data or changes implemented since data were extracted for the study.
- The reference tables used by HSAG to evaluate the validity of data element values may be different from the reference tables used by OHA in its internal analyses and MMIS edits. As a result, the percentage of valid values reported in this study may not reflect results in OHA studies.
- The primary focus of the comparative analysis component of the study was to assess the extent and magnitude of record and data element discrepancies between OHA- and CCO-submitted encounter data. When possible, HSAG conducted supplemental analyses into the characteristics of the omitted/surplus records when discrepancies were identified. However, these secondary investigations were limited and should be used for information only.

Appendix A. Overall Administrative Profile and Comparative Analysis Results

This appendix contains detailed administrative profile and comparative analysis results for the 15 CCOs combined.

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table A-1 provides encounter volume and paid amount results for statewide dental encounters.

Table A-1—Encounter Volume and Paid Amount for Dental Encounters: Statewide

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	90,782	911,696	99.6	\$7,235,115	\$7.94
February 2020	89,350	913,510	97.8	\$6,933,299	\$7.59
March 2020	51,861	916,061	56.6	\$4,642,375	\$5.07
April 2020	10,386	932,816	11.1	\$1,744,243	\$1.87
May 2020	27,504	961,449	28.6	\$3,156,098	\$3.28
June 2020	52,825	979,290	53.9	\$5,111,923	\$5.22
July 2020	64,073	989,602	64.7	\$5,654,784	\$5.71
August 2020	68,198	997,613	68.4	\$5,920,458	\$5.93
September 2020	65,226	1,010,984	64.5	\$5,869,501	\$5.81
October 2020	76,031	1,018,896	74.6	\$6,474,340	\$6.35
November 2020	58,042	1,026,344	56.6	\$4,929,960	\$4.80
December 2020	17,453	1,042,515	16.7	\$1,290,791	\$1.24

Table A-2 provides encounter volume and paid amount results for statewide professional encounters.

Table A-2—Encounter Volume and Paid Amount for Professional Encounters: Statewide

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	1,250,575	911,696	1,371.7	\$132,446,579	\$145.27
February 2020	1,194,565	913,510	1,307.7	\$126,067,189	\$138.00
March 2020	1,034,436	916,061	1,129.2	\$109,923,140	\$120.00
April 2020	848,836	932,816	910.0	\$91,328,611	\$97.91
May 2020	930,477	961,449	967.8	\$104,249,009	\$108.43
June 2020	1,059,100	979,290	1,081.5	\$118,505,414	\$121.01
July 2020	1,097,827	989,602	1,109.4	\$121,793,431	\$123.07
August 2020	1,059,074	997,613	1,061.6	\$118,704,023	\$118.99
September 2020	1,042,055	1,010,984	1,030.7	\$115,504,011	\$114.25
October 2020	1,085,081	1,018,896	1,065.0	\$122,607,513	\$120.33
November 2020	810,481	1,026,344	789.7	\$93,057,097	\$90.67
December 2020	233,983	1,042,515	224.4	\$27,580,843	\$26.46

Table A-3 provides encounter volume and paid amount results for statewide inpatient encounters.

Table A-3—Encounter Volume and Paid Amount for Inpatient Encounters: Statewide

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	7,488	911,696	8.2	\$50,022,823	\$54.87
February 2020	6,573	913,510	7.2	\$47,559,092	\$52.06
March 2020	6,560	916,061	7.2	\$46,519,503	\$50.78
April 2020	5,489	932,816	5.9	\$36,385,182	\$39.01
May 2020	6,379	961,449	6.6	\$44,680,904	\$46.47
June 2020	6,592	979,290	6.7	\$45,655,872	\$46.62
July 2020	7,307	989,602	7.4	\$50,050,885	\$50.58
August 2020	6,903	997,613	6.9	\$46,643,916	\$46.76
September 2020	6,668	1,010,984	6.6	\$44,603,457	\$44.12
October 2020	6,114	1,018,896	6.0	\$43,533,524	\$42.73
November 2020	3,943	1,026,344	3.8	\$29,278,084	\$28.53
December 2020	1,241	1,042,515	1.2	\$11,505,000	\$11.04

Table A-4 provides encounter volume and paid amount results for statewide outpatient encounters.

Table A-4—Encounter Volume and Paid Amount for Outpatient Encounters: Statewide

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	161,154	911,696	176.8	\$57,946,386	\$63.56
February 2020	154,528	913,510	169.2	\$54,920,815	\$60.12
March 2020	125,140	916,061	136.6	\$47,711,153	\$52.08
April 2020	78,919	932,816	84.6	\$31,238,341	\$33.49
May 2020	110,852	961,449	115.3	\$43,503,988	\$45.25
June 2020	143,209	979,290	146.2	\$52,489,004	\$53.60
July 2020	152,475	989,602	154.1	\$53,650,901	\$54.21
August 2020	147,942	997,613	148.3	\$52,611,867	\$52.74
September 2020	142,037	1,010,984	140.5	\$50,393,233	\$49.85
October 2020	146,916	1,018,896	144.2	\$51,428,008	\$50.47
November 2020	111,021	1,026,344	108.2	\$37,741,122	\$36.77
December 2020	31,706	1,042,515	30.4	\$10,122,613	\$9.71

Table A-5 provides encounter volume and paid amount results for statewide pharmacy encounters.

Table A-5—Encounter Volume and Paid Amount for Pharmacy Encounters: Statewide

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	760,650	911,696	834.3	\$58,042,824	\$63.66
February 2020	715,855	913,510	783.6	\$55,027,975	\$60.24
March 2020	808,227	916,061	882.3	\$65,475,772	\$71.48
April 2020	687,428	932,816	736.9	\$57,679,913	\$61.83
May 2020	679,608	961,449	706.9	\$54,845,100	\$57.04
June 2020	717,527	979,290	732.7	\$58,754,475	\$60.00
July 2020	725,806	989,602	733.4	\$60,851,916	\$61.49
August 2020	708,257	997,613	710.0	\$59,282,928	\$59.42
September 2020	725,007	1,010,984	717.1	\$60,088,543	\$59.44
October 2020	744,623	1,018,896	730.8	\$59,758,681	\$58.65
November 2020	705,489	1,026,344	687.4	\$57,392,660	\$55.92
December 2020	744,196	1,042,515	713.8	\$26,787,334	\$25.69

Encounter Data Timeliness

Table A-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for statewide dental encounters.

Table A-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: Statewide

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	89.3%	99.2%	100.0%	100.0%	100.0%	100.0%
February 2020	93.8%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	98.9%	99.7%	100.0%	100.0%	100.0%	100.0%
April 2020	99.4%	99.7%	99.9%	100.0%	100.0%	100.0%
May 2020	98.6%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	94.8%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	92.1%	99.6%	100.0%	100.0%	100.0%	100.0%
October 2020	91.0%	99.7%	100.0%	100.0%	100.0%	100.0%
November 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
January 2021	0.0%	0.0%	68.7%	90.8%	100.0%	100.0%
February 2021	0.0%	2.9%	94.2%	99.0%	100.0%	100.0%
March 2021	98.3%	99.0%	99.8%	100.0%	100.0%	100.0%
April 2021	99.5%	99.8%	100.0%	100.0%	100.0%	100.0%
May 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for statewide professional encounters.

Table A-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: Statewide

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	86.2%	99.7%	99.9%	100.0%	100.0%	100.0%
February 2020	88.6%	99.7%	99.9%	100.0%	100.0%	100.0%
March 2020	99.3%	99.8%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	90.0%	91.4%	98.4%	100.0%	100.0%	100.0%
May 2020	92.9%	95.3%	99.4%	100.0%	100.0%	100.0%
June 2020	94.4%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	97.0%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	1.3%	1.3%	48.0%	77.3%	84.0%	100.0%
February 2021	0.0%	6.2%	7.4%	73.6%	100.0%	100.0%
March 2021	99.2%	99.6%	99.9%	100.0%	100.0%	100.0%
April 2021	97.2%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2021	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for statewide inpatient encounters.

Table A-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: Statewide

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	82.1%	98.0%	98.2%	99.0%	99.6%	99.9%
February 2020	91.2%	99.4%	99.6%	99.7%	99.8%	99.9%
March 2020	94.9%	99.3%	99.6%	99.7%	99.8%	99.8%
April 2020	98.3%	99.7%	99.9%	99.9%	99.9%	99.9%
May 2020	98.3%	99.8%	99.9%	99.9%	99.9%	100.0%
June 2020	96.6%	98.7%	99.8%	99.9%	99.9%	99.9%
July 2020	97.3%	99.7%	100.0%	100.0%	100.0%	100.0%
August 2020	97.4%	99.8%	99.9%	100.0%	100.0%	100.0%
September 2020	98.8%	99.8%	99.9%	99.9%	99.9%	99.9%
October 2020	99.1%	99.9%	99.9%	99.9%	99.9%	99.9%
November 2020	99.0%	99.7%	99.7%	99.7%	99.8%	100.0%
December 2020	99.5%	99.5%	99.5%	99.7%	99.9%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	66.7%	95.2%	100.0%	100.0%
February 2021	0.0%	56.3%	96.9%	99.0%	100.0%	100.0%
March 2021	98.2%	99.7%	100.0%	100.0%	100.0%	100.0%
April 2021	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for statewide outpatient encounters.

Table A-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: Statewide

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	74.4%	99.8%	100.0%	100.0%	100.0%	100.0%
February 2020	91.0%	99.6%	99.9%	100.0%	100.0%	100.0%
March 2020	99.3%	99.8%	100.0%	100.0%	100.0%	100.0%
April 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	99.2%	99.8%	100.0%	100.0%	100.0%	100.0%
June 2020	96.5%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	97.3%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	12.8%	95.7%	100.0%	100.0%
February 2021	0.0%	6.5%	9.7%	50.8%	100.0%	100.0%
March 2021	99.1%	99.6%	99.9%	100.0%	100.0%	100.0%
April 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for statewide pharmacy encounters.

Table A-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: Statewide

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	69.1%	75.7%	78.7%	95.5%	99.9%	99.9%
February 2020	78.4%	89.9%	94.8%	99.9%	99.9%	99.9%
March 2020	97.6%	99.9%	99.9%	99.9%	99.9%	99.9%
April 2020	98.0%	99.9%	99.9%	99.9%	99.9%	99.9%
May 2020	97.9%	99.8%	99.9%	99.9%	99.9%	100.0%
June 2020	97.8%	99.9%	99.9%	99.9%	100.0%	100.0%
July 2020	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	98.5%	99.9%	100.0%	100.0%	100.0%	100.0%
November 2020	98.1%	99.9%	100.0%	100.0%	100.0%	100.0%
December 2020	97.6%	99.9%	100.0%	100.0%	100.0%	100.0%
January 2021	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
February 2021	99.1%	99.1%	99.9%	100.0%	100.0%	100.0%
March 2021	11.7%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table A-11 provides lag triangles for statewide dental encounters. Additional details provided include MM and claims PMPM.

Table A-11—Encounters Lag Triangle—Dental Encounters: Statewide

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	19,465												19,465
202002	46,236	14,705											60,941
202003	22,068	65,137	28,213										115,418
202004	2,012	6,686	19,419	2,375									30,492
202005	1,846	3,095	3,102	6,227	4,640								18,910
202006	511	755	1,305	1,348	19,775	17,003							40,697
202007	280	271	399	397	2,668	32,234	23,559						59,808
202008	94	120	185	174	589	2,849	36,053	15,561					55,625
202009	115	147	109	62	261	1,441	4,132	48,391	18,500				73,158
202010	96	148	210	52	173	741	1,037	3,255	41,904	18,895			66,511

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202011	63	121	135	26	122	184	487	1,240	4,313	49,743	16,010		72,444
202012	43	57	56	20	78	302	429	1,208	1,887	8,180	42,019	16,215	70,494
202103			4	1	4	8	9	17	22	54	182	113	414
202104	64	60	7	14	34	40	38	50	63	226	229	648	1,473
202105	88	26	6	14	42	20	32	34	209	338	420	452	1,681
202106	2	7	1	8	7	13	28	38	54	94	212	206	670
202107			2				1		1	14	20	25	63
TOTAL	92,983	91,335	53,153	10,718	28,393	54,835	65,805	69,794	66,953	77,544	59,092	17,659	688,264
MM	911,696	913,510	916,061	932,816	961,449	979,290	989,602	997,613	1,010,984	1,018,896	1,026,344	1,042,515	11,700,776
PMPM	0.102	0.100	0.058	0.011	0.030	0.056	0.066	0.070	0.066	0.076	0.058	0.017	0.059

Table A-12 provides lag triangles for statewide professional encounters. Additional details provided include MM and claims PMPM.

Table A-12—Encounters Lag Triangle—Professional Encounters: Statewide

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
201912	1												1
202001	189,645	16	8										189,669
202002	517,732	140,936	16										658,684
202003	555,842	730,561	294,865	2	2								1,581,272
202004	85,117	374,364	516,033	161,158	6	3						1	1,136,682
202005	46,086	53,954	145,691	442,583	187,225	5	2						875,546
202006	34,912	46,989	93,930	138,371	559,350	273,618	10	3					1,147,183
202007	13,483	16,678	73,410	116,029	193,781	609,698	261,782	13	6			1	1,284,881
202008	9,313	9,956	22,678	41,826	38,126	199,569	664,869	250,114	23	3			1,236,477
202009	6,371	6,445	12,189	35,458	22,298	44,858	144,545	665,276	303,727	18	11		1,241,196
202010	6,147	6,075	6,761	8,305	29,821	22,974	50,189	141,002	598,755	285,807	10	3	1,155,849
202011	10,119	15,408	9,444	9,370	8,301	26,066	86,228	39,877	149,199	722,801	262,575	16	1,339,404
202012	1,906	1,962	2,273	3,018	3,528	4,436	18,422	70,017	89,348	156,029	591,641	205,507	1,148,087
202101										1			1
202103	280	332	563	808	211	343	364	1,647	646	1,149	3,492	5,721	15,556
202104	483	603	2,439	1,712	1,081	1,344	1,772	2,318	3,342	5,304	6,872	21,067	48,337
202105	908	966	1,615	1,531	2,171	2,586	2,600	2,814	3,462	5,097	6,274	10,591	40,615
202106	403	741	1,177	1,117	1,101	1,834	1,936	2,209	2,834	3,933	4,003	5,638	26,926
TOTAL	1,478,748	1,405,986	1,183,092	961,288	1,047,002	1,187,334	1,232,719	1,175,290	1,151,342	1,180,142	874,878	248,545	13,126,366
MM	911,696	913,510	916,061	932,816	961,449	979,290	989,602	997,613	1,010,984	1,018,896	1,026,344	1,042,515	11,700,776
PMPM	1.622	1.539	1.291	1.031	1.089	1.212	1.246	1.178	1.139	1.158	0.852	0.238	1.122

Table A-13 provides lag triangles for statewide inpatient encounters. Additional details provided include MM and claims PMPM.

Table A-13—Encounters Lag Triangle—Inpatient Encounters: Statewide

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	396												396
202002	2,822	518											3,340
202003	2,659	3,429	948										7,036
202004	454	1,312	3,024	758									5,548
202005	487	565	1,324	2,429	727								5,532
202006	213	265	430	1,231	3,079	685							5,903
202007	127	122	229	370	1,326	3,287	891						6,352
202008	77	88	95	158	425	1,474	3,478	744					6,539
202009	81	99	105	152	277	482	1,796	3,402	952				7,346
202010	92	98	99	102	181	223	547	1,762	3,388	463			6,955
202011	18	10	23	24	40	65	168	396	1,488	3,616	768		6,616
202012	7	9	6	18	21	42	58	120	357	1,411	2,533	559	5,141
202103	9	4	193	182	128	16	32	67	20	13	24	85	773
202104	29	32	48	30	114	119	59	107	175	300	234	210	1,457
202105	22	25	33	30	39	175	263	277	267	176	218	251	1,776
202106	21	18	19	14	33	35	30	52	37	142	165	132	698
202107			1				1			3	3	4	12
TOTAL	7,514	6,594	6,577	5,498	6,390	6,603	7,323	6,927	6,684	6,124	3,945	1,241	71,420
MM	911,696	913,510	916,061	932,816	961,449	979,290	989,602	997,613	1,010,984	1,018,896	1,026,344	1,042,515	11,700,776
PMPM	0.008	0.007	0.007	0.006	0.007	0.007	0.007	0.007	0.007	0.006	0.004	0.001	0.006

Table A-14 provides lag triangles for statewide outpatient encounters. Additional details provided include MM and claims PMPM.

Table A-14—Encounters Lag Triangle—Outpatient Encounters: Statewide

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	6,968												6,968
202002	65,504	16,685											82,189
202003	57,596	85,959	33,989										177,544
202004	15,207	30,409	59,537	17,145									122,298
202005	4,820	10,337	16,858	37,949	24,433								94,397
202006	1,820	3,097	4,989	11,025	55,333	33,753							110,017
202007	4,448	3,254	4,109	5,333	18,276	75,332	38,021						148,773
202008	1,310	1,588	1,599	1,792	4,549	20,227	76,321	30,570					137,956

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202009	1,833	2,016	1,966	2,342	3,968	8,348	25,079	82,522	39,199				167,273
202010	3,969	3,518	3,510	3,577	4,584	5,346	10,721	26,880	73,619	35,909			171,633
202011	576	453	668	738	1,340	1,948	3,204	7,522	25,160	82,618	35,598		159,825
202012	354	488	357	363	481	909	1,563	2,475	5,921	27,202	71,250	26,975	138,338
202103	72	80	52	79	106	179	258	219	136	246	311	713	2,451
202104	99	98	122	154	206	268	369	468	642	2,273	3,566	1,920	10,185
202105	101	99	124	174	299	323	395	563	568	1,178	1,360	1,696	6,880
202106	94	97	76	95	208	280	284	307	310	497	1,016	833	4,097
TOTAL	164,771	158,178	127,956	80,766	113,783	146,913	156,215	151,526	145,555	149,923	113,101	32,137	1,540,824
MM	911,696	913,510	916,061	932,816	961,449	979,290	989,602	997,613	1,010,984	1,018,896	1,026,344	1,042,515	11,700,776
PMPM	0.181	0.173	0.140	0.087	0.118	0.150	0.158	0.152	0.144	0.147	0.110	0.031	0.132

Table A-15 provides lag triangles for statewide pharmacy encounters. Additional details provided include MM and claims PMPM.

Table A-15—Encounters Lag Triangle—Pharmacy Encounters: Statewide

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	307,023												307,023
202002	270,803	270,242											541,045
202003	42,980	354,166	419,866										817,012
202004	14,172	21,793	376,968	401,024									813,957
202005	121,896	65,924	7,034	275,191	355,512								825,557
202006	306	404	383	6,295	313,249	424,747							745,384
202007	1,515	1,416	1,792	1,720	7,870	279,166	430,443						723,922
202008	102	100	71	360	200	10,709	285,981	397,061					694,584
202009	41	21	47	19	56	152	7,527	302,018	374,154				684,035
202010	663	692	768	769	773	500	229	7,704	348,446	436,847			797,391
202011	76	90	97	103	63	29	230	145	584	297,531	393,263		692,211
202012	23	26	42	12	13	54	26	140	236	8,243	304,581	467,493	780,889
202101	12	9	16	19	23	23	30	23	170	157	5,810	266,745	273,037
202102	3	17		3	6		34	33	143	547	429	8,164	9,379
202103	23	19	78	34	32	33	39	98	110	76	268	206	1,016
202104	13	3	3	979	854	1,007	137	6	35	64	14	113	3,228
202105	3	15	20	4	40	11	46	71	11	86	98	310	715
202106	11	5	17	8	2	33	16	13	56	5	22	70	258
TOTAL	759,665	714,942	807,202	686,540	678,693	716,464	724,738	707,312	723,945	743,556	704,485	743,101	8,710,643
MM	911,696	913,510	916,061	932,816	961,449	979,290	989,602	997,613	1,010,984	1,018,896	1,026,344	1,042,515	11,700,776
PMPM	0.833	0.783	0.881	0.736	0.706	0.732	0.732	0.709	0.716	0.730	0.686	0.713	0.744

Field-Level Completeness and Accuracy

Table A-16 provides a summary of the field-level completeness and accuracy for statewide dental encounters.

Table A-16—Data Element Completeness and Accuracy for Dental Encounters: Statewide

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	688,264	688,264	100.0%	688,264	687,699	99.9%
Header First Date of Service	688,264	688,264	100.0%	688,264	688,264	100.0%
Header Last Date of Service	688,264	688,264	100.0%	688,264	688,264	100.0%
Detail First Date of Service	2,479,243	2,479,243	100.0%	2,479,243	2,479,243	100.0%
Detail Last Date of Service	2,479,243	2,479,243	100.0%	2,479,243	2,479,243	100.0%
Paid Date	2,479,243	2,479,243	100.0%	2,479,243	2,479,243	100.0%
Billing Provider NPI	688,264	688,262	100.0%	688,262	593,533	86.2%
Rendering Provider NPI	688,264	688,264	100.0%	688,264	652,559	94.8%
Referring Provider NPI	688,264	688,264	100.0%	688,264	652,559	94.8%
CDT Codes	2,479,243	2,479,243	100.0%	2,479,243	2,479,160	100.0%
Tooth Number	2,479,243	1,180,221	47.6%	1,180,221	1,180,221	100.0%
Tooth Surface Codes	2,479,243	297,434	12.0%	569,526	569,526	100.0%
Oral Cavity Codes	2,479,243	774,955	31.3%	774,955	774,955	100.0%

Table A-17 provides a summary of the field-level completeness and accuracy for statewide professional encounters.

Table A-17—Data Element Completeness and Accuracy for Professional Encounters: Statewide

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	13,126,366	13,126,366	100.0%	13,126,366	13,117,790	99.9%
Header First Date of Service	13,126,366	13,126,366	100.0%	13,126,366	13,126,366	100.0%
Header Last Date of Service	13,126,366	13,126,366	100.0%	13,126,366	13,126,153	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	20,477,682	20,477,682	100.0%	20,477,682	20,477,682	100.0%
Detail Last Date of Service	20,477,682	20,477,682	100.0%	20,477,682	20,477,669	100.0%
Paid Date	20,477,682	20,477,682	100.0%	20,477,682	20,477,304	100.0%
Billing Provider NPI	13,126,366	13,125,488	100.0%	13,125,488	11,022,602	84.0%
Rendering Provider NPI	13,126,366	13,125,767	100.0%	13,125,767	12,246,483	93.3%
Referring Provider NPI	13,126,366	13,125,767	100.0%	13,125,767	12,246,483	93.3%
Primary Diagnosis Codes	13,126,366	13,126,366	100.0%	13,126,366	13,126,354	100.0%
Secondary Diagnosis Codes	13,126,366	5,535,117	42.2%	10,678,151	10,678,129	100.0%
CPT/HCPCS Codes	20,477,682	20,477,682	100.0%	20,477,682	20,477,270	100.0%
NDC	20,477,682	972,692	4.8%	972,692	961,818	98.9%

Table A-18 provides a summary of the field-level completeness and accuracy for statewide inpatient encounters.

Table A-18—Data Element Completeness and Accuracy for Inpatient Encounters: Statewide

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	71,420	71,420	100.0%	71,420	71,140	99.6%
Header First Date of Service	71,420	71,420	100.0%	71,420	71,420	100.0%
Header Last Date of Service	71,420	71,420	100.0%	71,420	71,420	100.0%
Paid Date	870,995	870,995	100.0%	870,995	870,995	100.0%
Billing Provider NPI	71,420	71,420	100.0%	71,420	64,228	89.9%
Rendering Provider NPI	71,420	71,420	100.0%	71,420	67,978	95.2%
Attending Provider NPI	71,420	71,420	100.0%	71,420	67,978	95.2%
Referring Provider NPI	71,420	9,080	12.7%	9,080	8,309	91.5%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	71,420	71,420	100.0%	71,420	71,420	100.0%
Secondary Diagnosis Codes	71,420	69,643	97.5%	197,985	197,985	100.0%
Primary Surgical Procedure Codes	71,420	39,918	55.9%	39,918	39,885	99.9%
Secondary Surgical Procedure Codes	71,420	22,035	30.9%	43,880	43,864	100.0%
CPT/HCPCS Codes	870,995	1,090	0.1%	1,090	931	85.4%
Diagnosis-Related Groups Codes	71,420	71,420	100.0%	71,420	70,830	99.2%
Revenue Codes	870,995	870,995	100.0%	870,995	870,995	100.0%
NDC	870,995	4,690	0.5%	4,690	4,599	98.1%
Type of Bill Codes	71,420	71,420	100.0%	71,420	71,420	100.0%

Table A-19 provides a summary of the field-level completeness and accuracy for statewide outpatient encounters.

Table A-19—Data Element Completeness and Accuracy for Outpatient Encounters: Statewide

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	1,540,824	1,540,824	100.0%	1,540,824	1,539,788	99.9%
Header First Date of Service	1,540,824	1,540,824	100.0%	1,540,824	1,540,824	100.0%
Header Last Date of Service	1,540,824	1,540,824	100.0%	1,540,824	1,540,821	100.0%
Paid Date	7,162,069	7,162,069	100.0%	7,162,069	7,162,066	100.0%
Billing Provider NPI	1,540,824	1,540,824	100.0%	1,540,824	1,404,756	91.2%
Rendering Provider NPI	1,540,824	1,540,824	100.0%	1,540,824	1,447,479	93.9%
Attending Provider NPI	1,540,824	1,540,824	100.0%	1,540,824	1,447,479	93.9%
Primary Diagnosis Codes	1,540,824	1,540,824	100.0%	1,540,824	1,540,823	100.0%
Secondary Diagnosis Codes	1,540,824	965,709	62.7%	2,022,724	2,022,701	100.0%
CPT/HCPCS Codes	7,162,069	6,596,318	92.1%	6,596,318	6,593,826	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	7,162,069	7,162,069	100.0%	7,162,069	7,162,069	100.0%
NDC	7,162,069	785,502	11.0%	785,502	774,561	98.6%
Type of Bill Codes	1,540,824	1,540,824	100.0%	1,540,824	1,540,824	100.0%

Table A-20 provides a summary of the field-level completeness and accuracy for statewide pharmacy encounters.

Table A-20—Data Element Completeness and Accuracy for Pharmacy Encounters: Statewide

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	8,710,643	8,710,643	100.0%	8,710,643	8,706,848	100.0%
Date of Service	8,710,643	8,710,643	100.0%	8,710,643	8,710,643	100.0%
Paid Date	8,710,643	8,710,643	100.0%	8,710,643	8,710,643	100.0%
Billing Provider NPI	8,710,643	8,710,643	100.0%	8,710,643	5,583,348	64.1%
Prescribing Provider NPI	8,710,643	8,710,125	100.0%	8,710,125	8,338,341	95.7%
NDC	8,722,674	8,722,674	100.0%	8,722,674	8,704,664	99.8%

Comparative Analysis

This section presents the statewide results for the comparative analysis.

Table A-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	2,953,897	90,223	3.1%	2,995,327	131,653	4.4%
Professional	23,761,189	1,752,831	7.4%	24,239,287	2,230,929	9.2%
Institutional	10,779,367	1,073,373	10.0%	10,311,868	605,874	5.9%
Pharmacy	9,183,094	1,444,431	15.7%	9,407,323	1,668,660	17.7%

Table A-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	2,863,674	0	0.0%	1	0.0%	0	0.0%
Billing Provider NPI	2,863,674	499	0.0%	322,085	11.2%	25	0.0%
Detail Service From Date	2,863,674	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	2,863,674	0	0.0%	13,530	0.5%	0	0.0%
Member ID	2,863,674	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	2,863,674	1,098	0.0%	62,709	2.2%	1,942,364	67.8%
Oral Cavity Code 2	2,863,674	0	0.0%	0	0.0%	2,863,674	100.0%
Oral Cavity Code 3	2,863,674	0	0.0%	0	0.0%	2,863,674	100.0%
Oral Cavity Code 4	2,863,674	0	0.0%	0	0.0%	2,863,674	100.0%
Oral Cavity Code 5	2,863,674	0	0.0%	0	0.0%	2,863,674	100.0%
Procedure Code	2,863,674	0	0.0%	22	0.0%	0	0.0%
Rendering Provider NPI	2,863,674	202	0.0%	868,256	30.3%	240	0.0%
Tooth Number	2,863,674	21,616	0.8%	132,164	4.6%	1,488,075	52.0%
Tooth Surface 1	2,863,674	191,213	6.7%	6,655	0.2%	2,342,990	81.8%
Tooth Surface 2	2,863,674	62,239	2.2%	3,960	0.1%	2,608,860	91.1%
Tooth Surface 3	2,863,674	45,917	1.6%	1,357	0.0%	2,745,430	95.9%
Tooth Surface 4	2,863,674	18,839	0.7%	463	0.0%	2,820,220	98.5%
Tooth Surface 5	2,863,674	161	0.0%	1,520	0.1%	2,858,363	99.8%

Table A-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	22,008,358	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	22,008,358	70,580	0.3%	75,109	0.3%	134	0.0%
Primary Diagnosis Code	22,008,358	0	0.0%	7	0.0%	0	0.0%
Secondary Diagnosis Code	22,008,358	190	0.0%	441,407	2.0%	11,459,644	52.1%
Detail Service From Date	22,008,358	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	22,008,358	0	0.0%	23	0.0%	0	0.0%
Member ID	22,008,358	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	22,008,358	62,480	0.3%	63,198	0.3%	10,612,027	48.2%
NDC	22,008,358	95,007	0.4%	6,712	0.0%	20,859,531	94.8%
Procedure Code	22,008,358	0	0.0%	1	0.0%	0	0.0%
Rendering Provider NPI	22,008,358	41,531	0.2%	3,565,425	16.2%	14,486	0.1%

Table A-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	9,705,994	900,752	9.3%	4,161	0.0%	5,679,841	58.5%
Amount Paid	9,705,994	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	9,705,994	99,531	1.0%	41,042	0.4%	728	0.0%
Billing Provider NPI	9,705,994	17,580	0.2%	41,640	0.4%	58	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	9,705,994	721	0.0%	226,030	2.3%	8,733,616	90.0%
Primary Diagnosis Code	9,705,994	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	9,705,994	296,470	3.1%	885	0.0%	1,442,088	14.9%
Header Service From Date	9,705,994	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	9,705,994	0	0.0%	0	0.0%	0	0.0%
Member ID	9,705,994	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	9,705,994	55,696	0.6%	59,307	0.6%	7,932,828	81.7%
NDC	9,705,994	685,617	7.1%	12,655	0.1%	8,023,226	82.7%
Procedure Code	9,705,994	72,758	0.7%	36,690	0.4%	1,604,464	16.5%
Revenue Code	9,705,994	45,012	0.5%	12	0.0%	0	0.0%
Primary Surgical Procedure Code	9,705,994	588,371	6.1%	228,630	2.4%	8,518,538	87.8%
Secondary Surgical Procedure Code	9,705,994	76,923	0.8%	149,079	1.5%	9,245,752	95.3%

Table A-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	7,738,663	0	0.0%	18,955	0.2%	0	0.0%
Billing Provider NPI	7,738,663	43,810	0.6%	0	0.0%	0	0.0%
Drug Quantity	7,738,663	0	0.0%	18,955	0.2%	0	0.0%
Dispensing Fee	7,738,663	0	0.0%	2,279,005	29.4%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	7,738,663	0	0.0%	0	0.0%	0	0.0%
Member ID	7,738,663	0	0.0%	115	0.0%	0	0.0%
NDC	7,738,663	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	7,738,663	55,895	0.7%	18,957	0.2%	0	0.0%

Table A-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Amount Paid	2,863,673	2,857,382	99.8%
Billing Provider NPI	2,541,065	2,527,422	99.5%
Detail Service From Date	2,863,674	2,862,591	100.0%
Detail Service To Date	2,850,144	2,845,853	99.8%
Member ID	2,863,674	2,839,122	99.1%
Oral Cavity Code 1	857,503	857,235	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Procedure Code	2,863,652	2,792,090	97.5%
Rendering Provider NPI	1,994,976	1,994,969	100.0%
Tooth Number	1,221,819	1,211,229	99.1%
Tooth Surface 1	322,816	191,025	59.2%
Tooth Surface 2	188,615	116,091	61.5%
Tooth Surface 3	70,970	43,010	60.6%
Tooth Surface 4	24,152	14,448	59.8%
Tooth Surface 5	3,630	3,620	99.7%
* -- denotes that there are no records with values present in both data sources			

Table A-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Amount Paid	22,008,358	21,741,170	98.8%
Billing Provider NPI	21,862,535	21,842,894	99.9%
Primary Diagnosis Code	22,008,351	21,694,064	98.6%
Secondary Diagnosis Code	10,107,117	9,980,957	98.8%
Detail Service From Date	22,008,358	21,722,769	98.7%
Detail Service To Date	22,008,335	21,718,580	98.7%
Member ID	22,008,358	22,002,992	100.0%
Procedure Code Modifier	11,270,653	11,236,732	99.7%
NDC	1,047,108	999,237	95.4%
Procedure Code	22,008,357	21,512,501	97.7%
Rendering Provider NPI	18,386,916	18,373,759	99.9%

Table A-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Admission Date	3,121,240	3,117,818	99.9%
Amount Paid	9,705,994	9,561,159	98.5%
Attending Provider NPI	9,564,693	9,564,418	100.0%
Billing Provider NPI	9,646,716	9,635,363	99.9%
Diagnosis-Related Group (DRG) Code	745,627	710,127	95.2%
Primary Diagnosis Code	9,705,994	9,705,906	100.0%
Secondary Diagnosis Code	7,966,551	6,481,467	81.4%
Header Service From Date	9,705,994	9,663,727	99.6%
Header Service To Date	9,705,994	9,228,413	95.1%
Member ID	9,705,994	9,705,352	100.0%
Procedure Code Modifier	1,658,163	1,641,418	99.0%
NDC	984,496	887,848	90.2%
Procedure Code	7,992,082	7,584,730	94.9%
Revenue Code	9,660,970	9,262,740	95.9%
Primary Surgical Procedure Code	370,455	370,426	100.0%
Secondary Surgical Procedure Code	234,240	218,301	93.2%

Table A-29—Element Accuracy—Pharmacy Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Amount Paid	7,719,708	7,670,225	99.4%
Billing Provider NPI	7,694,853	7,694,269	100.0%
Drug Quantity	7,719,708	7,520,176	97.4%
Dispensing Fee	5,459,658	86,291	1.6%
Header Service From Date	7,738,663	7,738,661	100.0%
Member ID	7,738,548	7,082,167	91.5%
NDC	7,738,663	7,738,605	100.0%
Prescribing Provider NPI	7,663,811	7,661,919	100.0%

Table A-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	2,863,674	2,213,786	77.3%
Professional	22,008,358	20,371,694	92.6%
Institutional	9,705,994	5,947,001	61.3%
Pharmacy	7,738,663	6,767,893	87.5%

Appendix B. Results for Advanced Health

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Advanced Health (AH).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table B-1 provides encounter volume and paid amount results for AH dental encounters.

Table B-1—Encounter Volume and Paid Amount for Dental Encounters: AH

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	1,690	20,950	80.7	\$48,648	\$2.32
February 2020	1,902	21,028	90.5	\$46,250	\$2.20
March 2020	939	21,034	44.6	\$25,538	\$1.21
April 2020	225	21,370	10.5	\$17,848	\$0.84
May 2020	403	21,949	18.4	\$39,989	\$1.82
June 2020	809	22,331	36.2	\$56,249	\$2.52
July 2020	742	22,508	33.0	\$68,129	\$3.03
August 2020	908	22,611	40.2	\$73,755	\$3.26
September 2020	1,019	22,863	44.6	\$68,902	\$3.01
October 2020	1,319	23,118	57.1	\$85,244	\$3.69
November 2020	1,253	23,322	53.7	\$56,251	\$2.41
December 2020	537	23,738	22.6	\$2,165	\$0.09

Table B-2 provides encounter volume and paid amount results for AH professional encounters.

Table B-2—Encounter Volume and Paid Amount for Professional Encounters: AH

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	29,804	20,950	1,422.6	\$2,092,206	\$99.87
February 2020	28,062	21,028	1,334.5	\$1,980,560	\$94.19
March 2020	23,570	21,034	1,120.6	\$1,686,235	\$80.17
April 2020	17,499	21,370	818.9	\$1,278,743	\$59.84
May 2020	19,444	21,949	885.9	\$1,464,603	\$66.73
June 2020	23,815	22,331	1,066.5	\$1,748,141	\$78.28
July 2020	25,584	22,508	1,136.7	\$1,910,157	\$84.87
August 2020	24,473	22,611	1,082.3	\$1,872,863	\$82.83
September 2020	24,815	22,863	1,085.4	\$1,974,759	\$86.37
October 2020	22,469	23,118	971.9	\$1,790,087	\$77.43
November 2020	8,081	23,322	346.5	\$606,978	\$26.03
December 2020	2,034	23,738	85.7	\$144,744	\$6.10

Table B-3 provides encounter volume and paid amount results for AH inpatient encounters.

Table B-3—Encounter Volume and Paid Amount for Inpatient Encounters: AH

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	245	20,950	11.7	\$1,600,421	\$76.39
February 2020	214	21,028	10.2	\$698,502	\$33.22
March 2020	205	21,034	9.7	\$1,198,015	\$56.96
April 2020	197	21,370	9.2	\$430,666	\$20.15
May 2020	212	21,949	9.7	\$731,240	\$33.32
June 2020	187	22,331	8.4	\$753,992	\$33.76
July 2020	228	22,508	10.1	\$325,990	\$14.48
August 2020	225	22,611	10.0	\$684,929	\$30.29
September 2020	214	22,863	9.4	\$672,816	\$29.43
October 2020	143	23,118	6.2	\$628,993	\$27.21
November 2020	62	23,322	2.7	\$170,081	\$7.29
December 2020	36	23,738	1.5	\$190,633	\$8.03

Table B-4 provides encounter volume and paid amount results for AH outpatient encounters.

Table B-4—Encounter Volume and Paid Amount for Outpatient Encounters: AH

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	4,016	20,950	191.7	\$1,031,005	\$49.21
February 2020	3,609	21,028	171.6	\$1,079,036	\$51.31
March 2020	3,152	21,034	149.9	\$1,031,219	\$49.03
April 2020	2,458	21,370	115.0	\$636,617	\$29.79
May 2020	2,671	21,949	121.7	\$792,611	\$36.11
June 2020	3,264	22,331	146.2	\$910,861	\$40.79
July 2020	3,361	22,508	149.3	\$1,005,963	\$44.69
August 2020	3,362	22,611	148.7	\$989,484	\$43.76
September 2020	3,206	22,863	140.2	\$874,178	\$38.24
October 2020	2,680	23,118	115.9	\$794,316	\$34.36
November 2020	1,637	23,322	70.2	\$359,616	\$15.42
December 2020	215	23,738	9.1	\$78,994	\$3.33

Table B-5 provides encounter volume and paid amount results for AH pharmacy encounters.

Table B-5—Encounter Volume and Paid Amount for Pharmacy Encounters: AH

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	19,226	20,950	917.7	\$1,123,691	\$53.64
February 2020	18,220	21,028	866.5	\$1,039,109	\$49.42
March 2020	20,324	21,034	966.2	\$1,141,910	\$54.29
April 2020	17,619	21,370	824.5	\$1,099,315	\$51.44
May 2020	17,508	21,949	797.7	\$1,054,064	\$48.02
June 2020	18,361	22,331	822.2	\$1,011,393	\$45.29
July 2020	18,922	22,508	840.7	\$1,099,532	\$48.85
August 2020	18,585	22,611	821.9	\$1,010,780	\$44.70
September 2020	18,682	22,863	817.1	\$991,786	\$43.38
October 2020	19,180	23,118	829.7	\$1,063,187	\$45.99
November 2020	18,678	23,322	800.9	\$946,175	\$40.57
December 2020	19,337	23,738	814.6	\$404,919	\$17.06

Encounter Data Timeliness

Table B-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AH dental encounters.

Table B-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: AH

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.4%	99.4%	99.8%	100.0%	100.0%	100.0%
February 2020	99.6%	99.7%	100.0%	100.0%	100.0%	100.0%
March 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	97.4%	97.4%	100.0%	100.0%	100.0%	100.0%
May 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table B-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AH professional encounters.

Table B-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: AH

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table B-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AH inpatient encounters.

Table B-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: AH

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2020	96.4%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	16.5%	96.0%	99.3%	99.6%	99.6%	99.6%
April 2020	76.1%	96.4%	99.3%	99.3%	100.0%	100.0%
May 2020	84.5%	99.1%	99.1%	100.0%	100.0%	100.0%
June 2020	83.3%	83.3%	99.2%	100.0%	100.0%	100.0%
July 2020	88.4%	99.5%	99.5%	100.0%	100.0%	100.0%
August 2020	91.4%	99.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.1%	99.5%	100.0%	100.0%	100.0%	100.0%
October 2020	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
December 2020	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table B-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AH outpatient encounters.

Table B-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: AH

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.6%	99.9%	99.9%	100.0%	100.0%	100.0%
April 2020	99.7%	99.8%	100.0%	100.0%	100.0%	100.0%
May 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table B-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AH pharmacy encounters.

Table B-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: AH

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
April 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table B-11 provides lag triangles for AH dental encounters. Additional details provided include MM and claims PMPM.

Table B-11—Encounters Lag Triangle—Dental Encounters: AH

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	464												464
202002	829	262											1,091
202003	408	1,551	396										2,355
202004	26	72	464	31									593
202005	6	37	66	157	75								341
202006	4	9	19	31	259	103							425
202007	7	14	19	13	53	652	156						914

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	2	8	6	1	10	36	525	287					875
202009	2	4	4		2	3	12	525	342				894
202010	3	5	3		7	34	24	29	663	597			1,365
202011		1			1		3	8	19	707	464		1,203
202012			1			9	36	88	19	38	802	517	1,510
202103								1	1	1		1	4
202104							3		3	2	9	5	22
202105	3				10		1	1	1	1	1	3	21
202106							1		1	1		2	5
202107									1	14	18	23	56
TOTAL	1,754	1,963	978	233	417	837	761	939	1,050	1,361	1,294	551	12,138
MM	20,950	21,028	21,034	21,370	21,949	22,331	22,508	22,611	22,863	23,118	23,322	23,738	266,822
PMPM	0.084	0.093	0.046	0.011	0.019	0.037	0.034	0.042	0.046	0.059	0.055	0.023	0.045

Table B-12 provides lag triangles for AH professional encounters. Additional details provided include MM and claims PMPM.

Table B-12—Encounters Lag Triangle—Professional Encounters: AH

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	5												5
202002	14,846	1											14,847
202003	11,478	16,110	1,603										29,191
202004	3,300	7,017	8,302	411									19,030
202005	2,857	5,729	11,660	5,688	498								26,432
202006	1,889	2,859	4,065	8,591	7,402	646							25,452
202007	426	729	893	2,270	10,049	10,777	490						25,634
202008	98	145	191	1,125	2,331	9,166	8,946	991					22,993
202009	141	282	267	506	893	5,193	15,029	9,821	1,496				33,628
202010	155	82	132	218	243	686	3,263	11,983	9,298	412			26,472
202011	105	92	110	268	262	571	1,102	3,861	14,608	12,710	1,670		35,359
202012	63	82	61	59	85	155	400	853	2,931	12,497	8,094	1,744	27,024
202103		2	4	6	8	19	23	24	64	64	99	237	550
202104	11	12	61	53	40	57	36	76	111	156	242	491	1,346
202105	5	3	6	9	14	29	39	72	42	93	84	281	677
202106			1		12	44	59	37	61	76	76	171	537
TOTAL	35,379	33,145	27,356	19,204	21,837	27,343	29,387	27,718	28,611	26,008	10,265	2,924	289,177
MM	20,950	21,028	21,034	21,370	21,949	22,331	22,508	22,611	22,863	23,118	23,322	23,738	266,822
PMPM	1.689	1.576	1.301	0.899	0.995	1.224	1.306	1.226	1.251	1.125	0.440	0.123	1.084

Table B-13 provides lag triangles for AH inpatient encounters. Additional details provided include MM and claims PMPM.

Table B-13—Encounters Lag Triangle—Inpatient Encounters: AH

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	20												20
202003	19	26											45
202004	5	8	23										36
202005	169	132	92	15									408
202006	25	36	40	105	75								281
202007		5	20	17	49	107	4						202
202008	1	1	2	5	17	17	113						156
202009	6	7	22	44	50	38	29	102	5				303
202010		3	4	5	11	15	27	49	113	3			230
202011	1		2	4	7	9	46	54	34	86			243
202012					2	1	8	18	60	39	57		185
202103											1	6	7
202104							1	1	1	5	2	21	31
202105		1	1	2	2			1	1	5		6	19
202106			1		1					2	2	1	7
202107										3		2	5
TOTAL	246	219	207	197	214	187	228	225	214	143	62	36	2,178
MM	20,950	21,028	21,034	21,370	21,949	22,331	22,508	22,611	22,863	23,118	23,322	23,738	266,822
PMPM	0.012	0.010	0.010	0.009	0.010	0.008	0.010	0.010	0.009	0.006	0.003	0.002	0.008

Table B-14 provides lag triangles for AH outpatient encounters. Additional details provided include MM and claims PMPM.

Table B-14—Encounters Lag Triangle—Outpatient Encounters: AH

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	620												620
202003	844	906	6										1,756
202004	1,719	344	1,219	12									3,294
202005	636	1,923	1,095	789									4,443
202006	124	314	549	785	1,098								2,870
202007	57	72	201	589	774	1,960	111						3,764
202008	18	25	36	142	346	303	1,799	1					2,670
202009	19	27	49	104	355	647	478	1,989	62				3,730
202010	9	22	13	28	46	268	557	423	2,092	71			3,529
202011	26	9	16	15	34	69	371	793	377	1,901	2		3,613

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202012	1	8	7	9	19	38	60	156	659	689	1,566		3,212
202103		4	1	2	2	2	5	7	5	10	16	71	125
202104		3	2	4	8	1	16	13	23	21	42	97	230
202105		1	1		2	7	2	9	8	13	18	31	92
202106			1	2	3	1	3	4	3	9	13	16	55
TOTAL	4,073	3,658	3,196	2,481	2,687	3,296	3,402	3,395	3,229	2,714	1,657	215	34,003
MM	20,950	21,028	21,034	21,370	21,949	22,331	22,508	22,611	22,863	23,118	23,322	23,738	266,822
PMPM	0.194	0.174	0.152	0.116	0.122	0.148	0.151	0.150	0.141	0.117	0.071	0.009	0.127

Table B-15 provides lag triangles for AH pharmacy encounters. Additional details provided include MM and claims PMPM.

Table B-15—Encounters Lag Triangle—Pharmacy Encounters: AH

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	5,618												5,618
202002	13,586	12,667											26,253
202003	3	5,526	12,946										18,475
202004	3	6	7,360	9,336									16,705
202005		5	4	8,268	8,170								16,447
202006				4	9,319	15,336							24,659
202007				2	3	3,007	14,056						17,068
202008					4	2	4,844	11,998					16,848
202009						2	5	6,569	10,567				17,143
202010		2				1	4	2	8,093	9,200			17,302
202011			1				1	1	4	9,952	7,869		17,828
202012	1	1	3	1		1		1	4	14	10,793	15,203	26,022
202101											4	4,117	4,121
202102										1	1	7	9
202106	3	2			1	1	3	2	2				14
TOTAL	19,214	18,209	20,314	17,611	17,497	18,350	18,913	18,573	18,670	19,167	18,667	19,327	224,512
MM	20,950	21,028	21,034	21,370	21,949	22,331	22,508	22,611	22,863	23,118	23,322	23,738	266,822
PMPM	0.917	0.866	0.966	0.824	0.797	0.822	0.840	0.821	0.817	0.829	0.800	0.814	0.841

Field-Level Completeness and Accuracy

Table B-16 provides a summary of the field-level completeness and accuracy for AH dental encounters.

Table B-16—Data Element Completeness and Accuracy for Dental Encounters: AH

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	12,138	12,138	100.0%	12,138	12,130	99.9%
Header First Date of Service	12,138	12,138	100.0%	12,138	12,138	100.0%
Header Last Date of Service	12,138	12,138	100.0%	12,138	12,138	100.0%
Detail First Date of Service	46,253	46,253	100.0%	46,253	46,253	100.0%
Detail Last Date of Service	46,253	46,253	100.0%	46,253	46,253	100.0%
Paid Date	46,253	46,253	100.0%	46,253	46,253	100.0%
Billing Provider NPI	12,138	12,138	100.0%	12,138	9,234	76.1%
Rendering Provider NPI	12,138	12,138	100.0%	12,138	8,870	73.1%
Referring Provider NPI	12,138	12,138	100.0%	12,138	8,870	73.1%
CDT Codes	46,253	46,253	100.0%	46,253	46,244	100.0%
Tooth Number	46,253	16,408	35.5%	16,408	16,408	100.0%
Tooth Surface Codes	46,253	4,011	8.7%	7,659	7,659	100.0%
Oral Cavity Codes	46,253	515	1.1%	515	515	100.0%

Table B-17 provides a summary of the field-level completeness and accuracy for AH professional encounters.

Table B-17—Data Element Completeness and Accuracy for Professional Encounters: AH

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	289,177	289,177	100.0%	289,177	289,088	100.0%
Header First Date of Service	289,177	289,177	100.0%	289,177	289,177	100.0%
Header Last Date of Service	289,177	289,177	100.0%	289,177	289,177	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	434,413	434,413	100.0%	434,413	434,413	100.0%
Detail Last Date of Service	434,413	434,413	100.0%	434,413	434,413	100.0%
Paid Date	434,413	434,413	100.0%	434,413	434,413	100.0%
Billing Provider NPI	289,177	289,177	100.0%	289,177	219,897	76.0%
Rendering Provider NPI	289,177	289,177	100.0%	289,177	252,501	87.3%
Referring Provider NPI	289,177	289,177	100.0%	289,177	252,501	87.3%
Primary Diagnosis Codes	289,177	289,177	100.0%	289,177	289,177	100.0%
Secondary Diagnosis Codes	289,177	118,589	41.0%	241,260	241,260	100.0%
CPT/HCPCS Codes	434,413	434,413	100.0%	434,413	434,412	100.0%
NDC	434,413	18,758	4.3%	18,758	18,506	98.7%

Table B-18 provides a summary of the field-level completeness and accuracy for AH inpatient encounters.

Table B-18—Data Element Completeness and Accuracy for Inpatient Encounters: AH

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	2,178	2,178	100.0%	2,178	2,176	99.9%
Header First Date of Service	2,178	2,178	100.0%	2,178	2,178	100.0%
Header Last Date of Service	2,178	2,178	100.0%	2,178	2,178	100.0%
Paid Date	25,327	25,327	100.0%	25,327	25,327	100.0%
Billing Provider NPI	2,178	2,178	100.0%	2,178	2,155	98.9%
Rendering Provider NPI	2,178	2,178	100.0%	2,178	1,992	91.5%
Attending Provider NPI	2,178	2,178	100.0%	2,178	1,992	91.5%
Referring Provider NPI	2,178	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	2,178	2,178	100.0%	2,178	2,178	100.0%
Secondary Diagnosis Codes	2,178	2,166	99.4%	6,226	6,226	100.0%
Primary Surgical Procedure Codes	2,178	1,288	59.1%	1,288	1,288	100.0%
Secondary Surgical Procedure Codes	2,178	797	36.6%	1,650	1,650	100.0%
CPT/HCPCS Codes	25,327	123	0.5%	123	122	99.2%
Diagnosis-Related Groups Codes	2,178	2,178	100.0%	2,178	2,173	99.8%
Revenue Codes	25,327	25,327	100.0%	25,327	25,327	100.0%
NDC	25,327	22	0.1%	22	22	100.0%
Type of Bill Codes	2,178	2,178	100.0%	2,178	2,178	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table B-19 provides a summary of the field-level completeness and accuracy for AH outpatient encounters.

Table B-19—Data Element Completeness and Accuracy for Outpatient Encounters: AH

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	34,003	34,003	100.0%	34,003	33,984	99.9%
Header First Date of Service	34,003	34,003	100.0%	34,003	34,003	100.0%
Header Last Date of Service	34,003	34,003	100.0%	34,003	34,003	100.0%
Paid Date	174,100	174,100	100.0%	174,100	174,100	100.0%
Billing Provider NPI	34,003	34,003	100.0%	34,003	33,289	97.9%
Rendering Provider NPI	34,003	34,003	100.0%	34,003	31,658	93.1%
Attending Provider NPI	34,003	34,003	100.0%	34,003	31,658	93.1%
Primary Diagnosis Codes	34,003	34,003	100.0%	34,003	34,003	100.0%
Secondary Diagnosis Codes	34,003	20,735	61.0%	42,519	42,519	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	174,100	158,391	91.0%	158,391	157,930	99.7%
Revenue Codes	174,100	174,100	100.0%	174,100	174,100	100.0%
NDC	174,100	17,884	10.3%	17,884	17,370	97.1%
Type of Bill Codes	34,003	34,003	100.0%	34,003	34,003	100.0%

Table B-20 provides a summary of the field-level completeness and accuracy for AH pharmacy encounters.

Table B-20—Data Element Completeness and Accuracy for Pharmacy Encounters: AH

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	224,512	224,512	100.0%	224,512	224,427	100.0%
Date of Service	224,512	224,512	100.0%	224,512	224,512	100.0%
Paid Date	224,512	224,512	100.0%	224,512	224,512	100.0%
Billing Provider NPI	224,512	224,512	100.0%	224,512	163,825	73.0%
Prescribing Provider NPI	224,512	224,512	100.0%	224,512	219,260	97.7%
NDC	224,642	224,642	100.0%	224,642	224,525	99.9%

Comparative Analysis

This section presents the AH results for the comparative analysis.

Table B-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	53,474	0	0.0%	53,474	0	0.0%
Professional	570,737	2,486	0.4%	576,912	8,661	1.5%
Institutional	260,556	5,379	2.1%	257,073	1,896	0.7%
Pharmacy	261,124	9,127	3.5%	252,161	164	0.1%

Table B-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	53,474	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	53,474	0	0.0%	0	0.0%	0	0.0%
Detail Service From Date	53,474	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	53,474	0	0.0%	0	0.0%	0	0.0%
Member ID	53,474	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	53,474	0	0.0%	0	0.0%	52,874	98.9%
Oral Cavity Code 2	53,474	0	0.0%	0	0.0%	53,474	100.0%
Oral Cavity Code 3	53,474	0	0.0%	0	0.0%	53,474	100.0%
Oral Cavity Code 4	53,474	0	0.0%	0	0.0%	53,474	100.0%
Oral Cavity Code 5	53,474	0	0.0%	0	0.0%	53,474	100.0%
Procedure Code	53,474	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	53,474	0	0.0%	10,743	20.1%	0	0.0%
Tooth Number	53,474	0	0.0%	0	0.0%	34,620	64.7%
Tooth Surface 1	53,474	0	0.0%	0	0.0%	49,004	91.6%
Tooth Surface 2	53,474	0	0.0%	0	0.0%	50,926	95.2%
Tooth Surface 3	53,474	0	0.0%	0	0.0%	52,398	98.0%
Tooth Surface 4	53,474	0	0.0%	0	0.0%	53,034	99.2%
Tooth Surface 5	53,474	0	0.0%	0	0.0%	53,474	100.0%

Table B-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	568,251	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	568,251	23	0.0%	0	0.0%	0	0.0%
Primary Diagnosis Code	568,251	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	568,251	0	0.0%	0	0.0%	290,063	51.0%
Detail Service From Date	568,251	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	568,251	0	0.0%	0	0.0%	0	0.0%
Member ID	568,251	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	568,251	21	0.0%	21	0.0%	297,718	52.4%
NDC	568,251	12	0.0%	8	0.0%	542,405	95.5%
Procedure Code	568,251	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	568,251	0	0.0%	8	0.0%	0	0.0%

Table B-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	255,177	0	0.0%	0	0.0%	215,421	84.4%
Amount Paid	255,177	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	255,177	481	0.2%	0	0.0%	14	0.0%
Billing Provider NPI	255,177	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	255,177	2	0.0%	1,467	0.6%	224,760	88.1%
Primary Diagnosis Code	255,177	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	255,177	0	0.0%	0	0.0%	49,133	19.3%
Header Service From Date	255,177	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	255,177	0	0.0%	0	0.0%	0	0.0%
Member ID	255,177	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	255,177	227	0.1%	231	0.1%	211,499	82.9%
NDC	255,177	7,453	2.9%	172	0.1%	221,708	86.9%
Procedure Code	255,177	135	0.1%	136	0.1%	49,652	19.5%
Revenue Code	255,177	481	0.2%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	255,177	54	0.0%	0	0.0%	236,415	92.6%
Secondary Surgical Procedure Code	255,177	11	0.0%	0	0.0%	242,470	95.0%

Table B-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	251,997	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	251,997	6	0.0%	0	0.0%	0	0.0%
Drug Quantity	251,997	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	251,997	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	251,997	0	0.0%	0	0.0%	0	0.0%
Member ID	251,997	0	0.0%	0	0.0%	0	0.0%
NDC	251,997	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	251,997	73	0.0%	0	0.0%	0	0.0%

Table B-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	53,474	53,474	100.0%
Detail Service From Date	53,474	53,470	100.0%
Detail Service To Date	53,474	53,474	100.0%
Billing Provider NPI	53,474	53,474	100.0%
Rendering Provider NPI	42,731	42,731	100.0%
Procedure Code	53,474	53,474	100.0%
Tooth Number	18,854	18,854	100.0%
Oral Cavity Code 1	600	600	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	4,470	4,470	100.0%
Tooth Surface 2	2,548	2,548	100.0%
Tooth Surface 3	1,076	1,076	100.0%
Tooth Surface 4	440	440	100.0%
Tooth Surface 5	0	0	--*
Amount Paid	53,474	53,474	100.0%
* -- denotes that there are no records with values present in both data sources			

Table B-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	568,251	568,251	100.0%
Detail Service From Date	568,251	549,884	96.8%
Detail Service To Date	568,251	549,833	96.8%
Billing Provider NPI	568,228	568,228	100.0%
Rendering Provider NPI	568,243	568,243	100.0%
Primary Diagnosis Code	568,251	568,251	100.0%
Secondary Diagnosis Code	278,188	278,186	100.0%
Procedure Code	568,251	568,112	100.0%
Procedure Code Modifier	270,491	270,481	100.0%
NDC	25,826	25,826	100.0%
Amount Paid	568,251	564,769	99.4%

Table B-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	255,177	255,177	100.0%
Header Service From Date	255,177	255,176	100.0%
Header Service To Date	255,177	255,145	100.0%
Admission Date	39,756	39,742	100.0%
Billing Provider NPI	255,177	255,177	100.0%
Attending Provider NPI	254,682	254,682	100.0%
Primary Diagnosis Code	255,177	255,177	100.0%
Secondary Diagnosis Code	206,044	206,044	100.0%
Procedure Code	205,254	203,990	99.4%
Procedure Code Modifier	43,220	43,144	99.8%
Primary Surgical Procedure Code	18,708	18,708	100.0%
Secondary Surgical Procedure Code	12,696	12,696	100.0%
NDC	25,844	25,773	99.7%
Revenue Code	254,696	253,238	99.4%
Diagnosis-Related Group (DRG) Code	28,948	28,590	98.8%
Amount Paid	255,177	248,539	97.4%

Table B-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	251,997	251,997	100.0%
Header Service From Date	251,997	251,997	100.0%
Billing Provider NPI	251,991	251,991	100.0%
Prescribing Provider NPI	251,924	251,924	100.0%
NDC	251,997	251,997	100.0%
Drug Quantity	251,997	237,230	94.1%
Amount Paid	251,997	243,356	96.6%
Dispensing Fee	251,997	7,475	3.0%

Table B-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	53,474	53,470	100.0%
Professional	568,251	546,340	96.1%
Institutional	255,177	238,664	93.5%
Pharmacy	251,997	237,085	94.1%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for AH with its response.



Encounter Data Discrepancy Report for Advanced Health

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Advanced Health (AH), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for AH. In addition, this report displays the data issues for AH to investigate. AH will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the AH-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the AH-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.0%	0.0%
Professional	0.4%	1.5%
Institutional	2.1%	0.7%
Pharmacy	3.5%	0.1%

AH Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_AH



ENCOUNTER DATA DISCREPANCY REPORT FOR AH

Key Findings: Table 1

- There were no issues noted regarding record omission and record surplus rates for dental, professional, and institutional encounters, as each rate was at or less than 2.1 percent.
- For pharmacy encounters, the record surplus rate was very low at 0.1 percent, while the record omission rate was slightly higher at 3.5 percent.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays AH's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%



ENCOUNTER DATA DISCREPANCY REPORT FOR AH

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	20.1%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Tooth Number	0.0%	0.0%	64.7%	100.0%
Oral Cavity Code 1	0.0%	0.0%	98.9%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	—*
Oral Cavity Code 3	0.0%	0.0%	100.0%	—*
Oral Cavity Code 4	0.0%	0.0%	100.0%	—*
Oral Cavity Code 5	0.0%	0.0%	100.0%	—*
Tooth Surface 1	0.0%	0.0%	91.6%	100.0%
Tooth Surface 2	0.0%	0.0%	95.2%	100.0%
Tooth Surface 3	0.0%	0.0%	98.0%	100.0%
Tooth Surface 4	0.0%	0.0%	99.2%	100.0%
Tooth Surface 5	0.0%	0.0%	100.0%	—*
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

* — denotes that there are no records with values present in both data sources

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., 0.0 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with *Rendering Provider NPI*.
- The element surplus rate for data element *Rendering provider NPI* was high at 20.1 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where rendering provider NPIs were not submitted. Of note, 99.8% of the rendering provider NPI values in the OHA-submitted data that were not in the AH-submitted data, had the same values as the billing provider NPIs.
- The dental encounter data element accuracy rates were very high at 100.0 percent for all evaluated data elements that had values populated in both sources (i.e., OHA- and AH-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR AH

Professional Encounters

Table 3 displays AH's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	96.8%
Detail Service To Date	0.0%	0.0%	0.0%	96.8%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	51.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	52.4%	100.0%
National Drug Code (NDC)	0.0%	0.0%	95.5%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	99.4%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., 0.0 percent) for all data elements that were evaluated.
- The professional encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and AH-submitted data), except for the *Detail Service From Date* and *Detail Service To Date* data elements, where each had an accuracy rate of 96.8 percent.
 - For data elements *Detail Service From Date* and *Detail Service To Date*, among records where these data elements had different values when populated and compared between the two sources, approximately 86.0 percent had a difference of seven days or less.

Institutional Encounters

Table 4 displays AH's data element omission, surplus, absent, and accuracy rates for the institutional encounters.



ENCOUNTER DATA DISCREPANCY REPORT FOR AH



Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service <u>From</u> Date	0.0%	0.0%	0.0%	100.0%
Header Service <u>To</u> Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.0%	0.0%	84.4%	100.0%
Billing Provider <u>NPI</u>	0.0%	0.0%	0.0%	100.0%
Attending Provider <u>NPI</u>	0.2%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	19.3%	100.0%
Procedure Code	0.1%	0.1%	19.5%	99.4%
Procedure Code Modifier	0.1%	0.1%	82.9%	99.8%
Primary Surgical Procedure Code	0.0%	0.0%	92.6%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	95.0%	100.0%
<u>NDC</u>	2.9%	0.1%	86.9%	99.7%
Revenue Code	0.2%	0.0%	0.0%	99.4%
Diagnosis-Related Group (DRG) Code	0.0%	0.6%	88.1%	98.8%
Header Paid Amount	0.0%	0.0%	0.0%	97.4%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 2.9 percent) for all institutional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., at least 97.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and AH-submitted data).

Pharmacy Encounters

Table 5 displays AH's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service <u>From</u> Date	0.0%	0.0%	0.0%	100.0%



ENCOUNTER DATA DISCREPANCY REPORT FOR AH

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	94.1%
Header Paid Amount	0.0%	0.0%	0.0%	96.6%
Dispensing Fee	0.0%	0.0%	0.0%	3.0%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of at least 96.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 94.1 percent and 3.0 percent, respectively.
 - For data element *Drug Quantity*, it appears that the difference in the drug quantity values between the two sources was one for new encounter claims (i.e., ICNs with the first 2-digit value of "70"), while other differences were associated with encounter claims that were adjusted.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, and \$17.67, while the AH-submitted data had values of less than \$1.00.

Next Steps

- Based on the key findings, AH is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.



Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	AH's Investigation Efforts and Explanations
Table 1	Pharmacy record omission rate (3.5%)	The sample omitted records have ICNs and we find the records when we search MMIS. ICNs are assigned by OHA. As far as we can see, OHA has these records. Perhaps OHA did not provide the records to HSAG for this review.
Table 3	Detail service from date and detail service to date accuracy rate for professional encounters (96.8 percent)	It appears there was a flaw in the query that was used to populate the LEDOS and LLDOS. A MAX function was used in the code, which populated the line level service date with the maximum service date of all the claim lines, instead of the service date of the individual claim line. When we changed that portion of the query, our results agreed with what was submitted to OHA.

Table	Discrepancy Item	AH's Investigation Efforts and Explanations
Table 5	Drug quantity accuracy rate for pharmacy encounters (94.1 percent)	<p><u>Discrepancies in 'new' encounters:</u> The discrepancies noted in 'new' encounters seem to be from rounding vs. truncating drug quantities when the original value is a decimal value. Both OHA and Advanced Health are representing these values as integers in this validation. Advanced Health truncated the value for this evaluation. OHA appears to be rounding the value for this evaluation. When we review the encounters in MMIS, the appropriate decimal value is present.</p> <p><u>Discrepancies in 'adjusted' encounters:</u> OHA processes voids as 'adjustments.' These encounters are actually reversals. NCPDP reversals include only a limited set of data: member ID, prescription number, and NDC. The reversals we send to OHA do not include a drug quantity field. For the purposes of this validation, we submitted a negative value of the drug quantity from the original encounter referenced in our reporting database. When we reviewed some 'adjusted' records in MMIS, we see the correct drug quantity from the original encounter submission associated with the reversal. OHA appears to report the drug quantity associated with the reversal as a positive number.</p>
Table 5	Dispensing fee accuracy rate for pharmacy encounters (3.0 percent)	<p>We do not see where we are sending a dispensing fee to OHA in the NCPDP files, so we cannot comment on the values provided by OHA. Can OHA provide clarity on where their dispensing fee values are coming from?</p>

Appendix C. Results for AllCare CCO, Inc.

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for AllCare CCO, Inc. (AllCare).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table C-1 provides encounter volume and paid amount results for AllCare dental encounters.

Table C-1—Encounter Volume and Paid Amount for Dental Encounters: AllCare

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,451	49,591	109.9	\$518,105	\$10.45
February 2020	5,387	48,792	110.4	\$500,409	\$10.26
March 2020	2,926	48,382	60.5	\$354,127	\$7.32
April 2020	572	48,260	11.9	\$102,687	\$2.13
May 2020	2,151	49,413	43.5	\$369,691	\$7.48
June 2020	3,122	49,885	62.6	\$354,108	\$7.10
July 2020	3,584	50,010	71.7	\$325,347	\$6.51
August 2020	3,619	50,170	72.1	\$323,175	\$6.44
September 2020	3,426	50,772	67.5	\$328,904	\$6.48
October 2020	3,554	51,115	69.5	\$262,422	\$5.13
November 2020	3,173	51,467	61.7	\$224,011	\$4.35
December 2020	644	52,499	12.3	\$65,856	\$1.25

Table C-2 provides encounter volume and paid amount results for AllCare professional encounters.

Table C-2—Encounter Volume and Paid Amount for Professional Encounters: AllCare

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	64,145	49,591	1,293.5	\$4,902,624	\$98.86
February 2020	60,869	48,792	1,247.5	\$4,579,611	\$93.86
March 2020	53,440	48,382	1,104.5	\$4,215,163	\$87.12
April 2020	42,212	48,260	874.7	\$3,159,334	\$65.46
May 2020	45,506	49,413	920.9	\$3,588,824	\$72.63
June 2020	52,441	49,885	1,051.2	\$4,175,423	\$83.70
July 2020	54,606	50,010	1,091.9	\$4,326,958	\$86.52
August 2020	51,615	50,170	1,028.8	\$4,037,689	\$80.48
September 2020	46,282	50,772	911.6	\$3,744,959	\$73.76
October 2020	36,840	51,115	720.7	\$3,687,406	\$72.14
November 2020	9,269	51,467	180.1	\$1,016,718	\$19.75
December 2020	1,776	52,499	33.8	\$166,705	\$3.18

Table C-3 provides encounter volume and paid amount results for AllCare inpatient encounters.

Table C-3—Encounter Volume and Paid Amount for Inpatient Encounters: AllCare

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	479	49,591	9.7	\$3,352,264	\$67.60
February 2020	397	48,792	8.1	\$2,671,372	\$54.75
March 2020	409	48,382	8.5	\$3,136,910	\$64.84
April 2020	321	48,260	6.7	\$1,911,418	\$39.61
May 2020	395	49,413	8.0	\$3,041,054	\$61.54
June 2020	379	49,885	7.6	\$2,746,520	\$55.06
July 2020	403	50,010	8.1	\$3,478,423	\$69.55
August 2020	413	50,170	8.2	\$2,717,561	\$54.17
September 2020	343	50,772	6.8	\$2,318,836	\$45.67
October 2020	319	51,115	6.2	\$2,598,179	\$50.83
November 2020	64	51,467	1.2	\$491,892	\$9.56
December 2020	38	52,499	0.7	\$136,399	\$2.60

Table C-4 provides encounter volume and paid amount results for AllCare outpatient encounters.

Table C-4—Encounter Volume and Paid Amount for Outpatient Encounters: AllCare

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	9,221	49,591	185.9	\$3,047,325	\$61.45
February 2020	8,776	48,792	179.9	\$2,979,153	\$61.06
March 2020	7,299	48,382	150.9	\$2,505,170	\$51.78
April 2020	4,627	48,260	95.9	\$1,684,186	\$34.90
May 2020	6,190	49,413	125.3	\$2,342,633	\$47.41
June 2020	7,996	49,885	160.3	\$2,876,210	\$57.66
July 2020	8,551	50,010	171.0	\$2,905,781	\$58.10
August 2020	8,204	50,170	163.5	\$2,949,138	\$58.78
September 2020	7,320	50,772	144.2	\$2,679,973	\$52.78
October 2020	6,611	51,115	129.3	\$2,433,753	\$47.61
November 2020	1,260	51,467	24.5	\$478,444	\$9.30
December 2020	274	52,499	5.2	\$184,143	\$3.51

Table C-5 provides encounter volume and paid amount results for AllCare pharmacy encounters.

Table C-5—Encounter Volume and Paid Amount for Pharmacy Encounters: AllCare

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	39,560	49,591	797.7	\$2,508,345	\$50.58
February 2020	36,494	48,792	748.0	\$2,311,359	\$47.37
March 2020	39,082	48,382	807.8	\$2,635,430	\$54.47
April 2020	32,405	48,260	671.5	\$2,226,565	\$46.14
May 2020	32,053	49,413	648.7	\$2,261,564	\$45.77
June 2020	33,616	49,885	673.9	\$2,324,485	\$46.60
July 2020	33,837	50,010	676.6	\$2,381,772	\$47.63
August 2020	33,065	50,170	659.1	\$2,432,197	\$48.48
September 2020	32,989	50,772	649.7	\$2,345,031	\$46.19
October 2020	34,320	51,115	671.4	\$2,386,766	\$46.69
November 2020	33,061	51,467	642.4	\$2,339,900	\$45.46
December 2020	34,847	52,499	663.8	\$1,647,890	\$31.39

Encounter Data Timeliness

Table C-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AllCare dental encounters.

Table C-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: AllCare

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	97.4%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	96.3%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	96.0%	98.6%	100.0%	100.0%	100.0%	100.0%
October 2020	90.5%	99.4%	100.0%	100.0%	100.0%	100.0%
November 2020	95.7%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.6%	99.6%	99.6%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	22.2%	94.4%	100.0%	100.0%
February 2021	0.0%	0.0%	66.7%	100.0%	100.0%	100.0%
March 2021	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	97.7%	97.7%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table C-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AllCare professional encounters.

Table C-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: AllCare

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.7%	99.9%	99.9%	100.0%	100.0%	100.0%
March 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.4%	99.9%	99.9%	99.9%	99.9%	99.9%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	0.0%	0.0%	0.0%	9.7%	12.9%	45.2%
January 2021	0.0%	0.0%	33.3%	33.3%	33.3%	100.0%
February 2021	0.0%	30.8%	30.8%	53.8%	100.0%	100.0%
March 2021	98.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	69.5%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table C-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AllCare inpatient encounters.

Table C-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: AllCare

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	88.5%	99.7%	99.7%	99.7%	99.7%	99.7%
March 2020	95.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	92.7%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	97.3%	99.7%	100.0%	100.0%	100.0%	100.0%
June 2020	92.3%	98.2%	100.0%	100.0%	100.0%	100.0%
July 2020	90.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	94.9%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	95.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
December 2020	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	89.5%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table C-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AllCare outpatient encounters.

Table C-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: AllCare

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.3%	99.7%	99.8%	99.8%	99.8%	99.8%
February 2020	98.0%	99.8%	99.8%	100.0%	100.0%	100.0%
March 2020	99.4%	99.7%	99.9%	99.9%	99.9%	100.0%
April 2020	99.0%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	94.8%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table C-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for AllCare pharmacy encounters.

Table C-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: AllCare

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	93.7%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
May 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table C-11 provides lag triangles for AllCare dental encounters. Additional details provided include MM and claims PMPM.

Table C-11—Encounters Lag Triangle—Dental Encounters: AllCare

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	608												608
202002	3,337	32											3,369
202003	1,394	4,821	1,093										7,308
202004	96	406	1,604	83									2,189
202005	154	206	202	351	266								1,179
202006	29	58	63	130	1,755	784							2,819
202007	6	12	25	26	114	2,095	1,024						3,302

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	5	6	12	7	38	248	1,980	324					2,620
202009	4	5	4	1	8	32	516	2,924	466				3,960
202010	8	6	12	1	10	31	110	394	2,513	841			3,926
202011	2	1	6	1	3	12	16	38	325	2,388	983		3,775
202012	2	4	4		2	4	13	15	229	362	2,068	490	3,193
202103					2	2		1	6	22	40	13	86
202104	1	1			1	4	1	4	9	18	3	105	147
202105	3	1		1	1	3	1	1	2	6	35	12	66
202106		2		2	1	2	4	2	10	5	105	40	173
TOTAL	5,649	5,561	3,025	603	2,201	3,217	3,665	3,703	3,560	3,642	3,234	660	38,720
MM	49,591	48,792	48,382	48,260	49,413	49,885	50,010	50,170	50,772	51,115	51,467	52,499	600,356
PMPM	0.114	0.114	0.063	0.012	0.045	0.064	0.073	0.074	0.070	0.071	0.063	0.013	0.064

Table C-12 provides lag triangles for AllCare professional encounters. Additional details provided include MM and claims PMPM.

Table C-12—Encounters Lag Triangle—Professional Encounters: AllCare

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	16												16
202002	33,774	250											34,024
202003	31,155	38,395	1,898										71,448
202004	5,141	25,163	32,559	164									63,027
202005	1,615	3,502	19,031	21,894	262								46,304
202006	1,156	1,437	5,930	14,738	23,071								46,332
202007	261	532	959	8,384	22,792	26,505							59,433
202008	155	242	383	744	2,992	23,646	29,449	245					57,856
202009	106	128	198	281	466	6,304	17,732	27,572					52,787
202010	44	51	87	318	229	1,444	13,067	26,961	27,566	481			70,248
202011	55	50	86	110	247	326	882	2,529	16,763	31,409	836		53,293
202012	18	7	18	26	41	68	132	344	5,170	6,095	7,867		19,786
202103												1	1
202104	16	22	27	43	66	77	92	95	197	345	470	1,065	2,515
202105	6	9	15	17	52	59	74	66	139	288	413	544	1,682
202106	14	23	5	5	17	28	40	57	40	71	108	228	636
TOTAL	73,532	69,811	61,196	46,724	50,235	58,457	61,468	57,869	49,875	38,689	9,694	1,838	579,388
MM	49,591	48,792	48,382	48,260	49,413	49,885	50,010	50,170	50,772	51,115	51,467	52,499	600,356
PMPM	1.483	1.431	1.265	0.968	1.017	1.172	1.229	1.153	0.982	0.757	0.188	0.035	0.965

Table C-13 provides lag triangles for AllCare inpatient encounters. Additional details provided include MM and claims PMPM.

Table C-13—Encounters Lag Triangle—Inpatient Encounters: AllCare

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	183												183
202003	196	138											334
202004	64	185	172										421
202005	20	35	162	129									346
202006	3	31	38	145	128								345
202007	2		17	23	147	89							278
202008		4	7	16	80	183	98						388
202009	6	3	6	1	24	64	220	131					455
202010			2	1	8	24	51	155	94				335
202011	4	1	3	4	3	11	18	95	199	242	26		606
202012	1		2	1	4	3	15	30	45	71	17		189
202104				1	2	1	1	1	1	1	12	28	48
202105			1				1		2	5	5	7	21
202106						4		1	2		4	3	14
TOTAL	479	397	410	321	396	379	404	413	343	319	64	38	3,963
MM	49,591	48,792	48,382	48,260	49,413	49,885	50,010	50,170	50,772	51,115	51,467	52,499	600,356
PMPM	0.010	0.008	0.008	0.007	0.008	0.008	0.008	0.008	0.007	0.006	0.001	0.001	0.007

Table C-14 provides lag triangles for AllCare outpatient encounters. Additional details provided include MM and claims PMPM.

Table C-14—Encounters Lag Triangle—Outpatient Encounters: AllCare

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	4,667												4,667
202003	3,500	4,017											7,517
202004	874	3,741	3,934										8,549
202005	122	869	2,914	2,488									6,393
202006	67	97	261	1,721	2,753								4,899
202007	25	47	95	279	2,866	2,868							6,180
202008	25	29	36	65	419	4,382	3,152						8,108
202009	24	28	26	40	117	628	4,556	3,613					9,032
202010	15	17	14	27	59	120	564	3,769	2,900				7,485
202011	9	18	100	49	44	98	340	853	4,295	5,628	728		12,162
202012	2	2	2	2	4	15	37	54	216	992	385		1,711

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202104	2	4	7	6	7	6	17	20	33	50	86	171	409
202105	2	2	2	3	1	5	7	9	11	20	41	64	167
202106		1		3	8	5	5	7	14	26	33	40	142
TOTAL	9,334	8,872	7,391	4,683	6,278	8,127	8,678	8,325	7,469	6,716	1,273	275	77,421
MM	49,591	48,792	48,382	48,260	49,413	49,885	50,010	50,170	50,772	51,115	51,467	52,499	600,356
PMPM	0.188	0.182	0.153	0.097	0.127	0.163	0.174	0.166	0.147	0.131	0.025	0.005	0.129

Table C-15 provides lag triangles for AllCare pharmacy encounters. Additional details provided include MM and claims PMPM.

Table C-15—Encounters Lag Triangle—Pharmacy Encounters: AllCare

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	11,430												11,430
202002	27,986	16,417											44,403
202003	15	19,945	25,149										45,109
202004		3	13,799	24,627									38,429
202005			8	7,673	22,659								30,340
202006				3	9,302	28,222							37,527
202007						5,267	17,360						22,627
202008					2	7	16,404	21,348					37,761
202009							2	11,611	10,598				22,211
202010								3	22,280	24,489			46,772
202011									2	9,751	21,820		31,573
202012										3	11,128	20,494	31,625
202101										1	4	14,234	14,239
202102											2	1	3
202103											1		1
TOTAL	39,431	36,365	38,956	32,303	31,963	33,496	33,766	32,962	32,880	34,244	32,955	34,729	414,050
MM	49,591	48,792	48,382	48,260	49,413	49,885	50,010	50,170	50,772	51,115	51,467	52,499	600,356
PMPM	0.795	0.745	0.805	0.669	0.647	0.671	0.675	0.657	0.648	0.670	0.640	0.662	0.690

Field-Level Completeness and Accuracy

Table C-16 provides a summary of the field-level completeness and accuracy for AllCare dental encounters.

Table C-16—Data Element Completeness and Accuracy for Dental Encounters: AllCare

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	38,720	38,720	100.0%	38,720	38,676	99.9%
Header First Date of Service	38,720	38,720	100.0%	38,720	38,720	100.0%
Header Last Date of Service	38,720	38,720	100.0%	38,720	38,720	100.0%
Detail First Date of Service	127,909	127,909	100.0%	127,909	127,909	100.0%
Detail Last Date of Service	127,909	127,909	100.0%	127,909	127,909	100.0%
Paid Date	127,909	127,909	100.0%	127,909	127,909	100.0%
Billing Provider NPI	38,720	38,720	100.0%	38,720	28,901	74.6%
Rendering Provider NPI	38,720	38,720	100.0%	38,720	36,674	94.7%
Referring Provider NPI	38,720	38,720	100.0%	38,720	36,674	94.7%
CDT Codes	127,909	127,909	100.0%	127,909	127,900	100.0%
Tooth Number	127,909	52,032	40.7%	52,032	52,032	100.0%
Tooth Surface Codes	127,909	14,204	11.1%	27,741	27,741	100.0%
Oral Cavity Codes	127,909	18,325	14.3%	18,325	18,325	100.0%

Table C-17 provides a summary of the field-level completeness and accuracy for AllCare professional encounters.

Table C-17—Data Element Completeness and Accuracy for Professional Encounters: AllCare

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	579,388	579,388	100.0%	579,388	578,900	99.9%
Header First Date of Service	579,388	579,388	100.0%	579,388	579,388	100.0%
Header Last Date of Service	579,388	579,388	100.0%	579,388	579,388	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	956,306	956,306	100.0%	956,306	956,306	100.0%
Detail Last Date of Service	956,306	956,306	100.0%	956,306	956,306	100.0%
Paid Date	956,306	956,306	100.0%	956,306	956,306	100.0%
Billing Provider NPI	579,388	578,834	99.9%	578,834	429,874	74.3%
Rendering Provider NPI	579,388	579,388	100.0%	579,388	546,851	94.4%
Referring Provider NPI	579,388	579,388	100.0%	579,388	546,851	94.4%
Primary Diagnosis Codes	579,388	579,388	100.0%	579,388	579,388	100.0%
Secondary Diagnosis Codes	579,388	233,827	40.4%	483,241	483,241	100.0%
CPT/HCPCS Codes	956,306	956,306	100.0%	956,306	956,298	100.0%
NDC	956,306	38,310	4.0%	38,310	37,803	98.7%

Table C-18 provides a summary of the field-level completeness and accuracy for AllCare inpatient encounters.

Table C-18—Data Element Completeness and Accuracy for Inpatient Encounters: AllCare

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	3,963	3,963	100.0%	3,963	3,933	99.2%
Header First Date of Service	3,963	3,963	100.0%	3,963	3,963	100.0%
Header Last Date of Service	3,963	3,963	100.0%	3,963	3,963	100.0%
Paid Date	50,294	50,294	100.0%	50,294	50,294	100.0%
Billing Provider NPI	3,963	3,963	100.0%	3,963	3,857	97.3%
Rendering Provider NPI	3,963	3,963	100.0%	3,963	3,853	97.2%
Attending Provider NPI	3,963	3,963	100.0%	3,963	3,853	97.2%
Referring Provider NPI	3,963	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	3,963	3,963	100.0%	3,963	3,963	100.0%
Secondary Diagnosis Codes	3,963	3,927	99.1%	11,135	11,135	100.0%
Primary Surgical Procedure Codes	3,963	2,213	55.8%	2,213	2,208	99.8%
Secondary Surgical Procedure Codes	3,963	1,313	33.1%	2,664	2,661	99.9%
CPT/HCPCS Codes	50,294	113	0.2%	113	84	74.3%
Diagnosis-Related Groups Codes	3,963	3,963	100.0%	3,963	3,927	99.1%
Revenue Codes	50,294	50,294	100.0%	50,294	50,294	100.0%
NDC	50,294	64	0.1%	64	63	98.4%
Type of Bill Codes	3,963	3,963	100.0%	3,963	3,963	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table C-19 provides a summary of the field-level completeness and accuracy for AllCare outpatient encounters.

Table C-19—Data Element Completeness and Accuracy for Outpatient Encounters: AllCare

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	77,421	77,421	100.0%	77,421	77,364	99.9%
Header First Date of Service	77,421	77,421	100.0%	77,421	77,421	100.0%
Header Last Date of Service	77,421	77,421	100.0%	77,421	77,421	100.0%
Paid Date	412,210	412,210	100.0%	412,210	412,210	100.0%
Billing Provider NPI	77,421	77,421	100.0%	77,421	75,538	97.6%
Rendering Provider NPI	77,421	77,421	100.0%	77,421	73,956	95.5%
Attending Provider NPI	77,421	77,421	100.0%	77,421	73,956	95.5%
Primary Diagnosis Codes	77,421	77,421	100.0%	77,421	77,421	100.0%
Secondary Diagnosis Codes	77,421	48,921	63.2%	102,506	102,500	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	412,210	364,061	88.3%	364,061	363,914	100.0%
Revenue Codes	412,210	412,210	100.0%	412,210	412,210	100.0%
NDC	412,210	55,891	13.6%	55,891	55,630	99.5%
Type of Bill Codes	77,421	77,421	100.0%	77,421	77,421	100.0%

Table C-20 provides a summary of the field-level completeness and accuracy for AllCare pharmacy encounters.

Table C-20—Data Element Completeness and Accuracy for Pharmacy Encounters: AllCare

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	414,050	414,050	100.0%	414,050	413,896	100.0%
Date of Service	414,050	414,050	100.0%	414,050	414,050	100.0%
Paid Date	414,050	414,050	100.0%	414,050	414,050	100.0%
Billing Provider NPI	414,050	414,050	100.0%	414,050	220,233	53.2%
Prescribing Provider NPI	414,050	414,050	100.0%	414,050	399,656	96.5%
NDC	415,329	415,329	100.0%	415,329	414,614	99.8%

Comparative Analysis

This section presents the AllCare results for the comparative analysis.

Table C-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	153,284	1,426	0.9%	152,148	290	0.2%
Professional	1,261,274	55,469	4.4%	1,213,390	7,585	0.6%
Institutional	495,576	9,078	1.8%	584,313	97,815	16.7%
Pharmacy	447,592	3	0.0%	448,997	1,408	0.3%

Table C-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	151,858	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	151,858	18	0.0%	0	0.0%	0	0.0%
Detail Service From Date	151,858	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	151,858	0	0.0%	0	0.0%	0	0.0%
Member ID	151,858	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	151,858	10	0.0%	9	0.0%	130,587	86.0%
Oral Cavity Code 2	151,858	0	0.0%	0	0.0%	151,858	100.0%
Oral Cavity Code 3	151,858	0	0.0%	0	0.0%	151,858	100.0%
Oral Cavity Code 4	151,858	0	0.0%	0	0.0%	151,858	100.0%
Oral Cavity Code 5	151,858	0	0.0%	0	0.0%	151,858	100.0%
Procedure Code	151,858	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	151,858	5	0.0%	0	0.0%	0	0.0%
Tooth Number	151,858	88	0.1%	296	0.2%	91,817	60.5%
Tooth Surface 1	151,858	13	0.0%	21	0.0%	135,519	89.2%
Tooth Surface 2	151,858	10	0.0%	15	0.0%	141,989	93.5%
Tooth Surface 3	151,858	8	0.0%	10	0.0%	147,958	97.4%
Tooth Surface 4	151,858	3	0.0%	3	0.0%	150,527	99.1%
Tooth Surface 5	151,858	1	0.0%	1	0.0%	151,581	99.8%

Table C-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,205,805	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	1,205,805	768	0.1%	0	0.0%	0	0.0%
Primary Diagnosis Code	1,205,805	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,205,805	0	0.0%	0	0.0%	674,985	56.0%
Detail Service From Date	1,205,805	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,205,805	0	0.0%	0	0.0%	0	0.0%
Member ID	1,205,805	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,205,805	244	0.0%	1,370	0.1%	597,005	49.5%
NDC	1,205,805	198	0.0%	130	0.0%	1,160,681	96.3%
Procedure Code	1,205,805	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,205,805	0	0.0%	0	0.0%	0	0.0%

Table C-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	486,498	14	0.0%	0	0.0%	411,366	84.6%
Amount Paid	486,498	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	486,498	485	0.1%	0	0.0%	0	0.0%
Billing Provider NPI	486,498	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	486,498	0	0.0%	4,076	0.8%	431,962	88.8%
Primary Diagnosis Code	486,498	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	486,498	0	0.0%	0	0.0%	93,448	19.2%
Header Service From Date	486,498	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	486,498	0	0.0%	0	0.0%	0	0.0%
Member ID	486,498	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	486,498	833	0.2%	1,462	0.3%	397,853	81.8%
NDC	486,498	15,343	3.2%	166	0.0%	412,536	84.8%
Procedure Code	486,498	141	0.0%	343	0.1%	104,885	21.6%
Revenue Code	486,498	485	0.1%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	486,498	0	0.0%	0	0.0%	452,617	93.0%
Secondary Surgical Procedure Code	486,498	0	0.0%	0	0.0%	465,300	95.6%

Table C-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	447,589	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	447,589	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	447,589	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	447,589	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	447,589	0	0.0%	0	0.0%	0	0.0%
Member ID	447,589	0	0.0%	0	0.0%	0	0.0%
NDC	447,589	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	447,589	590	0.1%	0	0.0%	0	0.0%

Table C-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	151,858	151,858	100.0%
Detail Service From Date	151,858	151,852	100.0%
Detail Service To Date	151,858	151,746	99.9%
Billing Provider NPI	151,840	150,248	99.0%
Rendering Provider NPI	151,853	151,853	100.0%
Procedure Code	151,858	150,146	98.9%
Tooth Number	59,657	59,173	99.2%
Oral Cavity Code 1	21,252	21,201	99.8%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	16,305	16,294	99.9%
Tooth Surface 2	9,844	9,841	100.0%
Tooth Surface 3	3,882	3,882	100.0%
Tooth Surface 4	1,325	1,325	100.0%
Tooth Surface 5	275	275	100.0%
Amount Paid	151,858	151,718	99.9%
* -- denotes that there are no records with values present in both data sources			

Table C-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,205,805	1,205,805	100.0%
Detail Service From Date	1,205,805	1,205,519	100.0%
Detail Service To Date	1,205,805	1,205,662	100.0%
Billing Provider NPI	1,205,037	1,205,033	100.0%
Rendering Provider NPI	1,205,805	1,205,526	100.0%
Primary Diagnosis Code	1,205,805	1,205,805	100.0%
Secondary Diagnosis Code	530,820	530,820	100.0%
Procedure Code	1,205,805	1,201,844	99.7%
Procedure Code Modifier	607,186	607,114	100.0%
NDC	44,796	44,653	99.7%
Amount Paid	1,205,805	1,205,386	100.0%

Table C-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	486,498	486,498	100.0%
Header Service From Date	486,498	486,466	100.0%
Header Service To Date	486,498	486,498	100.0%
Admission Date	75,118	73,774	98.2%
Billing Provider NPI	486,498	486,417	100.0%
Attending Provider NPI	486,013	486,013	100.0%
Primary Diagnosis Code	486,498	486,498	100.0%
Secondary Diagnosis Code	393,050	393,050	100.0%
Procedure Code	381,129	376,521	98.8%
Procedure Code Modifier	86,350	86,154	99.8%
Primary Surgical Procedure Code	33,881	33,881	100.0%
Secondary Surgical Procedure Code	21,198	21,198	100.0%
NDC	58,453	58,010	99.2%
Revenue Code	486,013	482,669	99.3%
Diagnosis-Related Group (DRG) Code	50,460	48,787	96.7%
Amount Paid	486,498	486,453	100.0%

Table C-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	447,589	447,589	100.0%
Header Service From Date	447,589	447,589	100.0%
Billing Provider NPI	447,589	447,589	100.0%
Prescribing Provider NPI	446,999	446,999	100.0%
NDC	447,589	447,589	100.0%
Drug Quantity	447,589	435,431	97.3%
Amount Paid	447,589	447,587	100.0%
Dispensing Fee	447,589	756	0.2%

Table C-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	151,858	148,017	97.5%
Professional	1,205,805	1,199,538	99.5%
Institutional	486,498	458,004	94.1%
Pharmacy	447,589	434,872	97.2%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for AllCare with its response.



Encounter Data Discrepancy Report for AllCare CCO, Inc.

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For AllCare CCO, Inc. (AllCare), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for AllCare. In addition, this report displays the data issues for AllCare to investigate. AllCare will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the AllCare-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the AllCare-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.9%	0.2%
Professional	4.4%	0.6%
Institutional	1.8%	16.7%
Pharmacy	0.0%	0.3%

AllCare Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_AllCare



ENCOUNTER DATA DISCREPANCY REPORT FOR ALLCARE

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental and pharmacy encounters, as each rate was less than 1.0 percent.
- For professional encounters, the record surplus rate was very low at 0.6 percent, while the record omission rate was slightly higher at 4.4 percent.
- For institutional encounters, the record omission rate was low at 1.8 percent, while the record surplus rate was very high at 16.7 percent, indicating that a large number of encounters in the OHA-submitted data were not found in the AllCare-submitted data. Of note, in the File Review document provided to AllCare regarding its initial data submission, it was noted that the OHA-submitted institutional encounters had over 88,000 more records compared to the AllCare-submitted institutional encounters. This issue was not addressed and continued in the AllCare-resubmitted institutional encounters.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays AllCare's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	99.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	98.9%
Tooth Number	0.1%	0.2%	60.5%	99.2%
Oral Cavity Code 1	0.0%	0.0%	86.0%	99.8%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	89.2%	99.9%
Tooth Surface 2	0.0%	0.0%	93.5%	100.0%
Tooth Surface 3	0.0%	0.0%	97.4%	100.0%
Tooth Surface 4	0.0%	0.0%	99.1%	100.0%
Tooth Surface 5	0.0%	0.0%	99.8%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	99.9%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or lower than 0.2 percent) for all dental encounter data elements that were evaluated.
- The dental encounter data element accuracy rates were very high (i.e., higher than 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and AllCare-submitted data).

Professional Encounters

Table 3 displays AllCare's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	56.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.7%
Procedure Code Modifier	0.0%	0.1%	49.5%	100.0%
National Drug Code (NDC)	0.0%	0.0%	96.3%	99.7%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.1 percent) for all professional encounter data elements that were evaluated.
- The professional encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and AllCare-submitted data).

Institutional Encounters

Table 4 displays AllCare's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.0%	0.0%	84.6%	98.2%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Attending Provider NPI	0.1%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Secondary Diagnosis Code	0.0%	0.0%	19.2%	100.0%
Procedure Code	0.0%	0.1%	21.6%	98.8%
Procedure Code Modifier	0.2%	0.3%	81.8%	99.8%
Primary Surgical Procedure Code	0.0%	0.0%	93.0%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	95.6%	100.0%
NDC	3.2%	0.0%	84.8%	99.2%
Revenue Code	0.1%	0.0%	0.0%	99.3%
Diagnosis-Related Group (DRG) Code	0.0%	0.8%	88.8%	96.7%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 3.2 percent) for all institutional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., more than 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and AllCare-submitted data), except for data element *DRG Code* with an accuracy rate of 96.7 percent. Among records where data element *DRG Code* had different values when populated and compared between the two sources, nearly 13.0 percent were for DRG 794 in the OHA-submitted data, while the AllCare-submitted data had DRG 792 populated; nearly 12.0 percent were for DRG 528 in the OHA-submitted data, while the AllCare-submitted data had DRG 791 populated in its data.

Pharmacy Encounters

Table 5 displays AllCare's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.1%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	97.3%



ENCOUNTER DATA DISCREPANCY REPORT FOR ALLCARE

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	0.0%	0.0%	0.2%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, as rates were very low (i.e., at or lower than 0.1 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy of 100.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 97.3 percent and 0.2 percent, respectively.
- For data element *Drug Quantity*, among records where the AllCare-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that more than 80.0 percent of the *Drug Quantity* data element in the AllCare-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
- For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the AllCare-submitted data had values of less than \$1.0.

Next Steps

- Based on the key findings, AllCare is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.



Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	AllCare's Investigation Efforts and Explanations
Table 1	Professional record omission rate (4.4%)	AllCare CCO did send all claims/encounters that had an associated ICN for in this EDV data set, except, for those encounter/claims, which were reversed in our core claims system. Reversed claims in our system are replaced by corrected or replacement claims and the reversed claims are voided in MMIS. The new/replacement/corrected claim is submitted to the OHA and is an accurate representation for the final claim.
Table 1	Institutional record surplus rate (16.7%)	AllCare CCOs Information Technology team identified an anomaly in the date pull for the EDV submission. This error, a data table join misstep, caused the inadvertent omission of 86,072-detail line or 13,792 unique claims. AllCare is prepared to present this additional data for consideration if HSAG and OHA permits.
Table 4	DRG code accuracy rate (96.7 %)	AllCare CCOs Information Technology team identified that AllCare does not send DRGs in our regular encounter data submissions. According to HIPAA EDI guide and the State Encounter Submission Guide there is no call out for that code. For the AllCare CCO EDV data submission files, the DRG was provided in that sample. AllCare has reviewed each of the Institutional DRG examples within the workbook provided by HSAG and confirmed that the submitted DRG in that sampling is an accurate representation of AllCare CCOs core claim system. There is no DRG that presents in the user interface of MMIS to verify what the OHA may or may not present in their data.

Table	Discrepancy Item	AllCare's Investigation Efforts and Explanations
Table 5	Drug quantity accuracy rate (97.3%)	AllCare CCO submits the data elements as provided by our PBM, MedImpact. MedImpact has confirmed that the AllCare CCO quantities are accurately represented in the EDV data sample sent to HSAG. It would appear that those are quantities are rounding in an OHA system or process.
Table 5	Dispensing fee accuracy rate (0.2%)	AllCare CCO submits the data elements as provided by our PBM, MedImpact. MedImpact has confirmed that the AllCare CCO EDV data file presents dispensing fees, which are accurately represented in the data sample and MedImpact data system and are confirmed to be less than \$1.00.

□

Appendix D. Results for Cascade Health Alliance, LLC

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Cascade Health Alliance, LLC (CHA).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table D-1 provides encounter volume and paid amount results for CHA dental encounters.

Table D-1—Encounter Volume and Paid Amount for Dental Encounters: CHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	1,766	19,469	90.7	\$66,002	\$3.39
February 2020	1,632	19,606	83.2	\$68,124	\$3.47
March 2020	1,080	19,597	55.1	\$65,370	\$3.34
April 2020	345	19,843	17.4	\$26,730	\$1.35
May 2020	695	20,290	34.3	\$39,317	\$1.94
June 2020	1,144	20,523	55.7	\$153,875	\$7.50
July 2020	961	20,804	46.2	\$63,633	\$3.06
August 2020	988	20,976	47.1	\$28,546	\$1.36
September 2020	1,052	21,108	49.8	\$59,661	\$2.83
October 2020	972	21,336	45.6	\$45,498	\$2.13
November 2020	482	21,468	22.5	\$3,177	\$0.15
December 2020	2	21,781	0.1	\$0	\$0.00

Table D-2 provides encounter volume and paid amount results for CHA professional encounters.

Table D-2—Encounter Volume and Paid Amount for Professional Encounters: CHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	20,591	19,469	1,057.6	\$2,136,134	\$109.72
February 2020	20,178	19,606	1,029.2	\$2,028,219	\$103.45
March 2020	19,211	19,597	980.3	\$2,083,917	\$106.34
April 2020	14,932	19,843	752.5	\$1,568,358	\$79.04
May 2020	16,404	20,290	808.5	\$1,804,162	\$88.92
June 2020	18,632	20,523	907.9	\$2,058,201	\$100.29
July 2020	19,877	20,804	955.4	\$2,165,070	\$104.07
August 2020	17,811	20,976	849.1	\$1,960,682	\$93.47
September 2020	16,536	21,108	783.4	\$1,885,756	\$89.34
October 2020	9,678	21,336	453.6	\$1,014,287	\$47.54
November 2020	3,637	21,468	169.4	\$303,722	\$14.15
December 2020	1,769	21,781	81.2	\$92,962	\$4.27

Table D-3 provides encounter volume and paid amount results for CHA inpatient encounters.

Table D-3—Encounter Volume and Paid Amount for Inpatient Encounters: CHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	164	19,469	8.4	\$1,048,505	\$53.86
February 2020	142	19,606	7.2	\$1,076,974	\$54.93
March 2020	146	19,597	7.5	\$1,293,318	\$66.00
April 2020	132	19,843	6.7	\$946,118	\$47.68
May 2020	150	20,290	7.4	\$1,230,983	\$60.67
June 2020	129	20,523	6.3	\$1,260,414	\$61.41
July 2020	150	20,804	7.2	\$1,300,474	\$62.51
August 2020	170	20,976	8.1	\$1,192,332	\$56.84
September 2020	106	21,108	5.0	\$906,871	\$42.96
October 2020	48	21,336	2.2	\$1,173,505	\$55.00
November 2020	43	21,468	2.0	\$426,524	\$19.87
December 2020	4	21,781	0.2	\$24,377	\$1.12

Table D-4 provides encounter volume and paid amount results for CHA outpatient encounters.

Table D-4—Encounter Volume and Paid Amount for Outpatient Encounters: CHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,563	19,469	285.7	\$1,440,479	\$73.99
February 2020	6,171	19,606	314.8	\$1,198,499	\$61.13
March 2020	5,368	19,597	273.9	\$946,160	\$48.28
April 2020	3,806	19,843	191.8	\$795,217	\$40.08
May 2020	5,009	20,290	246.9	\$930,022	\$45.84
June 2020	6,012	20,523	292.9	\$1,162,681	\$56.65
July 2020	6,161	20,804	296.1	\$1,190,827	\$57.24
August 2020	6,145	20,976	293.0	\$1,199,054	\$57.16
September 2020	5,416	21,108	256.6	\$991,927	\$46.99
October 2020	2,746	21,336	128.7	\$401,776	\$18.83
November 2020	2,829	21,468	131.8	\$432,760	\$20.16
December 2020	145	21,781	6.7	\$52,093	\$2.39

Table D-5 provides encounter volume and paid amount results for CHA pharmacy encounters.

Table D-5—Encounter Volume and Paid Amount for Pharmacy Encounters: CHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	11,765	19,469	604.3	\$741,351	\$38.08
February 2020	11,219	19,606	572.2	\$653,684	\$33.34
March 2020	12,651	19,597	645.6	\$820,818	\$41.88
April 2020	10,975	19,843	553.1	\$719,653	\$36.27
May 2020	10,510	20,290	518.0	\$770,225	\$37.96
June 2020	11,209	20,523	546.2	\$709,449	\$34.57
July 2020	11,586	20,804	556.9	\$759,023	\$36.48
August 2020	11,339	20,976	540.6	\$730,050	\$34.80
September 2020	11,521	21,108	545.8	\$761,594	\$36.08
October 2020	11,714	21,336	549.0	\$674,032	\$31.59
November 2020	10,354	21,468	482.3	\$548,283	\$25.54
December 2020	11,689	21,781	536.7	\$0	\$0.00

Encounter Data Timeliness

Table D-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CHA dental encounters.

Table D-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: CHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.4%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.5%	99.9%	99.9%	99.9%	99.9%	99.9%
July 2020	99.4%	99.8%	99.9%	99.9%	99.9%	99.9%
August 2020	98.6%	99.0%	100.0%	100.0%	100.0%	100.0%
September 2020	59.9%	99.7%	100.0%	100.0%	100.0%	100.0%
October 2020	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	94.3%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	50.0%	66.7%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table D-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CHA professional encounters.

Table D-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: CHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	99.9%	100.0%	100.0%	100.0%	100.0%
February 2020	41.1%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.2%	99.8%	99.9%	100.0%	100.0%	100.0%
June 2020	48.1%	99.4%	100.0%	100.0%	100.0%	100.0%
July 2020	51.5%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	54.2%	98.5%	99.9%	100.0%	100.0%	100.0%
September 2020	98.2%	99.0%	100.0%	100.0%	100.0%	100.0%
October 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	57.1%	71.4%	71.4%	100.0%
February 2021	0.0%	38.5%	38.5%	38.5%	100.0%	100.0%
March 2021	94.5%	96.2%	99.9%	100.0%	100.0%	100.0%
April 2021	97.0%	97.2%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table D-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CHA inpatient encounters.

Table D-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: CHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	25.6%	98.7%	100.0%	100.0%	100.0%	100.0%
March 2020	97.1%	98.6%	98.6%	98.6%	98.6%	98.6%
April 2020	98.9%	98.9%	100.0%	100.0%	100.0%	100.0%
May 2020	96.5%	97.6%	98.0%	98.0%	98.0%	100.0%
June 2020	54.1%	93.9%	95.9%	100.0%	100.0%	100.0%
July 2020	45.6%	95.6%	100.0%	100.0%	100.0%	100.0%
August 2020	47.8%	95.7%	98.1%	99.4%	99.4%	99.4%
September 2020	91.2%	99.5%	100.0%	100.0%	100.0%	100.0%
October 2020	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	85.2%	88.9%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	90.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table D-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CHA outpatient encounters.

Table D-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: CHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	19.1%	99.8%	100.0%	100.0%	100.0%	100.0%
March 2020	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.6%	99.8%	100.0%	100.0%	100.0%	100.0%
June 2020	34.6%	99.3%	100.0%	100.0%	100.0%	100.0%
July 2020	57.5%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	43.8%	99.8%	100.0%	100.0%	100.0%	100.0%
September 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	99.6%	99.8%	100.0%	100.0%	100.0%	100.0%
April 2021	99.5%	99.5%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table D-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CHA pharmacy encounters.

Table D-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: CHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	71.8%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	95.7%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	49.1%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	65.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	65.2%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	74.1%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	85.3%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	65.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	71.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	90.6%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	88.3%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	90.3%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table D-11 provides lag triangles for CHA dental encounters. Additional details provided include MM and claims PMPM.

Table D-11—Encounters Lag Triangle—Dental Encounters: CHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	1,033												1,033
202003	689	875	4										1,568
202004	20	574	946	48									1,588
202005	44	182	128	223	63								640
202006	2	2	2	21	455	117							599
202007	1	4		2	51	879	24						961
202008		4	6	53	128	138	493						822

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202009		1		1		10	423	265					700
202010	1	4		1	5	9	21	307	342	49			739
202011	1	1	1			2	14	14	256	314	51		654
202012						3	1	406	464	618	433	2	1,927
202104						2		3	1	1			7
202105	1							1		1			3
202106				1	2		1	1		2			7
TOTAL	1,792	1,647	1,087	350	704	1,160	977	997	1,063	985	484	2	11,248
MM	19,469	19,606	19,597	19,843	20,290	20,523	20,804	20,976	21,108	21,336	21,468	21,781	246,801
PMPM	0.092	0.084	0.055	0.018	0.035	0.057	0.047	0.048	0.050	0.046	0.023	0.000	0.046

Table D-12 provides lag triangles for CHA professional encounters. Additional details provided include MM and claims PMPM.

Table D-12—Encounters Lag Triangle—Professional Encounters: CHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	4,995	31											5,026
202003	9,907	7,662	1,346										18,915
202004	2,496	5,509	4,994	274									13,273
202005	2,519	3,791	8,820	6,912	310								22,352
202006	812	1,188	2,571	4,613	7,853	314							17,351
202007	599	2,378	1,596	1,467	5,648	6,975	28						18,691
202008	67	248	542	990	1,163	7,121	4,786	3					14,920
202009	60	122	246	519	863	2,081	6,969	3,712					14,572
202010	42	129	142	777	809	2,246	7,063	8,800	5,661	210			25,879
202011	34	28	77	147	306	554	1,458	4,714	6,214	4,285	91		17,908
202012	16	20	32	68	159	234	600	1,409	5,409	5,125	2,857	38	15,967
202104	12	10	12	24	18	15	21	25	33	389	438	1,304	2,301
202105	38	6	4	47	36	2	19	58	40	72	251	324	897
202106	1	3	1	10	3	9	10	14	25	72	119	191	458
TOTAL	21,598	21,125	20,383	15,848	17,168	19,551	20,954	18,735	17,382	10,153	3,756	1,857	188,510
MM	19,469	19,606	19,597	19,843	20,290	20,523	20,804	20,976	21,108	21,336	21,468	21,781	246,801
PMPM	1.109	1.077	1.040	0.799	0.846	0.953	1.007	0.893	0.823	0.476	0.175	0.085	0.764

Table D-13 provides lag triangles for CHA inpatient encounters. Additional details provided include MM and claims PMPM.

Table D-13—Encounters Lag Triangle—Inpatient Encounters: CHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	21												21
202003	108	17											125
202004	22	63	1										86
202005	8	50	103	43									204
202006	5	8	27	59	28								127
202007	1	1	5	14	68	11							100
202008		4	10	10	32	68	1						125
202009	2		1	6	14	24	39	4					90
202010	1			4	10	23	101	146	8				293
202011						4	7	18	69	6			104
202012	1		1				3	4	29	39	9		86
202104							1	1		3	20	2	27
202105						1				1	1	1	4
202106							1		1		15	1	18
TOTAL	169	143	148	136	152	131	153	173	107	49	45	4	1,410
MM	19,469	19,606	19,597	19,843	20,290	20,523	20,804	20,976	21,108	21,336	21,468	21,781	246,801
PMPM	0.009	0.007	0.008	0.007	0.007	0.006	0.007	0.008	0.005	0.002	0.002	0.000	0.006

Table D-14 provides lag triangles for CHA outpatient encounters. Additional details provided include MM and claims PMPM.

Table D-14—Encounters Lag Triangle—Outpatient Encounters: CHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	869												869
202003	4,105	1,234											5,339
202004	763	3,125	1,485	106									5,479
202005	310	2,028	3,251	1,610	24								7,223
202006	48	228	506	1,267	1,548								3,597
202007	219	316	483	493	2,899	1,663	24						6,097
202008	33	131	277	180	588	2,274	969						4,452
202009	9	29	59	389	367	1,897	1,960	253					4,963
202010	4	11	35	144	191	877	3,749	5,049	855				10,915
202011	9	11	19	25	18	71	164	1,282	3,959	976			6,534
202012	6	8	7	21	28	18	71	305	1,293	1,374	109		3,240
202104	2	1	2	1	2		2	5	9	637	2,474	56	3,191
202105	1			1	3		3	1	1	24	76	40	150
202106	1	1					2	4	7	100	474	54	643

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
TOTAL	6,379	7,123	6,124	4,237	5,668	6,800	6,944	6,899	6,124	3,111	3,133	150	62,692
MM	19,469	19,606	19,597	19,843	20,290	20,523	20,804	20,976	21,108	21,336	21,468	21,781	246,801
PMPM	0.328	0.363	0.312	0.214	0.279	0.331	0.334	0.329	0.290	0.146	0.146	0.007	0.254

Table D-15 provides lag triangles for CHA pharmacy encounters. Additional details provided include MM and claims PMPM.

Table D-15—Encounters Lag Triangle—Pharmacy Encounters: CHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	11,745	7,573											19,318
202003	1	3,625	2,148										5,774
202004	1	5	10,463	744									11,213
202005	1	1	19	9,242									9,263
202006				30	8,905								8,935
202007					741	10,180	8,465						19,386
202008						2	2,945	7,426					10,373
202009	4	2	3	1	2	1	5	3,880	1,322				5,220
202010							2	20	10,178	5,864			16,064
202011									2	5,837	4,373		10,212
202012				1						4	5,972	4,154	10,131
202101											3	7,509	7,512
202102											1	8	9
202103							1						1
202104				949	850	1,003	125	4					2,931
202106		1	1					1					3
TOTAL	11,752	11,207	12,634	10,967	10,498	11,186	11,543	11,331	11,502	11,705	10,349	11,671	136,345
MM	19,469	19,606	19,597	19,843	20,290	20,523	20,804	20,976	21,108	21,336	21,468	21,781	246,801
PMPM	0.604	0.572	0.645	0.553	0.517	0.545	0.555	0.540	0.545	0.549	0.482	0.536	0.552

Field-Level Completeness and Accuracy

Table D-16 provides a summary of the field-level completeness and accuracy for CHA dental encounters.

Table D-16—Data Element Completeness and Accuracy for Dental Encounters: CHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	11,248	11,248	100.0%	11,248	11,243	100.0%
Header First Date of Service	11,248	11,248	100.0%	11,248	11,248	100.0%
Header Last Date of Service	11,248	11,248	100.0%	11,248	11,248	100.0%
Detail First Date of Service	34,786	34,786	100.0%	34,786	34,786	100.0%
Detail Last Date of Service	34,786	34,786	100.0%	34,786	34,786	100.0%
Paid Date	34,786	34,786	100.0%	34,786	34,786	100.0%
Billing Provider NPI	11,248	11,248	100.0%	11,248	9,362	83.2%
Rendering Provider NPI	11,248	11,248	100.0%	11,248	10,901	96.9%
Referring Provider NPI	11,248	11,248	100.0%	11,248	10,901	96.9%
CDT Codes	34,786	34,786	100.0%	34,786	34,782	100.0%
Tooth Number	34,786	12,385	35.6%	12,385	12,385	100.0%
Tooth Surface Codes	34,786	3,150	9.1%	6,480	6,480	100.0%
Oral Cavity Codes	34,786	277	0.8%	277	277	100.0%

Table D-17 provides a summary of the field-level completeness and accuracy for CHA professional encounters.

Table D-17—Data Element Completeness and Accuracy for Professional Encounters: CHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	188,510	188,510	100.0%	188,510	188,209	99.8%
Header First Date of Service	188,510	188,510	100.0%	188,510	188,510	100.0%
Header Last Date of Service	188,510	188,510	100.0%	188,510	188,510	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	274,270	274,270	100.0%	274,270	274,270	100.0%
Detail Last Date of Service	274,270	274,270	100.0%	274,270	274,270	100.0%
Paid Date	274,270	274,270	100.0%	274,270	274,270	100.0%
Billing Provider NPI	188,510	188,510	100.0%	188,510	155,002	82.2%
Rendering Provider NPI	188,510	188,510	100.0%	188,510	166,133	88.1%
Referring Provider NPI	188,510	188,510	100.0%	188,510	166,133	88.1%
Primary Diagnosis Codes	188,510	188,510	100.0%	188,510	188,510	100.0%
Secondary Diagnosis Codes	188,510	63,591	33.7%	122,406	122,405	100.0%
CPT/HCPCS Codes	274,270	274,270	100.0%	274,270	274,269	100.0%
NDC	274,270	1,692	0.6%	1,692	1,639	96.9%

Table D-18 provides a summary of the field-level completeness and accuracy for CHA inpatient encounters.

Table D-18—Data Element Completeness and Accuracy for Inpatient Encounters: CHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	1,410	1,410	100.0%	1,410	1,408	99.9%
Header First Date of Service	1,410	1,410	100.0%	1,410	1,410	100.0%
Header Last Date of Service	1,410	1,410	100.0%	1,410	1,410	100.0%
Paid Date	16,235	16,235	100.0%	16,235	16,235	100.0%
Billing Provider NPI	1,410	1,410	100.0%	1,410	1,397	99.1%
Rendering Provider NPI	1,410	1,410	100.0%	1,410	1,332	94.5%
Attending Provider NPI	1,410	1,410	100.0%	1,410	1,332	94.5%
Referring Provider NPI	1,410	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	1,410	1,410	100.0%	1,410	1,410	100.0%
Secondary Diagnosis Codes	1,410	1,225	86.9%	3,463	3,463	100.0%
Primary Surgical Procedure Codes	1,410	419	29.7%	419	419	100.0%
Secondary Surgical Procedure Codes	1,410	6	0.4%	6	6	100.0%
CPT/HCPCS Codes	16,235	11	0.1%	11	11	100.0%
Diagnosis-Related Groups Codes	1,410	1,410	100.0%	1,410	1,392	98.7%
Revenue Codes	16,235	16,235	100.0%	16,235	16,235	100.0%
NDC	16,235	0	0.0%	0	0	NA
Type of Bill Codes	1,410	1,410	100.0%	1,410	1,410	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table D-19 provides a summary of the field-level completeness and accuracy for CHA outpatient encounters.

Table D-19—Data Element Completeness and Accuracy for Outpatient Encounters: CHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	62,692	62,692	100.0%	62,692	62,659	99.9%
Header First Date of Service	62,692	62,692	100.0%	62,692	62,692	100.0%
Header Last Date of Service	62,692	62,692	100.0%	62,692	62,689	100.0%
Paid Date	145,598	145,598	100.0%	145,598	145,595	100.0%
Billing Provider NPI	62,692	62,692	100.0%	62,692	62,277	99.3%
Rendering Provider NPI	62,692	62,692	100.0%	62,692	59,290	94.6%
Attending Provider NPI	62,692	62,692	100.0%	62,692	59,290	94.6%
Primary Diagnosis Codes	62,692	62,692	100.0%	62,692	62,692	100.0%
Secondary Diagnosis Codes	62,692	40,179	64.1%	86,229	86,229	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	145,598	143,957	98.9%	143,957	143,957	100.0%
Revenue Codes	145,598	145,598	100.0%	145,598	145,598	100.0%
NDC	145,598	1,338	0.9%	1,338	1,315	98.3%
Type of Bill Codes	62,692	62,692	100.0%	62,692	62,692	100.0%

Table D-20 provides a summary of the field-level completeness and accuracy for CHA pharmacy encounters.

Table D-20—Data Element Completeness and Accuracy for Pharmacy Encounters: CHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	136,345	136,345	100.0%	136,345	136,310	100.0%
Date of Service	136,345	136,345	100.0%	136,345	136,345	100.0%
Paid Date	136,345	136,345	100.0%	136,345	136,345	100.0%
Billing Provider NPI	136,345	136,345	100.0%	136,345	61,195	44.9%
Prescribing Provider NPI	136,345	136,345	100.0%	136,345	128,709	94.4%
NDC	136,532	136,532	100.0%	136,532	136,480	100.0%

Comparative Analysis

This section presents the CHA results for the comparative analysis.

Table D-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	45,919	23	0.1%	48,628	2,732	5.6%
Professional	358,139	206	0.1%	358,155	222	0.1%
Institutional	279,222	1,108	0.4%	279,085	971	0.3%
Pharmacy	157,362	11,436	7.3%	146,168	242	0.2%

Table D-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	45,896	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	45,896	0	0.0%	0	0.0%	0	0.0%
Detail Service From Date	45,896	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	45,896	0	0.0%	0	0.0%	0	0.0%
Member ID	45,896	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	45,896	0	0.0%	0	0.0%	45,578	99.3%
Oral Cavity Code 2	45,896	0	0.0%	0	0.0%	45,896	100.0%
Oral Cavity Code 3	45,896	0	0.0%	0	0.0%	45,896	100.0%
Oral Cavity Code 4	45,896	0	0.0%	0	0.0%	45,896	100.0%
Oral Cavity Code 5	45,896	0	0.0%	0	0.0%	45,896	100.0%
Procedure Code	45,896	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	45,896	0	0.0%	0	0.0%	0	0.0%
Tooth Number	45,896	1	0.0%	1	0.0%	31,825	69.3%
Tooth Surface 1	45,896	0	0.0%	0	0.0%	42,450	92.5%
Tooth Surface 2	45,896	0	0.0%	0	0.0%	43,590	95.0%
Tooth Surface 3	45,896	0	0.0%	0	0.0%	44,815	97.6%
Tooth Surface 4	45,896	0	0.0%	0	0.0%	45,649	99.5%
Tooth Surface 5	45,896	0	0.0%	0	0.0%	45,880	100.0%

Table D-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	357,933	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	357,933	0	0.0%	0	0.0%	0	0.0%
Primary Diagnosis Code	357,933	0	0.0%	7	0.0%	0	0.0%
Secondary Diagnosis Code	357,933	0	0.0%	21,993	6.1%	224,227	62.6%
Detail Service From Date	357,933	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	357,933	0	0.0%	0	0.0%	0	0.0%
Member ID	357,933	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	357,933	1	0.0%	1	0.0%	164,654	46.0%
NDC	357,933	2	0.0%	0	0.0%	355,792	99.4%
Procedure Code	357,933	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	357,933	0	0.0%	0	0.0%	0	0.0%

Table D-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	278,114	95	0.0%	0	0.0%	260,082	93.5%
Amount Paid	278,114	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	278,114	13	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	278,114	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	278,114	0	0.0%	1,017	0.4%	260,177	93.6%
Primary Diagnosis Code	278,114	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	278,114	650	0.2%	0	0.0%	61,818	22.2%
Header Service From Date	278,114	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	278,114	0	0.0%	0	0.0%	0	0.0%
Member ID	278,114	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	278,114	2	0.0%	2	0.0%	240,142	86.3%
NDC	278,114	750	0.3%	5	0.0%	275,699	99.1%
Procedure Code	278,114	0	0.0%	0	0.0%	33,070	11.9%
Revenue Code	278,114	13	0.0%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	278,114	4,228	1.5%	0	0.0%	266,654	95.9%
Secondary Surgical Procedure Code	278,114	7,417	2.7%	0	0.0%	270,653	97.3%

Table D-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	145,926	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	145,926	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	145,926	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	145,926	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	145,926	0	0.0%	0	0.0%	0	0.0%
Member ID	145,926	0	0.0%	0	0.0%	0	0.0%
NDC	145,926	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	145,926	0	0.0%	0	0.0%	0	0.0%

Table D-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	45,896	45,896	100.0%
Detail Service From Date	45,896	45,815	99.8%
Detail Service To Date	45,896	45,815	99.8%
Billing Provider NPI	45,896	45,896	100.0%
Rendering Provider NPI	45,896	45,896	100.0%
Procedure Code	45,896	45,884	100.0%
Tooth Number	14,069	14,069	100.0%
Oral Cavity Code 1	318	318	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	3,446	3,446	100.0%
Tooth Surface 2	2,306	2,306	100.0%
Tooth Surface 3	1,081	1,081	100.0%
Tooth Surface 4	247	247	100.0%
Tooth Surface 5	16	16	100.0%
Amount Paid	45,896	45,856	99.9%
* -- denotes that there are no records with values present in both data sources			

Table D-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	357,933	357,933	100.0%
Detail Service From Date	357,933	357,933	100.0%
Detail Service To Date	357,933	357,933	100.0%
Billing Provider NPI	357,933	357,933	100.0%
Rendering Provider NPI	357,933	357,932	100.0%
Primary Diagnosis Code	357,926	343,068	95.8%
Secondary Diagnosis Code	111,713	101,099	90.5%
Procedure Code	357,933	357,932	100.0%
Procedure Code Modifier	193,277	193,276	100.0%
NDC	2,139	2,137	99.9%
Amount Paid	357,933	357,926	100.0%

Table D-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	278,114	278,114	100.0%
Header Service From Date	278,114	278,104	100.0%
Header Service To Date	278,114	278,074	100.0%
Admission Date	17,937	17,937	100.0%
Billing Provider NPI	278,114	278,114	100.0%
Attending Provider NPI	278,101	278,101	100.0%
Primary Diagnosis Code	278,114	278,114	100.0%
Secondary Diagnosis Code	215,646	198,866	92.2%
Procedure Code	245,044	245,016	100.0%
Procedure Code Modifier	37,968	37,968	100.0%
Primary Surgical Procedure Code	7,232	7,232	100.0%
Secondary Surgical Procedure Code	44	44	100.0%
NDC	1,660	1,654	99.6%
Revenue Code	278,101	278,086	100.0%
Diagnosis-Related Group (DRG) Code	16,920	9,831	58.1%
Amount Paid	278,114	278,114	100.0%

Table D-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	145,926	145,926	100.0%
Header Service From Date	145,926	145,926	100.0%
Billing Provider NPI	145,926	145,926	100.0%
Prescribing Provider NPI	145,926	145,926	100.0%
NDC	145,926	145,926	100.0%
Drug Quantity	145,926	141,311	96.8%
Amount Paid	145,926	144,275	98.9%
Dispensing Fee	145,926	3,408	2.3%

Table D-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	45,896	45,765	99.7%
Professional	357,933	325,004	90.8%
Institutional	278,114	259,586	93.3%
Pharmacy	145,926	139,660	95.7%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for CHA with its response.



Encounter Data Discrepancy Report for Cascade Health Alliance, LLC

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Cascade Health Alliance, LLC (CHA), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for CHA. In addition, this report displays the data issues for CHA to investigate. CHA will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the CHA-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the CHA-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.1%	5.6%
Professional	0.1%	0.1%
Institutional	0.4%	0.3%
Pharmacy	7.3%	0.2%

CHA Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_CHA



ENCOUNTER DATA DISCREPANCY REPORT FOR CHA

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for professional and institutional encounters, as each rate was at or lower than 0.4 percent.
- For dental encounters, the record omission rate was very low at 0.1 percent, while the record surplus rate was relatively high at 5.6 percent indicating that a large number of encounters in the OHA-submitted data were not found in the CHA-submitted data. Among records that were in the OHA-submitted data but not in the CHA-submitted data, 99.4 percent had dates of service in January or February 2020.
- For pharmacy encounters, the records surplus rate was very low at 0.2 percent, while the record omission rate was relatively high at 7.3 percent indicating that a large number of encounters in the CHA-submitted data were not in the OHA-submitted data. CHA indicated in its response to the File Review document provided to CHA regarding its initial submission, that this was due to 1,669 encounters that failed when data was submitted to OHA and therefore, should not have been included, while the remaining records were due to reversals where OHA did not provide ICNs. However, since these records represent reversals, HSAG would expect the original ICN field to be populated, but the original ICN was left blank for all of these pharmacy encounters. Approximately 74 percent of these pharmacy encounters had neither the ICN nor the original ICN fields populated.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.



ENCOUNTER DATA DISCREPANCY REPORT FOR CHA

Dental Encounters

Table 2 displays CHA's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	99.8%
Detail Service To Date	0.0%	0.0%	0.0%	99.8%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Tooth Number	0.0%	0.0%	69.3%	100.0%
Oral Cavity Code 1	0.0%	0.0%	99.3%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	92.5%	100.0%
Tooth Surface 2	0.0%	0.0%	95.0%	100.0%
Tooth Surface 3	0.0%	0.0%	97.6%	100.0%
Tooth Surface 4	0.0%	0.0%	99.5%	100.0%
Tooth Surface 5	0.0%	0.0%	100.0%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	99.9%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., 0.0 percent) for all dental encounter data elements that were evaluated.
- The dental encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and CHA-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR CHA

Professional Encounters

Table 3 displays CHA's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	95.8%
Secondary Diagnosis Code	0.0%	6.1%	62.6%	90.5%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	46.0%	100.0%
National Drug Code (NDC)	0.0%	0.0%	99.4%	99.9%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., 0.0 percent) for all professional encounter data elements that were evaluated, except for the surplus rate associated with the *Secondary Diagnosis Code* data element with a surplus rate of 6.1 percent.
 - For data element *Secondary Diagnosis Code*, the high element omission rate was due to how CHA populated the data element in the submitted data for the study, where it appears that each line of an encounter in the CHA-submitted data had different diagnosis codes. Additionally, in some cases, the diagnosis code had a different order when compared to the OHA-submitted data and, in other cases, the diagnosis code was omitted from a line.
- The professional encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and CHA-submitted data), except for data elements *Primary Diagnosis Code* and *Secondary Diagnosis Code*, with accuracy rates of 95.8 percent and 90.5 percent, respectively.
 - For data element *Primary Diagnosis Code*, the low accuracy rate was due to how CHA populated the data element in the submitted data for the study. Among records where the primary diagnosis code had different values when populated and compared between the two sources, it appears that each line of an encounter in the CHA-submitted data had different diagnosis codes. Additionally,



ENCOUNTER DATA DISCREPANCY REPORT FOR CHA

In some cases, the diagnosis code had a different order when compared to the OHA-submitted data and, in other cases, the diagnosis code was omitted from a line.

- Similarly, for data element *Secondary Diagnosis Code*, the low accuracy was due to how CHA populated the data element in the submitted data for the study, as described previously.

Institutional Encounters

Table 4 displays CHA's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.0%	0.0%	93.5%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Attending Provider NPI	0.0%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.2%	0.0%	22.2%	92.2%
Procedure Code	0.0%	0.0%	11.9%	100.0%
Procedure Code Modifier	0.0%	0.0%	86.3%	100.0%
Primary Surgical Procedure Code	1.5%	0.0%	95.9%	100.0%
Secondary Surgical Procedure Code	2.7%	0.0%	97.3%	100.0%
NDC	0.3%	0.0%	99.1%	99.6%
Revenue Code	0.0%	0.0%	0.0%	100.0%
Diagnosis-Related Group (DRG) Code	0.0%	0.4%	93.6%	58.1%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 2.7 percent) for all institutional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and CHA-submitted data), except for *Secondary Diagnosis Code* and *DRG Code* data elements with accuracy rates of 92.2 percent and 58.1 percent, respectively.



ENCOUNTER DATA DISCREPANCY REPORT FOR CHA

- For data element *Secondary Diagnosis Code*, based on further review, it appears that among records where the OHA-submitted secondary diagnosis code had different values than the CHA-submitted secondary diagnosis code, the tertiary diagnosis code in the CHA-submitted data had the same values as the secondary diagnosis code in the OHA-submitted data.
- For data element *DRG Code*, among records where the DRG had different values when populated and compared between the two sources, HSAG was not able to determine any specific patterns or root cause for the discrepancy.

Pharmacy Encounters

Table 5 displays CHA's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.8%
Header Paid Amount	0.0%	0.0%	0.0%	98.9%
Dispensing Fee	0.0%	0.0%	0.0%	2.3%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, as rates were very low (i.e., at or less than 0.1 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of at least 98.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 96.8 percent and 2.3 percent, respectively.
 - For data element *Drug Quantity*, among records where the CHA-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that more than 85.0 percent of the *Drug Quantity* data element in the CHA-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the CHA-submitted data had values of less than \$1.0.

Next Steps

- Based on the key findings, CHA is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	CHA's Investigation Efforts and Explanations
Table 1	Dental record surplus rate (5.6 percent)	CHA dental Surplus of 5.6% was discovered when CHA identified a missing import of an 835 dental file received March 17,2020 running that file in populate 992 missing ICN numbers. Adding these missing ICN's lowers the rate resulting in better performance.
Table 1	Pharmacy record omission rate (7.3%)	CHA utilized outbound encounter data to compare to OHA inbound response files and reported on all encounters that matched with a response. From the PHARM_OMIT_DUP sample, CHA reported on encounters with a response of Reversal Processed even though OHA does not return an ICN on voided claims. This will explain part of the 7.3% omission on CHAs side. From the PHARM_OMIT sample, all encounters have a state ICN and CHA believes that the encounters should be reported. We are not sure why the state data is not reflecting these encounters.

Table	Discrepancy Item	CHA's Investigation Efforts and Explanations
Table 4	DRG code accuracy rate for institutional encounters (58.1 percent)	CHA does not pass the providers billed DRG code in our 837I encounter data files. CHA is not sure what DRG grouper software is being used by the state to determine the DRG code reported on their side. Nor does CHA receive the states DRG in the 835 file returned so we are not able to identify the discrepancy. The EDV discrepancy file reported references a "LINE NO" but we do not pay the DRG on the line detail its paid at the header, so this was not helpful data. CHA did validate that we are passing the Admitting, Primary and other diagnosis correctly in the 837I file and the diagnosis matched on the MMIS encounter claim when compared. MMIS does not report the state DRG code as well for comparison. CHA uses a software vendor that pulls the ICD10 diagnosis codes as well and the procedure codes to group the DRG code. The software pulls in an html report per inpatient DRG so the analyst can compare the billed DRG to the grouped DRG to make sure they match. Through comparison it appears that a high volume of the DRG not matching are Medicare Crossover claims. CHA would need the State to report on the DRG discrepancy each file run to help improve data accuracy.
Table 5	Dispensing fee accuracy rate for pharmacy encounters (2.3 percent)	CHA worked with the PBM to identify 97.7% discrepancy in the dispensing fee quantities appear to be rounded from the original encounter a claims data come from our PBM and the dispensing fee is being inflated at some point as all our dispensing fees are showing around \$1.00 or less.

☐

Appendix E. Results for Columbia Pacific CCO, LLC

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Columbia Pacific CCO, LLC (CPCCO).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table E-1 provides encounter volume and paid amount results for CPCCO dental encounters.

Table E-1—Encounter Volume and Paid Amount for Dental Encounters: CPCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	2,287	26,373	86.7	\$217,264	\$8.24
February 2020	2,280	26,298	86.7	\$242,640	\$9.23
March 2020	1,266	26,264	48.2	\$140,892	\$5.36
April 2020	342	26,759	12.8	\$74,413	\$2.78
May 2020	726	27,586	26.3	\$103,948	\$3.77
June 2020	1,310	28,127	46.6	\$165,138	\$5.87
July 2020	1,405	28,366	49.5	\$207,022	\$7.30
August 2020	1,572	28,586	55.0	\$215,718	\$7.55
September 2020	1,688	29,008	58.2	\$216,416	\$7.46
October 2020	1,869	29,314	63.8	\$224,629	\$7.66
November 2020	1,521	29,605	51.4	\$168,118	\$5.68
December 2020	491	30,099	16.3	\$32,281	\$1.07

Table E-2 provides encounter volume and paid amount results for CPCCO professional encounters.

Table E-2—Encounter Volume and Paid Amount for Professional Encounters: CPCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	30,407	26,373	1,153.0	\$2,966,568	\$112.49
February 2020	28,543	26,298	1,085.4	\$2,704,429	\$102.84
March 2020	25,014	26,264	952.4	\$2,380,611	\$90.64
April 2020	19,671	26,759	735.1	\$1,835,157	\$68.58
May 2020	22,944	27,586	831.7	\$2,124,183	\$77.00
June 2020	26,318	28,127	935.7	\$2,405,318	\$85.52
July 2020	28,359	28,366	999.8	\$2,554,662	\$90.06
August 2020	27,141	28,586	949.5	\$2,368,978	\$82.87
September 2020	27,081	29,008	933.6	\$2,427,669	\$83.69
October 2020	26,135	29,314	891.6	\$2,486,383	\$84.82
November 2020	19,753	29,605	667.2	\$2,001,354	\$67.60
December 2020	5,877	30,099	195.3	\$560,852	\$18.63

Table E-3 provides encounter volume and paid amount results for CPCCO inpatient encounters.

Table E-3—Encounter Volume and Paid Amount for Inpatient Encounters: CPCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	258	26,373	9.8	\$1,970,268	\$74.71
February 2020	211	26,298	8.0	\$1,982,607	\$75.39
March 2020	204	26,264	7.8	\$1,895,164	\$72.16
April 2020	170	26,759	6.4	\$1,219,361	\$45.57
May 2020	214	27,586	7.8	\$1,872,611	\$67.88
June 2020	180	28,127	6.4	\$1,390,886	\$49.45
July 2020	255	28,366	9.0	\$2,280,384	\$80.39
August 2020	197	28,586	6.9	\$1,310,469	\$45.84
September 2020	202	29,008	7.0	\$1,421,744	\$49.01
October 2020	207	29,314	7.1	\$1,492,029	\$50.90
November 2020	122	29,605	4.1	\$771,795	\$26.07
December 2020	41	30,099	1.4	\$137,833	\$4.58

Table E-4 provides encounter volume and paid amount results for CPCCO outpatient encounters.

Table E-4—Encounter Volume and Paid Amount for Outpatient Encounters: CPCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,959	26,373	226.0	\$3,974,822	\$150.72
February 2020	5,656	26,298	215.1	\$3,548,218	\$134.92
March 2020	4,597	26,264	175.0	\$3,004,333	\$114.39
April 2020	2,724	26,759	101.8	\$2,062,755	\$77.09
May 2020	4,005	27,586	145.2	\$2,665,229	\$96.62
June 2020	5,324	28,127	189.3	\$3,238,764	\$115.15
July 2020	5,670	28,366	199.9	\$3,351,895	\$118.17
August 2020	5,266	28,586	184.2	\$3,254,125	\$113.84
September 2020	5,182	29,008	178.6	\$3,017,501	\$104.02
October 2020	5,393	29,314	184.0	\$3,457,812	\$117.96
November 2020	4,111	29,605	138.9	\$2,228,215	\$75.26
December 2020	1,066	30,099	35.4	\$749,471	\$24.90

Table E-5 provides encounter volume and paid amount results for CPCCO pharmacy encounters.

Table E-5—Encounter Volume and Paid Amount for Pharmacy Encounters: CPCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	23,957	26,373	908.4	\$1,666,573	\$63.19
February 2020	22,038	26,298	838.0	\$1,639,593	\$62.35
March 2020	25,727	26,264	979.6	\$2,196,965	\$83.65
April 2020	21,585	26,759	806.6	\$1,809,486	\$67.62
May 2020	20,582	27,586	746.1	\$1,608,976	\$58.33
June 2020	21,855	28,127	777.0	\$1,721,867	\$61.22
July 2020	22,014	28,366	776.1	\$1,865,743	\$65.77
August 2020	20,861	28,586	729.8	\$1,786,910	\$62.51
September 2020	21,088	29,008	727.0	\$1,756,859	\$60.56
October 2020	21,555	29,314	735.3	\$1,570,742	\$53.58
November 2020	19,939	29,605	673.5	\$1,734,223	\$58.58
December 2020	21,016	30,099	698.2	\$1,088	\$0.04

Encounter Data Timeliness

Table E-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CPCCO dental encounters.

Table E-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: CPCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	98.7%	98.7%	99.8%	99.9%	100.0%	100.0%
March 2020	97.1%	97.9%	99.5%	100.0%	100.0%	100.0%
April 2020	98.9%	99.8%	100.0%	100.0%	100.0%	100.0%
May 2020	99.4%	99.8%	100.0%	100.0%	100.0%	100.0%
June 2020	99.8%	99.8%	99.9%	100.0%	100.0%	100.0%
July 2020	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	94.0%	99.7%	99.8%	99.9%	99.9%	99.9%
September 2020	92.5%	99.8%	99.9%	99.9%	99.9%	99.9%
October 2020	90.3%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	83.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table E-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CPCCO professional encounters.

Table E-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: CPCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CPCCO inpatient encounters.

Table E-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: CPCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.3%	99.3%	99.3%	99.3%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CPCCO outpatient encounters.

Table E-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: CPCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.7%	99.9%	99.9%	100.0%	100.0%	100.0%
April 2020	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%
May 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.8%	99.9%	99.9%	99.9%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	50.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for CPCCO pharmacy encounters.

Table E-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: CPCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table E-11 provides lag triangles for CPCCO dental encounters. Additional details provided include MM and claims PMPM.

Table E-11—Encounters Lag Triangle—Dental Encounters: CPCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	534												534
202002	1,475	547											2,022
202003	237	1,510	870										2,617
202004	21	147	262	79									509
202005	24	52	85	175	72								408
202006	26	37	38	73	578	636							1,388

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202007	4	6	12	20	62	614	659						1,377
202008	7	8	7	3	14	61	670	446					1,216
202009		2	2	2	4	8	55	1,074	683				1,830
202010		2	6		4	10	26	48	931	440			1,467
202011	1	1	1	1	1	2	10	13	93	1,234	378		1,735
202012	1	3	1		1	8	11	14	9	232	1,161	474	1,915
202103											3	5	8
202104		4						4	2	2	4	13	29
202105	2			1			1	1			1	2	8
202106						2		1					3
TOTAL	2,332	2,319	1,284	354	736	1,341	1,432	1,601	1,718	1,908	1,547	494	17,066
MM	26,373	26,298	26,264	26,759	27,586	28,127	28,366	28,586	29,008	29,314	29,605	30,099	336,385
PMPM	0.088	0.088	0.049	0.013	0.027	0.048	0.050	0.056	0.059	0.065	0.052	0.016	0.051

Table E-12 provides lag triangles for CPCCO professional encounters. Additional details provided include MM and claims PMPM.

Table E-12—Encounters Lag Triangle—Professional Encounters: CPCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	7,458	1	1										7,460
202002	14,806	6,159	1										20,966
202003	3,624	15,867	10,112	1									29,604
202004	1,143	2,616	8,913	4,858									17,530
202005	6,888	596	1,403	8,746	5,151	2	1						22,787
202006	201	6,449	609	1,774	12,224	9,353	1						30,611
202007	107	206	1,035	1,366	1,753	10,907	7,514	2					22,890
202008	149	169	5,363	4,061	1,010	2,734	13,732	5,654	3	1			32,876
202009	61	88	200	445	4,598	5,367	2,825	14,077	7,577	2	3		35,243
202010	109	96	110	137	174	424	6,212	4,997	13,624	6,665	2	1	32,551
202011	38	52	44	74	94	135	821	4,978	3,735	15,734	5,635	5	31,345
202012	33	40	49	49	66	68	127	337	5,085	4,449	14,496	4,877	29,676
202103	2	3	7	1	3	12	10	15	21	22	60	168	324
202104	11	11	16	29	30	34	47	59	80	131	165	663	1,276
202105	14	25	59	27	24	55	44	52	65	78	121	298	862
202106	36	288	356	108	25	46	43	57	46	82	82	127	1,296
TOTAL	34,680	32,666	28,278	21,676	25,152	29,137	31,377	30,228	30,236	27,164	20,564	6,139	317,297
MM	26,373	26,298	26,264	26,759	27,586	28,127	28,366	28,586	29,008	29,314	29,605	30,099	336,385
PMPM	1.315	1.242	1.077	0.810	0.912	1.036	1.106	1.057	1.042	0.927	0.695	0.204	0.943

Table E-13 provides lag triangles for CPCCO inpatient encounters. Additional details provided include MM and claims PMPM.

Table E-13—Encounters Lag Triangle—Inpatient Encounters: CPCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	12												12
202002	140	17											157
202003	82	123	28										233
202004	10	48	121	27									206
202005	6	8	27	91	24								156
202006	1	6	15	35	129	25							211
202007	4	4	1	7	32	98	32						178
202008	3	1	2	4	12	35	145	19					221
202009		2	4	3	10	11	64	123	29				246
202010			2	2	5	6	5	46	111				177
202011			1		1		2	4	48	136	7		199
202012	1	1		1		1	2	1	11	40	80	5	143
202103						1		1			2	1	5
202104			2		1	3	4		1	1		8	20
202105		1					1	2	2	15	13	15	49
202106			1		1			1		15	20	12	50
TOTAL	259	211	204	170	215	180	255	197	202	207	122	41	2,263
MM	26,373	26,298	26,264	26,759	27,586	28,127	28,366	28,586	29,008	29,314	29,605	30,099	336,385
PMPM	0.010	0.008	0.008	0.006	0.008	0.006	0.009	0.007	0.007	0.007	0.004	0.001	0.007

Table E-14 provides lag triangles for CPCCO outpatient encounters. Additional details provided include MM and claims PMPM.

Table E-14—Encounters Lag Triangle—Outpatient Encounters: CPCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,077												1,077
202002	3,840	1,470											5,310
202003	856	3,598	2,225										6,679
202004	114	431	1,982	810									3,337
202005	49	96	267	1,533	1,042								2,987
202006	39	58	83	230	2,409	1,861							4,680
202007	45	37	43	68	252	2,664	1,659						4,768
202008	19	22	21	37	198	571	3,142	1,126					5,136
202009	13	20	18	21	49	115	662	3,509	1,729				6,136

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202010	7	8	11	60	63	113	178	538	2,887	1,580			5,445
202011	9	8	20	9	32	58	57	114	489	3,001	1,018		4,815
202012	10	8	10	7	23	21	44	54	138	844	3,097	963	5,219
202103			1	3	1		1	2	5	6	8	12	39
202104	3	4	6	9	7	3	6	11	15	19	19	52	154
202105	5	1		2	5	8	6	10	7	14	11	23	92
202106	2	2	1	2	5	12	6	10	16	14	13	19	102
TOTAL	6,088	5,763	4,688	2,791	4,086	5,426	5,761	5,374	5,286	5,478	4,166	1,069	55,976
MM	26,373	26,298	26,264	26,759	27,586	28,127	28,366	28,586	29,008	29,314	29,605	30,099	336,385
PMPM	0.231	0.219	0.178	0.104	0.148	0.193	0.203	0.188	0.182	0.187	0.141	0.036	0.166

Table E-15 provides lag triangles for CPCCO pharmacy encounters. Additional details provided include MM and claims PMPM.

Table E-15—Encounters Lag Triangle—Pharmacy Encounters: CPCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	4,175												4,175
202002	19,568	1,652											21,220
202003	104	20,231	7,165										27,500
202004		30	18,394	4,138									22,562
202005	9	17	10	17,334	2,440								19,810
202006	9	31	33	16	18,077	6,046							24,212
202007	48	45	72	59	10	15,731	3,850						19,815
202008	3	6	2	12	16	25	18,052	6,416					24,532
202009	16	8	9		13	16	3	14,393	4,202				18,660
202010		1	5	5	2	10	5	12	16,780	3,190			20,010
202011	1	1	1		2	1	47	5	30	18,222	6,010		24,320
202012	3	1	6			2	1	4	16	21	13,823	4,790	18,667
202101		1	2	2	1	4	1	1	18	37	59	16,146	16,272
202102	2	4		2	3		11	3		31	8	19	83
202103					2			3		1	5	11	22
202104				1					1	1		13	16
202105			1		2		4	3		3	4	2	19
202106	1		1			1			3			4	10
TOTAL	23,939	22,028	25,701	21,569	20,568	21,836	21,974	20,840	21,050	21,506	19,909	20,985	261,905
MM	26,373	26,298	26,264	26,759	27,586	28,127	28,366	28,586	29,008	29,314	29,605	30,099	336,385
PMPM	0.908	0.838	0.979	0.806	0.746	0.776	0.775	0.729	0.726	0.734	0.672	0.697	0.779

Field-Level Completeness and Accuracy

Table E-16 provides a summary of the field-level completeness and accuracy for CPCCO dental encounters.

Table E-16—Data Element Completeness and Accuracy for Dental Encounters: CPCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	17,066	17,066	100.0%	17,066	17,042	99.9%
Header First Date of Service	17,066	17,066	100.0%	17,066	17,066	100.0%
Header Last Date of Service	17,066	17,066	100.0%	17,066	17,066	100.0%
Detail First Date of Service	55,361	55,361	100.0%	55,361	55,361	100.0%
Detail Last Date of Service	55,361	55,361	100.0%	55,361	55,361	100.0%
Paid Date	55,361	55,361	100.0%	55,361	55,361	100.0%
Billing Provider NPI	17,066	17,066	100.0%	17,066	17,038	99.8%
Rendering Provider NPI	17,066	17,066	100.0%	17,066	16,869	98.8%
Referring Provider NPI	17,066	17,066	100.0%	17,066	16,869	98.8%
CDT Codes	55,361	55,361	100.0%	55,361	55,356	100.0%
Tooth Number	55,361	31,642	57.2%	31,642	31,642	100.0%
Tooth Surface Codes	55,361	7,059	12.8%	13,960	13,960	100.0%
Oral Cavity Codes	55,361	22,806	41.2%	22,806	22,806	100.0%

Table E-17 provides a summary of the field-level completeness and accuracy for CPCCO professional encounters.

Table E-17—Data Element Completeness and Accuracy for Professional Encounters: CPCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	317,297	317,297	100.0%	317,297	317,134	99.9%
Header First Date of Service	317,297	317,297	100.0%	317,297	317,297	100.0%
Header Last Date of Service	317,297	317,297	100.0%	317,297	317,265	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	512,432	512,432	100.0%	512,432	512,432	100.0%
Detail Last Date of Service	512,432	512,432	100.0%	512,432	512,429	100.0%
Paid Date	512,432	512,432	100.0%	512,432	512,379	100.0%
Billing Provider NPI	317,297	317,288	100.0%	317,288	282,056	88.9%
Rendering Provider NPI	317,297	317,293	100.0%	317,293	297,731	93.8%
Referring Provider NPI	317,297	317,293	100.0%	317,293	297,731	93.8%
Primary Diagnosis Codes	317,297	317,297	100.0%	317,297	317,297	100.0%
Secondary Diagnosis Codes	317,297	149,643	47.2%	287,985	287,985	100.0%
CPT/HCPCS Codes	512,432	512,432	100.0%	512,432	512,431	100.0%
NDC	512,432	22,542	4.4%	22,542	22,299	98.9%

Table E-18 provides a summary of the field-level completeness and accuracy for CPCCO inpatient encounters.

Table E-18—Data Element Completeness and Accuracy for Inpatient Encounters: CPCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	2,263	2,263	100.0%	2,263	2,253	99.6%
Header First Date of Service	2,263	2,263	100.0%	2,263	2,263	100.0%
Header Last Date of Service	2,263	2,263	100.0%	2,263	2,263	100.0%
Paid Date	26,400	26,400	100.0%	26,400	26,400	100.0%
Billing Provider NPI	2,263	2,263	100.0%	2,263	2,031	89.7%
Rendering Provider NPI	2,263	2,263	100.0%	2,263	2,181	96.4%
Attending Provider NPI	2,263	2,263	100.0%	2,263	2,181	96.4%
Referring Provider NPI	2,263	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	2,263	2,263	100.0%	2,263	2,263	100.0%
Secondary Diagnosis Codes	2,263	2,194	97.0%	6,151	6,151	100.0%
Primary Surgical Procedure Codes	2,263	1,271	56.2%	1,271	1,271	100.0%
Secondary Surgical Procedure Codes	2,263	783	34.6%	1,512	1,512	100.0%
CPT/HCPCS Codes	26,400	10	0.0%	10	3	30.0%
Diagnosis-Related Groups Codes	2,263	2,263	100.0%	2,263	2,256	99.7%
Revenue Codes	26,400	26,400	100.0%	26,400	26,400	100.0%
NDC	26,400	4	0.0%	4	4	100.0%
Type of Bill Codes	2,263	2,263	100.0%	2,263	2,263	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table E-19 provides a summary of the field-level completeness and accuracy for CPCCO outpatient encounters.

Table E-19—Data Element Completeness and Accuracy for Outpatient Encounters: CPCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	55,976	55,976	100.0%	55,976	55,946	99.9%
Header First Date of Service	55,976	55,976	100.0%	55,976	55,976	100.0%
Header Last Date of Service	55,976	55,976	100.0%	55,976	55,976	100.0%
Paid Date	264,102	264,102	100.0%	264,102	264,102	100.0%
Billing Provider NPI	55,976	55,976	100.0%	55,976	52,227	93.3%
Rendering Provider NPI	55,976	55,976	100.0%	55,976	53,037	94.7%
Attending Provider NPI	55,976	55,976	100.0%	55,976	53,037	94.7%
Primary Diagnosis Codes	55,976	55,976	100.0%	55,976	55,976	100.0%
Secondary Diagnosis Codes	55,976	33,628	60.1%	67,657	67,656	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	264,102	244,323	92.5%	244,323	244,271	100.0%
Revenue Codes	264,102	264,102	100.0%	264,102	264,102	100.0%
NDC	264,102	25,810	9.8%	25,810	25,495	98.8%
Type of Bill Codes	55,976	55,976	100.0%	55,976	55,976	100.0%

Table E-20 provides a summary of the field-level completeness and accuracy for CPCCO pharmacy encounters.

Table E-20—Data Element Completeness and Accuracy for Pharmacy Encounters: CPCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	261,905	261,905	100.0%	261,905	261,746	99.9%
Date of Service	261,905	261,905	100.0%	261,905	261,905	100.0%
Paid Date	261,905	261,905	100.0%	261,905	261,905	100.0%
Billing Provider NPI	261,905	261,905	100.0%	261,905	211,339	80.7%
Prescribing Provider NPI	261,905	261,900	100.0%	261,900	248,765	95.0%
NDC	262,217	262,217	100.0%	262,217	261,941	99.9%

Comparative Analysis

This section presents the CPCCO results for the comparative analysis.

Table E-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	66,239	68	0.1%	67,291	1,120	1.7%
Professional	598,905	2,078	0.3%	615,925	19,098	3.1%
Institutional	362,665	3,828	1.1%	368,312	9,475	2.6%
Pharmacy	325,868	796	0.2%	325,813	741	0.2%

Table E-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	66,171	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	66,171	23	0.0%	0	0.0%	0	0.0%
Detail Service From Date	66,171	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	66,171	0	0.0%	6,632	10.0%	0	0.0%
Member ID	66,171	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	66,171	568	0.9%	0	0.0%	38,674	58.4%
Oral Cavity Code 2	66,171	0	0.0%	0	0.0%	66,171	100.0%
Oral Cavity Code 3	66,171	0	0.0%	0	0.0%	66,171	100.0%
Oral Cavity Code 4	66,171	0	0.0%	0	0.0%	66,171	100.0%
Oral Cavity Code 5	66,171	0	0.0%	0	0.0%	66,171	100.0%
Procedure Code	66,171	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	66,171	0	0.0%	15,448	23.3%	3	0.0%
Tooth Number	66,171	313	0.5%	3	0.0%	28,471	43.0%
Tooth Surface 1	66,171	2	0.0%	0	0.0%	57,766	87.3%
Tooth Surface 2	66,171	2	0.0%	0	0.0%	61,127	92.4%
Tooth Surface 3	66,171	1	0.0%	0	0.0%	64,124	96.9%
Tooth Surface 4	66,171	1	0.0%	0	0.0%	65,403	98.8%
Tooth Surface 5	66,171	63	0.1%	0	0.0%	65,970	99.7%

Table E-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	596,827	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	596,827	2,393	0.4%	0	0.0%	0	0.0%
Primary Diagnosis Code	596,827	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	596,827	0	0.0%	57,136	9.6%	299,310	50.2%
Detail Service From Date	596,827	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	596,827	0	0.0%	0	0.0%	0	0.0%
Member ID	596,827	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	596,827	0	0.0%	0	0.0%	248,954	41.7%
NDC	596,827	90	0.0%	46	0.0%	571,258	95.7%
Procedure Code	596,827	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	596,827	1,774	0.3%	0	0.0%	0	0.0%

Table E-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	358,837	326,882	91.1%	0	0.0%	0	0.0%
Amount Paid	358,837	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	358,837	4,206	1.2%	0	0.0%	194	0.1%
Billing Provider NPI	358,837	709	0.2%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	358,837	1	0.0%	507	0.1%	326,881	91.1%
Primary Diagnosis Code	358,837	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	358,837	65,148	18.2%	75	0.0%	6,218	1.7%
Header Service From Date	358,837	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	358,837	0	0.0%	0	0.0%	0	0.0%
Member ID	358,837	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	358,837	2	0.0%	1	0.0%	293,164	81.7%
NDC	358,837	118,194	32.9%	105	0.0%	205,438	57.3%
Procedure Code	358,837	167	0.0%	53	0.0%	57,096	15.9%
Revenue Code	358,837	2,258	0.6%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	358,837	0	0.0%	0	0.0%	338,014	94.2%
Secondary Surgical Procedure Code	358,837	0	0.0%	0	0.0%	345,002	96.1%

Table E-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	325,072	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	325,072	4,265	1.3%	0	0.0%	0	0.0%
Drug Quantity	325,072	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	325,072	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	325,072	0	0.0%	0	0.0%	0	0.0%
Member ID	325,072	0	0.0%	0	0.0%	0	0.0%
NDC	325,072	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	325,072	5,518	1.7%	0	0.0%	0	0.0%

Table E-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	66,171	66,171	100.0%
Detail Service From Date	66,171	66,169	100.0%
Detail Service To Date	59,539	59,508	99.9%
Billing Provider NPI	66,148	66,093	99.9%
Rendering Provider NPI	50,720	50,720	100.0%
Procedure Code	66,171	66,153	100.0%
Tooth Number	37,384	37,367	100.0%
Oral Cavity Code 1	26,929	26,927	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	8,403	8,403	100.0%
Tooth Surface 2	5,042	5,042	100.0%
Tooth Surface 3	2,046	2,046	100.0%
Tooth Surface 4	767	767	100.0%
Tooth Surface 5	138	138	100.0%
Amount Paid	66,171	66,171	100.0%
* -- denotes that there are no records with values present in both data sources			

Table E-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	596,827	596,827	100.0%
Detail Service From Date	596,827	596,827	100.0%
Detail Service To Date	596,827	596,827	100.0%
Billing Provider NPI	594,434	594,432	100.0%
Rendering Provider NPI	595,053	595,045	100.0%
Primary Diagnosis Code	596,827	556,389	93.2%
Secondary Diagnosis Code	240,381	221,266	92.0%
Procedure Code	596,827	596,813	100.0%
Procedure Code Modifier	347,873	347,873	100.0%
NDC	25,433	25,428	100.0%
Amount Paid	596,827	596,827	100.0%

Table E-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	358,837	358,837	100.0%
Header Service From Date	358,837	358,837	100.0%
Header Service To Date	358,837	358,837	100.0%
Admission Date	31,955	31,955	100.0%
Billing Provider NPI	358,128	357,967	100.0%
Attending Provider NPI	354,437	354,425	100.0%
Primary Diagnosis Code	358,837	358,837	100.0%
Secondary Diagnosis Code	287,396	35,885	12.5%
Procedure Code	301,521	299,862	99.4%
Procedure Code Modifier	65,670	65,670	100.0%
Primary Surgical Procedure Code	20,823	20,823	100.0%
Secondary Surgical Procedure Code	13,835	8,021	58.0%
NDC	35,100	12,193	34.7%
Revenue Code	356,579	355,572	99.7%
Diagnosis-Related Group (DRG) Code	31,448	30,684	97.6%
Amount Paid	358,837	358,837	100.0%

Table E-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	325,072	325,010	100.0%
Header Service From Date	325,072	325,072	100.0%
Billing Provider NPI	320,807	320,784	100.0%
Prescribing Provider NPI	319,554	319,451	100.0%
NDC	325,072	325,056	100.0%
Drug Quantity	325,072	315,987	97.2%
Amount Paid	325,072	319,034	98.1%
Dispensing Fee	325,072	5,669	1.7%

Table E-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	66,171	58,489	88.4%
Professional	596,827	518,129	86.8%
Institutional	358,837	82	0.0%
Pharmacy	325,072	302,333	93.0%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for CPCCO with its response.



Encounter Data Discrepancy Report for Columbia Pacific CCO, LLC

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Columbia Pacific CCO, LLC (CPCCO), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for CPCCO. In addition, this report displays the data issues for CPCCO to investigate. CPCCO will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the CPCCO-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the CPCCO-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.1%	1.7%
Professional	0.3%	3.1%
Institutional	1.1%	2.6%
Pharmacy	0.2%	0.2%

CPCCO Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_CPCCO



ENCOUNTER DATA DISCREPANCY REPORT FOR CPCCO

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental, institutional, and pharmacy encounters, as each rate was at or less than 2.6 percent.
- For professional encounters, the record omission rate was very low at 0.3 percent, while the record surplus rate was slightly higher at 3.1 percent.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays CPCCO's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	10.0%	0.0%	99.9%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	99.9%
Rendering Provider NPI	0.0%	23.3%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Tooth Number	0.5%	0.0%	43.0%	100.0%
Oral Cavity Code 1	0.9%	0.0%	58.4%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	87.3%	100.0%
Tooth Surface 2	0.0%	0.0%	92.4%	100.0%
Tooth Surface 3	0.0%	0.0%	96.9%	100.0%
Tooth Surface 4	0.0%	0.0%	98.8%	100.0%
Tooth Surface 5	0.1%	0.0%	99.7%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or lower than 0.9 percent) for all dental encounter data elements that were evaluated, except for the element surplus rates associated with data elements *Rendering Provider NPI* and *Detail Service To Date*.
- The element surplus rate for data element *Rendering provider NPI* was high at 23.3 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, 99.9% of the rendering provider NPI values in the OHA-submitted data that were not in the CPCCO-submitted data, had the same values as the billing provider NPIs.
- The element surplus rate for data element *Detail Service To Date* was high at 10.0 percent. One of CPCCO's dental data source (i.e., Willamette), in CPCCO's dental data submission for the study, failed to include any detail service to date values.



ENCOUNTER DATA DISCREPANCY REPORT FOR CPCCO

- The dental encounter data element accuracy rates were very high (i.e., at or more than 99.9 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and CPCCO-submitted data).

Professional Encounters

Table 3 displays CPCCO's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.4%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.3%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	93.2%
Secondary Diagnosis Code	0.0%	9.6%	50.2%	92.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	41.7%	100.0%
National Drug Code (NDC)	0.0%	0.0%	95.7%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or below 0.4 percent) for all professional encounter data elements that were evaluated, except for the *Secondary Diagnosis Code* data element, with a surplus rate of 9.6 percent.
- The professional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and CPCCO-submitted data), except for the *Primary Diagnosis Code* and *Secondary Diagnosis Code* data elements, with accuracy rates of 93.2 percent and 92 percent, respectively.
- Based on further investigation, approximately 70 percent of these mismatches and surpluses were due to OHA's primary diagnosis code having the same values as the CPCCO's secondary diagnosis code. OHA's submission does not include CPCCO's primary diagnosis codes for these encounters.



ENCOUNTER DATA DISCREPANCY REPORT FOR CPCCO

Institutional Encounters

Table 4 displays CPCCO's data element omission, surplus, absent, and accuracy rates for the institutional encounters.



Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	91.1%	0.0%	0.0%	100.0%
Billing Provider NPI	0.2%	0.0%	0.0%	100.0%
Attending Provider NPI	1.2%	0.0%	0.1%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	18.2%	0.0%	1.7%	12.5%
Procedure Code	0.0%	0.0%	15.9%	99.4%
Procedure Code Modifier	0.0%	0.0%	81.7%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	94.2%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	96.1%	58.0%
NDC	32.9%	0.0%	57.3%	34.7%
Revenue Code	0.6%	0.0%	0.0%	99.7%
Diagnosis-Related Group (DRG) Code	0.0%	0.1%	91.1%	97.6%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 1.2 percent) for all institutional encounter data elements that were evaluated, except for the omission rates associated with the *Admission Date*, *Secondary Diagnosis Code*, and *NDC* data elements, with rates of 91.1 percent, 18.2 percent, and 32.9 percent respectively.
 - For data element *Admission Date*, the high element omission rate of 91.1 percent was due to CPCCO populating the admission date field for all institutional encounters, while most outpatient encounters were not expected to have admission dates.
 - For data element *NDC*, it appears that in general, among records that matched between the two sources, the NDC field was more populated in the CPCCO-submitted data compared to the OHA-submitted data. This, consequently, resulted in the higher omission rate for the data element *NDC*.



ENCOUNTER DATA DISCREPANCY REPORT FOR CPCCO

Additionally, it appears that for an encounter with an NDC in the CPCCO-submitted data, the encounter was populated with the same NDC for each encounter line.

- For data element *Secondary Diagnosis Code*, based on further investigation, it appears that it had the same values as the *Primary Diagnosis Code* data element in the CPCCO-submitted data for most encounters.
- The institutional encounter data element accuracy rates were very high (i.e., more than 97.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and CPCCO-submitted data), except for the *Secondary Diagnosis Code*, *Secondary Surgical Procedure Code*, and *NDC* data elements, with rates of 12.5 percent, 56.5 percent, and 30.2 percent, respectively.
 - For data element *Secondary Diagnosis Code*, as described above, regarding the surplus rate for data element *Secondary Diagnosis Code*, the low accuracy rates for these two data elements may have been an artifact of CPCCO's data extract for the study, where it appears that the secondary diagnosis code field had the same values as the primary diagnosis code in the CPCCO-submitted data for most encounters.
 - For data element *Secondary Surgical Procedure Code*, HSAG was not able to determine any pattern or the root cause of the discrepancy.
 - As described above regarding the surplus rate for data element *NDC*, the low accuracy rate for this data element may have been due to CPCCO populating the NDC field with the same NDC for each encounter line when an NDC was available. As a result, since the OHA-submitted data had the encounter line populated with specific NDCs for each associated encounter line, some of the NDCs from the CPCCO-submitted data did not match.

Pharmacy Encounters

Table 5 displays CPCCO's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	1.3%	0.0%	0.0%	100.0%
Prescribing Provider NPI	1.7%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	97.2%
Header Paid Amount	0.0%	0.0%	0.0%	98.1%
Dispensing Fee	0.0%	0.0%	0.0%	1.7%



ENCOUNTER DATA DISCREPANCY REPORT FOR CPCCO

Key Findings: Table 5

- There were no issues noted regarding data element omission and data element surplus rates, as rates were very low (i.e., at or lower than 1.7 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy of more than 98.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 97.2 percent and 1.7 percent, respectively.
- For data element *Drug Quantity*, among records where the CPCCO-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that more than 85.0 percent of the *Drug Quantity* data element in the CPCCO-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
- For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the CPCCO-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, CPCCO is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis


<div>  <div>ENCOUNTER DATA DISCREPANCY REPORT FOR CPCCO</div> </div>		
<div> <div> <div></div> <div>Table</div> </div> <div> <div>Discrepancy Item</div> <div>CPCCO's Investigation Efforts and Explanations</div> </div> </div>		
<div> <div>CPCCO Encounter Data Discrepancy Report</div> <div>State of Oregon</div> </div>		
<div> <div>Page 8</div> <div>OR2021_EDV_DiscrepancyReport_CPCCO</div> </div>		

Table
3

Low accuracy
rate for
Primary and
secondary
diagnosis
codes for
professional
encounters
(93.2% and
92%
respectfully)

Answer:

We sample checked our data with what's in our system vs what's actually in MMIS. It all matches perfectly except for what HSAG reports that OHA gave them. We don't know why, and we would need to follow up with HSAG why what they have does not seem to match what we see in MMIS.

Example of what we are seeing:

Here's an example provided by HSAG.

ICN	LineNo	OrgICN	CPCCO_DX1	OHA_DX1
7020217106465	2		S098XXA	Z041

Here is a screen capture of what we see in MMIS:

Diagnosis		
Sequence	Diagnosis	Description
7	M25512	Pain in left shoulder
8	M25521	Pain in right elbow
2	M25522	Pain in left elbow
9	M25561	Pain in right knee
10	M25562	Pain in left knee
6	M79641	Pain in right hand
4	M79642	Pain in left hand
11	S098XXA	Other specified injuries of head, initial encounter
5	S6981XA	Oth injuries of right wrist, hand and finger(s), init encntr
3	S6982XA	Oth injuries of left wrist, hand and finger(s), init encntr

Table	Discrepancy Item	CPCCO's Investigation Efforts and Explanations																		
		<div><div>Detail</div><table><thead><tr><th>Item</th><th>Procedure</th><th>Units</th><th>Charges</th><th>Status</th><th>Allowed Amount</th></tr></thead><tbody><tr><td>1</td><td>73564</td><td>1.00</td><td>\$39.00</td><td>PAID</td><td>\$7.95</td></tr><tr><td>2</td><td>70450</td><td>1.00</td><td>\$144.00</td><td>PAID</td><td>\$29.99</td></tr></tbody></table><div><div><div>Item</div><div>2</div></div><div><div>From DOS</div><div>07/20/2020</div></div><div><div>To DOS</div><div>07/20/2020</div></div><div><div>Units*</div><div>1.00</div></div><div><div>Units Qualifier</div><div>Unit</div></div><div><div>Charges</div><div>\$144.00</div></div><div><div>Rendering Physician</div><div>1447230255</div><div>[Search]</div></div><div><div>Taxonomy</div><div></div></div><div><div>Zip+4</div><div></div><div></div></div><div><div>Status</div><div>PAID</div></div><div><div>Diagnosis Code Pointer</div><div>11</div><div></div><div></div><div></div></div><div><div>Modifiers</div><div>26</div><div>[Search]</div><div></div><div>[Search]</div></div><div><div></div><div>[Search]</div><div></div><div>[Search]</div></div><div><div>POS*</div><div>23</div><div>[Search]</div></div></div><div><div>EPSTD F</div><div>All</div><div>C</div><div>Medic</div><div>Dedu</div><div>Coinsu</div></div></div>	Item	Procedure	Units	Charges	Status	Allowed Amount	1	73564	1.00	\$39.00	PAID	\$7.95	2	70450	1.00	\$144.00	PAID	\$29.99
Item	Procedure	Units	Charges	Status	Allowed Amount															
1	73564	1.00	\$39.00	PAID	\$7.95															
2	70450	1.00	\$144.00	PAID	\$29.99															
Table 4	NDC omission rate (32.9%) and accuracy rate (34.7%) for institutional encounters	<p>Answer:</p> <p>The logic used in reporting audit information was incorrect. What was originally reported to OHA was correct. In reporting to HSAG, the wrong NDC lookup table was used. That will be corrected for next audit.</p>																		

Table	Discrepancy Item	CPCCO's Investigation Efforts and Explanations
Table 4	Admission date omission rate for institutional encounters (91.1 percent)	<p>Answer: In the inst claim information we have, often times the admitDate is not there. This was what we reported. In our encounter data submissions, if the admitDate does not exist, we will fill it with the service date instead. This encounter logic was not used for the audit data submitted to HSAG.</p> <p>Action: Modify audit queries to ensure the logic for audit of admitDate matches what was encountered.</p>
Table 4	Secondary diagnosis code omission rate and accuracy rate for institutional encounters (18.2 percent and 12.5 percent, respectively)	<p>Answer: In our reporting system, all secondary diagnosis codes are unsequenced. This caused inaccuracy when reporting secondary diagnosis codes.</p> <p>Action: We will create a system that will record data exactly as we have sent to OHA, so we can guarantee our sequence numbers are the same in reporting as well as what was sent to OHA</p>
Table 5	Dispensing fee accuracy rate for pharmacy encounters (1.7 percent)	<p>Answer: In reviewing this finding, we have identified a discrepancy between the data we are submitting on our NCPDP files and the data we are storing in our database as the dispensing fee. We are still investigating the root cause and working with our internal pharmacy department to determine the correct dataset. Once determined, we will correct our reference database for both the historical pharmacy claims data and for all dispensing fee data going forward, so we won't have this validation issue in the future.</p>

Appendix F. Results for Eastern Oregon CCO, LLC

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Eastern Oregon CCO, LLC (EOCCO).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table F-1 provides encounter volume and paid amount results for EOCCO dental encounters.

Table F-1—Encounter Volume and Paid Amount for Dental Encounters: EOCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,807	52,919	109.7	\$324,563	\$6.13
February 2020	5,220	53,013	98.5	\$316,721	\$5.97
March 2020	3,553	53,015	67.0	\$247,622	\$4.67
April 2020	711	53,755	13.2	\$137,928	\$2.57
May 2020	1,946	55,182	35.3	\$148,627	\$2.69
June 2020	3,555	55,821	63.7	\$295,930	\$5.30
July 2020	3,354	56,397	59.5	\$236,755	\$4.20
August 2020	4,046	56,868	71.1	\$274,655	\$4.83
September 2020	3,777	57,586	65.6	\$240,155	\$4.17
October 2020	4,406	58,121	75.8	\$269,011	\$4.63
November 2020	3,785	58,554	64.6	\$235,128	\$4.02
December 2020	1,321	59,475	22.2	\$52,966	\$0.89

Table F-2 provides encounter volume and paid amount results for EOCCO professional encounters.

Table F-2—Encounter Volume and Paid Amount for Professional Encounters: EOCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	57,062	52,919	1,078.3	\$4,007,992	\$75.74
February 2020	52,708	53,013	994.2	\$3,741,476	\$70.58
March 2020	48,324	53,015	911.5	\$3,439,365	\$64.88
April 2020	37,074	53,755	689.7	\$2,695,768	\$50.15
May 2020	38,824	55,182	703.6	\$3,093,202	\$56.05
June 2020	43,933	55,821	787.0	\$3,388,263	\$60.70
July 2020	48,213	56,397	854.9	\$3,592,058	\$63.69
August 2020	44,880	56,868	789.2	\$3,353,912	\$58.98
September 2020	46,545	57,586	808.3	\$3,305,640	\$57.40
October 2020	48,751	58,121	838.8	\$3,356,119	\$57.74
November 2020	33,925	58,554	579.4	\$2,566,233	\$43.83
December 2020	8,726	59,475	146.7	\$911,977	\$15.33

Table F-3 provides encounter volume and paid amount results for EOCCO inpatient encounters.

Table F-3—Encounter Volume and Paid Amount for Inpatient Encounters: EOCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	439	52,919	8.3	\$3,663,252	\$69.22
February 2020	326	53,013	6.1	\$2,724,843	\$51.40
March 2020	328	53,015	6.2	\$2,771,938	\$52.29
April 2020	297	53,755	5.5	\$2,734,728	\$50.87
May 2020	345	55,182	6.3	\$3,305,105	\$59.89
June 2020	378	55,821	6.8	\$3,348,936	\$59.99
July 2020	430	56,397	7.6	\$4,218,481	\$74.80
August 2020	428	56,868	7.5	\$3,181,737	\$55.95
September 2020	406	57,586	7.1	\$3,081,454	\$53.51
October 2020	324	58,121	5.6	\$2,900,397	\$49.90
November 2020	189	58,554	3.2	\$2,179,682	\$37.23
December 2020	57	59,475	1.0	\$748,314	\$12.58

Table F-4 provides encounter volume and paid amount results for EOCCO outpatient encounters.

Table F-4—Encounter Volume and Paid Amount for Outpatient Encounters: EOCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	10,420	52,919	196.9	\$4,720,725	\$89.21
February 2020	10,122	53,013	190.9	\$4,625,173	\$87.25
March 2020	8,739	53,015	164.8	\$4,233,256	\$79.85
April 2020	6,562	53,755	122.1	\$2,863,083	\$53.26
May 2020	8,042	55,182	145.7	\$3,976,406	\$72.06
June 2020	10,749	55,821	192.6	\$5,274,224	\$94.48
July 2020	10,651	56,397	188.9	\$4,902,985	\$86.94
August 2020	10,108	56,868	177.7	\$4,761,848	\$83.74
September 2020	10,526	57,586	182.8	\$4,712,554	\$81.84
October 2020	10,819	58,121	186.1	\$5,016,040	\$86.30
November 2020	7,878	58,554	134.5	\$3,610,024	\$61.65
December 2020	2,481	59,475	41.7	\$1,279,470	\$21.51

Table F-5 provides encounter volume and paid amount results for EOCCO pharmacy encounters.

Table F-5—Encounter Volume and Paid Amount for Pharmacy Encounters: EOCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	47,494	52,919	897.5	\$3,565,596	\$67.38
February 2020	44,304	53,013	835.7	\$3,261,604	\$61.52
March 2020	48,492	53,015	914.7	\$3,722,541	\$70.22
April 2020	42,589	53,755	792.3	\$3,395,144	\$63.16
May 2020	41,884	55,182	759.0	\$3,327,681	\$60.30
June 2020	44,831	55,821	803.1	\$3,469,498	\$62.15
July 2020	45,489	56,397	806.6	\$3,716,128	\$65.89
August 2020	44,059	56,868	774.8	\$3,460,294	\$60.85
September 2020	45,726	57,586	794.0	\$3,525,565	\$61.22
October 2020	46,857	58,121	806.2	\$3,719,850	\$64.00
November 2020	44,369	58,554	757.7	\$3,536,629	\$60.40
December 2020	47,411	59,475	797.2	\$1,270,250	\$21.36

Encounter Data Timeliness

Table F-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for EOCCO dental encounters.

Table F-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: EOCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.3%	99.3%	99.3%	99.3%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table F-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for EOCCO professional encounters.

Table F-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: EOCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	71.2%	99.6%	99.7%	99.7%	99.7%	99.9%
March 2020	99.1%	99.5%	99.7%	99.7%	99.7%	99.9%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	97.5%	98.1%	99.6%	99.7%	99.7%	99.9%
May 2020	97.9%	98.5%	99.7%	99.8%	100.0%	100.0%
June 2020	98.8%	99.5%	99.9%	100.0%	100.0%	100.0%
July 2020	98.6%	99.4%	100.0%	100.0%	100.0%	100.0%
August 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	99.6%	99.8%	100.0%	100.0%	100.0%	100.0%
April 2021	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table F-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for EOCCO inpatient encounters.

Table F-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: EOCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.1%	99.7%	99.7%	99.7%	100.0%	100.0%
April 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	98.6%	99.8%	100.0%	100.0%	100.0%	100.0%
August 2020	98.1%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	98.2%	99.7%	99.7%	99.7%	99.7%	99.7%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table F-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for EOCCO outpatient encounters.

Table F-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: EOCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2020	98.1%	99.7%	99.7%	99.7%	100.0%	100.0%
March 2020	99.6%	99.8%	99.8%	100.0%	100.0%	100.0%
April 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	99.6%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table F-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for EOCCO pharmacy encounters.

Table F-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: EOCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
May 2021	30.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table F-11 provides lag triangles for EOCCO dental encounters. Additional details provided include MM and claims PMPM.

Table F-11—Encounters Lag Triangle—Dental Encounters: EOCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,609												1,609
202002	3,313	779											4,092
202003	746	4,105	2,794										7,645
202004	34	222	503	166									925
202005	131	105	223	426	448								1,333
202006	46	55	60	98	1,342	1,725							3,326
202007	31	19	19	28	128	1,263	856						2,344

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	6	3	10	11	29	325	2,011	1,064					3,459
202009	7	12	5	9	7	230	238	2,526	1,054				4,088
202010	3	7	16	24	23	76	140	196	2,402	1,381			4,268
202011	2	3	6	1	3	7	148	309	433	2,718	1,845		5,475
202012	2	5		2	3	32	22	34	47	368	1,943	1,257	3,715
202103			1					1		5	23	11	41
202104	5	11	1	1	10	3	2	12	2	26	16	19	108
202105	2			1		6	6	1	13	11	11	37	88
202106		2			1	1	1	2	2		5	7	21
TOTAL	5,937	5,328	3,638	767	1,994	3,668	3,424	4,145	3,953	4,509	3,843	1,331	42,537
MM	52,919	53,013	53,015	53,755	55,182	55,821	56,397	56,868	57,586	58,121	58,554	59,475	670,706
PMPM	0.112	0.101	0.069	0.014	0.036	0.066	0.061	0.073	0.069	0.078	0.066	0.022	0.063

Table F-12 provides lag triangles for EOCCO professional encounters. Additional details provided include MM and claims PMPM.

Table F-12—Encounters Lag Triangle—Professional Encounters: EOCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	22,758	5,971											28,729
202003	24,940	34,845	18,395										78,180
202004	8,765	11,097	22,591	8,897									51,350
202005	2,502	2,523	7,213	20,387	9,514								42,139
202006	1,713	1,922	2,662	5,813	24,510	14,284							50,904
202007	1,864	1,317	1,282	2,792	4,971	23,401	13,517					1	49,145
202008	419	494	633	887	1,784	6,107	28,769	9,112					48,205
202009	1,007	808	949	1,182	1,103	2,408	8,178	29,818	14,730				60,183
202010	343	395	382	489	608	832	1,529	7,243	26,790	13,477			52,088
202011	1,206	1,003	662	536	531	784	1,464	2,492	9,299	35,880	16,728		70,585
202012	238	193	180	201	215	290	408	588	1,215	4,398	18,173	6,627	32,726
202103	32	19	15	20	18	18	36	63	84	164	166	280	915
202104	49	76	106	147	192	198	271	299	524	581	513	818	3,774
202105	117	79	70	110	110	198	234	336	401	614	715	869	3,853
202106	62	99	113	105	137	145	255	283	257	546	531	552	3,085
TOTAL	66,015	60,841	55,253	41,566	43,693	48,665	54,661	50,234	53,300	55,660	36,826	9,147	575,861
MM	52,919	53,013	53,015	53,755	55,182	55,821	56,397	56,868	57,586	58,121	58,554	59,475	670,706
PMPM	1.247	1.148	1.042	0.773	0.792	0.872	0.969	0.883	0.926	0.958	0.629	0.154	0.859

Table F-13 provides lag triangles for EOCCO inpatient encounters. Additional details provided include MM and claims PMPM.

Table F-13—Encounters Lag Triangle—Inpatient Encounters: EOCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	4												4
202002	22												22
202003	266	177	37										480
202004	26	44	105	31									206
202005	29	20	84	157	29								319
202006	15	15	21	39	141	26							257
202007	7	8	8	14	71	176	32						316
202008	4	4	6	1	15	87	173	18					308
202009	12	7	12	9	23	43	136	206	36				484
202010	33	33	32	24	44	19	46	130	219	33			613
202011	6	5	7	6	4	1	9	30	106	217	40		431
202012		1		1	1	1	3	6	22	40	114	13	202
202103	6	1	5	8	7	9	4	6	4	4	1	5	60
202104	7	2	1	2	3	4	4	11	12	12	7	9	74
202105	3	8	10	6	6	11	18	19	4	12	23	20	140
202106		1	2		1	1	5	3	3	6	4	10	36
TOTAL	440	326	330	298	345	378	430	429	406	324	189	57	3,952
MM	52,919	53,013	53,015	53,755	55,182	55,821	56,397	56,868	57,586	58,121	58,554	59,475	670,706
PMPM	0.008	0.006	0.006	0.006	0.006	0.007	0.008	0.008	0.007	0.006	0.003	0.001	0.006

Table F-14 provides lag triangles for EOCCO outpatient encounters. Additional details provided include MM and claims PMPM.

Table F-14—Encounters Lag Triangle—Outpatient Encounters: EOCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	134												134
202003	5,904	4,876	1,556										12,336
202004	423	1,259	2,690	741									5,113
202005	341	438	850	2,000	777								4,406
202006	190	306	395	980	2,542	2,130							6,543
202007	683	700	667	577	1,562	5,290	2,462						11,941
202008	93	102	173	157	368	1,868	5,359	1,366					9,486
202009	307	300	267	240	370	462	2,048	3,945	1,635				9,574
202010	2,543	2,305	2,224	1,850	2,116	902	496	3,812	5,770	2,349			24,367

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202011	57	55	62	105	360	215	308	973	2,818	6,773	3,650		15,376
202012	88	70	59	47	59	99	100	112	319	1,520	3,890	1,799	8,162
202103	40	50	33	25	8	6	10	12	22	17	30	55	308
202104	26	23	29	48	52	56	92	93	162	196	163	219	1,159
202105	28	22	32	40	90	76	92	119	131	213	210	270	1,323
202106	17	24	23	18	37	42	67	44	69	88	107	161	697
TOTAL	10,874	10,530	9,060	6,828	8,341	11,146	11,034	10,476	10,926	11,156	8,050	2,504	110,925
MM	52,919	53,013	53,015	53,755	55,182	55,821	56,397	56,868	57,586	58,121	58,554	59,475	670,706
PMPM	0.205	0.199	0.171	0.127	0.151	0.200	0.196	0.184	0.190	0.192	0.137	0.042	0.165

Table F-15 provides lag triangles for EOCCO pharmacy encounters. Additional details provided include MM and claims PMPM.

Table F-15—Encounters Lag Triangle—Pharmacy Encounters: EOCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	35,091												35,091
202002	12,356	30,844											43,200
202003	5	13,424	31,070										44,499
202004			17,353	22,989									40,342
202005			13	19,548	19,652								39,213
202006				7	22,185	37,673							59,865
202007	1					7,108	33,588						40,697
202008						2	11,831	28,970					40,803
202009							12	15,027	25,804				40,843
202010								5	19,840	23,034			42,879
202011	1	2	2	3	2	3	1	2	10	23,755	38,780		62,561
202012	2	1	1	3	3	6	4	4	4	5	5,527	36,855	42,415
202101										1		10,504	10,505
202102												2	2
202103									1		18		19
202104										2		4	6
202106							2	2	1	1	4		10
TOTAL	47,456	44,271	48,439	42,550	41,842	44,792	45,438	44,010	45,660	46,798	44,329	47,365	542,950
MM	52,919	53,013	53,015	53,755	55,182	55,821	56,397	56,868	57,586	58,121	58,554	59,475	670,706
PMPM	0.897	0.835	0.914	0.792	0.758	0.802	0.806	0.774	0.793	0.805	0.757	0.796	0.810

Field-Level Completeness and Accuracy

Table F-16 provides a summary of the field-level completeness and accuracy for EOCCO dental encounters.

Table F-16—Data Element Completeness and Accuracy for Dental Encounters: EOCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	42,537	42,537	100.0%	42,537	42,502	99.9%
Header First Date of Service	42,537	42,537	100.0%	42,537	42,537	100.0%
Header Last Date of Service	42,537	42,537	100.0%	42,537	42,537	100.0%
Detail First Date of Service	153,901	153,901	100.0%	153,901	153,901	100.0%
Detail Last Date of Service	153,901	153,901	100.0%	153,901	153,901	100.0%
Paid Date	153,901	153,901	100.0%	153,901	153,901	100.0%
Billing Provider NPI	42,537	42,537	100.0%	42,537	38,489	90.5%
Rendering Provider NPI	42,537	42,537	100.0%	42,537	37,028	87.0%
Referring Provider NPI	42,537	42,537	100.0%	42,537	37,028	87.0%
CDT Codes	153,901	153,901	100.0%	153,901	153,889	100.0%
Tooth Number	153,901	82,985	53.9%	82,985	82,985	100.0%
Tooth Surface Codes	153,901	21,260	13.8%	41,495	41,495	100.0%
Oral Cavity Codes	153,901	52,149	33.9%	52,149	52,149	100.0%

Table F-17 provides a summary of the field-level completeness and accuracy for EOCCO professional encounters.

Table F-17—Data Element Completeness and Accuracy for Professional Encounters: EOCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	575,861	575,861	100.0%	575,861	575,495	99.9%
Header First Date of Service	575,861	575,861	100.0%	575,861	575,861	100.0%
Header Last Date of Service	575,861	575,861	100.0%	575,861	575,860	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	858,644	858,644	100.0%	858,644	858,644	100.0%
Detail Last Date of Service	858,644	858,644	100.0%	858,644	858,644	100.0%
Paid Date	858,644	858,644	100.0%	858,644	858,638	100.0%
Billing Provider NPI	575,861	575,853	100.0%	575,853	455,727	79.1%
Rendering Provider NPI	575,861	575,860	100.0%	575,860	487,002	84.6%
Referring Provider NPI	575,861	575,860	100.0%	575,860	487,002	84.6%
Primary Diagnosis Codes	575,861	575,861	100.0%	575,861	575,861	100.0%
Secondary Diagnosis Codes	575,861	224,488	39.0%	433,988	433,988	100.0%
CPT/HCPCS Codes	858,644	858,644	100.0%	858,644	858,622	100.0%
NDC	858,644	41,255	4.8%	41,255	40,270	97.6%

Table F-18 provides a summary of the field-level completeness and accuracy for EOCCO inpatient encounters.

Table F-18—Data Element Completeness and Accuracy for Inpatient Encounters: EOCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	3,952	3,952	100.0%	3,952	3,946	99.8%
Header First Date of Service	3,952	3,952	100.0%	3,952	3,952	100.0%
Header Last Date of Service	3,952	3,952	100.0%	3,952	3,952	100.0%
Paid Date	55,252	55,252	100.0%	55,252	55,252	100.0%
Billing Provider NPI	3,952	3,952	100.0%	3,952	3,126	79.1%
Rendering Provider NPI	3,952	3,952	100.0%	3,952	3,760	95.1%
Attending Provider NPI	3,952	3,952	100.0%	3,952	3,760	95.1%
Referring Provider NPI	3,952	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	3,952	3,952	100.0%	3,952	3,952	100.0%
Secondary Diagnosis Codes	3,952	3,767	95.3%	10,673	10,673	100.0%
Primary Surgical Procedure Codes	3,952	2,292	58.0%	2,292	2,291	100.0%
Secondary Surgical Procedure Codes	3,952	1,455	36.8%	2,846	2,842	99.9%
CPT/HCPCS Codes	55,252	21	0.0%	21	21	100.0%
Diagnosis-Related Groups Codes	3,952	3,952	100.0%	3,952	3,923	99.3%
Revenue Codes	55,252	55,252	100.0%	55,252	55,252	100.0%
NDC	55,252	0	0.0%	0	0	NA
Type of Bill Codes	3,952	3,952	100.0%	3,952	3,952	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table F-19 provides a summary of the field-level completeness and accuracy for EOCCO outpatient encounters.

Table F-19—Data Element Completeness and Accuracy for Outpatient Encounters: EOCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	110,925	110,925	100.0%	110,925	110,885	100.0%
Header First Date of Service	110,925	110,925	100.0%	110,925	110,925	100.0%
Header Last Date of Service	110,925	110,925	100.0%	110,925	110,925	100.0%
Paid Date	443,990	443,990	100.0%	443,990	443,990	100.0%
Billing Provider NPI	110,925	110,925	100.0%	110,925	91,969	82.9%
Rendering Provider NPI	110,925	110,925	100.0%	110,925	104,864	94.5%
Attending Provider NPI	110,925	110,925	100.0%	110,925	104,864	94.5%
Primary Diagnosis Codes	110,925	110,925	100.0%	110,925	110,924	100.0%
Secondary Diagnosis Codes	110,925	71,678	64.6%	146,071	146,071	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	443,990	408,871	92.1%	408,871	408,861	100.0%
Revenue Codes	443,990	443,990	100.0%	443,990	443,990	100.0%
NDC	443,990	52,177	11.8%	52,177	50,595	97.0%
Type of Bill Codes	110,925	110,925	100.0%	110,925	110,925	100.0%

Table F-20 provides a summary of the field-level completeness and accuracy for EOCCO pharmacy encounters.

Table F-20—Data Element Completeness and Accuracy for Pharmacy Encounters: EOCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	542,950	542,950	100.0%	542,950	542,531	99.9%
Date of Service	542,950	542,950	100.0%	542,950	542,950	100.0%
Paid Date	542,950	542,950	100.0%	542,950	542,950	100.0%
Billing Provider NPI	542,950	542,950	100.0%	542,950	196,297	36.2%
Prescribing Provider NPI	542,950	542,948	100.0%	542,948	518,793	95.6%
NDC	543,505	543,505	100.0%	543,505	542,914	99.9%

Comparative Analysis

This section presents the EOCCO results for the comparative analysis.

Table F-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	182,409	328	0.2%	182,794	713	0.4%
Professional	1,055,460	843	0.1%	1,074,601	19,984	1.9%
Institutional	723,600	7,760	1.1%	735,677	19,837	2.7%
Pharmacy	568,201	3	0.0%	588,466	20,268	3.4%

Table F-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	182,081	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	182,081	72	0.0%	13	0.0%	0	0.0%
Detail Service From Date	182,081	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	182,081	0	0.0%	0	0.0%	0	0.0%
Member ID	182,081	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	182,081	9	0.0%	0	0.0%	120,853	66.4%
Oral Cavity Code 2	182,081	0	0.0%	0	0.0%	182,081	100.0%
Oral Cavity Code 3	182,081	0	0.0%	0	0.0%	182,081	100.0%
Oral Cavity Code 4	182,081	0	0.0%	0	0.0%	182,081	100.0%
Oral Cavity Code 5	182,081	0	0.0%	0	0.0%	182,081	100.0%
Procedure Code	182,081	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	182,081	39	0.0%	35,333	19.4%	13	0.0%
Tooth Number	182,081	1,932	1.1%	16	0.0%	81,465	44.7%
Tooth Surface 1	182,081	14	0.0%	11	0.0%	157,545	86.5%
Tooth Surface 2	182,081	14	0.0%	12	0.0%	167,402	91.9%
Tooth Surface 3	182,081	5	0.0%	5	0.0%	176,719	97.1%
Tooth Surface 4	182,081	6	0.0%	4	0.0%	180,096	98.9%
Tooth Surface 5	182,081	0	0.0%	1	0.0%	181,296	99.6%

Table F-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,054,617	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	1,054,617	9,596	0.9%	0	0.0%	0	0.0%
Primary Diagnosis Code	1,054,617	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,054,617	0	0.0%	0	0.0%	574,232	54.4%
Detail Service From Date	1,054,617	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,054,617	0	0.0%	0	0.0%	0	0.0%
Member ID	1,054,617	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,054,617	23	0.0%	15	0.0%	579,781	55.0%
NDC	1,054,617	20,015	1.9%	3	0.0%	989,947	93.9%
Procedure Code	1,054,617	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,054,617	6,088	0.6%	452,188	42.9%	3,532	0.3%

Table F-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	715,840	2,708	0.4%	0	0.0%	648,467	90.6%
Amount Paid	715,840	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	715,840	9,248	1.3%	0	0.0%	0	0.0%
Billing Provider NPI	715,840	3,114	0.4%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	715,840	17	0.0%	10,216	1.4%	651,158	91.0%
Primary Diagnosis Code	715,840	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	715,840	0	0.0%	0	0.0%	141,514	19.8%
Header Service From Date	715,840	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	715,840	0	0.0%	0	0.0%	0	0.0%
Member ID	715,840	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	715,840	35	0.0%	50	0.0%	553,214	77.3%
NDC	715,840	156,724	21.9%	21	0.0%	490,148	68.5%
Procedure Code	715,840	12	0.0%	9	0.0%	117,886	16.5%
Revenue Code	715,840	4,391	0.6%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	715,840	0	0.0%	0	0.0%	674,274	94.2%
Secondary Surgical Procedure Code	715,840	0	0.0%	0	0.0%	688,195	96.1%

Table F-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	568,198	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	568,198	310	0.1%	0	0.0%	0	0.0%
Drug Quantity	568,198	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	568,198	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	568,198	0	0.0%	0	0.0%	0	0.0%
Member ID	568,198	0	0.0%	0	0.0%	0	0.0%
NDC	568,198	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	568,198	531	0.1%	0	0.0%	0	0.0%

Table F-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	182,081	182,081	100.0%
Detail Service From Date	182,081	181,912	99.9%
Detail Service To Date	182,081	181,867	99.9%
Billing Provider NPI	181,996	180,011	98.9%
Rendering Provider NPI	146,696	146,696	100.0%
Procedure Code	182,081	181,962	99.9%
Tooth Number	98,668	98,501	99.8%
Oral Cavity Code 1	61,219	61,212	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	24,511	24,498	99.9%
Tooth Surface 2	14,653	14,646	100.0%
Tooth Surface 3	5,352	5,351	100.0%
Tooth Surface 4	1,975	1,975	100.0%
Tooth Surface 5	784	784	100.0%
Amount Paid	182,081	182,081	100.0%
* -- denotes that there are no records with values present in both data sources			

Table F-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,054,617	1,054,590	100.0%
Detail Service From Date	1,054,617	1,054,554	100.0%
Detail Service To Date	1,054,617	1,054,554	100.0%
Billing Provider NPI	1,045,021	1,029,833	98.5%
Rendering Provider NPI	592,809	583,900	98.5%
Primary Diagnosis Code	1,054,617	1,054,617	100.0%
Secondary Diagnosis Code	480,385	480,385	100.0%
Procedure Code	1,054,617	1,054,123	100.0%
Procedure Code Modifier	474,798	474,788	100.0%
NDC	44,652	44,386	99.4%
Amount Paid	1,054,617	1,054,325	100.0%

Table F-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	715,840	715,840	100.0%
Header Service From Date	715,840	715,768	100.0%
Header Service To Date	715,840	649,233	90.7%
Admission Date	64,665	64,627	99.9%
Billing Provider NPI	712,726	711,695	99.9%
Attending Provider NPI	706,592	706,562	100.0%
Primary Diagnosis Code	715,840	715,777	100.0%
Secondary Diagnosis Code	574,326	574,282	100.0%
Procedure Code	597,933	597,599	99.9%
Procedure Code Modifier	162,541	162,533	100.0%
Primary Surgical Procedure Code	41,566	41,541	99.9%
Secondary Surgical Procedure Code	27,645	27,601	99.8%
NDC	68,947	68,858	99.9%
Revenue Code	711,449	711,157	100.0%
Diagnosis-Related Group (DRG) Code	54,449	53,001	97.3%
Amount Paid	715,840	709,911	99.2%

Table F-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	568,198	568,197	100.0%
Header Service From Date	568,198	568,198	100.0%
Billing Provider NPI	567,888	567,888	100.0%
Prescribing Provider NPI	567,667	567,667	100.0%
NDC	568,198	568,198	100.0%
Drug Quantity	568,198	555,914	97.8%
Amount Paid	568,198	568,196	100.0%
Dispensing Fee	568,198	3,390	0.6%

Table F-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	182,081	177,470	97.5%
Professional	1,054,617	1,009,978	95.8%
Institutional	715,840	483,647	67.6%
Pharmacy	568,198	555,229	97.7%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for EOCCO with its response.



Encounter Data Discrepancy Report for Eastern Oregon CCO

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Eastern Oregon CCO (EOCCO), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for EOCCO. In addition, this report displays the data issues for EOCCO to investigate. EOCCO will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the EOCCO-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the EOCCO-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.2%	0.4%
Professional	0.1%	1.9%
Institutional	1.1%	2.7%
Pharmacy	0.0%	3.4%

EOCCO Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_EOCCO



ENCOUNTER DATA DISCREPANCY REPORT FOR EOCCO

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental, professional, and institutional encounters, as each rate was at or less than 2.7 percent.
- For pharmacy encounters, the record omission rate was very low at 0.0 percent, while the record surplus rate was higher at 3.4 percent.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays EOCCO's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	99.9%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	98.9%
Rendering Provider NPI	0.0%	19.4%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.9%
Tooth Number	1.1%	0.0%	44.7%	99.8%
Oral Cavity Code 1	0.0%	0.0%	66.4%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	86.5%	99.9%
Tooth Surface 2	0.0%	0.0%	91.9%	100.0%
Tooth Surface 3	0.0%	0.0%	97.1%	100.0%
Tooth Surface 4	0.0%	0.0%	98.9%	100.0%
Tooth Surface 5	0.0%	0.0%	99.6%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 1.1 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI* data element.
 - The element surplus rate for data element *Rendering provider NPI* was high at 19.4 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the EOCCO-submitted data, had the same values as the billing provider NPIs.
- The dental encounter data element accuracy rates were very high (i.e., at least 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and EOCCO-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR EOCCO

Professional Encounters

Table 3 displays EOCCO's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.9%	0.0%	0.0%	98.5%
Rendering Provider NPI	0.6%	42.9%	0.3%	98.5%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	54.4%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	55.0%	100.0%
National Drug Code (NDC)	1.9%	0.0%	93.9%	99.4%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 1.9 percent) for all professional encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI* data element.
 - The element surplus rate for data element *Rendering provider NPI* was very high at 42.9 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the EOCCO-submitted data, had the same values as the billing provider NPIs.
- The professional encounter data element accuracy rates were very high (i.e., at least 98.0 percent) for all encounter data elements that had values populated in both sources (i.e., OHA- and EOCCO-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR EOCCO

Institutional Encounters

Table 4 displays EOCCO's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	90.7%
Admission Date	0.4%	0.0%	90.6%	99.9%
Billing Provider NPI	0.4%	0.0%	0.0%	99.9%
Attending Provider NPI	1.3%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	19.8%	100.0%
Procedure Code	0.0%	0.0%	16.5%	99.9%
Procedure Code Modifier	0.0%	0.0%	77.3%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	94.2%	99.9%
Secondary Surgical Procedure Code	0.0%	0.0%	96.1%	99.8%
NDC	21.9%	0.0%	68.5%	99.9%
Revenue Code	0.6%	0.0%	0.0%	100.0%
Diagnosis-Related Group (DRG) Code	0.0%	1.4%	91.0%	97.3%
Header Paid Amount	0.0%	0.0%	0.0%	99.2%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 1.4 percent) for all institutional encounter data elements that were evaluated, except for the element omission rate associated with the *NDC* data element.
 - The element surplus rate for data element *NDC* was high at 21.9 percent. It appears that in general, among records that matched between the two sources (i.e., OHA- and EOCCO-submitted data), the *NDC* field was more populated in the EOCCO-submitted data compared to the OHA-submitted data. This, consequently, resulted in the higher omission rate for the data element *NDC*.
- The institutional encounter data element accuracy rates were very high (i.e., at least 97.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and EOCCO-submitted data), except for the *Header Service To Date* data element, with an accuracy rate of 90.7 percent. Among records where the *Header Service To Date* field had different values when



ENCOUNTER DATA DISCREPANCY REPORT FOR EOCCO

populated and compared between the two sources, approximately 95.0 percent of the values that did match, the *Header Service To Date* field values had the same values as the *Header Service From Date* field in the EOCCO-submitted data.

Pharmacy Encounters

Table 5 displays EOCCO's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.1%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	97.8%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	0.0%	0.0%	0.6%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, as rates were very low (i.e., at or below 0.1 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements as each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 97.8 percent and 0.6 percent, respectively.
 - For data element *Drug Quantity*, among records where the EOCCO-submitted drug quantity values did not match with values in the OHA-submitted data, all of the *Drug Quantity* data elements in the EOCCO-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the EOCCO-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.



ENCOUNTER DATA DISCREPANCY REPORT FOR EOCCO

Next Steps

- Based on the key findings, EOCCO is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	EOCCO's Investigation Efforts and Explanations
Table 4	Header Service to Date accuracy rate for institutional encounters (90.7%)	EOCCO received and reviewed claim examples of this discrepancy from HSAG to identify its root cause. EOCCO traced this issue back to the initial production of this report: an unnecessary column was included and manually removed from the file post-extract. This caused the inaccurate reporting of this field and was one of a few issues that was due to the replication of previously extracted data. EOCCO is in agreement with OHA's recorded data for this category.
Table 4	NDC omission rate for institutional encounters (21.9%)	EOCCO received claim examples of this discrepancy from HSAG and compared them to similar, accurately reported claims to identify the root cause of the discrepancy. It was found that this discrepancy was caused by a claim line's NDC that populated on multiple lines instead of the line it was supposed to solely populate. This was due to the way the data was reproduced for this activity as a completely new method of data extraction was created for the Encounter Data Validation. EOCCO is in agreement with OHA's recorded data for this category.

Table	Discrepancy Item	EOCCO's Investigation Efforts and Explanations
Table 5	Dispensing fee accuracy rate for pharmacy encounters (0.6%)	EOCCO carried out reconciliation activities upon receipt of claim examples from HSAG. As part of the process, EOCCO compared the Dispensing Fee value reported in OHA's data to the value in EOCCO's PBM data. Upon discussion with EOCCO's PBM, it was determined that there seems to be an issue with how this data is reflected post-submission at the OHA level. EOCCO has validated the accuracy and alignment of data submitted in the original encounter files as well as files submitted for the Encounter Data Validation Activity. In agreement with our PBM, EOCCO has reached out to OHA to discuss probable causes.

Appendix G. Results for Health Share of Oregon

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Health Share of Oregon (Health Share).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table G-1 provides encounter volume and paid amount results for Health Share dental encounters.

Table G-1—Encounter Volume and Paid Amount for Dental Encounters: Health Share

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	33,290	326,269	102.0	\$3,408,887	\$10.45
February 2020	31,386	326,893	96.0	\$3,293,180	\$10.07
March 2020	17,783	327,522	54.3	\$1,987,788	\$6.07
April 2020	3,353	334,682	10.0	\$551,583	\$1.65
May 2020	8,726	346,363	25.2	\$1,135,903	\$3.28
June 2020	15,981	353,875	45.2	\$1,961,695	\$5.54
July 2020	22,130	358,166	61.8	\$2,349,526	\$6.56
August 2020	25,063	361,322	69.4	\$2,742,965	\$7.59
September 2020	24,394	366,218	66.6	\$2,712,913	\$7.41
October 2020	28,994	368,236	78.7	\$3,186,288	\$8.65
November 2020	19,748	370,337	53.3	\$2,450,071	\$6.62
December 2020	6,198	374,977	16.5	\$797,702	\$2.13

Table G-2 provides encounter volume and paid amount results for Health Share professional encounters.

Table G-2—Encounter Volume and Paid Amount for Professional Encounters: Health Share

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	505,527	326,269	1,549.4	\$55,294,352	\$169.47
February 2020	471,920	326,893	1,443.7	\$51,968,979	\$158.98
March 2020	391,315	327,522	1,194.8	\$43,187,714	\$131.86
April 2020	333,898	334,682	997.7	\$34,966,210	\$104.48
May 2020	365,871	346,363	1,056.3	\$38,958,964	\$112.48
June 2020	405,920	353,875	1,147.1	\$45,530,724	\$128.66
July 2020	422,093	358,166	1,178.5	\$47,277,660	\$132.00
August 2020	409,249	361,322	1,132.6	\$47,256,204	\$130.79
September 2020	404,979	366,218	1,105.8	\$46,215,527	\$126.20
October 2020	423,357	368,236	1,149.7	\$50,355,186	\$136.75
November 2020	326,774	370,337	882.4	\$39,164,398	\$105.75
December 2020	81,652	374,977	217.8	\$10,705,580	\$28.55

Table G-3 provides encounter volume and paid amount results for Health Share inpatient encounters.

Table G-3—Encounter Volume and Paid Amount for Inpatient Encounters: Health Share

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	2,920	326,269	8.9	\$17,961,328	\$55.05
February 2020	2,708	326,893	8.3	\$18,704,032	\$57.22
March 2020	2,547	327,522	7.8	\$17,163,351	\$52.40
April 2020	2,139	334,682	6.4	\$14,052,231	\$41.99
May 2020	2,376	346,363	6.9	\$15,957,732	\$46.07
June 2020	2,556	353,875	7.2	\$16,678,533	\$47.13
July 2020	2,786	358,166	7.8	\$19,352,120	\$54.03
August 2020	2,617	361,322	7.2	\$18,328,010	\$50.72
September 2020	2,614	366,218	7.1	\$17,159,971	\$46.86
October 2020	2,412	368,236	6.6	\$17,287,598	\$46.95
November 2020	1,654	370,337	4.5	\$12,077,403	\$32.61
December 2020	443	374,977	1.2	\$4,161,314	\$11.10

Table G-4 provides encounter volume and paid amount results for Health Share outpatient encounters.

Table G-4—Encounter Volume and Paid Amount for Outpatient Encounters: Health Share

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	56,309	326,269	172.6	\$18,816,836	\$57.67
February 2020	53,236	326,893	162.9	\$17,391,732	\$53.20
March 2020	40,891	327,522	124.8	\$14,720,013	\$44.94
April 2020	23,103	334,682	69.0	\$10,279,139	\$30.71
May 2020	34,870	346,363	100.7	\$14,216,602	\$41.05
June 2020	46,956	353,875	132.7	\$16,689,068	\$47.16
July 2020	51,787	358,166	144.6	\$17,313,303	\$48.34
August 2020	50,798	361,322	140.6	\$17,542,280	\$48.55
September 2020	48,765	366,218	133.2	\$16,753,763	\$45.75
October 2020	52,753	368,236	143.3	\$17,622,742	\$47.86
November 2020	43,375	370,337	117.1	\$14,012,724	\$37.84
December 2020	12,777	374,977	34.1	\$3,480,782	\$9.28

Table G-5 provides encounter volume and paid amount results for Health Share pharmacy encounters.

Table G-5—Encounter Volume and Paid Amount for Pharmacy Encounters: Health Share

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	261,725	326,269	802.2	\$21,657,186	\$66.38
February 2020	246,091	326,893	752.8	\$20,649,220	\$63.17
March 2020	280,891	327,522	857.6	\$24,366,527	\$74.40
April 2020	237,987	334,682	711.1	\$21,770,667	\$65.05
May 2020	231,899	346,363	669.5	\$20,292,964	\$58.59
June 2020	246,956	353,875	697.9	\$22,160,679	\$62.62
July 2020	249,800	358,166	697.4	\$22,784,508	\$63.61
August 2020	242,877	361,322	672.2	\$22,458,568	\$62.16
September 2020	250,425	366,218	683.8	\$22,846,060	\$62.38
October 2020	255,600	368,236	694.1	\$22,304,225	\$60.57
November 2020	241,094	370,337	651.0	\$21,318,443	\$57.56
December 2020	253,831	374,977	676.9	\$6,370,816	\$16.99

Encounter Data Timeliness

Table G-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for Health Share dental encounters.

Table G-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: Health Share

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	98.6%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2020	99.5%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	96.4%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	95.6%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	89.1%	99.8%	99.9%	100.0%	100.0%	100.0%
September 2020	83.4%	99.8%	100.0%	100.0%	100.0%	100.0%
October 2020	82.5%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	91.5%	91.5%	100.0%	100.0%
February 2021	0.0%	4.1%	95.9%	100.0%	100.0%	100.0%
March 2021	95.7%	98.6%	100.0%	100.0%	100.0%	100.0%
April 2021	98.9%	99.7%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table G-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for Health Share professional encounters.

Table G-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: Health Share

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	75.4%	77.7%	95.8%	100.0%	100.0%	100.0%
May 2020	82.3%	87.7%	98.5%	100.0%	100.0%	100.0%
June 2020	89.3%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	95.5%	99.9%	99.9%	99.9%	100.0%	100.0%
August 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	50.0%	50.0%	50.0%	100.0%	100.0%	100.0%
February 2021	0.0%	85.7%	100.0%	100.0%	100.0%	100.0%
March 2021	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table G-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for Health Share inpatient encounters.

Table G-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: Health Share

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	97.0%	99.5%	99.5%	100.0%	100.0%	100.0%
February 2020	98.1%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.0%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.8%	99.9%	99.9%	99.9%	99.9%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	99.9%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table G-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for Health Share outpatient encounters.

Table G-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: Health Share

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	98.4%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	98.7%	99.7%	100.0%	100.0%	100.0%	100.0%
June 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	87.5%	100.0%	100.0%
February 2021	0.0%	0.0%	20.0%	100.0%	100.0%	100.0%
March 2021	99.6%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2021	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table G-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for Health Share pharmacy encounters.

Table G-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: Health Share

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	67.6%	87.7%	97.0%	99.5%	99.5%	99.5%
February 2020	85.5%	98.1%	99.7%	99.7%	99.7%	99.7%
March 2020	95.7%	99.7%	99.7%	99.7%	99.7%	99.8%
April 2020	96.0%	99.7%	99.7%	99.7%	99.7%	99.7%
May 2020	95.4%	99.7%	99.7%	99.7%	99.7%	100.0%
June 2020	94.9%	99.8%	99.9%	99.9%	100.0%	100.0%
July 2020	95.5%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	97.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	96.8%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	95.3%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	93.6%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	99.8%	99.8%	100.0%	100.0%	100.0%	100.0%
March 2021	98.5%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table G-11 provides lag triangles for Health Share dental encounters. Additional details provided include MM and claims PMPM.

Table G-11—Encounters Lag Triangle—Dental Encounters: Health Share

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	9,386												9,386
202002	20,769	8,773											29,542
202003	2,607	21,126	13,343										37,076
202004	558	1,035	3,158	729									5,480
202005	241	520	851	2,165	1,374								5,151
202006	156	302	530	332	6,779	8,210							16,309
202007	49	59	95	102	437	7,190	10,384						18,316

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	20	22	31	49	138	679	10,574	6,106					17,619
202009	21	34	31	20	70	343	1,222	17,709	8,448				27,898
202010	16	21	32	3	30	174	187	1,114	14,654	6,533			22,764
202011	10	27	21	8	28	40	132	384	1,414	19,055	5,826		26,945
202012	10	17	10	3	43	100	130	249	354	3,681	14,015	5,876	24,488
202103				1	2	4	3	6	6	13	31	47	113
202104	42	29	3	9	18	15	17	16	23	35	39	184	430
202105	34	4		3	6	3	7	10	20	35	41	53	216
202106				1	2	5	13	9	21	22	34	85	192
TOTAL	33,919	31,969	18,105	3,425	8,927	16,763	22,669	25,603	24,940	29,374	19,986	6,245	241,925
MM	326,269	326,893	327,522	334,682	346,363	353,875	358,166	361,322	366,218	368,236	370,337	374,977	4,214,860
PMPM	0.104	0.098	0.055	0.010	0.026	0.047	0.063	0.071	0.068	0.080	0.054	0.017	0.057

Table G-12 provides lag triangles for Health Share professional encounters. Additional details provided include MM and claims PMPM.

Table G-12—Encounters Lag Triangle—Professional Encounters: Health Share

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
201912	1												1
202001	112,620	14	7										112,641
202002	245,634	69,433	14										315,081
202003	242,403	280,089	120,993		1								643,486
202004	15,184	214,008	183,728	62,191	2	3						1	475,117
202005	9,708	12,139	37,251	173,070	64,670	2							296,840
202006	4,182	6,772	45,166	44,889	231,986	115,139	5	1					448,140
202007	1,812	2,171	54,212	74,468	94,141	225,743	89,012	9	2				541,570
202008	1,774	1,925	7,738	14,385	8,000	94,962	269,120	99,442	14	2			497,362
202009	1,476	1,384	5,829	23,263	4,719	7,503	33,203	260,262	110,420	10	6		448,075
202010	1,382	1,372	1,404	1,510	22,432	4,920	6,579	28,478	242,276	107,735	6	1	418,095
202011	1,025	1,043	989	1,113	1,360	17,816	74,520	7,863	38,186	290,020	105,459	8	539,402
202012	492	596	844	979	1,221	1,336	13,464	60,627	55,889	51,977	235,038	71,284	493,747
202101										1			1
202103	151	209	418	78	93	96	115	130	217	321	1,212	2,523	5,563
202104	201	344	2,048	1,125	463	599	800	1,174	1,416	2,020	2,345	8,566	21,101
202105	195	223	743	344	493	571	765	816	1,151	1,676	2,095	2,650	11,722
202106	115	150	420	338	343	476	599	681	971	1,284	1,357	1,863	8,597
TOTAL	638,355	591,872	461,804	397,753	429,924	469,166	488,182	459,483	450,542	455,046	347,518	86,896	5,276,541
MM	326,269	326,893	327,522	334,682	346,363	353,875	358,166	361,322	366,218	368,236	370,337	374,977	4,214,860
PMPM	1.957	1.811	1.410	1.188	1.241	1.326	1.363	1.272	1.230	1.236	0.938	0.232	1.252

Table G-13 provides lag triangles for Health Share inpatient encounters. Additional details provided include MM and claims PMPM.

Table G-13—Encounters Lag Triangle—Inpatient Encounters: Health Share

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	262												262
202002	1,379	344											1,723
202003	821	1,544	538										2,903
202004	133	441	1,260	327									2,161
202005	140	151	449	1,070	350								2,160
202006	54	58	109	397	1,312	377							2,307
202007	31	40	74	150	434	1,422	480						2,631
202008	32	29	34	66	93	478	1,490	409					2,631
202009	21	40	18	39	68	142	591	1,498	517				2,934
202010	16	20	14	37	45	42	109	486	1,443	194			2,406
202011	2	2	4	2	7	14	29	97	476	1,640	430		2,703
202012	2	3	1	7	8	14	14	34	79	500	1,124	303	2,089
202103	2	2	3	3	2	3	8	11	7	2	11	25	79
202104	8	14	20	15	20	28	28	27	31	36	27	63	317
202105	11	10	15	18	14	14	23	39	42	28	35	22	271
202106	16	14	12	9	24	23	19	30	22	17	24	30	240
202107											3		3
TOTAL	2,930	2,712	2,551	2,140	2,377	2,557	2,791	2,631	2,617	2,417	1,654	443	27,820
MM	326,269	326,893	327,522	334,682	346,363	353,875	358,166	361,322	366,218	368,236	370,337	374,977	4,214,860
PMPM	0.009	0.008	0.008	0.006	0.007	0.007	0.008	0.007	0.007	0.007	0.004	0.001	0.007

Table G-14 provides lag triangles for Health Share outpatient encounters. Additional details provided include MM and claims PMPM.

Table G-14—Encounters Lag Triangle—Outpatient Encounters: Health Share

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,621												1,621
202002	27,500	8,663											36,163
202003	21,848	35,173	16,811										73,832
202004	3,142	6,330	18,617	6,958									35,047
202005	918	1,322	3,087	11,509	9,833								26,669
202006	626	922	1,242	2,575	18,745	15,006							39,116
202007	286	375	542	951	3,844	24,425	15,483						45,906
202008	440	463	459	505	878	4,362	27,397	12,689					47,193

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202009	219	251	225	217	541	996	5,676	31,217	16,933				56,275
202010	129	135	122	330	684	1,239	1,936	5,076	26,100	15,423			51,174
202011	113	97	97	133	275	654	639	966	4,543	28,785	15,599		51,901
202012	72	81	80	89	149	381	700	737	1,146	7,256	26,906	11,244	48,841
202103		1	3	39	75	101	167	148	33	50	80	130	827
202104	21	32	43	51	69	102	118	140	175	1,034	308	573	2,666
202105	27	25	33	49	88	100	110	216	208	573	648	674	2,751
202106	8	14	22	26	89	126	108	135	76	98	159	236	1,097
TOTAL	56,970	53,884	41,383	23,432	35,270	47,492	52,334	51,324	49,214	53,219	43,700	12,857	521,079
MM	326,269	326,893	327,522	334,682	346,363	353,875	358,166	361,322	366,218	368,236	370,337	374,977	4,214,860
PMPM	0.175	0.165	0.126	0.070	0.102	0.134	0.146	0.142	0.134	0.145	0.118	0.034	0.124

Table G-15 provides lag triangles for Health Share pharmacy encounters. Additional details provided include MM and claims PMPM.

Table G-15—Encounters Lag Triangle—Pharmacy Encounters: Health Share

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	88,577												88,577
202002	122,983	68,405											191,388
202003	33,456	153,767	86,361										273,584
202004	13,710	21,051	184,778	95,896									315,435
202005	289	170	6,665	133,433	79,515								220,072
202006	204	262	239	5,813	144,511	98,979							250,008
202007	1,316	1,233	1,516	1,359	6,527	139,766	96,669						248,386
202008	72	86	64	303	121	7,250	145,057	90,124					243,077
202009	15	11	26	13	13	49	7,322	144,623	86,021				238,093
202010	630	672	734	716	740	432	126	7,517	163,356	120,547			295,470
202011	64	62	62	88	42	17	137	80	282	126,358	84,084		211,276
202012	11	13	21	5	7	30	11	46	91	7,904	150,736	111,313	270,188
202101	6	8	11	12	18	15	21	19	120	76	5,600	134,250	140,156
202102	1	10			1		20	23	26	214	113	7,625	8,033
202103	3	3	5	4	4	14	1	12	51	2	95	91	285
202104	13	3	3	29	3	3	6	2	29	53	3	64	211
202105	1	14	18		33	5	35	46		68	64	19	303
202106	6	1	12	6		28	9	4	45	3	16	54	184
TOTAL	261,357	245,771	280,515	237,677	231,535	246,588	249,414	242,496	250,021	255,225	240,711	253,416	2,994,726
MM	326,269	326,893	327,522	334,682	346,363	353,875	358,166	361,322	366,218	368,236	370,337	374,977	4,214,860
PMPM	0.801	0.752	0.856	0.710	0.668	0.697	0.696	0.671	0.683	0.693	0.650	0.676	0.711

Field-Level Completeness and Accuracy

Table G-16 provides a summary of the field-level completeness and accuracy for Health Share dental encounters.

Table G-16—Data Element Completeness and Accuracy for Dental Encounters: Health Share

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	241,925	241,925	100.0%	241,925	241,843	100.0%
Header First Date of Service	241,925	241,925	100.0%	241,925	241,925	100.0%
Header Last Date of Service	241,925	241,925	100.0%	241,925	241,925	100.0%
Detail First Date of Service	869,945	869,945	100.0%	869,945	869,945	100.0%
Detail Last Date of Service	869,945	869,945	100.0%	869,945	869,945	100.0%
Paid Date	869,945	869,945	100.0%	869,945	869,945	100.0%
Billing Provider NPI	241,925	241,925	100.0%	241,925	202,930	83.9%
Rendering Provider NPI	241,925	241,925	100.0%	241,925	233,254	96.4%
Referring Provider NPI	241,925	241,925	100.0%	241,925	233,254	96.4%
CDT Codes	869,945	869,945	100.0%	869,945	869,913	100.0%
Tooth Number	869,945	486,036	55.9%	486,036	486,036	100.0%
Tooth Surface Codes	869,945	113,687	13.1%	212,873	212,873	100.0%
Oral Cavity Codes	869,945	401,927	46.2%	401,927	401,927	100.0%

Table G-17 provides a summary of the field-level completeness and accuracy for Health Share professional encounters.

Table G-17—Data Element Completeness and Accuracy for Professional Encounters: Health Share

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	5,276,541	5,276,541	100.0%	5,276,541	5,272,986	99.9%
Header First Date of Service	5,276,541	5,276,541	100.0%	5,276,541	5,276,541	100.0%
Header Last Date of Service	5,276,541	5,276,541	100.0%	5,276,541	5,276,416	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	8,148,933	8,148,933	100.0%	8,148,933	8,148,933	100.0%
Detail Last Date of Service	8,148,933	8,148,933	100.0%	8,148,933	8,148,924	100.0%
Paid Date	8,148,933	8,148,933	100.0%	8,148,933	8,148,718	100.0%
Billing Provider NPI	5,276,541	5,276,245	100.0%	5,276,245	4,843,533	91.8%
Rendering Provider NPI	5,276,541	5,276,000	100.0%	5,276,000	5,008,709	94.9%
Referring Provider NPI	5,276,541	5,276,000	100.0%	5,276,000	5,008,709	94.9%
Primary Diagnosis Codes	5,276,541	5,276,541	100.0%	5,276,541	5,276,536	100.0%
Secondary Diagnosis Codes	5,276,541	2,073,067	39.3%	3,958,365	3,958,350	100.0%
CPT/HCPCS Codes	8,148,933	8,148,933	100.0%	8,148,933	8,148,815	100.0%
NDC	8,148,933	389,684	4.8%	389,684	387,280	99.4%

Table G-18 provides a summary of the field-level completeness and accuracy for Health Share inpatient encounters.

Table G-18—Data Element Completeness and Accuracy for Inpatient Encounters: Health Share

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	27,820	27,820	100.0%	27,820	27,726	99.7%
Header First Date of Service	27,820	27,820	100.0%	27,820	27,820	100.0%
Header Last Date of Service	27,820	27,820	100.0%	27,820	27,820	100.0%
Paid Date	333,009	333,009	100.0%	333,009	333,009	100.0%
Billing Provider NPI	27,820	27,820	100.0%	27,820	22,563	81.1%
Rendering Provider NPI	27,820	27,820	100.0%	27,820	26,622	95.7%
Attending Provider NPI	27,820	27,820	100.0%	27,820	26,622	95.7%
Referring Provider NPI	27,820	324	1.2%	324	292	90.1%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	27,820	27,820	100.0%	27,820	27,820	100.0%
Secondary Diagnosis Codes	27,820	27,081	97.3%	77,273	77,273	100.0%
Primary Surgical Procedure Codes	27,820	15,098	54.3%	15,098	15,081	99.9%
Secondary Surgical Procedure Codes	27,820	7,589	27.3%	14,829	14,825	100.0%
CPT/HCPCS Codes	333,009	138	0.0%	138	71	51.4%
Diagnosis-Related Groups Codes	27,820	27,820	100.0%	27,820	27,591	99.2%
Revenue Codes	333,009	333,009	100.0%	333,009	333,009	100.0%
NDC	333,009	51	0.0%	51	37	72.5%
Type of Bill Codes	27,820	27,820	100.0%	27,820	27,820	100.0%

Table G-19 provides a summary of the field-level completeness and accuracy for Health Share outpatient encounters.

Table G-19—Data Element Completeness and Accuracy for Outpatient Encounters: Health Share

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	521,079	521,079	100.0%	521,079	520,764	99.9%
Header First Date of Service	521,079	521,079	100.0%	521,079	521,079	100.0%
Header Last Date of Service	521,079	521,079	100.0%	521,079	521,079	100.0%
Paid Date	2,369,969	2,369,969	100.0%	2,369,969	2,369,969	100.0%
Billing Provider NPI	521,079	521,079	100.0%	521,079	422,251	81.0%
Rendering Provider NPI	521,079	521,079	100.0%	521,079	485,352	93.1%
Attending Provider NPI	521,079	521,079	100.0%	521,079	485,352	93.1%
Primary Diagnosis Codes	521,079	521,079	100.0%	521,079	521,079	100.0%
Secondary Diagnosis Codes	521,079	334,267	64.1%	708,127	708,117	100.0%
CPT/HCPCS Codes	2,369,969	2,193,045	92.5%	2,193,045	2,192,015	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	2,369,969	2,369,969	100.0%	2,369,969	2,369,969	100.0%
NDC	2,369,969	275,757	11.6%	275,757	271,014	98.3%
Type of Bill Codes	521,079	521,079	100.0%	521,079	521,079	100.0%

Table G-20 provides a summary of the field-level completeness and accuracy for Health Share pharmacy encounters.

Table G-20—Data Element Completeness and Accuracy for Pharmacy Encounters: Health Share

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	2,994,726	2,994,726	100.0%	2,994,726	2,993,954	100.0%
Date of Service	2,994,726	2,994,726	100.0%	2,994,726	2,994,726	100.0%
Paid Date	2,994,726	2,994,726	100.0%	2,994,726	2,994,726	100.0%
Billing Provider NPI	2,994,726	2,994,726	100.0%	2,994,726	2,005,155	67.0%
Prescribing Provider NPI	2,994,726	2,994,239	100.0%	2,994,239	2,855,543	95.4%
NDC	2,999,177	2,999,177	100.0%	2,999,177	2,990,340	99.7%

Comparative Analysis

This section presents the Health Share results for the comparative analysis.

Table G-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	1,084,121	38,483	3.5%	1,088,955	43,317	4.0%
Professional	9,409,242	1,591,037	16.9%	9,876,048	2,057,843	20.8%
Institutional	4,156,163	891,938	21.5%	3,671,073	406,848	11.1%
Pharmacy	3,242,101	1,286,361	39.7%	3,460,118	1,504,378	43.5%

Table G-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,045,638	0	0.0%	1	0.0%	0	0.0%
Billing Provider NPI	1,045,638	239	0.0%	322,056	30.8%	25	0.0%
Detail Service From Date	1,045,638	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,045,638	0	0.0%	0	0.0%	0	0.0%
Member ID	1,045,638	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	1,045,638	23	0.0%	62,229	6.0%	563,733	53.9%
Oral Cavity Code 2	1,045,638	0	0.0%	0	0.0%	1,045,638	100.0%
Oral Cavity Code 3	1,045,638	0	0.0%	0	0.0%	1,045,638	100.0%
Oral Cavity Code 4	1,045,638	0	0.0%	0	0.0%	1,045,638	100.0%
Oral Cavity Code 5	1,045,638	0	0.0%	0	0.0%	1,045,638	100.0%
Procedure Code	1,045,638	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,045,638	48	0.0%	620,245	59.3%	187	0.0%
Tooth Number	1,045,638	1	0.0%	114,556	11.0%	474,064	45.3%
Tooth Surface 1	1,045,638	184,954	17.7%	341	0.0%	729,707	69.8%
Tooth Surface 2	1,045,638	58,675	5.6%	384	0.0%	914,262	87.4%
Tooth Surface 3	1,045,638	44,766	4.3%	208	0.0%	972,719	93.0%
Tooth Surface 4	1,045,638	18,456	1.8%	86	0.0%	1,017,403	97.3%
Tooth Surface 5	1,045,638	0	0.0%	1,423	0.1%	1,044,215	99.9%

Table G-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	7,818,205	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	7,818,205	28,559	0.4%	75,108	1.0%	134	0.0%
Primary Diagnosis Code	7,818,205	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	7,818,205	187	0.0%	93,555	1.2%	4,059,891	51.9%
Detail Service From Date	7,818,205	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	7,818,205	0	0.0%	0	0.0%	0	0.0%
Member ID	7,818,205	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	7,818,205	56,843	0.7%	57,659	0.7%	3,681,001	47.1%
NDC	7,818,205	2,448	0.0%	3,597	0.0%	7,406,849	94.7%
Procedure Code	7,818,205	0	0.0%	1	0.0%	0	0.0%
Rendering Provider NPI	7,818,205	12,379	0.2%	1,223,917	15.7%	3,947	0.1%

Table G-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	3,264,225	383	0.0%	4,091	0.1%	2,876,194	88.1%
Amount Paid	3,264,225	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	3,264,225	45,966	1.4%	41,042	1.3%	520	0.0%
Billing Provider NPI	3,264,225	5,214	0.2%	41,500	1.3%	54	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	3,264,225	461	0.0%	91,403	2.8%	2,921,001	89.5%
Primary Diagnosis Code	3,264,225	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	3,264,225	105,971	3.2%	0	0.0%	411,947	12.6%
Header Service From Date	3,264,225	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	3,264,225	0	0.0%	0	0.0%	0	0.0%
Member ID	3,264,225	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	3,264,225	50,166	1.5%	50,411	1.5%	2,630,204	80.6%
NDC	3,264,225	88,127	2.7%	7,311	0.2%	2,822,108	86.5%
Procedure Code	3,264,225	22,922	0.7%	25,020	0.8%	549,726	16.8%
Revenue Code	3,264,225	26,870	0.8%	9	0.0%	0	0.0%
Primary Surgical Procedure Code	3,264,225	583,606	17.9%	209,858	6.4%	2,470,757	75.7%
Secondary Surgical Procedure Code	3,264,225	69,469	2.1%	136,748	4.2%	3,058,008	93.7%

Table G-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,955,740	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	1,955,740	32,304	1.7%	0	0.0%	0	0.0%
Drug Quantity	1,955,740	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	1,955,740	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	1,955,740	0	0.0%	0	0.0%	0	0.0%
Member ID	1,955,740	0	0.0%	0	0.0%	0	0.0%
NDC	1,955,740	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	1,955,740	36,459	1.9%	2	0.0%	0	0.0%

Table G-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,045,638	1,044,514	99.9%
Detail Service From Date	1,045,638	1,045,574	100.0%
Detail Service To Date	1,045,638	1,043,577	99.8%
Billing Provider NPI	723,318	723,318	100.0%
Rendering Provider NPI	425,158	425,158	100.0%
Procedure Code	1,045,638	1,029,690	98.5%
Tooth Number	457,017	457,016	100.0%
Oral Cavity Code 1	419,653	419,653	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	130,636	299	0.2%
Tooth Surface 2	72,317	180	0.2%
Tooth Surface 3	27,945	70	0.3%
Tooth Surface 4	9,693	12	0.1%
Tooth Surface 5	0	0	--*
Amount Paid	1,045,637	1,039,959	99.5%
* -- denotes that there are no records with values present in both data sources			

Table G-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	7,818,205	7,812,894	99.9%
Detail Service From Date	7,818,205	7,746,216	99.1%
Detail Service To Date	7,818,205	7,742,345	99.0%
Billing Provider NPI	7,714,404	7,711,173	100.0%
Rendering Provider NPI	6,577,962	6,577,958	100.0%
Primary Diagnosis Code	7,818,205	7,753,487	99.2%
Secondary Diagnosis Code	3,664,572	3,643,889	99.4%
Procedure Code	7,818,204	7,387,310	94.5%
Procedure Code Modifier	4,022,702	3,990,774	99.2%
NDC	405,311	405,278	100.0%
Amount Paid	7,818,205	7,556,555	96.7%

Table G-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	3,264,225	3,263,611	100.0%
Header Service From Date	3,264,225	3,224,149	98.8%
Header Service To Date	3,264,225	2,892,117	88.6%
Admission Date	383,557	383,515	100.0%
Billing Provider NPI	3,217,457	3,217,212	100.0%
Attending Provider NPI	3,176,697	3,176,696	100.0%
Primary Diagnosis Code	3,264,225	3,264,202	100.0%
Secondary Diagnosis Code	2,746,307	1,943,518	70.8%
Procedure Code	2,666,557	2,307,510	86.5%
Procedure Code Modifier	533,444	517,981	97.1%
Primary Surgical Procedure Code	4	0	0.0%
Secondary Surgical Procedure Code	0	0	--*
NDC	346,679	346,674	100.0%
Revenue Code	3,237,346	2,889,632	89.3%
Diagnosis-Related Group (DRG) Code	251,360	243,500	96.9%
Amount Paid	3,264,225	3,135,268	96.0%

Table G-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,955,740	1,955,740	100.0%
Header Service From Date	1,955,740	1,955,740	100.0%
Billing Provider NPI	1,923,436	1,922,900	100.0%
Prescribing Provider NPI	1,919,279	1,917,860	99.9%
NDC	1,955,740	1,955,738	100.0%
Drug Quantity	1,955,740	1,954,141	99.9%
Amount Paid	1,955,740	1,932,006	98.8%
Dispensing Fee	1,955,740	57,356	2.9%

Table G-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	1,045,638	516,493	49.4%
Professional	7,818,205	7,051,428	90.2%
Institutional	3,264,225	1,205,658	36.9%
Pharmacy	1,955,740	1,873,967	95.8%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for Health Share with its response.



Encounter Data Discrepancy Report for Health Share of Oregon

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Health Share of Oregon (Health Share), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for Health Share. In addition, this report displays the data issues for Health Share to investigate. Health Share will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the Health Share-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the Health Share-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	3.5%	4.0%
Professional	16.9%	20.8%
Institutional	21.5%	11.1%
Pharmacy	39.7%	43.5%

Health Share Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_Health Share



ENCOUNTER DATA DISCREPANCY REPORT FOR HEALTH SHARE

Key Findings: Table 1

- There were no issues noted regarding the record omission and surplus rates for dental encounters, with rates of 3.5 percent and 4.0 percent, respectively.
- For professional encounters, both the record omission and surplus rates were high, at 16.9 percent and 20.8 percent, respectively. The high record omission and surplus rates indicated a potential issue with the ICN and the original ICN field values being stored appropriately. The encounters in the Health Share-submitted data that were identified as omissions had these field values with the first 2-digits of "20" which did not match OHA's ICNs or the original ICN field values with the first 2-digits of "60" or "70".
- For institutional encounters, both the record omission and surplus rates were high, at 39.7 percent and 43.5 percent, respectively. As described previously, regarding the professional record omission and surplus rates, the high record omission and surplus rates for institutional encounters indicated a potential issue with the ICN and the original ICN field values being stored appropriately. The encounters in the Health Share-submitted data that were identified as omissions had these field values with the first 2-digits of "20" which did not match OHA's ICNs or the original ICN field values with the first 2-digits of "60" or "70".
- For pharmacy encounters, both the record omission and surplus rates were high at 21.5 percent and 11.1 percent, respectively. As described previously, regarding professional and institutional encounter record omission and surplus rates, the high record omission and surplus rates for pharmacy encounters indicated a potential issue with the ICN and the original ICN field values being stored appropriately. The encounters in the Health Share-submitted data that were identified as omissions had these field values with the first 2-digits of "20" which did not match OHA's ICNs or the original ICN field values with the first 2-digits of "60" or "70".

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to



ENCOUNTER DATA DISCREPANCY REPORT FOR HEALTH SHARE

Note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays Health Share’s data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	99.9%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	99.8%
Billing Provider National Provider Identifier (NPI)	0.0%	30.8%	0.0%	100.0%
Rendering Provider NPI	0.0%	59.3%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	98.5%
Tooth Number	0.0%	11.0%	45.3%	100.0%
Oral Cavity Code 1	0.0%	6.0%	53.9%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	17.7%	0.0%	69.8%	0.2%
Tooth Surface 2	5.6%	0.0%	87.4%	0.2%
Tooth Surface 3	4.3%	0.0%	93.0%	0.3%
Tooth Surface 4	1.8%	0.0%	97.3%	0.1%
Tooth Surface 5	0.0%	0.1%	99.9%	--*
Header Paid Amount	0.0%	0.0%	0.0%	99.5%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2



ENCOUNTER DATA DISCREPANCY REPORT FOR HEALTH SHARE

- The data element omission and surplus rates were low (i.e., at or lower than 5.6 percent) for all dental encounter data elements that were evaluated, except for surplus rates associated with the *Billing Provider NPI*, *Rendering Provider NPI*, and *Tooth Number* data elements, and the omission rate associated with *Tooth Surface 1* data element.

 - For data element *Billing Provider NPI*, the surplus rate was very high at 30.8 percent. HSAG was not able to identify any pattern(s) or the root cause for the discrepancy.
 - The element surplus rate for the data element *Rendering Provider NPI* was very high at 59.3 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the Health Share-submitted data, had the same values as the billing provider NPIs.
 - For *Tooth Number* and *Tooth Surface 1*, upon further investigation, the high surplus rate of 11.1 percent and high omission rate of 17.7 percent, respectively, appears to be related to the tooth number values appeared in the tooth surface field for most of the encounters with these discrepancies.
- The dental data element accuracy rates were very high (i.e., at least 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and Health Share-submitted data), except for the *Tooth Surface* fields. Among records where these fields had different values when populated and compared, it appears that values from both sources had values populated in different positions. For example, the Health Share-submitted tooth surface 1 had the same values as the OHA-submitted tooth surface 2.

Professional Encounters

Table 3 displays Health Share's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	99.9%
Detail Service From Date	0.0%	0.0%	0.0%	99.1%
Detail Service To Date	0.0%	0.0%	0.0%	99.0%
Billing Provider NPI	0.4%	1.0%	0.0%	100.0%
Rendering Provider NPI	0.2%	15.7%	0.1%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	99.2%
Secondary Diagnosis Code	0.0%	1.2%	51.9%	99.4%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Procedure Code	0.0%	0.0%	0.0%	94.5%
Procedure Code Modifier	0.7%	0.7%	47.1%	99.2%
National Drug Code (NDC)	0.0%	0.0%	94.7%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	96.7%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or below 1.2 percent) for all professional encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI* data element.
 - The element surplus rate for the data element *Rendering Provider NPI* was high at 15.7 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the Health Share-submitted data, had the same values as the billing provider NPIs.
- The professional encounter data element accuracy rates were very high (i.e., more than 96.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and Health Share-submitted data), except for the *Procedure Code* data element with an accuracy rate of 94.5 percent. Upon further investigation, the mismatches for this data element were due to a misalignment of the populated procedure codes when records were compared based on the ICN and the detail line number fields. However, while the values were misaligned, the same values were found in both sources.

Institutional Encounters

Table 4 displays Health Share's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	98.8%
Header Service To Date	0.0%	0.0%	0.0%	88.6%
Admission Date	0.0%	0.1%	88.1%	100.0%
Billing Provider NPI	0.2%	1.3%	0.0%	100.0%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Attending Provider NPI	1.4%	1.3%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	3.2%	0.0%	12.6%	70.8%
Procedure Code	0.7%	0.8%	16.8%	86.5%
Procedure Code Modifier	1.5%	1.5%	80.6%	97.1%
Primary Surgical Procedure Code	17.9%	6.4%	75.7%	0.0%
Secondary Surgical Procedure Code	2.1%	4.2%	93.7%	--*
NDC	2.7%	0.2%	86.5%	100.0%
Revenue Code	0.8%	0.0%	0.0%	89.3%
Diagnosis-Related Group (DRG) Code	0.0%	2.8%	89.5%	96.9%
Header Paid Amount	0.0%	0.0%	0.0%	96.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or below 4.2 percent) for all institutional encounter data elements that were evaluated, except for the omission rate and surplus rate associated with the *Primary Surgical Procedure Code* data element, with rates at 17.9 percent and 6.4 percent, respectively. Upon further investigation, the Health Share-submitted surgical procedure code values appear to be the procedure modifier values rather than the surgical procedure code values.
- The data element accuracy rates were high (i.e., more than 96.0 percent) for all the institutional encounter data elements that were evaluated, except for *Header Service To Date*, *Secondary Diagnosis Code*, *Procedure Code*, *Primary Surgical Procedure Code*, and *Revenue Code* data elements, with rates of 88.5 percent, 70.8 percent, 86.5 percent, 0.0 percent, and 0.0 percent, respectively.
 - For data element *Header Service To Date*, HSAG was not able to identify any pattern(s) or root cause the discrepancy.
 - For *Secondary Diagnosis Code*, among records that had different values for this data element, the OHA-submitted secondary diagnosis code values appear to have the same values as the Health Share-submitted tertiary diagnosis code values for most of these encounter records.
 - For data element *Procedure Code*, it appears that the mismatches for this data element were due to a misalignment of the populated procedure code values when records were compared based on the ICN and the detail line number fields. However, while the values were misaligned, the same values were found in both sources,



ENCOUNTER DATA DISCREPANCY REPORT FOR HEALTH SHARE

Pharmacy Encounters

Table 5 displays Health Share's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	1.7%	0.0%	0.0%	100.0%
Prescribing Provider NPI	1.9%	0.0%	0.0%	99.9%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	99.9%
Header Paid Amount	0.0%	0.0%	0.0%	98.8%
Dispensing Fee	0.0%	0.0%	0.0%	2.9%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., at or less than 1.9 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Dispensing Fee* data element, with an accuracy rate of 2.9 percent.
- For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the Health Share-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, Health Share is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	Health Share's Investigation Efforts and Explanations
Table 1	Professional record omission rate (16.9 percent) and surplus rate (20.8 percent)	<p>In reviewing the omitted claims, we found in all cases that we did not remove the intermediate and initial claims where adjustments had been made on the claim. We corrected this aspect of the extract by comparing the ICN on the claim to the PayerClaimControlNumber on the 837 to see if there is a replacement claim. We were able to identify and remove all examples and what added up to be approximately 17% of our submission.</p> <p>After review of all the surplus records provided, we found that the transaction date occurred after 2/28/2021 which would mean that the claim was not in our system at the time of the extract. We also verified that if we were to extract the claims today, they would be included.</p>
Table 1	Institutional record omission rate (21.5 percent) and surplus rate (11.1 percent)	<p>In reviewing the omitted claims, we found in all cases that we did not remove the intermediate and initial claims where adjustments had been made on the claim. We corrected this aspect of the extract by comparing the ICN on the claim to the PayerClaimControlNumber on the 837 to see if there is a replacement claim. We were able to identify and remove all examples and what added up to be approximately 21% of our submission.</p> <p>After review of all the surplus records provided, we found that the transaction date occurred after 2/28/2021 which would mean that the claim was not in our system at the time of the extract. We also verified that if we were to extract the claims today, they would be included.</p>
Table 1	Pharmacy record omission rate (39.7 percent) and surplus rate (43.5 percent)	<p>Through this process we were made aware that it is necessary to collect the NCPDP response files from our partners. Until this time we did not have a need for this information since we currently collect pharmacy APAC and the NCPDP files for auditing. We were able to get the response file from CareOregon which is why about half of our pharmacy claims have a valid ICN. We do have plans to begin collecting the response files early 2022.</p>

Table	Discrepancy Item	Health Share's Investigation Efforts and Explanations
Table 2	Billing Provider NPI surplus rate for dental encounters (30.8 percent)	<p>In doing some research as to why ~ 30% of our dental NPI were missing, we found that ~70% of the dental claims in the EDI space had a general format of <u>XXAPACClaimNumber</u> such as <u>ClaimNo. XX200082502800</u> (ICN 7020027014417) whereas the other 30% the <u>claimNumber</u> from the APAC claim and the EDI claim match exactly, such as <u>ClaimNo E566221-008990891</u> (ICN 7020268097541). We are not sure why this is occurring with ~30% of the claims but will continue to investigate.</p> <p>Our query for the EDV data extract used the matching method applicable to the ~70% method and we were pulling the <u>BillingProvNPI</u> from the EDI claim therefore the ~30% where the match occurs on the entire claim, the match to the EDI claim did not occur and hence the missing NPI.</p> <p>We have validated that if we use both methods to match, we are able to collect all Billing NPI and will <u>bd</u> implemented in the future.</p> <p>Submission we had 341,717 claim lines with no billing NPI, with the new logic we are down to 17,363 (98.4% with billing NPI)</p>
Table 2	Tooth Number surplus rate for dental encounters (11.0 percent)	<p>We pulled nearly all of the data elements for this extract from the APAC dental claims. During the investigation we determined that the few fields (tooth number and oral cavity codes) that we do pull from the EDI claim suffers from the same issue indicated for the 'Billing Provider NPI'. Approximately 30% of the APAC claim id match exactly to the EDI claim no whereas 70% need to have the first 2 characters removed from the APAC claim id to match to the EDI claim no.</p> <p>We have verified by allowing for either match type we do have all the tooth numbers.</p> <p>Submission we had 472,042 claim lines with a tooth number, with the new logic have 588,440 (54.1% with a tooth number up from 43.5%)</p>

Table	Discrepancy Item	Health Share's Investigation Efforts and Explanations
Table 2	Oral Cavity Code 1 surplus rate for dental encounters (6.0 percent)	<p>We pulled nearly all of the data elements for this extract from the APAC dental claims. During the investigation we determined that the few fields (tooth number and oral cavity codes) that we do pull from the EDI claim suffers from the same issue indicated for the 'Billing Provider NPI'. Approximately 30% of the APAC claim id match exactly to the EDI claim no whereas 70% need to have the first 2 characters removed from the APAC claim id to match to the EDI claim no.</p> <p>We have verified by allowing for either match type we do have all of the oral cavity codes.</p> <p>Submission we had 434,116 claim lines with an oral cavity code, with the new logic have 487,503 (45.7% with an oral cavity code up from 40%)</p>
Table 3	Procedure Code accuracy rate for professional encounters (94.5 percent)	<p>For our EDV extracts we took the procedure codes from the APAC claim rather than the EDI claim which we have validated explains the placement differences.</p> <p>In the future we will grab the procedure codes from the EDI claims.</p>
Table 4	Header Service to Date accuracy rate for institutional encounters (88.6 percent)	<p>For the claim line level detail, we used the Service From and Service To dates from the APAC claim file. For the Header dates we used the Min/Max function on the line level detail to calculate the dates. When we compared our Header dates to the EDI claims we were able to verify that the differences here were due to our calculation of the header dates.</p> <p>In the future we will grab these dates from the EDI claim to ensure alignment.</p>

Table	Discrepancy Item	Health Share's Investigation Efforts and Explanations
Table 4	Secondary Diagnosis Code accuracy rate for institutional encounters (70.8 percent)	<p>For our EDV extracts we took the diagnosis codes from the APAC claim rather than the EDI claim which we have validated explains the placement differences.</p> <p>In the future we will pull this information from the EDI claim.</p>
Table 4	Procedure Code accuracy rate for institutional encounters (86.5 percent)	<p>For our EDV extracts we took the procedure codes from the APAC claim rather than the EDI claim which we have validated explains the placement differences.</p> <p>In the future we will pull this information from the EDI claim.</p>
Table 4	Primary Surgical Procedure Code omission rate (17.9 percent), surplus rate (6.4 percent), and accuracy rate (0.0 percent) for institutional encounters	<p>We have determined that this is clearly a mis-mapping issue on our part during the extract. We have reviewed the code and we are clearly mapping to the procedure code modifiers when in fact we should be mapping to the ICDProc1, ICDProc2, ICDProc3 and ICDProc4 on the APAC claims.</p> <p>We have tested our new mapping and it is pulling the correct information at this time.</p>
Table 4	Revenue accuracy rate (89.3 percent) for institutional encounters	<p>In our EDV extract we pull the revenue code from the APAC claim. We have verified that for all claims where the APAC revenue code did not match the EDI revenue code, all revenue codes were present but on different claim lines.</p> <p>In the future we will pull this information from the EDI claim.</p>

Table	Discrepancy Item	Health Share's Investigation Efforts and Explanations
Table 5	Dispensing fee accuracy rate (2.9 percent) for pharmacy encounters	<p>In reviewing this finding, we have identified a discrepancy between the data our plans are submitting on their NCPDP files and the data we are storing in our database as the dispensing fee.</p> <p>We are still investigating the root cause and working internal pharmacy departments to determine the correct dataset. Once determined, we will correct our reference database for both the historical pharmacy claims data and for all dispensing fee data going forward, so we won't have this validation issue in the future.</p>



Appendix H. Results for InterCommunity Health Network

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for InterCommunity Health Network (IHN).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table H-1 provides encounter volume and paid amount results for IHN dental encounters.

Table H-1—Encounter Volume and Paid Amount for Dental Encounters: IHN

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,893	57,938	101.7	\$309,527	\$5.34
February 2020	5,643	58,015	97.3	\$216,031	\$3.72
March 2020	3,188	58,159	54.8	\$194,037	\$3.34
April 2020	679	59,288	11.5	\$129,953	\$2.19
May 2020	1,665	60,798	27.4	\$144,591	\$2.38
June 2020	3,530	61,845	57.1	\$195,669	\$3.16
July 2020	4,449	62,393	71.3	\$270,301	\$4.33
August 2020	4,299	62,795	68.5	\$223,191	\$3.55
September 2020	3,680	63,688	57.8	\$189,770	\$2.98
October 2020	4,748	64,337	73.8	\$252,815	\$3.93
November 2020	3,730	64,839	57.5	\$167,065	\$2.58
December 2020	1,622	66,177	24.5	\$23,566	\$0.36

Table H-2 provides encounter volume and paid amount results for IHN professional encounters.

Table H-2—Encounter Volume and Paid Amount for Professional Encounters: IHN

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	67,504	57,938	1,165.1	\$8,155,738	\$140.77
February 2020	62,991	58,015	1,085.8	\$7,452,309	\$128.45
March 2020	53,036	58,159	911.9	\$6,162,964	\$105.97
April 2020	40,565	59,288	684.2	\$6,195,330	\$104.50
May 2020	46,656	60,798	767.4	\$8,834,048	\$145.30
June 2020	58,421	61,845	944.6	\$7,948,404	\$128.52
July 2020	59,693	62,393	956.7	\$7,398,665	\$118.58
August 2020	57,203	62,795	910.9	\$7,044,828	\$112.19
September 2020	55,588	63,688	872.8	\$6,561,840	\$103.03
October 2020	60,422	64,337	939.1	\$7,192,695	\$111.80
November 2020	47,575	64,839	733.7	\$5,428,633	\$83.72
December 2020	16,151	66,177	244.1	\$1,674,795	\$25.31

Table H-3 provides encounter volume and paid amount results for IHN inpatient encounters.

Table H-3—Encounter Volume and Paid Amount for Inpatient Encounters: IHN

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	515	57,938	8.9	\$4,624,901	\$79.83
February 2020	464	58,015	8.0	\$4,730,606	\$81.54
March 2020	419	58,159	7.2	\$4,010,055	\$68.95
April 2020	334	59,288	5.6	\$2,789,954	\$47.06
May 2020	455	60,798	7.5	\$4,178,036	\$68.72
June 2020	461	61,845	7.5	\$4,291,221	\$69.39
July 2020	483	62,393	7.7	\$4,495,161	\$72.05
August 2020	393	62,795	6.3	\$3,610,143	\$57.49
September 2020	434	63,688	6.8	\$3,504,522	\$55.03
October 2020	413	64,337	6.4	\$4,327,544	\$67.26
November 2020	267	64,839	4.1	\$2,941,157	\$45.36
December 2020	46	66,177	0.7	\$647,056	\$9.78

Table H-4 provides encounter volume and paid amount results for IHN outpatient encounters.

Table H-4—Encounter Volume and Paid Amount for Outpatient Encounters: IHN

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	15,275	57,938	263.6	\$5,809,053	\$100.26
February 2020	14,048	58,015	242.1	\$5,239,477	\$90.31
March 2020	10,690	58,159	183.8	\$3,892,420	\$66.93
April 2020	6,653	59,288	112.2	\$2,920,401	\$49.26
May 2020	10,104	60,798	166.2	\$4,031,448	\$66.31
June 2020	13,414	61,845	216.9	\$5,092,779	\$82.35
July 2020	13,593	62,393	217.9	\$5,248,374	\$84.12
August 2020	12,886	62,795	205.2	\$4,796,802	\$76.39
September 2020	12,082	63,688	189.7	\$4,285,747	\$67.29
October 2020	13,544	64,337	210.5	\$5,030,661	\$78.19
November 2020	10,880	64,839	167.8	\$3,953,872	\$60.98
December 2020	3,596	66,177	54.3	\$961,166	\$14.52

Table H-5 provides encounter volume and paid amount results for IHN pharmacy encounters.

Table H-5—Encounter Volume and Paid Amount for Pharmacy Encounters: IHN

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	55,148	57,938	951.8	\$5,290,307	\$91.31
February 2020	51,658	58,015	890.4	\$4,695,562	\$80.94
March 2020	58,647	58,159	1,008.4	\$5,790,484	\$99.56
April 2020	51,288	59,288	865.1	\$4,495,159	\$75.82
May 2020	50,916	60,798	837.5	\$4,526,924	\$74.46
June 2020	54,618	61,845	883.1	\$4,902,483	\$79.27
July 2020	54,768	62,393	877.8	\$5,057,630	\$81.06
August 2020	53,299	62,795	848.8	\$5,260,284	\$83.77
September 2020	54,347	63,688	853.3	\$5,210,341	\$81.81
October 2020	55,628	64,337	864.6	\$5,455,109	\$84.79
November 2020	53,776	64,839	829.4	\$5,121,011	\$78.98
December 2020	57,312	66,177	866.0	\$3,905,725	\$59.02

Encounter Data Timeliness

Table H-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for IHN dental encounters.

Table H-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: IHN

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	89.6%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	88.0%	99.9%	99.9%	99.9%	99.9%	99.9%
November 2020	99.4%	99.4%	99.4%	99.4%	99.4%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	94.4%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table H-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for IHN professional encounters.

Table H-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: IHN

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.8%	99.9%	99.9%	99.9%	100.0%	100.0%
May 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table H-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for IHN inpatient encounters.

Table H-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: IHN

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.4%	99.6%	100.0%	100.0%	100.0%	100.0%
May 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.5%	99.8%	100.0%	100.0%	100.0%	100.0%
July 2020	99.3%	99.8%	100.0%	100.0%	100.0%	100.0%
August 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.8%	99.8%	99.8%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table H-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for IHN outpatient encounters.

Table H-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: IHN

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.2%	99.7%	100.0%	100.0%	100.0%	100.0%
May 2020	99.2%	99.8%	100.0%	100.0%	100.0%	100.0%
June 2020	99.5%	99.8%	99.9%	99.9%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	99.3%	99.3%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table H-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for IHN pharmacy encounters.

Table H-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: IHN

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.8%	99.8%	99.9%	99.9%	99.9%	99.9%
February 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	99.8%	99.8%	99.8%	99.8%	99.9%	99.9%
April 2020	99.7%	99.7%	99.9%	99.9%	99.9%	99.9%
May 2020	99.0%	99.1%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
July 2020	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
August 2020	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
September 2020	99.9%	99.9%	99.9%	99.9%	99.9%	100.0%
October 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
November 2020	99.8%	99.8%	99.8%	99.9%	100.0%	100.0%
December 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table H-11 provides lag triangles for IHN dental encounters. Additional details provided include MM and claims PMPM.

Table H-11—Encounters Lag Triangle—Dental Encounters: IHN

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	2,066												2,066
202002	3,287	1,615											4,902
202003	325	3,547	2,010										5,882
202004	75	244	1,057	315									1,691
202005	165	241	107	284	468								1,265
202006	43	34	32	60	1,109	1,216							2,494
202007	23	12	24	37	111	2,275	1,812						4,294
202008	4	6	5	11	18	94	2,523	1,527					4,188
202009	5	25	4	4	13	25	206	2,607	598				3,487
202010	5	18	21	3	18	37	45	165	2,543	1,582			4,437

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202011	3	5	12	3	8	5	14	41	443	2,615	755		3,904
202012	1	9	6	4	4	29	31	46	38	412	2,754	1,319	4,653
202103			3						1	3	5	6	18
202104	6	10			1	4	4	2	5	17	27	41	117
202105							3		143	243	243	268	900
202106		1		2				3	3		4	2	15
TOTAL	6,008	5,767	3,281	723	1,750	3,685	4,638	4,391	3,774	4,872	3,788	1,636	44,313
MM	57,938	58,015	58,159	59,288	60,798	61,845	62,393	62,795	63,688	64,337	64,839	66,177	740,272
PMPM	0.104	0.099	0.056	0.012	0.029	0.060	0.074	0.070	0.059	0.076	0.058	0.025	0.060

Table H-12 provides lag triangles for IHN professional encounters. Additional details provided include MM and claims PMPM.

Table H-12—Encounters Lag Triangle—Professional Encounters: IHN

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	18,043												18,043
202002	33,984	16,788											50,772
202003	8,748	31,613	14,955										55,316
202004	6,282	12,785	30,798	9,379									59,244
202005	979	1,610	5,008	24,251	12,307								44,155
202006	2,377	2,500	3,412	5,731	29,355	15,300							58,675
202007	1,546	1,801	2,014	2,251	5,435	38,587	19,071						70,705
202008	333	275	542	1,216	1,685	5,999	32,539	13,272					55,861
202009	351	461	420	458	746	1,828	9,579	36,248	14,919				65,010
202010	132	98	282	333	320	693	1,788	8,156	34,247	18,335			64,384
202011	60	88	97	168	234	363	604	2,507	6,963	35,762	13,078		59,924
202012	57	76	75	69	150	262	396	930	2,977	9,944	36,344	14,805	66,085
202103	3	1	5	5	4	12	12	10	39	91	182	197	561
202104	11	18	23	58	50	62	88	130	263	377	633	981	2,694
202105	38	49	23	16	53	91	108	120	151	224	328	475	1,676
202106	14	7	8	11	16	42	86	77	94	141	143	262	901
TOTAL	72,958	68,170	57,662	43,946	50,355	63,239	64,271	61,450	59,653	64,874	50,708	16,720	674,006
MM	57,938	58,015	58,159	59,288	60,798	61,845	62,393	62,795	63,688	64,337	64,839	66,177	740,272
PMPM	1.259	1.175	0.991	0.741	0.828	1.023	1.030	0.979	0.937	1.008	0.782	0.253	0.910

Table H-13 provides lag triangles for IHN inpatient encounters. Additional details provided include MM and claims PMPM.

Table H-13—Encounters Lag Triangle—Inpatient Encounters: IHN

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	9												9
202002	294	61											355
202003	142	226	10										378
202004	21	131	321	85									558
202005	4	15	44	150	29								242
202006	5	8	15	72	314	56							470
202007	33	16	24	15	73	269	50						480
202008	2	2	2	4	15	102	168	10					305
202009	3	1	1	2	10	14	210	121	4				366
202010		4	3	4	6	12	40	238	286	14			607
202011					3	5	11	12	126	264	27		448
202012				2	3	2	3	2	14	115	214	13	368
202103										1	3	1	5
202104	1	1			1	1		3	3	10	11	17	48
202105	1			1	2			5	2	4	10	12	37
202106							1	3	1	6	2	3	16
TOTAL	515	465	420	335	456	461	483	394	436	414	267	46	4,692
MM	57,938	58,015	58,159	59,288	60,798	61,845	62,393	62,795	63,688	64,337	64,839	66,177	740,272
PMPM	0.009	0.008	0.007	0.006	0.008	0.007	0.008	0.006	0.007	0.006	0.004	0.001	0.006

Table H-14 provides lag triangles for IHN outpatient encounters. Additional details provided include MM and claims PMPM.

Table H-14—Encounters Lag Triangle—Outpatient Encounters: IHN

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1												1
202002	10,860	2,885											13,745
202003	3,467	7,475	2,644										13,586
202004	815	2,950	6,384	1,768									11,917
202005	196	627	1,068	3,602	2,447								7,940
202006	69	159	385	684	5,579	2,954							9,830
202007	91	136	193	285	1,232	8,263	4,001						14,201
202008	21	61	107	131	462	1,472	7,147	3,108					12,509
202009	29	58	86	131	252	508	1,805	7,939	3,908				14,716
202010	42	40	54	140	260	332	495	1,609	6,268	4,061			13,301
202011	27	29	17	69	98	155	327	284	1,885	7,690	3,127		13,708
202012	13	21	13	9	17	46	109	216	253	1,868	7,558	3,208	13,331
202103	1			1	1	1	1		4	74	32	31	146

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202104	3		4	4	5	15	18	34	37	50	223	127	520
202105	2	1		3	7	5	14	18	17	62	94	198	421
202106	3	1		4	8	18	17	9	17	31	34	78	220
TOTAL	15,640	14,443	10,955	6,831	10,368	13,769	13,934	13,217	12,389	13,836	11,068	3,642	140,092
MM	57,938	58,015	58,159	59,288	60,798	61,845	62,393	62,795	63,688	64,337	64,839	66,177	740,272
PMPM	0.270	0.249	0.188	0.115	0.171	0.223	0.223	0.210	0.195	0.215	0.171	0.055	0.189

Table H-15 provides lag triangles for IHN pharmacy encounters. Additional details provided include MM and claims PMPM.

Table H-15—Encounters Lag Triangle—Pharmacy Encounters: IHN

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	46,602												46,602
202002	8,355	41,705											50,060
202003	22	9,821	44,414										54,257
202004	76	55	14,064	44,987									59,182
202005	4	5	12	6,057	40,058								46,136
202006	4	10	26	43	10,339	49,363							59,785
202007	2	6	6	96	466	5,135	46,455						52,166
202008		1	1	2	2	13	8,174	40,806					48,999
202009			1	1	1	7	30	12,354	49,815				62,209
202010	29	13	24	41	15	33	36	38	4,385	44,884			49,498
202011						1	2	3	71	10,572	41,992		52,641
202012						2	4	7	7	67	11,614	46,908	58,609
202101							1		2	5	25	10,331	10,364
202102									5	1	18	6	30
202103			58	24	7	9	16	56	30	47	92	34	373
202104										5	6	1	12
202105												4	4
202106											1	1	2
TOTAL	55,094	51,616	58,606	51,251	50,888	54,563	54,718	53,264	54,315	55,581	53,748	57,285	650,929
MM	57,938	58,015	58,159	59,288	60,798	61,845	62,393	62,795	63,688	64,337	64,839	66,177	740,272
PMPM	0.951	0.890	1.008	0.864	0.837	0.882	0.877	0.848	0.853	0.864	0.829	0.866	0.879

Field-Level Completeness and Accuracy

Table H-16 provides a summary of the field-level completeness and accuracy for IHN dental encounters.

Table H-16—Data Element Completeness and Accuracy for Dental Encounters: IHN

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	44,313	44,313	100.0%	44,313	44,265	99.9%
Header First Date of Service	44,313	44,313	100.0%	44,313	44,313	100.0%
Header Last Date of Service	44,313	44,313	100.0%	44,313	44,313	100.0%
Detail First Date of Service	155,242	155,242	100.0%	155,242	155,242	100.0%
Detail Last Date of Service	155,242	155,242	100.0%	155,242	155,242	100.0%
Paid Date	155,242	155,242	100.0%	155,242	155,242	100.0%
Billing Provider NPI	44,313	44,313	100.0%	44,313	43,610	98.4%
Rendering Provider NPI	44,313	44,313	100.0%	44,313	43,325	97.8%
Referring Provider NPI	44,313	44,313	100.0%	44,313	43,325	97.8%
CDT Codes	155,242	155,242	100.0%	155,242	155,239	100.0%
Tooth Number	155,242	59,372	38.2%	59,372	59,372	100.0%
Tooth Surface Codes	155,242	18,427	11.9%	36,570	36,570	100.0%
Oral Cavity Codes	155,242	37,473	24.1%	37,473	37,473	100.0%

Table H-17 provides a summary of the field-level completeness and accuracy for IHN professional encounters.

Table H-17—Data Element Completeness and Accuracy for Professional Encounters: IHN

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	674,006	674,006	100.0%	674,006	673,650	99.9%
Header First Date of Service	674,006	674,006	100.0%	674,006	674,006	100.0%
Header Last Date of Service	674,006	674,006	100.0%	674,006	674,006	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	1,121,361	1,121,361	100.0%	1,121,361	1,121,361	100.0%
Detail Last Date of Service	1,121,361	1,121,361	100.0%	1,121,361	1,121,361	100.0%
Paid Date	1,121,361	1,121,361	100.0%	1,121,361	1,121,361	100.0%
Billing Provider NPI	674,006	674,006	100.0%	674,006	535,647	79.5%
Rendering Provider NPI	674,006	674,006	100.0%	674,006	627,878	93.2%
Referring Provider NPI	674,006	674,006	100.0%	674,006	627,878	93.2%
Primary Diagnosis Codes	674,006	674,006	100.0%	674,006	674,005	100.0%
Secondary Diagnosis Codes	674,006	298,682	44.3%	561,872	561,871	100.0%
CPT/HCPCS Codes	1,121,361	1,121,361	100.0%	1,121,361	1,121,334	100.0%
NDC	1,121,361	60,030	5.4%	60,030	59,465	99.1%

Table H-18 provides a summary of the field-level completeness and accuracy for IHN inpatient encounters.

Table H-18—Data Element Completeness and Accuracy for Inpatient Encounters: IHN

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	4,692	4,692	100.0%	4,692	4,682	99.8%
Header First Date of Service	4,692	4,692	100.0%	4,692	4,692	100.0%
Header Last Date of Service	4,692	4,692	100.0%	4,692	4,692	100.0%
Paid Date	60,531	60,531	100.0%	60,531	60,531	100.0%
Billing Provider NPI	4,692	4,692	100.0%	4,692	4,577	97.5%
Rendering Provider NPI	4,692	4,692	100.0%	4,692	4,329	92.3%
Attending Provider NPI	4,692	4,692	100.0%	4,692	4,329	92.3%
Referring Provider NPI	4,692	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	4,692	4,692	100.0%	4,692	4,692	100.0%
Secondary Diagnosis Codes	4,692	4,640	98.9%	13,128	13,128	100.0%
Primary Surgical Procedure Codes	4,692	2,966	63.2%	2,966	2,966	100.0%
Secondary Surgical Procedure Codes	4,692	1,735	37.0%	3,458	3,458	100.0%
CPT/HCPCS Codes	60,531	58	0.1%	58	41	70.7%
Diagnosis-Related Groups Codes	4,692	4,692	100.0%	4,692	4,656	99.2%
Revenue Codes	60,531	60,531	100.0%	60,531	60,531	100.0%
NDC	60,531	55	0.1%	55	39	70.9%
Type of Bill Codes	4,692	4,692	100.0%	4,692	4,692	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table H-19 provides a summary of the field-level completeness and accuracy for IHN outpatient encounters.

Table H-19—Data Element Completeness and Accuracy for Outpatient Encounters: IHN

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	140,092	140,092	100.0%	140,092	140,019	99.9%
Header First Date of Service	140,092	140,092	100.0%	140,092	140,092	100.0%
Header Last Date of Service	140,092	140,092	100.0%	140,092	140,092	100.0%
Paid Date	595,162	595,162	100.0%	595,162	595,162	100.0%
Billing Provider NPI	140,092	140,092	100.0%	140,092	139,028	99.2%
Rendering Provider NPI	140,092	140,092	100.0%	140,092	130,654	93.3%
Attending Provider NPI	140,092	140,092	100.0%	140,092	130,654	93.3%
Primary Diagnosis Codes	140,092	140,092	100.0%	140,092	140,092	100.0%
Secondary Diagnosis Codes	140,092	82,642	59.0%	161,004	161,002	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	595,162	543,976	91.4%	543,976	543,307	99.9%
Revenue Codes	595,162	595,162	100.0%	595,162	595,162	100.0%
NDC	595,162	48,518	8.2%	48,518	47,878	98.7%
Type of Bill Codes	140,092	140,092	100.0%	140,092	140,092	100.0%

Table H-20 provides a summary of the field-level completeness and accuracy for IHN pharmacy encounters.

Table H-20—Data Element Completeness and Accuracy for Pharmacy Encounters: IHN

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	650,929	650,929	100.0%	650,929	650,514	99.9%
Date of Service	650,929	650,929	100.0%	650,929	650,929	100.0%
Paid Date	650,929	650,929	100.0%	650,929	650,929	100.0%
Billing Provider NPI	650,929	650,929	100.0%	650,929	459,899	70.7%
Prescribing Provider NPI	650,929	650,929	100.0%	650,929	622,717	95.7%
NDC	651,405	651,405	100.0%	651,405	650,150	99.8%

Comparative Analysis

This section presents the IHN results for the comparative analysis.

Table H-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	182,768	34,087	18.7%	190,726	42,045	22.0%
Professional	1,328,331	2,625	0.2%	1,330,142	4,436	0.3%
Institutional	799,201	10,511	1.3%	796,616	7,926	1.0%
Pharmacy	657,255	940	0.1%	708,520	52,205	7.4%

Table H-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	148,681	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	148,681	6	0.0%	9	0.0%	0	0.0%
Detail Service From Date	148,681	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	148,681	0	0.0%	0	0.0%	0	0.0%
Member ID	148,681	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	148,681	34	0.0%	29	0.0%	116,467	78.3%
Oral Cavity Code 2	148,681	0	0.0%	0	0.0%	148,681	100.0%
Oral Cavity Code 3	148,681	0	0.0%	0	0.0%	148,681	100.0%
Oral Cavity Code 4	148,681	0	0.0%	0	0.0%	148,681	100.0%
Oral Cavity Code 5	148,681	0	0.0%	0	0.0%	148,681	100.0%
Procedure Code	148,681	0	0.0%	22	0.0%	0	0.0%
Rendering Provider NPI	148,681	4	0.0%	4,920	3.3%	2	0.0%
Tooth Number	148,681	1,082	0.7%	49	0.0%	92,123	62.0%
Tooth Surface 1	148,681	16	0.0%	12	0.0%	132,113	88.9%
Tooth Surface 2	148,681	11	0.0%	9	0.0%	138,268	93.0%
Tooth Surface 3	148,681	5	0.0%	1	0.0%	144,599	97.3%
Tooth Surface 4	148,681	0	0.0%	0	0.0%	147,549	99.2%
Tooth Surface 5	148,681	0	0.0%	0	0.0%	148,389	99.8%

Table H-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,325,706	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	1,325,706	1,935	0.1%	0	0.0%	0	0.0%
Primary Diagnosis Code	1,325,706	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,325,706	0	0.0%	0	0.0%	732,491	55.3%
Detail Service From Date	1,325,706	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,325,706	0	0.0%	0	0.0%	0	0.0%
Member ID	1,325,706	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,325,706	3	0.0%	0	0.0%	613,991	46.3%
NDC	1,325,706	24	0.0%	1	0.0%	1,258,013	94.9%
Procedure Code	1,325,706	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,325,706	2,726	0.2%	8	0.0%	0	0.0%

Table H-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	788,690	55	0.0%	8	0.0%	685,406	86.9%
Amount Paid	788,690	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	788,690	2,180	0.3%	0	0.0%	0	0.0%
Billing Provider NPI	788,690	1,043	0.1%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	788,690	0	0.0%	22,803	2.9%	716,690	90.9%
Primary Diagnosis Code	788,690	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	788,690	0	0.0%	0	0.0%	173,491	22.0%
Header Service From Date	788,690	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	788,690	0	0.0%	0	0.0%	0	0.0%
Member ID	788,690	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	788,690	10	0.0%	9	0.0%	655,710	83.1%
NDC	788,690	16,694	2.1%	7	0.0%	708,274	89.8%
Procedure Code	788,690	189	0.0%	7	0.0%	134,514	17.1%
Revenue Code	788,690	259	0.0%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	788,690	0	0.0%	0	0.0%	739,088	93.7%
Secondary Surgical Procedure Code	788,690	0	0.0%	0	0.0%	756,845	96.0%

Table H-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	656,315	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	656,315	215	0.0%	0	0.0%	0	0.0%
Drug Quantity	656,315	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	656,315	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	656,315	0	0.0%	0	0.0%	0	0.0%
Member ID	656,315	0	0.0%	0	0.0%	0	0.0%
NDC	656,315	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	656,315	3,137	0.5%	0	0.0%	0	0.0%

Table H-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	148,681	125,253	84.2%
Detail Service From Date	148,681	148,657	100.0%
Detail Service To Date	148,681	148,571	99.9%
Billing Provider NPI	148,666	148,661	100.0%
Rendering Provider NPI	143,755	143,748	100.0%
Procedure Code	148,659	148,349	99.8%
Tooth Number	55,427	55,276	99.7%
Oral Cavity Code 1	32,151	32,062	99.7%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	16,540	16,538	100.0%
Tooth Surface 2	10,393	10,392	100.0%
Tooth Surface 3	4,076	4,075	100.0%
Tooth Surface 4	1,132	1,132	100.0%
Tooth Surface 5	292	292	100.0%
Amount Paid	148,681	148,372	99.8%
* -- denotes that there are no records with values present in both data sources			

Table H-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,325,706	1,325,706	100.0%
Detail Service From Date	1,325,706	1,147,621	86.6%
Detail Service To Date	1,325,706	1,147,232	86.5%
Billing Provider NPI	1,323,771	1,323,771	100.0%
Rendering Provider NPI	1,322,972	1,322,972	100.0%
Primary Diagnosis Code	1,325,706	1,325,704	100.0%
Secondary Diagnosis Code	593,215	593,211	100.0%
Procedure Code	1,325,706	1,325,570	100.0%
Procedure Code Modifier	711,712	711,712	100.0%
NDC	67,668	67,668	100.0%
Amount Paid	1,325,706	1,325,669	100.0%

Table H-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	788,690	788,690	100.0%
Header Service From Date	788,690	788,608	100.0%
Header Service To Date	788,690	788,690	100.0%
Admission Date	103,221	103,221	100.0%
Billing Provider NPI	787,647	787,647	100.0%
Attending Provider NPI	786,510	786,510	100.0%
Primary Diagnosis Code	788,690	788,690	100.0%
Secondary Diagnosis Code	615,199	615,189	100.0%
Procedure Code	653,980	653,929	100.0%
Procedure Code Modifier	132,961	132,960	100.0%
Primary Surgical Procedure Code	49,602	49,602	100.0%
Secondary Surgical Procedure Code	31,845	31,845	100.0%
NDC	63,715	63,713	100.0%
Revenue Code	788,431	786,601	99.8%
Diagnosis-Related Group (DRG) Code	49,197	48,401	98.4%
Amount Paid	788,690	786,599	99.7%

Table H-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	656,315	0	0.0%
Header Service From Date	656,315	656,314	100.0%
Billing Provider NPI	656,100	656,100	100.0%
Prescribing Provider NPI	653,178	652,991	100.0%
NDC	656,315	656,276	100.0%
Drug Quantity	656,315	634,091	96.6%
Amount Paid	656,315	656,194	100.0%
Dispensing Fee	656,315	194	0.0%

Table H-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	148,681	123,606	83.1%
Professional	1,325,706	1,144,892	86.4%
Institutional	788,690	743,803	94.3%
Pharmacy	656,315	0	0.0%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for IHN with its response.



Encounter Data Discrepancy Report for InterCommunity Health Network

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For InterCommunity Health Network (IHN), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for IHN. In addition, this report displays the data issues for IHN to investigate. IHN will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the IHN-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the IHN-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	18.7%	22.0%
Professional	0.2%	0.3%
Institutional	1.0%	1.0%
Pharmacy	0.1%	7.4%

IHN Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_IHN



ENCOUNTER DATA DISCREPANCY REPORT FOR IHN

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for professional and institutional encounters, as each rate was at or less than 1.0 percent.
- For dental encounters, both the record omission and record surplus rates were high at 18.7 percent and 22.0 percent, respectively. Approximately 98 percent of the encounters identified as omission, had no ICN nor original ICN field values populated in the IHN-submitted data. Consequently, it resulted in the high surplus and omission rates.
- For pharmacy encounters, the record omission rate was very low at 0.1 percent, while the record surplus rate was relatively high at 7.4 percent. In its response to the File Review document provided to IHN regarding its initial data submission, IHN indicated that this was due to reversals. It is expected that original ICN would be populated on these encounters, however this is not the case.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays IHN's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	84.2%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	3.3%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.8%
Tooth Number	0.7%	0.0%	62.0%	99.7%
Oral Cavity Code 1	0.0%	0.0%	78.3%	99.7%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	88.9%	100.0%
Tooth Surface 2	0.0%	0.0%	93.0%	100.0%
Tooth Surface 3	0.0%	0.0%	97.3%	100.0%
Tooth Surface 4	0.0%	0.0%	99.2%	100.0%
Tooth Surface 5	0.0%	0.0%	99.8%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	99.8%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 0.7 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering Provider NPI* was 3.3 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the IHN-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR IHN

- The dental encounter data element accuracy rates were very high (i.e., at least 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and IHN-submitted data), except for the *Member ID* data element, with an accuracy rate of 84.2 percent.
 - For the *Member ID* data element, the low element accuracy rate was due to the inclusion of “01” as a suffix for some IHN-submitted member IDs. When these digits were removed, all of the member IDs had the same values in both data sources.

Professional Encounters

Table 3 displays IHN’s data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	86.6%
Detail Service To Date	0.0%	0.0%	0.0%	86.5%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.2%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	55.2%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.9%
Procedure Code Modifier	0.0%	0.0%	46.3%	100.0%
National Drug Code (NDC)	0.0%	0.0%	94.9%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.2 percent) for all professional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., at least 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and IHN-submitted data), except for the *Detail Service From Date* and *Detail Service To Date* data elements, with accuracy rates of 86.6 percent and 86.5 percent, respectively.
 - Among records where the *Detail Service From Date* field had different values when populated and compared to between the two sources, more than 75.0 percent of the values had a difference of seven days or less.



ENCOUNTER DATA DISCREPANCY REPORT FOR IHN

- Similarly, among records where the *Detail Service To Date* field had different values when populated and compared between the two sources, more than 75.0 percent of the values had a difference of seven days or less.

Institutional Encounters

Table 4 displays IHN's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.0%	0.0%	86.9%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Attending Provider NPI	0.3%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	22.0%	100.0%
Procedure Code	0.0%	0.0%	17.1%	99.8%
Procedure Code Modifier	0.0%	0.0%	83.1%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	93.7%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	96.0%	100.0%
NDC	2.1%	0.1%	89.8%	99.7%
Revenue Code	0.0%	0.0%	0.0%	99.6%
Diagnosis-Related Group (DRG) Code	0.0%	2.9%	90.9%	98.4%
Header Paid Amount	0.0%	0.0%	0.0%	99.7%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 2.2 percent) for all institutional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., more than 99.0 percent), for all evaluated data elements that had values populated in both sources (i.e., OHA- and IHN-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR IHN

Pharmacy Encounters

Table 5 displays IHN's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	0.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.5%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.6%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	0.0%	0.0%	0.0%

Key Findings: Table 5

- There were no issues noted regarding data element omission and data element surplus rates, as rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy of 100.0 percent, except for the *Member ID*, *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 0.0 percent, 96.6 percent, and 0.0 percent, respectively.
 - For the *Member ID* data element, the low element accuracy rate was due to the inclusion of “01” as a suffix in the IHN-submitted member IDs. When these digits were removed, all of the member IDs had the same values in both data sources.
 - For data element *Drug Quantity*, among records where the IHN-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that nearly all of the *Drug Quantity* data element in the IHN-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the IHN-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, IHN is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	IHN's Investigation Efforts and Explanations
Table 1	Dental record omission and surplus rates (18.7 percent and 22.2 percent, respectively)	The dental record omission and surplus rate discrepancies are primarily caused by 9,271 dental claims submitted by IHNCCO without an ICN. IHNCCO's submission of Capitol Dental claims data contained 9,271 distinct claims with no ICN in error. The process of converting files from excel to txt led to a loss of ICN data. Of the 1,000 DENT_OMIT examples provided by HSAG, 987 claims were impacted by this issue. Of the 1,000 DENT_SURP examples provided by HSAG, 749 claims were impacted by this issue. These 9,271 claims account for a significant percentage of the dental record and omission and surplus rate discrepancies. Additionally, IHNCCO determined there were some instances of duplicated dental claim submissions that resulted in multiple ICN's provided by the State. Only one iteration of the claim and ICN was included in the HSAG file. Dental files can be corrected and resubmitted if requested by HSAG.
Table 1	Pharmacy record surplus rate (7.4 percent)	The pharmacy record surplus is due to reversed pharmacy encounters. IHNCCO submits pharmacy encounter reversals to OHA. OHA reverses the pharmacy encounter but does not provide the reversal ICN to IHNCCO. Reversed encounters were not included in IHNCCO's HSAG submission but were included in OHA data which lead to the pharmacy record surplus.

Table	Discrepancy Item	IHN's Investigation Efforts and Explanations
Table 3	Detail Service From Date and Detail Service to Date accuracy rates for professional encounters (86.6 percent and 86.5 percent, respectively)	The discrepancy in dates of service was caused by an error in the report parameters used to generate the professional file. Dates of service were pulled at the claim level as opposed to the line level in error. The claim level Maximum Detail Service From Date and Maximum Detail Service To Date were reported on all lines. Reporting specifications have been updated to prevent this from happening in future submissions. IHNCCO can resubmit the data with corrected dates of service fields if requested by HSAG.
Table 5	Dispensing fee accuracy rate (0.0 percent) for pharmacy encounters	The discrepancy in the dispensing fees was caused by conflicting requirements between NCPDD submissions and the HSAG file specifications. OHA does not require CCO's to submit dispensing fees for pharmacy encounters. The dispensing fee was included in the file submitted to HSAG but was not included in the IHNCCO NCPDP data submitted to OHA which caused this discrepancy.

☐

Appendix I. Results for Jackson Care Connect

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Jackson Care Connect (JCC).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table I-1 provides encounter volume and paid amount results for JCC dental encounters.

Table I-1—Encounter Volume and Paid Amount for Dental Encounters: JCC

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,323	44,698	119.1	\$397,751	\$8.90
February 2020	5,255	45,728	114.9	\$370,585	\$8.10
March 2020	3,234	46,513	69.5	\$282,171	\$6.07
April 2020	604	47,959	12.6	\$91,110	\$1.90
May 2020	2,128	49,483	43.0	\$228,847	\$4.62
June 2020	4,018	50,651	79.3	\$322,558	\$6.37
July 2020	4,343	51,397	84.5	\$390,850	\$7.60
August 2020	4,092	52,025	78.7	\$337,731	\$6.49
September 2020	3,560	52,946	67.2	\$311,686	\$5.89
October 2020	4,081	53,364	76.5	\$318,201	\$5.96
November 2020	3,443	53,940	63.8	\$219,801	\$4.07
December 2020	1,137	54,693	20.8	\$49,232	\$0.90

Table I-2 provides encounter volume and paid amount results for JCC professional encounters.

Table I-2—Encounter Volume and Paid Amount for Professional Encounters: JCC

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	60,675	44,698	1,357.4	\$7,226,042	\$161.66
February 2020	60,183	45,728	1,316.1	\$7,045,832	\$154.08
March 2020	55,512	46,513	1,193.5	\$6,502,611	\$139.80
April 2020	46,692	47,959	973.6	\$5,707,477	\$119.01
May 2020	50,812	49,483	1,026.9	\$6,348,530	\$128.30
June 2020	57,547	50,651	1,136.1	\$7,082,181	\$139.82
July 2020	57,420	51,397	1,117.2	\$7,225,890	\$140.59
August 2020	57,106	52,025	1,097.7	\$7,007,348	\$134.69
September 2020	53,728	52,946	1,014.8	\$6,732,615	\$127.16
October 2020	61,837	53,364	1,158.8	\$7,440,003	\$139.42
November 2020	48,665	53,940	902.2	\$5,902,345	\$109.42
December 2020	16,495	54,693	301.6	\$1,906,376	\$34.86

Table I-3 provides encounter volume and paid amount results for JCC inpatient encounters.

Table I-3—Encounter Volume and Paid Amount for Inpatient Encounters: JCC

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	383	44,698	8.6	\$2,921,761	\$65.37
February 2020	262	45,728	5.7	\$1,795,981	\$39.28
March 2020	325	46,513	7.0	\$2,307,991	\$49.62
April 2020	305	47,959	6.4	\$2,187,529	\$45.61
May 2020	326	49,483	6.6	\$2,641,677	\$53.39
June 2020	362	50,651	7.1	\$3,140,602	\$62.00
July 2020	379	51,397	7.4	\$2,516,733	\$48.97
August 2020	393	52,025	7.6	\$2,923,845	\$56.20
September 2020	357	52,946	6.7	\$2,935,045	\$55.43
October 2020	344	53,364	6.4	\$2,390,891	\$44.80
November 2020	254	53,940	4.7	\$1,623,626	\$30.10
December 2020	83	54,693	1.5	\$1,168,900	\$21.37

Table I-4 provides encounter volume and paid amount results for JCC outpatient encounters.

Table I-4—Encounter Volume and Paid Amount for Outpatient Encounters: JCC

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	8,250	44,698	184.6	\$2,958,452	\$66.19
February 2020	8,335	45,728	182.3	\$3,122,259	\$68.28
March 2020	7,636	46,513	164.2	\$2,712,360	\$58.31
April 2020	4,609	47,959	96.1	\$1,773,237	\$36.97
May 2020	6,092	49,483	123.1	\$2,345,234	\$47.39
June 2020	8,010	50,651	158.1	\$3,010,055	\$59.43
July 2020	8,551	51,397	166.4	\$3,069,257	\$59.72
August 2020	8,363	52,025	160.7	\$2,967,910	\$57.05
September 2020	7,782	52,946	147.0	\$2,841,423	\$53.67
October 2020	8,833	53,364	165.5	\$2,990,485	\$56.04
November 2020	7,122	53,940	132.0	\$2,290,860	\$42.47
December 2020	1,992	54,693	36.4	\$508,543	\$9.30

Table I-5 provides encounter volume and paid amount results for JCC pharmacy encounters.

Table I-5—Encounter Volume and Paid Amount for Pharmacy Encounters: JCC

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	34,354	44,698	768.6	\$2,216,809	\$49.60
February 2020	33,628	45,728	735.4	\$2,396,059	\$52.40
March 2020	39,374	46,513	846.5	\$3,179,194	\$68.35
April 2020	33,835	47,959	705.5	\$2,857,229	\$59.58
May 2020	32,313	49,483	653.0	\$2,354,409	\$47.58
June 2020	34,484	50,651	680.8	\$2,528,983	\$49.93
July 2020	35,412	51,397	689.0	\$2,727,298	\$53.06
August 2020	33,677	52,025	647.3	\$2,586,890	\$49.72
September 2020	34,653	52,946	654.5	\$2,523,845	\$47.67
October 2020	34,924	53,364	654.4	\$2,359,407	\$44.21
November 2020	32,651	53,940	605.3	\$2,368,955	\$43.92
December 2020	34,124	54,693	623.9	\$386	\$0.01

Encounter Data Timeliness

Table I-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for JCC dental encounters.

Table I-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: JCC

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.3%	99.6%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
May 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	97.1%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	96.2%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	60.0%	60.0%	100.0%	100.0%
February 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	98.2%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table I-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for JCC professional encounters.

Table I-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: JCC

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table I-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for JCC inpatient encounters.

Table I-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: JCC

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table I-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for JCC outpatient encounters.

Table I-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: JCC

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
March 2021	96.1%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table I-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for JCC pharmacy encounters.

Table I-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: JCC

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table I-11 provides lag triangles for JCC dental encounters. Additional details provided include MM and claims PMPM.

Table I-11—Encounters Lag Triangle—Dental Encounters: JCC

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,400												1,400
202002	3,370	885											4,255
202003	450	3,895	1,476										5,821
202004	90	332	1,498	142									2,062
202005	112	190	235	244	358								1,139
202006	32	61	73	204	1,542	1,201							3,113
202007	7	12	18	24	194	2,699	1,460						4,414

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	2	6	16	4	27	125	2,480	963					3,623
202009		3	5	1	12	42	401	2,941	661				4,066
202010	3	3	4	5	11	28	58	164	2,613	1,309			4,198
202011	1	4	8		31	34	14	25	159	2,422	747		3,445
202012	2		3	1	4	17	68	117	254	479	2,736	1,105	4,786
202104	2			1		1	4	2	3	2	8	30	53
202105							2	3	4	2	26	9	46
202106	1		1				1	7	7	2	12	6	37
202107			2				1					1	4
TOTAL	5,472	5,391	3,339	626	2,179	4,147	4,489	4,222	3,701	4,216	3,529	1,151	42,462
MM	44,698	45,728	46,513	47,959	49,483	50,651	51,397	52,025	52,946	53,364	53,940	54,693	603,397
PMPM	0.122	0.118	0.072	0.013	0.044	0.082	0.087	0.081	0.070	0.079	0.065	0.021	0.070

Table I-12 provides lag triangles for JCC professional encounters. Additional details provided include MM and claims PMPM.

Table I-12—Encounters Lag Triangle—Professional Encounters: JCC

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	18,570	1											18,571
202002	32,973	16,077	1										49,051
202003	7,183	38,248	27,627	1	1								73,060
202004	1,567	4,784	22,500	14,472	4								43,327
202005	463	922	2,614	20,843	13,911	1	1						38,755
202006	250	726	1,822	5,369	30,329	25,754	4	2					64,256
202007	1,166	1,297	2,094	5,646	3,919	23,505	18,659	2	4				56,292
202008	210	192	341	783	3,310	6,829	32,037	16,192	6				59,900
202009	1,360	938	1,044	1,180	1,236	2,416	6,851	36,099	20,770	6	2		71,902
202010	224	190	229	246	252	569	1,270	5,338	28,210	21,655	2	1	58,186
202011	239	326	338	193	198	360	596	1,174	5,483	34,548	15,131	3	58,589
202012	109	136	116	150	146	200	288	457	1,061	7,687	34,910	13,815	59,075
202103	8	17	29	15	3	7	5	22	13	38	88	181	426
202104	17	16	50	77	61	45	46	53	76	175	220	2,063	2,899
202105	7	14	21	48	52	52	63	73	89	127	183	610	1,339
202106	11	18	41	32	87	495	341	406	495	576	483	621	3,606
TOTAL	64,357	63,902	58,867	49,055	53,509	60,233	60,161	59,818	56,207	64,812	51,019	17,294	659,234
MM	44,698	45,728	46,513	47,959	49,483	50,651	51,397	52,025	52,946	53,364	53,940	54,693	603,397
PMPM	1.440	1.397	1.266	1.023	1.081	1.189	1.171	1.150	1.062	1.215	0.946	0.316	1.093

Table I-13 provides lag triangles for JCC inpatient encounters. Additional details provided include MM and claims PMPM.

Table I-13—Encounters Lag Triangle—Inpatient Encounters: JCC

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	18												18
202002	254	50											304
202003	87	150	74										311
202004	8	42	176	66									292
202005	6	6	48	163	57								280
202006	1	2	12	55	197	82							349
202007	1	1	4	8	48	173	67						302
202008	1		2	4	10	84	190	75					366
202009	3	3	2	4	6	16	109	232	82				457
202010	2	2	3	3	7	6	9	63	185				280
202011			1				5	16	75	251	53		401
202012		2				2		4	13	61	152	41	275
202103								1				4	5
202104	1	4	3	2		1	1			2	5	11	30
202105		1						1		15	24	11	52
202106	1				1			2	2	15	20	16	57
TOTAL	383	263	325	305	326	364	381	394	357	344	254	83	3,779
MM	44,698	45,728	46,513	47,959	49,483	50,651	51,397	52,025	52,946	53,364	53,940	54,693	603,397
PMPM	0.009	0.006	0.007	0.006	0.007	0.007	0.007	0.008	0.007	0.006	0.005	0.002	0.006

Table I-14 provides lag triangles for JCC outpatient encounters. Additional details provided include MM and claims PMPM.

Table I-14—Encounters Lag Triangle—Outpatient Encounters: JCC

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	281												281
202002	6,815	2,299											9,114
202003	961	4,824	2,698										8,483
202004	101	1,035	4,048	1,668									6,852
202005	50	104	536	2,400	1,858								4,948
202006	34	86	162	295	3,674	3,136							7,387
202007	27	30	50	71	338	4,100	2,655						7,271
202008	39	14	21	82	119	507	4,891	2,113					7,786
202009	21	13	21	26	57	154	798	5,670	2,876				9,636
202010	12	11	129	84	73	114	205	510	4,309	2,864			8,311

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202011	6	12	45	27	30	58	58	96	555	4,983	2,395		8,265
202012	2	5	8	7	18	20	25	51	121	1,050	4,711	1,865	7,883
202103	1	1	1			3	2	2	5	7	6	19	47
202104	4	4	2	1	3	6	8	10	19	27	35	74	193
202105		5	3	2	5	16	11	15	26	19	33	39	174
202106	1	2		6	9	8	12	9	10	6	24	21	108
TOTAL	8,355	8,445	7,724	4,669	6,184	8,122	8,665	8,476	7,921	8,956	7,204	2,018	86,739
MM	44,698	45,728	46,513	47,959	49,483	50,651	51,397	52,025	52,946	53,364	53,940	54,693	603,397
PMPM	0.187	0.185	0.166	0.097	0.125	0.160	0.169	0.163	0.150	0.168	0.134	0.037	0.144

Table I-15 provides lag triangles for JCC pharmacy encounters. Additional details provided include MM and claims PMPM.

Table I-15—Encounters Lag Triangle—Pharmacy Encounters: JCC

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	5,580												5,580
202002	28,463	2,648											31,111
202003	86	30,756	10,446										41,288
202004	12	21	28,626	6,345									35,004
202005	7	7	30	27,208	3,456								30,708
202006	4	16	19	56	28,736	9,542							38,373
202007	141	128	170	148	34	24,792	6,104						31,517
202008	6	2	2	24	9	35	29,175	10,318					39,571
202009	6		2		11	17	22	23,202	6,583				29,843
202010			3	1		9	5	25	27,907	5,016			32,966
202011	7	8	6	10	12	5	27	28	48	29,769	9,702		39,622
202012	5	10	10	1	3	13	3	27	32	31	22,831	7,996	30,962
202101	1		1	3		2	5		17	9	39	25,955	26,032
202102				1			1	2		42	10	76	132
202103						1			2	1	19	22	45
202104									5	3	1	19	28
202105							1	6		1			8
202106									3		1	4	8
TOTAL	34,318	33,596	39,315	33,797	32,261	34,416	35,343	33,608	34,597	34,872	32,603	34,072	412,798
MM	44,698	45,728	46,513	47,959	49,483	50,651	51,397	52,025	52,946	53,364	53,940	54,693	603,397
PMPM	0.768	0.735	0.845	0.705	0.652	0.679	0.688	0.646	0.653	0.653	0.604	0.623	0.684

Field-Level Completeness and Accuracy

Table I-16 provides a summary of the field-level completeness and accuracy for JCC dental encounters.

Table I-16—Data Element Completeness and Accuracy for Dental Encounters: JCC

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	42,462	42,462	100.0%	42,462	42,432	99.9%
Header First Date of Service	42,462	42,462	100.0%	42,462	42,462	100.0%
Header Last Date of Service	42,462	42,462	100.0%	42,462	42,462	100.0%
Detail First Date of Service	148,075	148,075	100.0%	148,075	148,075	100.0%
Detail Last Date of Service	148,075	148,075	100.0%	148,075	148,075	100.0%
Paid Date	148,075	148,075	100.0%	148,075	148,075	100.0%
Billing Provider NPI	42,462	42,462	100.0%	42,462	31,326	73.8%
Rendering Provider NPI	42,462	42,462	100.0%	42,462	38,483	90.6%
Referring Provider NPI	42,462	42,462	100.0%	42,462	38,483	90.6%
CDT Codes	148,075	148,075	100.0%	148,075	148,072	100.0%
Tooth Number	148,075	57,464	38.8%	57,464	57,464	100.0%
Tooth Surface Codes	148,075	16,218	11.0%	30,501	30,501	100.0%
Oral Cavity Codes	148,075	24,305	16.4%	24,305	24,305	100.0%

Table I-17 provides a summary of the field-level completeness and accuracy for JCC professional encounters.

Table I-17—Data Element Completeness and Accuracy for Professional Encounters: JCC

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	659,234	659,234	100.0%	659,234	658,911	100.0%
Header First Date of Service	659,234	659,234	100.0%	659,234	659,234	100.0%
Header Last Date of Service	659,234	659,234	100.0%	659,234	659,179	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	1,139,521	1,139,521	100.0%	1,139,521	1,139,521	100.0%
Detail Last Date of Service	1,139,521	1,139,521	100.0%	1,139,521	1,139,520	100.0%
Paid Date	1,139,521	1,139,521	100.0%	1,139,521	1,139,417	100.0%
Billing Provider NPI	659,234	659,234	100.0%	659,234	520,974	79.0%
Rendering Provider NPI	659,234	659,234	100.0%	659,234	622,221	94.4%
Referring Provider NPI	659,234	659,234	100.0%	659,234	622,221	94.4%
Primary Diagnosis Codes	659,234	659,234	100.0%	659,234	659,233	100.0%
Secondary Diagnosis Codes	659,234	320,311	48.6%	644,465	644,465	100.0%
CPT/HCPCS Codes	1,139,521	1,139,521	100.0%	1,139,521	1,139,520	100.0%
NDC	1,139,521	61,026	5.4%	61,026	59,374	97.3%

Table I-18 provides a summary of the field-level completeness and accuracy for JCC inpatient encounters.

Table I-18—Data Element Completeness and Accuracy for Inpatient Encounters: JCC

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	3,779	3,779	100.0%	3,779	3,764	99.6%
Header First Date of Service	3,779	3,779	100.0%	3,779	3,779	100.0%
Header Last Date of Service	3,779	3,779	100.0%	3,779	3,779	100.0%
Paid Date	46,681	46,681	100.0%	46,681	46,681	100.0%
Billing Provider NPI	3,779	3,779	100.0%	3,779	3,638	96.3%
Rendering Provider NPI	3,779	3,779	100.0%	3,779	3,609	95.5%
Attending Provider NPI	3,779	3,779	100.0%	3,779	3,609	95.5%
Referring Provider NPI	3,779	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	3,779	3,779	100.0%	3,779	3,779	100.0%
Secondary Diagnosis Codes	3,779	3,746	99.1%	10,493	10,493	100.0%
Primary Surgical Procedure Codes	3,779	2,175	57.6%	2,175	2,170	99.8%
Secondary Surgical Procedure Codes	3,779	1,274	33.7%	2,577	2,576	100.0%
CPT/HCPCS Codes	46,681	15	0.0%	15	1	6.7%
Diagnosis-Related Groups Codes	3,779	3,779	100.0%	3,779	3,735	98.8%
Revenue Codes	46,681	46,681	100.0%	46,681	46,681	100.0%
NDC	46,681	26	0.1%	26	26	100.0%
Type of Bill Codes	3,779	3,779	100.0%	3,779	3,779	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table I-19 provides a summary of the field-level completeness and accuracy for JCC outpatient encounters.

Table I-19—Data Element Completeness and Accuracy for Outpatient Encounters: JCC

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	86,739	86,739	100.0%	86,739	86,699	100.0%
Header First Date of Service	86,739	86,739	100.0%	86,739	86,739	100.0%
Header Last Date of Service	86,739	86,739	100.0%	86,739	86,739	100.0%
Paid Date	435,391	435,391	100.0%	435,391	435,391	100.0%
Billing Provider NPI	86,739	86,739	100.0%	86,739	85,389	98.4%
Rendering Provider NPI	86,739	86,739	100.0%	86,739	82,022	94.6%
Attending Provider NPI	86,739	86,739	100.0%	86,739	82,022	94.6%
Primary Diagnosis Codes	86,739	86,739	100.0%	86,739	86,739	100.0%
Secondary Diagnosis Codes	86,739	49,842	57.5%	102,370	102,369	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	435,391	394,733	90.7%	394,733	394,725	100.0%
Revenue Codes	435,391	435,391	100.0%	435,391	435,391	100.0%
NDC	435,391	54,788	12.6%	54,788	54,437	99.4%
Type of Bill Codes	86,739	86,739	100.0%	86,739	86,739	100.0%

Table I-20 provides a summary of the field-level completeness and accuracy for JCC pharmacy encounters.

Table I-20—Data Element Completeness and Accuracy for Pharmacy Encounters: JCC

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	412,798	412,798	100.0%	412,798	412,584	99.9%
Date of Service	412,798	412,798	100.0%	412,798	412,798	100.0%
Paid Date	412,798	412,798	100.0%	412,798	412,798	100.0%
Billing Provider NPI	412,798	412,798	100.0%	412,798	244,717	59.3%
Prescribing Provider NPI	412,798	412,795	100.0%	412,795	399,571	96.8%
NDC	413,429	413,429	100.0%	413,429	413,028	99.9%

Comparative Analysis

This section presents the JCC results for the comparative analysis.

Table I-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	176,872	1,515	0.9%	176,324	967	0.5%
Professional	1,284,787	2,709	0.2%	1,357,150	75,072	5.5%
Institutional	562,800	4,224	0.8%	582,146	23,570	4.0%
Pharmacy	500,145	1,141	0.2%	500,488	1,484	0.3%

Table I-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	175,357	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	175,357	24	0.0%	7	0.0%	0	0.0%
Detail Service From Date	175,357	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	175,357	0	0.0%	6,898	3.9%	0	0.0%
Member ID	175,357	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	175,357	26	0.0%	11	0.0%	147,028	83.8%
Oral Cavity Code 2	175,357	0	0.0%	0	0.0%	175,357	100.0%
Oral Cavity Code 3	175,357	0	0.0%	0	0.0%	175,357	100.0%
Oral Cavity Code 4	175,357	0	0.0%	0	0.0%	175,357	100.0%
Oral Cavity Code 5	175,357	0	0.0%	0	0.0%	175,357	100.0%
Procedure Code	175,357	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	175,357	15	0.0%	9,803	5.6%	5	0.0%
Tooth Number	175,357	742	0.4%	216	0.1%	107,769	61.5%
Tooth Surface 1	175,357	20	0.0%	23	0.0%	156,231	89.1%
Tooth Surface 2	175,357	19	0.0%	9	0.0%	164,347	93.7%
Tooth Surface 3	175,357	8	0.0%	6	0.0%	171,447	97.8%
Tooth Surface 4	175,357	4	0.0%	1	0.0%	174,266	99.4%
Tooth Surface 5	175,357	1	0.0%	0	0.0%	175,170	99.9%

Table I-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,282,078	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Billing Provider NPI	1,282,078	3,916	0.3%	0	0.0%	0	0.0%
Primary Diagnosis Code	1,282,078	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,282,078	0	0.0%	124,308	9.7%	683,089	53.3%
Detail Service From Date	1,282,078	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,282,078	0	0.0%	0	0.0%	0	0.0%
Member ID	1,282,078	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,282,078	0	0.0%	0	0.0%	642,064	50.1%
NDC	1,282,078	52,057	4.1%	36	0.0%	1,162,825	90.7%
Procedure Code	1,282,078	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,282,078	3,290	0.3%	0	0.0%	0	0.0%

Table I-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	558,576	502,574	90.0%	0	0.0%	0	0.0%
Amount Paid	558,576	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	558,576	5,923	1.1%	0	0.0%	0	0.0%
Billing Provider NPI	558,576	793	0.1%	0	0.0%	0	0.0%
Diagnosis-Related Group (DRG) Code	558,576	167	0.0%	275	0.0%	502,407	89.9%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Primary Diagnosis Code	558,576	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	558,576	115,238	20.6%	199	0.0%	7,806	1.4%
Header Service From Date	558,576	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	558,576	0	0.0%	0	0.0%	0	0.0%
Member ID	558,576	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	558,576	4	0.0%	3	0.0%	460,186	82.4%
NDC	558,576	170,865	30.6%	369	0.1%	319,530	57.2%
Procedure Code	558,576	323	0.1%	43	0.0%	103,138	18.5%
Revenue Code	558,576	2,591	0.5%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	558,576	469	0.1%	0	0.0%	522,169	93.5%
Secondary Surgical Procedure Code	558,576	0	0.0%	0	0.0%	535,563	95.9%

Table I-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	499,004	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	499,004	6,686	1.3%	0	0.0%	0	0.0%
Drug Quantity	499,004	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	499,004	0	0.0%	0	0.0%	0	0.0%
Header Service From Date	499,004	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Member ID	499,004	0	0.0%	0	0.0%	0	0.0%
NDC	499,004	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	499,004	9,048	1.8%	0	0.0%	0	0.0%

Table I-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	175,357	175,357	100.0%
Detail Service From Date	175,357	175,347	100.0%
Detail Service To Date	168,459	168,391	100.0%
Billing Provider NPI	175,326	167,091	95.3%
Rendering Provider NPI	165,534	165,534	100.0%
Procedure Code	175,357	173,614	99.0%
Tooth Number	66,630	66,245	99.4%
Oral Cavity Code 1	28,292	28,270	99.9%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	19,083	19,073	99.9%
Tooth Surface 2	10,982	10,980	100.0%
Tooth Surface 3	3,896	3,896	100.0%
Tooth Surface 4	1,086	1,086	100.0%
Tooth Surface 5	186	186	100.0%
Amount Paid	175,357	175,309	100.0%

* -- denotes that there are no records with values present in both data sources

Table I-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,282,078	1,282,051	100.0%
Detail Service From Date	1,282,078	1,282,074	100.0%
Detail Service To Date	1,282,078	1,282,074	100.0%
Billing Provider NPI	1,278,162	1,278,157	100.0%
Rendering Provider NPI	1,278,788	1,278,787	100.0%
Primary Diagnosis Code	1,282,078	1,192,169	93.0%
Secondary Diagnosis Code	474,681	439,520	92.6%
Procedure Code	1,282,078	1,282,066	100.0%
Procedure Code Modifier	640,014	640,014	100.0%
NDC	67,160	51,755	77.1%
Amount Paid	1,282,078	1,282,078	100.0%

Table I-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	558,576	558,548	100.0%
Header Service From Date	558,576	558,576	100.0%
Header Service To Date	558,576	558,576	100.0%
Admission Date	56,002	56,002	100.0%
Billing Provider NPI	557,783	557,783	100.0%
Attending Provider NPI	552,653	552,653	100.0%
Primary Diagnosis Code	558,576	558,576	100.0%
Secondary Diagnosis Code	435,333	54,295	12.5%
Procedure Code	455,072	451,499	99.2%
Procedure Code Modifier	98,383	98,383	100.0%
Primary Surgical Procedure Code	35,938	35,938	100.0%
Secondary Surgical Procedure Code	23,013	13,010	56.5%
NDC	67,812	20,497	30.2%
Revenue Code	555,985	554,203	99.7%
Diagnosis-Related Group (DRG) Code	55,727	53,783	96.5%
Amount Paid	558,576	558,576	100.0%

Table I-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	499,004	499,004	100.0%
Header Service From Date	499,004	499,004	100.0%
Billing Provider NPI	492,318	492,294	100.0%
Prescribing Provider NPI	489,956	489,776	100.0%
NDC	499,004	499,004	100.0%
Drug Quantity	499,004	485,346	97.3%
Amount Paid	499,004	489,711	98.1%
Dispensing Fee	499,004	6,570	1.3%

Table I-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	175,357	157,905	90.0%
Professional	1,282,078	1,090,795	85.1%
Institutional	558,576	20	0.0%
Pharmacy	499,004	464,636	93.1%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for JCC with its response.



Encounter Data Discrepancy Report for Jackson Care Connect

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Jackson Care Connect (JCC), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for JCC. In addition, this report displays the data issues for JCC to investigate. JCC will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the JCC-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the JCC-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Table 1—Record Omission and Surplus

Encounter Type	Omission	Surplus
Dental	0.9%	0.5%
Professional	0.2%	5.5%
Institutional	0.8%	4.0%
Pharmacy	0.2%	0.3%

JCC Encounter Data Discrepancy Report
State of Iowa

Page 1
OR2021_EDV_DiscrepancyReport_JCC



ENCOUNTER DATA DISCREPANCY REPORT FOR JCC

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental and pharmacy encounters, as each rate was at or less than 0.9 percent.
- For professional encounters, the record omission rate was very low at 0.2 percent, while the record surplus rate was relatively high at 5.5 percent indicating that a large number of encounters in the OHA-submitted data that were not included in the JCC-submitted data for the study.
- For institutional encounters, the record omission rate was very low at 0.8 percent, while the record surplus rate was higher at 4.0 percent.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays JCC's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	3.9%	0.0%	100.0%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	95.3%
Rendering Provider NPI	0.0%	5.6%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.0%
Tooth Number	0.4%	0.1%	61.5%	99.4%
Oral Cavity Code 1	0.0%	0.0%	83.8%	99.9%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	89.1%	99.9%
Tooth Surface 2	0.0%	0.0%	93.7%	100.0%
Tooth Surface 3	0.0%	0.0%	97.8%	100.0%
Tooth Surface 4	0.0%	0.0%	99.4%	100.0%
Tooth Surface 5	0.0%	0.0%	99.9%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 3.9 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering provider NPI* was moderately high at 5.6 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the JCC-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR JCC

- The dental encounter data element accuracy rates were very high (i.e., at least 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and JCC-submitted data), except for the *Billing Provider NPI* data element, with an accuracy rate of 95.3 percent.

Professional Encounters

Table 3 displays JCC's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.3%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.3%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	93.0%
Secondary Diagnosis Code	0.0%	9.7%	53.3%	92.6%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	50.1%	100.0%
National Drug Code (NDC)	4.1%	0.0%	90.7%	77.1%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.3 percent) for all professional encounter data elements that were evaluated, except for the surplus rate associated with the *Secondary Diagnosis Code* and the omission rate associated with the *NDC* data element, with rates of 9.7 percent and 4.1 percent, respectively.
 - For data element *Secondary Diagnosis Code*, it appears that in general, among records that matched between the two sources (i.e., OHA- and JCC-submitted data), the secondary diagnosis code field was more populated in the OHA-submitted data compared to the JCC-submitted data. This, consequently, resulted in the higher surplus rate for the data element *Secondary Diagnosis Code*. However, HSAG was not able to determine any pattern or root cause of the discrepancy.
 - For data element *NDC*, it appears that in general, among records that matched between the two sources, the *NDC* field was more populated in the JCC-submitted data compared to the OHA-submitted data. This, consequently, resulted in the higher omission rate for the data element *NDC*. Additionally, it appears that for an encounter with an *NDC* in the JCC-submitted data, the encounter was populated with the same *NDC* for each encounter line.



ENCOUNTER DATA DISCREPANCY REPORT FOR JCC

- The professional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and JCC-submitted data), except for *Primary Diagnosis Code*, *Secondary Diagnosis Code*, and *NDC* data elements, with rates of 93.0 percent, 92.6 percent, and 77.1 percent, respectively.
 - For data elements *Primary Diagnosis Code* and *Secondary Diagnosis Code*, as described above, the low accuracy rates for these two data elements may have been a result of the artifact of JCC's data extract for the study.
 - For data element *NDC*, as described above, regarding the surplus rate for data element *NDC*, the low accuracy rate for this data element may have been due to JCC populating the *NDC* field with the same *NDC* for each encounter line, when an *NDC* was available. As a result, since the OHA-submitted data had the encounter line populated with the specific *NDC* for each associated encounter line, some of the *NDCs* from the JCC-submitted data did not match.

Institutional Encounters

Table 4 displays JCC's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	90.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Attending Provider NPI	1.1%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	20.6%	0.0%	1.4%	12.5%
Procedure Code	0.1%	0.0%	18.5%	99.2%
Procedure Code Modifier	0.0%	0.0%	82.4%	100.0%
Primary Surgical Procedure Code	0.1%	0.0%	93.5%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	95.9%	56.5%
NDC	30.6%	0.1%	57.2%	30.2%
Revenue Code	0.5%	0.0%	0.0%	99.7%
Diagnosis-Related Group (DRG) Code	0.0%	0.0%	89.9%	96.5%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%



ENCOUNTER DATA DISCREPANCY REPORT FOR JCC

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 1.1 percent) for all institutional encounter data elements that were evaluated, except for omission rates associated with the *Admission Date*, *Secondary Diagnosis Code*, and *NDC* data elements, with rates of 90.0 percent, 20.6 percent, and 30.6 percent respectively.
 - For data element *Admission Date*, the high element omission rate of 90.0 percent was due to JCC populating the admission date field for all institutional encounters, while most outpatient encounters were not expected to have admission dates.
 - For data element *NDC*, it appears that in general, among records that matched between the two sources, the NDC field was more populated in the JCC-submitted data compared to the OHA-submitted data. This, consequently, resulted in the higher omission rate for the data element *NDC*. Additionally, it appears that for an encounter with an NDC in the JCC-submitted data, the encounter was populated with the same NDC for each encounter line.
 - For data element *Secondary Diagnosis Code*, based on further investigation, it appears that the secondary diagnosis code field had the same values as the primary diagnosis code in the JCC-submitted data for most encounters.
- The institutional encounter data element accuracy rates were very high (i.e., more than 96.0 percent) for all evaluated data elements, except for the *Secondary Diagnosis Code*, *Secondary Surgical Procedure Code*, and *NDC* data elements, with rates of 12.5 percent, 56.5 percent, and 30.2 percent, respectively.
 - As described above for the surplus rate for data element *Secondary Diagnosis Code*, the low accuracy rate for this data element may have been an artifact of JCC's data extract for the study, where it appears that the secondary diagnosis code field had the same values as the primary diagnosis code in the JCC-submitted data for most encounters.
 - For data element *Secondary Surgical Procedure Code*, while the *Primary Surgical Procedure Code* data element had a 100.0 percent accuracy rate, HSAG was not able to determine any pattern or root cause of the discrepancy.
 - For data element *NDC*, as described above regarding the surplus rate for data element *NDC*, the low accuracy rate for this data element may have been due to JCC populating the NDC field with the same NDC for each encounter line, when an NDC was available. As a result, since the OHA-submitted data had the encounter line populated with specific NDCs for each associated encounter line, some of the NDCs from the JCC-submitted data did not match.

Pharmacy Encounters

Table 5 displays JCC's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	1.3%	0.0%	0.0%	100.0%
Prescribing Provider NPI	1.8%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	97.3%
Header Paid Amount	0.0%	0.0%	0.0%	98.1%
Dispensing Fee	0.0%	0.0%	0.0%	1.3%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, as rates were very low (i.e., at or below 1.8 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements as each had an accuracy rate of at least 98.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 97.3 percent and 1.3 percent, respectively.
 - For data element *Drug Quantity*, among records where the JCC-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that more than 90.0 percent of the *Drug Quantity* data element in the JCC-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the JCC-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, JCC is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	JCC's Investigation Efforts and Explanations
Table 1	Professional record surplus rate (5.5 percent)	<p>Answer: In April 21, several files were loaded and they were accidentally loaded again on April 23. This was 16k claims. These claim examples seem to be duplicates that have been deleted.</p> <p>Action: We are adding precautions to make sure files are not loaded a second time. This was also reported to OHA during the weekly VAF for 4/24/2020.</p>

Appendix J. Results for PacificSource Community Solutions—Central Oregon

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for PacificSource Community Solutions—Central Oregon (PSCS-CO).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table J-1 provides encounter volume and paid amount results for PSCS-CO dental encounters.

Table J-1—Encounter Volume and Paid Amount for Dental Encounters: PSCS-CO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	4,856	50,391	96.4	\$300,833	\$5.97
February 2020	4,744	50,887	93.2	\$271,872	\$5.34
March 2020	2,660	51,059	52.1	\$215,909	\$4.23
April 2020	674	52,332	12.9	\$95,298	\$1.82
May 2020	1,579	54,353	29.1	\$186,275	\$3.43
June 2020	3,053	55,589	54.9	\$305,239	\$5.49
July 2020	3,398	56,311	60.3	\$252,167	\$4.48
August 2020	3,371	56,934	59.2	\$260,999	\$4.58
September 2020	3,309	57,517	57.5	\$260,697	\$4.53
October 2020	3,724	58,210	64.0	\$212,916	\$3.66
November 2020	2,818	58,826	47.9	\$136,242	\$2.32
December 2020	1,281	60,217	21.3	\$50,758	\$0.84

Table J-2 provides encounter volume and paid amount results for PSCS-CO professional encounters.

Table J-2—Encounter Volume and Paid Amount for Professional Encounters: PSCS-CO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	67,562	50,391	1,340.8	\$7,699,974	\$152.80
February 2020	64,707	50,887	1,271.6	\$7,650,662	\$150.35
March 2020	58,848	51,059	1,152.5	\$7,134,857	\$139.74
April 2020	50,977	52,332	974.1	\$6,637,722	\$126.84
May 2020	55,611	54,353	1,023.1	\$7,507,287	\$138.12
June 2020	64,365	55,589	1,157.9	\$8,595,604	\$154.63
July 2020	65,500	56,311	1,163.2	\$8,875,124	\$157.61
August 2020	64,987	56,934	1,141.4	\$8,662,777	\$152.15
September 2020	67,681	57,517	1,176.7	\$8,662,079	\$150.60
October 2020	70,151	58,210	1,205.1	\$9,010,032	\$154.78
November 2020	58,614	58,826	996.4	\$7,233,104	\$122.96
December 2020	20,859	60,217	346.4	\$2,475,502	\$41.11

Table J-3 provides encounter volume and paid amount results for PSCS-CO inpatient encounters.

Table J-3—Encounter Volume and Paid Amount for Inpatient Encounters: PSCS-CO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	280	50,391	5.6	\$556,363	\$11.04
February 2020	184	50,887	3.6	\$327,208	\$6.43
March 2020	373	51,059	7.3	\$305,154	\$5.98
April 2020	348	52,332	6.6	\$563,632	\$10.77
May 2020	399	54,353	7.3	\$240,011	\$4.42
June 2020	405	55,589	7.3	\$558,243	\$10.04
July 2020	422	56,311	7.5	\$347,902	\$6.18
August 2020	383	56,934	6.7	\$517,552	\$9.09
September 2020	405	57,517	7.0	\$958,594	\$16.67
October 2020	373	58,210	6.4	\$361,253	\$6.21
November 2020	264	58,826	4.5	\$333,913	\$5.68
December 2020	50	60,217	0.8	\$74,873	\$1.24

Table J-4 provides encounter volume and paid amount results for PSCS-CO outpatient encounters.

Table J-4—Encounter Volume and Paid Amount for Outpatient Encounters: PSCS-CO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	8,518	50,391	169.0	\$625,282	\$12.41
February 2020	8,347	50,887	164.0	\$320,220	\$6.29
March 2020	6,769	51,059	132.6	\$2,302,182	\$45.09
April 2020	4,665	52,332	89.1	\$427,834	\$8.18
May 2020	6,044	54,353	111.2	\$323,592	\$5.95
June 2020	7,564	55,589	136.1	\$401,037	\$7.21
July 2020	8,213	56,311	145.9	\$394,483	\$7.01
August 2020	7,738	56,934	135.9	\$395,880	\$6.95
September 2020	7,874	57,517	136.9	\$523,625	\$9.10
October 2020	8,193	58,210	140.7	\$384,467	\$6.60
November 2020	6,741	58,826	114.6	\$283,009	\$4.81
December 2020	2,138	60,217	35.5	\$89,046	\$1.48

Table J-5 provides encounter volume and paid amount results for PSCS-CO pharmacy encounters.

Table J-5—Encounter Volume and Paid Amount for Pharmacy Encounters: PSCS-CO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	41,848	50,391	830.5	\$4,030,095	\$79.98
February 2020	37,972	50,887	746.2	\$3,325,123	\$65.34
March 2020	42,188	51,059	826.3	\$4,056,382	\$79.45
April 2020	36,764	52,332	702.5	\$3,504,927	\$66.97
May 2020	37,137	54,353	683.3	\$3,518,557	\$64.74
June 2020	39,445	55,589	709.6	\$3,717,234	\$66.87
July 2020	40,081	56,311	711.8	\$3,992,989	\$70.91
August 2020	39,040	56,934	685.7	\$3,622,488	\$63.63
September 2020	40,920	57,517	711.4	\$3,547,350	\$61.67
October 2020	42,193	58,210	724.8	\$3,645,973	\$62.63
November 2020	40,190	58,826	683.2	\$3,434,665	\$58.39
December 2020	42,352	60,217	703.3	\$2,416,422	\$40.13

Encounter Data Timeliness

Table J-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CO dental encounters.

Table J-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: PSCS-CO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.3%	99.8%	99.9%	100.0%	100.0%	100.0%
March 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2020	99.2%	99.2%	99.7%	99.9%	100.0%	100.0%
May 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	92.8%	95.7%	100.0%	100.0%	100.0%	100.0%
November 2020	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table J-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CO professional encounters.

Table J-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: PSCS-CO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	98.9%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	98.8%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	99.4%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.2%	99.9%	99.9%	99.9%	99.9%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	80.1%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table J-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CO inpatient encounters.

Table J-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: PSCS-CO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	81.8%	100.0%	100.0%	100.0%
February 2021	0.0%	60.5%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table J-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CO outpatient encounters.

Table J-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: PSCS-CO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.5%	99.9%	100.0%	100.0%	100.0%	100.0%
June 2020	98.8%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	98.6%	99.8%	100.0%	100.0%	100.0%	100.0%
August 2020	98.0%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	98.4%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.3%	99.9%	99.9%	99.9%	99.9%	100.0%
November 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table J-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CO pharmacy encounters.

Table J-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: PSCS-CO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
November 2020	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
January 2021	68.3%	68.3%	68.3%	99.2%	100.0%	100.0%
February 2021	96.7%	96.7%	96.7%	100.0%	100.0%	100.0%
March 2021	11.3%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table J-11 provides lag triangles for PSCS-CO dental encounters. Additional details provided include MM and claims PMPM.

Table J-11—Encounters Lag Triangle—Dental Encounters: PSCS-CO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,463												1,463
202002	2,575	643											3,218
202003	773	3,595	1,168										5,536
202004	46	348	1,298	148									1,840
202005	22	109	85	339	300								855
202006	11	14	32	112	782	387							1,338

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202007	48	34	56	74	462	2,421	1,268						4,363
202008	5	11	15	9	13	172	1,825	788					2,838
202009	7	17	15	6	15	56	231	2,405	1,288				4,040
202010	24	37	27	1	27	73	127	163	1,750	1,235			3,464
202011	6	28	9	1	4	25	23	32	154	1,920	840		3,042
202012		7	6		7	15	28	41	205	567	1,927	1,085	3,888
202103								2		1	4	5	12
202104		1			1	3	1	2	2	78	102	197	387
202105	22	8	1	6	12	3	2	4	3	8	12	14	95
202106				1					3	5	5	7	21
TOTAL	5,002	4,852	2,712	697	1,623	3,155	3,505	3,437	3,405	3,814	2,890	1,308	36,400
MM	50,391	50,887	51,059	52,332	54,353	55,589	56,311	56,934	57,517	58,210	58,826	60,217	662,626
PMPM	0.099	0.095	0.053	0.013	0.030	0.057	0.062	0.060	0.059	0.066	0.049	0.022	0.055

Table J-12 provides lag triangles for PSCS-CO professional encounters. Additional details provided include MM and claims PMPM.

Table J-12—Encounters Lag Triangle—Professional Encounters: PSCS-CO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	20,996												20,996
202002	39,093	11,376											50,469
202003	4,261	46,084	20,843										71,188
202004	4,326	6,308	32,783	18,867									62,284
202005	1,317	2,007	4,040	25,956	14,266								47,586
202006	471	962	1,807	5,615	35,333	18,849							63,037
202007	272	591	915	1,732	6,184	40,278	24,024						73,996
202008	395	559	835	1,288	1,837	7,066	37,875	20,440					70,295
202009	113	153	376	947	1,737	2,246	6,788	42,400	29,457				84,217
202010	205	170	258	258	321	678	1,118	5,782	34,450	24,046			67,286
202011	109	129	103	127	154	244	444	1,089	7,511	42,838	21,194		73,942
202012	76	75	92	126	182	513	670	923	1,771	8,416	41,304	20,646	74,794
202103		5	2	5	10	17	27	18	46	27	73	184	414
202104	9	8	13	8	7	25	29	28	31	106	183	378	825
202105	11	31	25	65	139	165	224	196	299	378	212	410	2,155
202106	4	21	10	36	54	52	88	106	170	187	151	197	1,076
TOTAL	71,658	68,479	62,102	55,030	60,224	70,133	71,287	70,982	73,735	75,998	63,117	21,815	764,560
MM	50,391	50,887	51,059	52,332	54,353	55,589	56,311	56,934	57,517	58,210	58,826	60,217	662,626
PMPM	1.422	1.346	1.216	1.052	1.108	1.262	1.266	1.247	1.282	1.306	1.073	0.362	1.154

Table J-13 provides lag triangles for PSCS-CO inpatient encounters. Additional details provided include MM and claims PMPM.

Table J-13—Encounters Lag Triangle—Inpatient Encounters: PSCS-CO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	42												42
202002	127	1											128
202003	37	74	16										127
202004	32	62	116	31									241
202005	7	13	30	82	32								164
202006	6	13	6	36	101	15							177
202007	19	12	9	13	40	117	35						245
202008	1	4	2	2	16	29	123	32					209
202009	2	1	3	5	2	19	35	110	32				209
202010	2	2	3	2	8	9	6	36	118	29			215
202011			1	1		2	2	3	33	99	26		167
202012							2	1	11	22	90	16	142
202103		1	184	170	117		2	7	3	1		4	489
202104	4	2	2	5	80	71	7	5	31	200	129	13	549
202105	1	1	1		3	143	210	189	176	10	9	9	752
202106				1					1	12	10	8	32
TOTAL	280	186	373	348	399	405	422	383	405	373	264	50	3,888
MM	50,391	50,887	51,059	52,332	54,353	55,589	56,311	56,934	57,517	58,210	58,826	60,217	662,626
PMPM	0.006	0.004	0.007	0.007	0.007	0.007	0.007	0.007	0.007	0.006	0.004	0.001	0.006

Table J-14 provides lag triangles for PSCS-CO outpatient encounters. Additional details provided include MM and claims PMPM.

Table J-14—Encounters Lag Triangle—Outpatient Encounters: PSCS-CO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	2,437												2,437
202002	5,089	159											5,248
202003	458	5,797	1,865										8,120
202004	251	1,960	4,119	1,377									7,707
202005	104	255	389	2,358	1,868								4,974
202006	41	88	241	503	3,176	1,884							5,933
202007	104	66	74	207	555	4,646	2,547						8,199
202008	52	87	65	103	220	648	4,395	1,994					7,564
202009	75	46	53	85	177	310	947	4,867	3,089				9,649
202010	35	25	32	46	76	121	334	732	3,983	2,374			7,758

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202011	13	7	13	15	21	54	84	132	671	3,515	2,406		6,931
202012	1	11	8	8	14	22	47	76	197	2,353	4,310	2,008	9,055
202103	1	1	1		3	1	2	1	4	4	25	39	82
202104	1	1		1	1	2	3	4	12	10	11	35	81
202105	1	3	1	4	5	12	15	19	25	17	28	45	175
202106	1	1	1		2	3	1	8	9	13	24	19	82
TOTAL	8,664	8,507	6,862	4,707	6,118	7,703	8,375	7,833	7,990	8,286	6,804	2,146	83,995
MM	50,391	50,887	51,059	52,332	54,353	55,589	56,311	56,934	57,517	58,210	58,826	60,217	662,626
PMPM	0.172	0.167	0.134	0.090	0.113	0.139	0.149	0.138	0.139	0.142	0.116	0.036	0.127

Table J-15 provides lag triangles for PSCS-CO pharmacy encounters. Additional details provided include MM and claims PMPM.

Table J-15—Encounters Lag Triangle—Pharmacy Encounters: PSCS-CO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	33,370												33,370
202002	8,342	28,890											37,232
202003	55	9,003	29,880										38,938
202004	26	29	12,228	30,492									42,775
202005	4	11	25	6,198	28,624								34,862
202006			4	25	8,429	26,886							35,344
202007	3	2	6	10	14	12,487	32,278						44,800
202008	8		2	2	9	9	7,720	28,140					35,890
202009					2	15	27	10,836	22,529				33,409
202010	3	2	2	4	8	7	7	15	18,279	32,998			51,325
202011		8	11	1	4			2	17	9,016	29,840		38,899
202012								3	11	33	10,238	35,094	45,379
202101										2		7,097	7,099
202102					2		2	3	11	46	50	49	163
202103			2		2			7	10	4	3	4	32
202104							5				4		9
202105				3	3	3	5	9	8	11	13	68	123
202106												1	1
TOTAL	41,811	37,945	42,160	36,735	37,097	39,407	40,044	39,015	40,865	42,110	40,148	42,313	479,650
MM	50,391	50,887	51,059	52,332	54,353	55,589	56,311	56,934	57,517	58,210	58,826	60,217	662,626
PMPM	0.830	0.746	0.826	0.702	0.683	0.709	0.711	0.685	0.710	0.723	0.682	0.703	0.724

Field-Level Completeness and Accuracy

Table J-16 provides a summary of the field-level completeness and accuracy for PSCS-CO dental encounters.

Table J-16—Data Element Completeness and Accuracy for Dental Encounters: PSCS-CO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	36,400	36,400	100.0%	36,400	36,379	99.9%
Header First Date of Service	36,400	36,400	100.0%	36,400	36,400	100.0%
Header Last Date of Service	36,400	36,400	100.0%	36,400	36,400	100.0%
Detail First Date of Service	141,742	141,742	100.0%	141,742	141,742	100.0%
Detail Last Date of Service	141,742	141,742	100.0%	141,742	141,742	100.0%
Paid Date	141,742	141,742	100.0%	141,742	141,742	100.0%
Billing Provider NPI	36,400	36,400	100.0%	36,400	36,250	99.6%
Rendering Provider NPI	36,400	36,400	100.0%	36,400	34,893	95.9%
Referring Provider NPI	36,400	36,400	100.0%	36,400	34,893	95.9%
CDT Codes	141,742	141,742	100.0%	141,742	141,742	100.0%
Tooth Number	141,742	61,343	43.3%	61,343	61,343	100.0%
Tooth Surface Codes	141,742	19,340	13.6%	33,926	33,926	100.0%
Oral Cavity Codes	141,742	27,095	19.1%	27,095	27,095	100.0%

Table J-17 provides a summary of the field-level completeness and accuracy for PSCS-CO professional encounters.

Table J-17—Data Element Completeness and Accuracy for Professional Encounters: PSCS-CO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	764,560	764,560	100.0%	764,560	764,257	100.0%
Header First Date of Service	764,560	764,560	100.0%	764,560	764,560	100.0%
Header Last Date of Service	764,560	764,560	100.0%	764,560	764,560	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	1,187,063	1,187,063	100.0%	1,187,063	1,187,063	100.0%
Detail Last Date of Service	1,187,063	1,187,063	100.0%	1,187,063	1,187,063	100.0%
Paid Date	1,187,063	1,187,063	100.0%	1,187,063	1,187,063	100.0%
Billing Provider NPI	764,560	764,558	100.0%	764,558	602,307	78.8%
Rendering Provider NPI	764,560	764,559	100.0%	764,559	716,441	93.7%
Referring Provider NPI	764,560	764,559	100.0%	764,559	716,441	93.7%
Primary Diagnosis Codes	764,560	764,560	100.0%	764,560	764,560	100.0%
Secondary Diagnosis Codes	764,560	320,206	41.9%	615,122	615,121	100.0%
CPT/HCPCS Codes	1,187,063	1,187,063	100.0%	1,187,063	1,187,052	100.0%
NDC	1,187,063	64,929	5.5%	64,929	63,941	98.5%

Table J-18 provides a summary of the field-level completeness and accuracy for PSCS-CO inpatient encounters.

Table J-18—Data Element Completeness and Accuracy for Inpatient Encounters: PSCS-CO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	3,888	3,888	100.0%	3,888	3,881	99.8%
Header First Date of Service	3,888	3,888	100.0%	3,888	3,888	100.0%
Header Last Date of Service	3,888	3,888	100.0%	3,888	3,888	100.0%
Paid Date	52,305	52,305	100.0%	52,305	52,305	100.0%
Billing Provider NPI	3,888	3,888	100.0%	3,888	3,651	93.9%
Rendering Provider NPI	3,888	3,888	100.0%	3,888	3,748	96.4%
Attending Provider NPI	3,888	3,888	100.0%	3,888	3,748	96.4%
Referring Provider NPI	3,888	1,857	47.8%	1,857	1,768	95.2%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	3,888	3,888	100.0%	3,888	3,888	100.0%
Secondary Diagnosis Codes	3,888	3,853	99.1%	11,023	11,023	100.0%
Primary Surgical Procedure Codes	3,888	1,867	48.0%	1,867	1,865	99.9%
Secondary Surgical Procedure Codes	3,888	1,268	32.6%	2,620	2,616	99.8%
CPT/HCPCS Codes	52,305	7	0.0%	7	7	100.0%
Diagnosis-Related Groups Codes	3,888	3,888	100.0%	3,888	3,849	99.0%
Revenue Codes	52,305	52,305	100.0%	52,305	52,305	100.0%
NDC	52,305	6	0.0%	6	6	100.0%
Type of Bill Codes	3,888	3,888	100.0%	3,888	3,888	100.0%

Table J-19 provides a summary of the field-level completeness and accuracy for PSCS-CO outpatient encounters.

Table J-19—Data Element Completeness and Accuracy for Outpatient Encounters: PSCS-CO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	83,995	83,995	100.0%	83,995	83,951	99.9%
Header First Date of Service	83,995	83,995	100.0%	83,995	83,995	100.0%
Header Last Date of Service	83,995	83,995	100.0%	83,995	83,995	100.0%
Paid Date	466,293	466,293	100.0%	466,293	466,293	100.0%
Billing Provider NPI	83,995	83,995	100.0%	83,995	82,964	98.8%
Rendering Provider NPI	83,995	83,995	100.0%	83,995	81,733	97.3%
Attending Provider NPI	83,995	83,995	100.0%	83,995	81,733	97.3%
Primary Diagnosis Codes	83,995	83,995	100.0%	83,995	83,995	100.0%
Secondary Diagnosis Codes	83,995	49,410	58.8%	108,420	108,418	100.0%
CPT/HCPCS Codes	466,293	437,492	93.8%	437,492	437,492	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	466,293	466,293	100.0%	466,293	466,293	100.0%
NDC	466,293	40,880	8.8%	40,880	40,555	99.2%
Type of Bill Codes	83,995	83,995	100.0%	83,995	83,995	100.0%

Table J-20 provides a summary of the field-level completeness and accuracy for PSCS-CO pharmacy encounters.

Table J-20—Data Element Completeness and Accuracy for Pharmacy Encounters: PSCS-CO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	479,650	479,650	100.0%	479,650	479,377	99.9%
Date of Service	479,650	479,650	100.0%	479,650	479,650	100.0%
Paid Date	479,650	479,650	100.0%	479,650	479,650	100.0%
Billing Provider NPI	479,650	479,650	100.0%	479,650	292,937	61.1%
Prescribing Provider NPI	479,650	479,650	100.0%	479,650	467,537	97.5%
NDC	480,130	480,130	100.0%	480,130	479,617	99.9%

Comparative Analysis

This section presents the PSCS-CO results for the comparative analysis.

Table J-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	151,337	1,105	0.7%	168,664	18,432	10.9%
Professional	1,409,220	15,865	1.1%	1,400,304	6,949	0.5%
Institutional	628,123	13,187	2.1%	616,998	2,062	0.3%
Pharmacy	528,468	30,282	5.7%	515,962	17,776	3.4%

Table J-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	150,232	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	150,232	28	0.0%	0	0.0%	0	0.0%
Detail Service From Date	150,232	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	150,232	0	0.0%	0	0.0%	0	0.0%
Member ID	150,232	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	150,232	101	0.1%	101	0.1%	118,673	79.0%
Oral Cavity Code 2	150,232	0	0.0%	0	0.0%	150,232	100.0%
Oral Cavity Code 3	150,232	0	0.0%	0	0.0%	150,232	100.0%
Oral Cavity Code 4	150,232	0	0.0%	0	0.0%	150,232	100.0%
Oral Cavity Code 5	150,232	0	0.0%	0	0.0%	150,232	100.0%
Procedure Code	150,232	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	150,232	18	0.0%	30,425	20.3%	11	0.0%
Tooth Number	150,232	6,484	4.3%	6,496	4.3%	77,789	51.8%
Tooth Surface 1	150,232	2,736	1.8%	2,736	1.8%	128,040	85.2%
Tooth Surface 2	150,232	1,406	0.9%	1,406	0.9%	138,870	92.4%
Tooth Surface 3	150,232	497	0.3%	497	0.3%	146,544	97.5%
Tooth Surface 4	150,232	150	0.1%	150	0.1%	149,078	99.2%
Tooth Surface 5	150,232	25	0.0%	25	0.0%	149,990	99.8%

Table J-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,393,355	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	1,393,355	4,159	0.3%	1	0.0%	0	0.0%
Primary Diagnosis Code	1,393,355	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,393,355	0	0.0%	12	0.0%	744,743	53.4%
Detail Service From Date	1,393,355	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,393,355	0	0.0%	0	0.0%	0	0.0%
Member ID	1,393,355	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,393,355	69	0.0%	16	0.0%	660,765	47.4%
NDC	1,393,355	207	0.0%	0	0.0%	1,320,521	94.8%
Procedure Code	1,393,355	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,393,355	3,837	0.3%	306,053	22.0%	1,295	0.1%

Table J-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	614,936	202	0.0%	0	0.0%	16	0.0%
Amount Paid	614,936	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	614,936	4,630	0.8%	0	0.0%	0	0.0%
Billing Provider NPI	614,936	2,138	0.3%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	614,936	0	0.0%	17,673	2.9%	576,031	93.7%
Primary Diagnosis Code	614,936	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	614,936	0	0.0%	64	0.0%	116,673	19.0%
Header Service From Date	614,936	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	614,936	0	0.0%	0	0.0%	0	0.0%
Member ID	614,936	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	614,936	8	0.0%	73	0.0%	500,540	81.4%
NDC	614,936	19,484	3.2%	5	0.0%	539,335	87.7%
Procedure Code	614,936	3	0.0%	1	0.0%	75,631	12.3%
Revenue Code	614,936	184	0.0%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	614,936	0	0.0%	0	0.0%	595,711	96.9%
Secondary Surgical Procedure Code	614,936	0	0.0%	21	0.0%	601,352	97.8%

Table J-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	498,186	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	498,186	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	498,186	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	498,186	0	0.0%	498,186	100.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	498,186	0	0.0%	0	0.0%	0	0.0%
Member ID	498,186	0	0.0%	0	0.0%	0	0.0%
NDC	498,186	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	498,186	0	0.0%	0	0.0%	0	0.0%

Table J-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	150,232	150,232	100.0%
Detail Service From Date	150,232	149,980	99.8%
Detail Service To Date	150,232	149,810	99.7%
Billing Provider NPI	150,204	150,202	100.0%
Rendering Provider NPI	119,778	119,778	100.0%
Procedure Code	150,232	133,009	88.5%
Tooth Number	59,463	55,893	94.0%
Oral Cavity Code 1	31,357	31,345	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	16,720	15,980	95.6%
Tooth Surface 2	8,550	8,336	97.5%
Tooth Surface 3	2,694	2,651	98.4%
Tooth Surface 4	854	840	98.4%
Tooth Surface 5	192	189	98.4%
Amount Paid	150,232	150,230	100.0%

* -- denotes that there are no records with values present in both data sources

Table J-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,393,355	1,393,355	100.0%
Detail Service From Date	1,393,355	1,393,349	100.0%
Detail Service To Date	1,393,355	1,393,349	100.0%
Billing Provider NPI	1,389,195	1,389,011	100.0%
Rendering Provider NPI	1,082,170	1,082,096	100.0%
Primary Diagnosis Code	1,393,355	1,393,352	100.0%
Secondary Diagnosis Code	648,600	648,597	100.0%
Procedure Code	1,393,355	1,393,294	100.0%
Procedure Code Modifier	732,505	732,497	100.0%
NDC	72,627	72,627	100.0%
Amount Paid	1,393,355	1,393,301	100.0%

Table J-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	614,936	614,936	100.0%
Header Service From Date	614,936	614,920	100.0%
Header Service To Date	614,936	614,871	100.0%
Admission Date	614,718	614,614	100.0%
Billing Provider NPI	612,798	612,793	100.0%
Attending Provider NPI	610,306	610,213	100.0%
Primary Diagnosis Code	614,936	614,936	100.0%
Secondary Diagnosis Code	498,199	498,176	100.0%
Procedure Code	539,301	539,248	100.0%
Procedure Code Modifier	114,315	114,294	100.0%
Primary Surgical Procedure Code	19,225	19,225	100.0%
Secondary Surgical Procedure Code	13,563	13,563	100.0%
NDC	56,112	56,102	100.0%
Revenue Code	614,752	614,723	100.0%
Diagnosis-Related Group (DRG) Code	21,232	20,694	97.5%
Amount Paid	614,936	614,900	100.0%

Table J-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	498,186	498,186	100.0%
Header Service From Date	498,186	498,186	100.0%
Billing Provider NPI	498,186	498,186	100.0%
Prescribing Provider NPI	498,186	498,186	100.0%
NDC	498,186	498,186	100.0%
Drug Quantity	498,186	480,329	96.4%
Amount Paid	498,186	498,186	100.0%
Dispensing Fee	0	0	--*

Table J-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	150,232	130,045	86.6%
Professional	1,393,355	1,388,625	99.7%
Institutional	614,936	571,680	93.0%
Pharmacy	498,186	480,329	96.4%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for PSCS-CO with its response.



Encounter Data Discrepancy Report for PacificSource Community Solutions—Central Oregon

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For PacificSource Community Solutions—Central Oregon (PSCS-CO), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for PSCS-CO. In addition, this report displays the data issues for PSCS-CO to investigate. PSCS-CO will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the PSCS-CO-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the PSCS-CO-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.7%	10.9%
Professional	1.1%	0.5%
Institutional	2.1%	0.3%
Pharmacy	5.7%	3.4%

PSCS-CO Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_Discrepancy@report_PSCS-CO



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CO

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for professional and institutional encounters, as each rate was at or less than 2.1 percent.
- For dental encounters, the record omission rate was very low at 0.7 percent, while the record surplus rate was very high at 10.9 percent, indicating that a large number of encounters in the OHA-submitted data were not included in the PSCS-CO submission for the study.
- For pharmacy encounters, the record surplus rate was relatively low at 3.4 percent, while the record omission rate was high at 5.7 percent. The high pharmacy record omission rate was due to both the ICN and the original ICN field values were missing in the PSCS-CO submission.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays PSCS-CO's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	99.8%
Detail Service To Date	0.0%	0.0%	0.0%	99.7%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	20.3%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	88.5%
Tooth Number	4.3%	4.3%	51.8%	94.0%
Oral Cavity Code 1	0.1%	0.1%	79.0%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	1.8%	1.8%	85.2%	95.6%
Tooth Surface 2	0.9%	0.9%	92.4%	97.5%
Tooth Surface 3	0.3%	0.3%	97.5%	98.4%
Tooth Surface 4	0.1%	0.1%	99.2%	98.4%
Tooth Surface 5	0.0%	0.0%	99.8%	98.4%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

* -- denotes that there are no records with values present in both data sources

Key Findings: Table 2

- The data element omission and surplus rates were low (i.e., at or below 4.3 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering provider NPI* was high at 20.3 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-CO-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CO

- The dental encounter data element accuracy rates were relatively high (i.e., at least 97.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-CO-submitted data), except for the *Procedure Code*, *Tooth Number*, and *Tooth Surface 1* data elements, with accuracy rates of 88.5 percent, 94.0 percent, and 95.6 percent, respectively.

Professional Encounters

Table 3 displays PSCS-CO's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.3%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.3%	22.0%	0.1%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	53.4%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	47.4%	100.0%
National Drug Code (NDC)	0.0%	0.0%	94.8%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or below 0.3 percent) for all professional encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering provider NPI* was very high at 22.0 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-CO-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CO

- The professional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all encounter data elements that had values populated in both sources (i.e., OHA- and PSCS-CO-submitted data).

Institutional Encounters

Table 4 displays PSCS-CO's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.3%	0.0%	0.0%	100.0%
Attending Provider NPI	0.8%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	19.0%	100.0%
Procedure Code	0.0%	0.0%	12.3%	100.0%
Procedure Code Modifier	0.0%	0.0%	81.4%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	96.9%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	97.8%	100.0%
NDC	3.2%	0.0%	87.7%	100.0%
Revenue Code	0.0%	0.0%	0.0%	100.0%
Diagnosis-Related Group (DRG) Code	0.0%	2.9%	93.7%	97.5%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 3.2 percent) for all institutional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-CO-submitted data), except for the *DRG Code* data element, with an accuracy rate of 97.5 percent. Among records where the DRG had different values when populated and compared between the two sources, HSAG was not able to determine any specific patterns or root cause for the discrepancy.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CO

Pharmacy Encounters

Table 5 displays PSCS-CO's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.4%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	100.0%	0.0%	--*

* -- denotes that there are no records with values present in both data sources

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated, except for the surplus rate associated with the *Dispensing Fee* data element. PSCS-CO populated the dispensing fee field with "NULL" values, while the OHA-submitted data had this field populated with values of \$0, \$8.72, \$9.8, and \$17.67.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* data element, with an accuracy rate of 96.4 percent.
 - For data element *Drug Quantity*, among records where the PSCS-CO-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that all of the *Drug Quantity* data element in the PSCS-CO-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.

Next Steps

- Based on the key findings, PSCS-CO is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CO

- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.



Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	PSCS-CO's Investigation Efforts and Explanations
Table 1	Dental record surplus rate (10.9 percent)	It was determined during the review of examples of dental records that were not included in the PacificSource submission that these records were stuck in an "in progress" status when they should have been in an "accepted" status. We submitted only records that were in a finalized or "accepted" state. We will work with our vendor to get these records moved to their appropriate "accepted" state.
Table 1	Pharmacy record omission rate (5.7 percent)	The review of the examples provided by HSAG of Pharmacy records that were not included in the data submitted by PacificSource but were included in OHA data, revealed that the example records had been previously voided by the original billing pharmacy. Voided Pharmacy records were excluded from submission to HSAG.
Table 2	Procedure code accuracy rate (88.5 percent) for dental encounters	The review of the discrepant examples provided by HSAG revealed that HSAG compared the record line procedure codes sequentially which in most cases produces accurate results however in some instances the Line item control number (Ref*6R) from our database which was sent to HSAG. If HSAG were to compare Line item control number matching versus sequence number the procedure codes would be identical.

Table	Discrepancy Item	PSCS-CO's Investigation Efforts and Explanations
Table 5	Dispensing fee surplus rate (100.0 percent) for pharmacy encounters	During our review of the Dispensing fee surplus rate it was determined that our normal weekly NCPDP file submissions to OHA do not contain a dispensing fee amount. When the question was brought to OHA how there is a dispensing fee in their data but not in our files, OHA indicated that the dispensing fee is calculated and populated by their claims processing system.

Appendix K. Results for PacificSource Community Solutions–Columbia Gorge

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for PacificSource Community Solutions–Columbia Gorge (PSCS-CG).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table K-1 provides encounter volume and paid amount results for PSCS-CG dental encounters.

Table K-1—Encounter Volume and Paid Amount for Dental Encounters: PSCS-CG

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	1,277	12,273	104.0	\$50,713	\$4.13
February 2020	1,321	12,373	106.8	\$37,002	\$2.99
March 2020	667	12,357	54.0	\$31,330	\$2.54
April 2020	88	12,590	7.0	\$7,985	\$0.63
May 2020	233	13,012	17.9	\$16,688	\$1.28
June 2020	635	13,269	47.9	\$30,190	\$2.28
July 2020	742	13,412	55.3	\$33,198	\$2.48
August 2020	870	13,514	64.4	\$36,526	\$2.70
September 2020	1,048	13,677	76.6	\$29,155	\$2.13
October 2020	1,155	13,842	83.4	\$41,336	\$2.99
November 2020	824	13,948	59.1	\$28,467	\$2.04
December 2020	273	14,192	19.2	\$6,670	\$0.47

Table K-2 provides encounter volume and paid amount results for PSCS-CG professional encounters.

Table K-2—Encounter Volume and Paid Amount for Professional Encounters: PSCS-CG

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	12,199	12,273	994.0	\$1,166,892	\$95.08
February 2020	12,177	12,373	984.2	\$1,199,499	\$96.94
March 2020	10,148	12,357	821.2	\$1,002,883	\$81.16
April 2020	7,999	12,590	635.3	\$848,045	\$67.36
May 2020	8,623	13,012	662.7	\$934,085	\$71.79
June 2020	10,729	13,269	808.6	\$1,191,706	\$89.81
July 2020	10,964	13,412	817.5	\$1,238,777	\$92.36
August 2020	10,718	13,514	793.1	\$1,202,371	\$88.97
September 2020	11,118	13,677	812.9	\$1,299,388	\$95.01
October 2020	11,908	13,842	860.3	\$1,352,434	\$97.71
November 2020	9,280	13,948	665.3	\$967,289	\$69.35
December 2020	3,534	14,192	249.0	\$364,655	\$25.69

Table K-3 provides encounter volume and paid amount results for PSCS-CG inpatient encounters.

Table K-3—Encounter Volume and Paid Amount for Inpatient Encounters: PSCS-CG

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	87	12,273	7.1	\$847,358	\$69.04
February 2020	87	12,373	7.0	\$779,994	\$63.04
March 2020	72	12,357	5.8	\$731,769	\$59.22
April 2020	45	12,590	3.6	\$506,201	\$40.21
May 2020	50	13,012	3.8	\$440,510	\$33.85
June 2020	86	13,269	6.5	\$696,648	\$52.50
July 2020	77	13,412	5.7	\$543,444	\$40.52
August 2020	68	13,514	5.0	\$564,901	\$41.80
September 2020	77	13,677	5.6	\$850,082	\$62.15
October 2020	73	13,842	5.3	\$689,282	\$49.80
November 2020	47	13,948	3.4	\$368,531	\$26.42
December 2020	18	14,192	1.3	\$316,398	\$22.29

Table K-4 provides encounter volume and paid amount results for PSCS-CG outpatient encounters.

Table K-4—Encounter Volume and Paid Amount for Outpatient Encounters: PSCS-CG

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	2,963	12,273	241.4	\$1,328,567	\$108.25
February 2020	2,917	12,373	235.8	\$1,467,271	\$118.59
March 2020	2,186	12,357	176.9	\$1,151,750	\$93.21
April 2020	1,339	12,590	106.4	\$607,985	\$48.29
May 2020	1,873	13,012	143.9	\$981,517	\$75.43
June 2020	2,520	13,269	189.9	\$1,167,583	\$87.99
July 2020	2,718	13,412	202.7	\$1,091,709	\$81.40
August 2020	2,568	13,514	190.0	\$1,199,123	\$88.73
September 2020	2,468	13,677	180.4	\$1,405,189	\$102.74
October 2020	2,639	13,842	190.7	\$1,161,743	\$83.93
November 2020	2,103	13,948	150.8	\$993,569	\$71.23
December 2020	640	14,192	45.1	\$332,659	\$23.44

Table K-5 provides encounter volume and paid amount results for PSCS-CG pharmacy encounters.

Table K-5—Encounter Volume and Paid Amount for Pharmacy Encounters: PSCS-CG

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	8,876	12,273	723.2	\$916,027	\$74.64
February 2020	7,948	12,373	642.4	\$774,286	\$62.58
March 2020	8,897	12,357	720.0	\$913,541	\$73.93
April 2020	7,755	12,590	616.0	\$926,312	\$73.58
May 2020	7,769	13,012	597.1	\$807,513	\$62.06
June 2020	8,039	13,269	605.8	\$797,765	\$60.12
July 2020	8,164	13,412	608.7	\$822,767	\$61.35
August 2020	8,318	13,514	615.5	\$754,809	\$55.85
September 2020	8,416	13,677	615.3	\$825,475	\$60.35
October 2020	8,735	13,842	631.1	\$757,115	\$54.70
November 2020	8,201	13,948	588.0	\$758,011	\$54.35
December 2020	8,638	14,192	608.7	\$458,357	\$32.30

Encounter Data Timeliness

Table K-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CG dental encounters.

Table K-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: PSCS-CG

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	98.3%	100.0%	100.0%	100.0%	100.0%
February 2020	76.3%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.7%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2020	98.0%	98.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.7%	99.7%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	99.8%	99.8%	100.0%	100.0%	100.0%	100.0%
November 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	90.0%	90.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table K-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CG professional encounters.

Table K-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: PSCS-CG

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	99.6%	99.9%	100.0%	100.0%	100.0%
February 2020	26.6%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.0%	99.8%	100.0%	100.0%	100.0%	100.0%
July 2020	99.2%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.1%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	99.3%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table K-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CG inpatient encounters.

Table K-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: PSCS-CG

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	36.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	93.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	95.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	94.0%	98.5%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	98.6%	98.6%	98.6%	98.6%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	80.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table K-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CG outpatient encounters.

Table K-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: PSCS-CG

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	98.6%	100.0%	100.0%	100.0%	100.0%
February 2020	26.9%	99.4%	100.0%	100.0%	100.0%	100.0%
March 2020	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.5%	99.9%	99.9%	100.0%	100.0%	100.0%
July 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	97.5%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	92.3%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	97.7%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table K-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-CG pharmacy encounters.

Table K-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: PSCS-CG

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	50.9%	99.9%	100.0%	100.0%	100.0%
February 2020	52.8%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
October 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.7%	99.8%	99.9%	99.9%	100.0%	100.0%
January 2021	59.5%	59.5%	59.5%	97.3%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table K-11 provides lag triangles for PSCS-CG dental encounters. Additional details provided include MM and claims PMPM.

Table K-11—Encounters Lag Triangle—Dental Encounters: PSCS-CG

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	1,243	1,090	212										2,545
202004	37	201	417	20									675
202005	10	24	32	58	62								186
202006	1	6	8	6	93	63							177
202007	5	6	3	7	78	516	281						896
202008					9	34	390	170					603
202009	1	1		2	3	23	55	649	330				1,064

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202010			1		2	12	17	48	608	322			1,010
202011		2			3	6	11	20	114	798	197		1,151
202012		1	1			2	4	11	11	55	626	266	977
202103											1	4	5
202104						1	1		1	2	1	1	7
202105							2				4	5	11
202106								1			2	1	4
TOTAL	1,297	1,331	674	93	250	657	761	899	1,064	1,177	831	277	9,311
MM	12,273	12,373	12,357	12,590	13,012	13,269	13,412	13,514	13,677	13,842	13,948	14,192	158,459
PMPM	0.106	0.108	0.055	0.007	0.019	0.050	0.057	0.067	0.078	0.085	0.060	0.020	0.059

Table K-12 provides lag triangles for PSCS-CG professional encounters. Additional details provided include MM and claims PMPM.

Table K-12—Encounters Lag Triangle—Professional Encounters: PSCS-CG

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	11,743	9,243	2,606										23,592
202004	842	2,858	5,605	1,907									11,212
202005	209	521	1,523	4,256	1,730								8,239
202006	88	115	465	1,213	5,212	2,341							9,434
202007	56	60	150	436	1,362	6,702	2,675						11,441
202008	263	344	289	312	448	1,766	5,732	2,171					11,325
202009	55	93	142	141	175	331	2,841	7,683	4,186				15,647
202010	36	60	152	59	67	123	294	1,132	4,959	3,297			10,179
202011	5	12	9	14	22	75	197	434	2,371	6,608	3,357		13,104
202012	9	14	6	12	16	17	31	108	413	2,584	5,930	2,921	12,061
202103		1			2		2	4	3	22	58	97	189
202104	1	2	5	8	1	2	10	15	47	76	108	279	554
202105	5	4	3	59	80	133	15	26	19	91	186	262	883
202106			2	1	4	5	7	13	21	61	31	63	208
TOTAL	13,312	13,327	10,957	8,418	9,119	11,495	11,804	11,586	12,019	12,739	9,670	3,622	128,068
MM	12,273	12,373	12,357	12,590	13,012	13,269	13,412	13,514	13,677	13,842	13,948	14,192	158,459
PMPM	1.085	1.077	0.887	0.669	0.701	0.866	0.880	0.857	0.879	0.920	0.693	0.255	0.808

Table K-13 provides lag triangles for PSCS-CG inpatient encounters. Additional details provided include MM and claims PMPM.

Table K-13—Encounters Lag Triangle—Inpatient Encounters: PSCS-CG

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	67	44	10										121
202004	11	22	27	15									75
202005		7	18	14	8								47
202006		1	5	6	19	7							38
202007	1		5	6	12	52	10						86
202008	1	1	1	1	8	17	26	8					63
202009		1				7	23	38	17				86
202010	5	11	5	1	3	3	9	9	33	7			86
202011				1			3	1	11	37	9		62
202012							1			18	27	5	51
202103							1	4				2	7
202104			1				4	7	16	4	2	4	38
202105	1			1				1		2	1	5	11
202106	1									5	8	2	16
TOTAL	87	87	72	45	50	86	77	68	77	73	47	18	787
MM	12,273	12,373	12,357	12,590	13,012	13,269	13,412	13,514	13,677	13,842	13,948	14,192	158,459
PMPM	0.007	0.007	0.006	0.004	0.004	0.006	0.006	0.005	0.006	0.005	0.003	0.001	0.005

Table K-14 provides lag triangles for PSCS-CG outpatient encounters. Additional details provided include MM and claims PMPM.

Table K-14—Encounters Lag Triangle—Outpatient Encounters: PSCS-CG

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	2,760	2,326	604										5,690
202004	176	494	1,299	361									2,330
202005	46	93	173	623	525								1,460
202006	22	31	62	153	827	547							1,642
202007	6	19	27	60	233	1,470	824						2,639
202008	10	7	23	51	145	244	1,257	579					2,316
202009	7	8	12	56	74	113	387	1,574	827				3,058
202010	33	30	32	60	90	163	244	366	1,286	724			3,028
202011	4	6	13	8	22	30	37	75	333	1,333	679		2,540
202012	4	4		3	6	9	13	28	73	612	1,440	598	2,790
202103							1	1	1	3	3	3	12
202104				2	4	3	5	2	2	12	5	12	47

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202105			1	5	16	8	12	9	7	8	8	19	93
202106			1		2		1	4	8	8	8	13	45
TOTAL	3,068	3,018	2,247	1,382	1,944	2,587	2,781	2,638	2,537	2,700	2,143	645	27,690
MM	12,273	12,373	12,357	12,590	13,012	13,269	13,412	13,514	13,677	13,842	13,948	14,192	158,459
PMPM	0.250	0.244	0.182	0.110	0.149	0.195	0.207	0.195	0.185	0.195	0.154	0.045	0.175

Table K-15 provides lag triangles for PSCS-CG pharmacy encounters. Additional details provided include MM and claims PMPM.

Table K-15—Encounters Lag Triangle—Pharmacy Encounters: PSCS-CG

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	8,816	7,883	6,136										22,835
202004	42	44	2,732	6,413									9,231
202005	1	3	10	1,324	5,862								7,200
202006				6	1,889	5,270							7,165
202007				2	2	2,750	6,516						9,270
202008	9				1	3	1,632	5,963					7,608
202009					1		2	2,330	4,421				6,754
202010							2	2	3,970	6,750			10,724
202011		7	9					5		1,952	6,007		7,980
202012									1	5	2,173	7,095	9,274
202101												1,486	1,486
202102									9	12	4	18	43
202105											3	21	24
TOTAL	8,868	7,937	8,887	7,745	7,755	8,023	8,152	8,300	8,401	8,719	8,187	8,620	99,594
MM	12,273	12,373	12,357	12,590	13,012	13,269	13,412	13,514	13,677	13,842	13,948	14,192	158,459
PMPM	0.723	0.641	0.719	0.615	0.596	0.605	0.608	0.614	0.614	0.630	0.587	0.607	0.629

Field-Level Completeness and Accuracy

Table K-16 provides a summary of the field-level completeness and accuracy for PSCS-CG dental encounters.

Table K-16—Data Element Completeness and Accuracy for Dental Encounters: PSCS-CG

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	9,311	9,311	100.0%	9,311	9,307	100.0%
Header First Date of Service	9,311	9,311	100.0%	9,311	9,311	100.0%
Header Last Date of Service	9,311	9,311	100.0%	9,311	9,311	100.0%
Detail First Date of Service	32,953	32,953	100.0%	32,953	32,953	100.0%
Detail Last Date of Service	32,953	32,953	100.0%	32,953	32,953	100.0%
Paid Date	32,953	32,953	100.0%	32,953	32,953	100.0%
Billing Provider NPI	9,311	9,311	100.0%	9,311	5,585	60.0%
Rendering Provider NPI	9,311	9,311	100.0%	9,311	8,467	90.9%
Referring Provider NPI	9,311	9,311	100.0%	9,311	8,467	90.9%
CDT Codes	32,953	32,953	100.0%	32,953	32,953	100.0%
Tooth Number	32,953	11,580	35.1%	11,580	11,580	100.0%
Tooth Surface Codes	32,953	4,404	13.4%	7,830	7,830	100.0%
Oral Cavity Codes	32,953	5,818	17.7%	5,818	5,818	100.0%

Table K-17 provides a summary of the field-level completeness and accuracy for PSCS-CG professional encounters.

Table K-17—Data Element Completeness and Accuracy for Professional Encounters: PSCS-CG

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	128,068	128,068	100.0%	128,068	128,022	100.0%
Header First Date of Service	128,068	128,068	100.0%	128,068	128,068	100.0%
Header Last Date of Service	128,068	128,068	100.0%	128,068	128,068	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	198,815	198,815	100.0%	198,815	198,815	100.0%
Detail Last Date of Service	198,815	198,815	100.0%	198,815	198,815	100.0%
Paid Date	198,815	198,815	100.0%	198,815	198,815	100.0%
Billing Provider NPI	128,068	128,067	100.0%	128,067	106,957	83.5%
Rendering Provider NPI	128,068	128,068	100.0%	128,068	115,660	90.3%
Referring Provider NPI	128,068	128,068	100.0%	128,068	115,660	90.3%
Primary Diagnosis Codes	128,068	128,068	100.0%	128,068	128,068	100.0%
Secondary Diagnosis Codes	128,068	61,703	48.2%	113,125	113,125	100.0%
CPT/HCPCS Codes	198,815	198,815	100.0%	198,815	198,768	100.0%
NDC	198,815	11,598	5.8%	11,598	11,217	96.7%

Table K-18 provides a summary of the field-level completeness and accuracy for PSCS-CG inpatient encounters.

Table K-18—Data Element Completeness and Accuracy for Inpatient Encounters: PSCS-CG

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	787	787	100.0%	787	785	99.7%
Header First Date of Service	787	787	100.0%	787	787	100.0%
Header Last Date of Service	787	787	100.0%	787	787	100.0%
Paid Date	9,365	9,365	100.0%	9,365	9,365	100.0%
Billing Provider NPI	787	787	100.0%	787	762	96.8%
Rendering Provider NPI	787	787	100.0%	787	725	92.1%
Attending Provider NPI	787	787	100.0%	787	725	92.1%
Referring Provider NPI	787	480	61.0%	480	426	88.8%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	787	787	100.0%	787	787	100.0%
Secondary Diagnosis Codes	787	753	95.7%	2,060	2,060	100.0%
Primary Surgical Procedure Codes	787	477	60.6%	477	477	100.0%
Secondary Surgical Procedure Codes	787	284	36.1%	563	563	100.0%
CPT/HCPCS Codes	9,365	7	0.1%	7	7	100.0%
Diagnosis-Related Groups Codes	787	787	100.0%	787	780	99.1%
Revenue Codes	9,365	9,365	100.0%	9,365	9,365	100.0%
NDC	9,365	9	0.1%	9	9	100.0%
Type of Bill Codes	787	787	100.0%	787	787	100.0%

Table K-19 provides a summary of the field-level completeness and accuracy for PSCS-CG outpatient encounters.

Table K-19—Data Element Completeness and Accuracy for Outpatient Encounters: PSCS-CG

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	27,690	27,690	100.0%	27,690	27,681	100.0%
Header First Date of Service	27,690	27,690	100.0%	27,690	27,690	100.0%
Header Last Date of Service	27,690	27,690	100.0%	27,690	27,690	100.0%
Paid Date	103,411	103,411	100.0%	103,411	103,411	100.0%
Billing Provider NPI	27,690	27,690	100.0%	27,690	26,638	96.2%
Rendering Provider NPI	27,690	27,690	100.0%	27,690	24,842	89.7%
Attending Provider NPI	27,690	27,690	100.0%	27,690	24,842	89.7%
Primary Diagnosis Codes	27,690	27,690	100.0%	27,690	27,690	100.0%
Secondary Diagnosis Codes	27,690	16,215	58.6%	32,285	32,285	100.0%
CPT/HCPCS Codes	103,411	96,081	92.9%	96,081	96,061	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	103,411	103,411	100.0%	103,411	103,411	100.0%
NDC	103,411	10,154	9.8%	10,154	9,898	97.5%
Type of Bill Codes	27,690	27,690	100.0%	27,690	27,690	100.0%

Table K-20 provides a summary of the field-level completeness and accuracy for PSCS-CG pharmacy encounters.

Table K-20—Data Element Completeness and Accuracy for Pharmacy Encounters: PSCS-CG

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	99,594	99,594	100.0%	99,594	99,563	100.0%
Date of Service	99,594	99,594	100.0%	99,594	99,594	100.0%
Paid Date	99,594	99,594	100.0%	99,594	99,594	100.0%
Billing Provider NPI	99,594	99,594	100.0%	99,594	66,600	66.9%
Prescribing Provider NPI	99,594	99,591	100.0%	99,591	91,963	92.3%
NDC	99,756	99,756	100.0%	99,756	99,603	99.8%

Comparative Analysis

This section presents the PSCS-CG results for the comparative analysis.

Table K-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	39,517	264	0.7%	39,846	593	1.5%
Professional	238,415	4,101	1.7%	234,358	44	0.0%
Institutional	144,895	5,252	3.6%	140,250	607	0.4%
Pharmacy	113,149	7,025	6.2%	107,938	1,814	1.7%

Table K-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	39,253	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	39,253	0	0.0%	0	0.0%	0	0.0%
Detail Service From Date	39,253	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	39,253	0	0.0%	0	0.0%	0	0.0%
Member ID	39,253	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	39,253	23	0.1%	23	0.1%	32,270	82.2%
Oral Cavity Code 2	39,253	0	0.0%	0	0.0%	39,253	100.0%
Oral Cavity Code 3	39,253	0	0.0%	0	0.0%	39,253	100.0%
Oral Cavity Code 4	39,253	0	0.0%	0	0.0%	39,253	100.0%
Oral Cavity Code 5	39,253	0	0.0%	0	0.0%	39,253	100.0%
Procedure Code	39,253	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	39,253	25	0.1%	7,731	19.7%	0	0.0%
Tooth Number	39,253	832	2.1%	832	2.1%	24,262	61.8%
Tooth Surface 1	39,253	299	0.8%	299	0.8%	33,441	85.2%
Tooth Surface 2	39,253	193	0.5%	193	0.5%	36,220	92.3%
Tooth Surface 3	39,253	48	0.1%	48	0.1%	38,360	97.7%
Tooth Surface 4	39,253	10	0.0%	10	0.0%	38,925	99.2%
Tooth Surface 5	39,253	2	0.0%	2	0.0%	39,174	99.8%

Table K-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	234,314	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	234,314	1,077	0.5%	0	0.0%	0	0.0%
Primary Diagnosis Code	234,314	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	234,314	0	0.0%	157	0.1%	113,150	48.3%
Detail Service From Date	234,314	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	234,314	0	0.0%	0	0.0%	0	0.0%
Member ID	234,314	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	234,314	0	0.0%	26	0.0%	128,672	54.9%
NDC	234,314	13	0.0%	0	0.0%	221,132	94.4%
Procedure Code	234,314	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	234,314	631	0.3%	55,955	23.9%	662	0.3%

Table K-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	139,643	101	0.1%	0	0.0%	38	0.0%
Amount Paid	139,643	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	139,643	762	0.5%	0	0.0%	0	0.0%
Billing Provider NPI	139,643	168	0.1%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	139,643	0	0.0%	8,507	6.1%	128,517	92.0%
Primary Diagnosis Code	139,643	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	139,643	0	0.0%	0	0.0%	32,860	23.5%
Header Service From Date	139,643	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	139,643	0	0.0%	0	0.0%	0	0.0%
Member ID	139,643	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	139,643	0	0.0%	2	0.0%	113,371	81.2%
NDC	139,643	3,764	2.7%	1	0.0%	122,285	87.6%
Procedure Code	139,643	0	0.0%	1	0.0%	20,105	14.4%
Revenue Code	139,643	98	0.1%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	139,643	0	0.0%	0	0.0%	132,606	95.0%
Secondary Surgical Procedure Code	139,643	0	0.0%	6	0.0%	135,234	96.8%

Table K-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	106,124	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	106,124	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	106,124	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	106,124	0	0.0%	106,124	100.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	106,124	0	0.0%	0	0.0%	0	0.0%
Member ID	106,124	0	0.0%	0	0.0%	0	0.0%
NDC	106,124	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	106,124	3	0.0%	0	0.0%	0	0.0%

Table K-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	39,253	39,253	100.0%
Detail Service From Date	39,253	39,247	100.0%
Detail Service To Date	39,253	39,238	100.0%
Billing Provider NPI	39,253	39,253	100.0%
Rendering Provider NPI	31,497	31,497	100.0%
Procedure Code	39,253	37,060	94.4%
Tooth Number	13,327	12,834	96.3%
Oral Cavity Code 1	6,937	6,932	99.9%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	5,214	5,077	97.4%
Tooth Surface 2	2,647	2,635	99.5%
Tooth Surface 3	797	796	99.9%
Tooth Surface 4	308	307	99.7%
Tooth Surface 5	75	75	100.0%
Amount Paid	39,253	39,253	100.0%

* -- denotes that there are no records with values present in both data sources

Table K-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	234,314	234,314	100.0%
Detail Service From Date	234,314	234,314	100.0%
Detail Service To Date	234,314	234,314	100.0%
Billing Provider NPI	233,237	233,220	100.0%
Rendering Provider NPI	177,066	177,066	100.0%
Primary Diagnosis Code	234,314	234,314	100.0%
Secondary Diagnosis Code	121,007	121,003	100.0%
Procedure Code	234,314	234,312	100.0%
Procedure Code Modifier	105,616	105,613	100.0%
NDC	13,169	13,169	100.0%
Amount Paid	234,314	234,291	100.0%

Table K-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	139,643	139,643	100.0%
Header Service From Date	139,643	139,631	100.0%
Header Service To Date	139,643	139,630	100.0%
Admission Date	139,504	139,480	100.0%
Billing Provider NPI	139,475	139,467	100.0%
Attending Provider NPI	138,881	138,873	100.0%
Primary Diagnosis Code	139,643	139,643	100.0%
Secondary Diagnosis Code	106,783	106,783	100.0%
Procedure Code	119,537	119,533	100.0%
Procedure Code Modifier	26,270	26,270	100.0%
Primary Surgical Procedure Code	7,037	7,037	100.0%
Secondary Surgical Procedure Code	4,403	4,403	100.0%
NDC	13,593	13,588	100.0%
Revenue Code	139,545	139,545	100.0%
Diagnosis-Related Group (DRG) Code	2,619	2,523	96.3%
Amount Paid	139,643	139,642	100.0%

Table K-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	106,124	106,124	100.0%
Header Service From Date	106,124	106,124	100.0%
Billing Provider NPI	106,124	106,124	100.0%
Prescribing Provider NPI	106,121	106,121	100.0%
NDC	106,124	106,124	100.0%
Drug Quantity	106,124	102,309	96.4%
Amount Paid	106,124	106,124	100.0%
Dispensing Fee	0	0	--*

Table K-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	39,253	36,663	93.4%
Professional	234,314	232,992	99.4%
Institutional	139,643	126,554	90.6%
Pharmacy	106,124	102,306	96.4%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for PSCS-CG with its response.



Encounter Data Discrepancy Report for PacificSource Community Solutions—Columbia Gorge

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For PacificSource Community Solutions—Columbia Gorge (PSCS-CG), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for PSCS-CG. In addition, this report displays the data issues for PSCS-CG to investigate. PSCS-CG will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the PSCS-CG-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the PSCS-CG-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.7%	1.5%
Professional	1.7%	0.0%
Institutional	3.6%	0.4%
Pharmacy	6.2%	1.7%

PSCS-CG Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_PSCS-CG



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CG

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental, and professional encounters, as each rate was at or less than 1.7 percent.
- For institutional encounters, the record surplus rate was very low at 0.4 percent, while the record omission rate was much higher at 3.6 percent.
- For pharmacy encounters, the record surplus rate was low at 1.7 percent, while the record omission rate was much higher at 6.2 percent. The high pharmacy omission rate was due to encounters with no ICN or original ICN field values in the PSCS-CG data submission for the study. In its response to the File Review document provided to PSCS-CG regarding its initial data submission, PSCS-CG explained that this was due to not receiving an ICN from OHA for the B2 transactions. However, it is expected that these could be matched by original ICN if that field was not also blank for these encounters.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays PSCS-CG's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.1%	19.7%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	94.4%
Tooth Number	2.1%	2.1%	61.8%	96.3%
Oral Cavity Code 1	0.1%	0.1%	82.2%	99.9%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.8%	0.8%	85.2%	97.4%
Tooth Surface 2	0.5%	0.5%	92.3%	99.5%
Tooth Surface 3	0.1%	0.1%	97.7%	99.9%
Tooth Surface 4	0.0%	0.0%	99.2%	99.7%
Tooth Surface 5	0.0%	0.0%	99.8%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

* -- denotes that there are no records with values present in both data sources

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 2.1 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering provider NPI* was high at 19.7 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-CG-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CG

- The dental encounter data element accuracy rates were very high (i.e., at least 97.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-CG-submitted data), except for the *Procedure Code* and *Tooth Number* data elements, with accuracy rates of 94.4 percent and 96.3 percent, respectively.

Professional Encounters

Table 3 displays PSCS-CG's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.5%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.3%	23.9%	0.3%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.1%	48.3%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	54.9%	100.0%
National Drug Code (NDC)	0.0%	0.0%	94.4%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.5 percent) for all professional encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI* data element.
 - The element surplus rate for data element *Rendering provider NPI* was very high at 23.9 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-CG-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CG

- The professional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all encounter data elements that had values populated in both sources (i.e., OHA- and PSCS-CG-submitted data).

Institutional Encounters

Table 4 displays PSCS-CG's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.1%	0.0%	0.0%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Attending Provider NPI	0.5%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	23.5%	100.0%
Procedure Code	0.0%	0.0%	14.4%	100.0%
Procedure Code Modifier	0.0%	0.0%	81.2%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	95.0%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	96.8%	100.0%
NDC	2.7%	0.0%	87.6%	100.0%
Revenue Code	0.1%	0.0%	0.0%	100.0%
Diagnosis-Related Group (DRG) Code	0.0%	6.1%	92.0%	96.3%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 2.7 percent) for all institutional encounter data elements that were evaluated, except for the element omission rate associated with the *DRG Code* data element.
 - The element surplus rate for data element *DRG Code* was moderately high at 6.1 percent. It appears that in general, among records that matched between the two sources (i.e., OHA- and PSCS-CG-submitted data), the DRG code field was more populated in the OHA-submitted data



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CG

compared to the PSCS-CG-submitted data. This, consequently, resulted in the higher surplus rate for the data element *DRG Code*.

- The institutional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-CG-submitted data), except for the *DRG Code* data element, with an accuracy rate of 96.3 percent. Among records where the DRG had different values when populated and compared between the two sources, HSAG was not able to determine any specific patterns or root cause for the discrepancy.

Pharmacy Encounters

Table 5 displays PSCS-CG's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.4%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	100.0%	0.0%	--*
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated, except for the surplus rate associated with the *Dispensing Fee* data element. PSCS-CG populated the dispensing fee field with "NULL" values, while the OHA-submitted data had this field populated with values of \$0, \$8.72, \$9.8, and \$17.67.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* data element with an accuracy rate of 96.4 percent and 0.0 percent, respectively.
 - For data element *Drug Quantity*, among records where PSCS-CG-submitted drug quantity values that did not match with values in the OHA-submitted data, it appears that all of the *Drug Quantity* data element in the PSCS-CG-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-CG

Next Steps

- Based on the key findings, PSCS-CG is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	PSCS-CG's Investigation Efforts and Explanations
Table 1	Pharmacy record omission rate (6.2 percent)	The review of the examples provided by HSAG of Pharmacy records that were not included in the data submitted by PacificSource but were included in OHA data, revealed that the example records had been previously voided by the original billing pharmacy. Voided Pharmacy records were excluded from submission to HSAG.
Table 4	DRG code surplus rate (6.1 percent)	The review of examples provided by HSAG for DRG surplus led our team to a logic mapping error. We discovered that there are two database columns that can reflect DRG data within the back end of the system. For the mapping of the encounter claims, only one column was mapped for this DRG data. As a result, when DRG information was present on the column that we didn't have mapped, it turned up missing in the Encounter data. In the future we will map this data using both of these columns so we don't have this discrepancy going forward.

Table	Discrepancy Item	PSCS-CG's Investigation Efforts and Explanations
Table 5	Dispensing fee surplus rate (100.0 percent) for pharmacy encounters	During our review of the Dispensing fee surplus rate it was determined that our normal weekly NCPDP file submissions to OHA do not contain a dispensing fee amount. When the question was brought to OHA how there is a dispensing fee in their data but not in our files, OHA indicated that the dispensing fee is calculated and populated by their claims processing system.

Appendix L. Results for PacificSource Community Solutions–Lane

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for PacificSource Community Solutions–Lane (PSCS-Lane).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table L-1 provides encounter volume and paid amount results for PSCS-Lane dental encounters.

Table L-1—Encounter Volume and Paid Amount for Dental Encounters: PSCS-Lane

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,233	48,024	109.0	\$327,174	\$6.81
February 2020	5,402	53,437	101.1	\$343,211	\$6.42
March 2020	3,421	56,293	60.8	\$253,326	\$4.50
April 2020	651	59,720	10.9	\$91,166	\$1.53
May 2020	1,663	61,701	27.0	\$187,204	\$3.03
June 2020	3,986	63,383	62.9	\$364,394	\$5.75
July 2020	4,450	64,518	69.0	\$388,061	\$6.01
August 2020	4,513	65,476	68.9	\$377,787	\$5.77
September 2020	4,312	66,845	64.5	\$425,807	\$6.37
October 2020	5,028	67,771	74.2	\$388,409	\$5.73
November 2020	4,537	68,660	66.1	\$335,165	\$4.88
December 2020	1,211	70,034	17.3	\$61,172	\$0.87

Table L-2 provides encounter volume and paid amount results for PSCS-Lane professional encounters.

Table L-2—Encounter Volume and Paid Amount for Professional Encounters: PSCS-Lane

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	58,866	48,024	1,225.8	\$6,783,592	\$141.25
February 2020	72,412	53,437	1,355.1	\$7,845,310	\$146.81
March 2020	69,514	56,293	1,234.9	\$7,689,545	\$136.60
April 2020	58,945	59,720	987.0	\$7,145,395	\$119.65
May 2020	66,426	61,701	1,076.6	\$8,233,374	\$133.44
June 2020	78,048	63,383	1,231.4	\$9,523,002	\$150.25
July 2020	81,076	64,518	1,256.6	\$10,024,182	\$155.37
August 2020	77,805	65,476	1,188.3	\$9,795,263	\$149.60
September 2020	76,121	66,845	1,138.8	\$9,404,676	\$140.69
October 2020	84,941	67,771	1,253.4	\$10,147,196	\$149.73
November 2020	72,317	68,660	1,053.3	\$8,758,663	\$127.57
December 2020	25,396	70,034	362.6	\$2,994,524	\$42.76

Table L-3 provides encounter volume and paid amount results for PSCS-Lane inpatient encounters.

Table L-3—Encounter Volume and Paid Amount for Inpatient Encounters: PSCS-Lane

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	69	48,024	1.4	\$425,628	\$8.86
February 2020	122	53,437	2.3	\$693,861	\$12.98
March 2020	149	56,293	2.6	\$760,683	\$13.51
April 2020	102	59,720	1.7	\$526,482	\$8.82
May 2020	155	61,701	2.5	\$2,186,604	\$35.44
June 2020	164	63,383	2.6	\$1,185,487	\$18.70
July 2020	166	64,518	2.6	\$766,396	\$11.88
August 2020	179	65,476	2.7	\$1,115,699	\$17.04
September 2020	188	66,845	2.8	\$994,041	\$14.87
October 2020	162	67,771	2.4	\$804,998	\$11.88
November 2020	109	68,660	1.6	\$694,339	\$10.11
December 2020	62	70,034	0.9	\$303,119	\$4.33

Table L-4 provides encounter volume and paid amount results for PSCS-Lane outpatient encounters.

Table L-4—Encounter Volume and Paid Amount for Outpatient Encounters: PSCS-Lane

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	4,104	48,024	85.5	\$2,377,718	\$49.51
February 2020	5,040	53,437	94.3	\$3,250,661	\$60.83
March 2020	4,748	56,293	84.3	\$2,892,291	\$51.38
April 2020	3,124	59,720	52.3	\$2,069,401	\$34.65
May 2020	5,512	61,701	89.3	\$3,645,545	\$59.08
June 2020	6,821	63,383	107.6	\$4,257,473	\$67.17
July 2020	7,466	64,518	115.7	\$4,512,425	\$69.94
August 2020	7,085	65,476	108.2	\$4,095,360	\$62.55
September 2020	7,244	66,845	108.4	\$4,061,635	\$60.76
October 2020	7,435	67,771	109.7	\$3,941,602	\$58.16
November 2020	5,809	68,660	84.6	\$3,284,268	\$47.83
December 2020	2,134	70,034	30.5	\$1,108,472	\$15.83

Table L-5 provides encounter volume and paid amount results for PSCS-Lane pharmacy encounters.

Table L-5—Encounter Volume and Paid Amount for Pharmacy Encounters: PSCS-Lane

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	45,423	48,024	945.8	\$2,801,821	\$58.34
February 2020	53,221	53,437	996.0	\$3,565,413	\$66.72
March 2020	65,139	56,293	1,157.1	\$4,511,382	\$80.14
April 2020	56,762	59,720	950.5	\$4,369,923	\$73.17
May 2020	59,383	61,701	962.4	\$4,239,455	\$68.71
June 2020	60,162	63,383	949.2	\$4,564,236	\$72.01
July 2020	61,038	64,518	946.1	\$4,604,187	\$71.36
August 2020	60,463	65,476	923.4	\$4,650,568	\$71.03
September 2020	61,514	66,845	920.2	\$4,750,361	\$71.07
October 2020	63,608	67,771	938.6	\$4,763,237	\$70.28
November 2020	60,744	68,660	884.7	\$4,704,133	\$68.51
December 2020	63,833	70,034	911.5	\$3,253,425	\$46.45

Encounter Data Timeliness

Table L-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-Lane dental encounters.

Table L-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: PSCS-Lane

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	91.1%	99.9%	100.0%	100.0%	100.0%
February 2020	61.6%	99.8%	99.9%	100.0%	100.0%	100.0%
March 2020	99.4%	99.5%	99.9%	100.0%	100.0%	100.0%
April 2020	98.6%	99.5%	99.9%	100.0%	100.0%	100.0%
May 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	96.0%	96.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
February 2021	0.0%	0.0%	50.0%	100.0%	100.0%	100.0%
March 2021	96.9%	96.9%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table L-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-Lane professional encounters.

Table L-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: PSCS-Lane

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	97.7%	99.7%	100.0%	100.0%	100.0%
February 2020	26.3%	97.6%	99.5%	100.0%	100.0%	100.0%
March 2020	97.1%	99.3%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.4%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	98.3%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.2%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	99.3%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	96.5%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2021	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table L-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-Lane inpatient encounters.

Table L-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: PSCS-Lane

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	42.3%	88.5%	100.0%	100.0%	100.0%	100.0%
March 2020	60.3%	96.6%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	88.3%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	92.1%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	94.9%	98.7%	100.0%	100.0%	100.0%	100.0%
September 2020	98.5%	99.2%	100.0%	100.0%	100.0%	100.0%
October 2020	95.8%	99.0%	99.0%	99.0%	99.0%	99.0%
November 2020	96.0%	99.0%	99.0%	99.0%	99.5%	100.0%
December 2020	96.8%	96.8%	96.8%	98.9%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	41.7%	97.2%	100.0%	100.0%	100.0%
March 2021	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table L-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-Lane outpatient encounters.

Table L-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: PSCS-Lane

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	27.4%	85.8%	98.6%	100.0%	100.0%	100.0%
March 2020	76.8%	94.3%	100.0%	100.0%	100.0%	100.0%
April 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	97.5%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	98.0%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	97.9%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	98.0%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	97.5%	99.9%	99.9%	99.9%	99.9%	100.0%
November 2020	97.9%	99.9%	99.9%	99.9%	99.9%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	97.5%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table L-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-Lane pharmacy encounters.

Table L-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: PSCS-Lane

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	0.1%	0.2%	71.8%	100.0%	100.0%
February 2020	2.0%	48.5%	67.6%	100.0%	100.0%	100.0%
March 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
October 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
November 2020	99.8%	99.8%	99.9%	100.0%	100.0%	100.0%
December 2020	99.8%	99.8%	100.0%	100.0%	100.0%	100.0%
January 2021	76.6%	77.4%	77.4%	100.0%	100.0%	100.0%
February 2021	92.1%	92.1%	100.0%	100.0%	100.0%	100.0%
March 2021	72.9%	93.8%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table L-11 provides lag triangles for PSCS-Lane dental encounters. Additional details provided include MM and claims PMPM.

Table L-11—Encounters Lag Triangle—Dental Encounters: PSCS-Lane

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	4,702	4,450	1,120										10,272
202004	384	747	2,015	126									3,272
202005	181	194	215	457	253								1,300
202006	63	57	53	48	1,156	389							1,766
202007	20	41	45	19	293	3,549	1,783						5,750
202008	10	11	8	6	31	62	2,587	935					3,650
202009	10	16	12	4	9	46	141	3,376	1,343				4,957

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202010	1	9	40	1	12	101	65	99	2,969	1,348			4,645
202011	7	21	29		16	13	29	218	139	3,585	1,151		5,208
202012	4	3	7	2	5	42	37	62	50	283	3,522	1,195	5,212
202103									3		3	7	13
202104								2	1	8	1	13	25
202105	7	8			6	3	2	3	5	3	9	10	56
202106						1	3	4	2	2	7	8	27
TOTAL	5,389	5,557	3,544	663	1,781	4,206	4,647	4,699	4,512	5,229	4,693	1,233	46,153
MM	48,024	53,437	56,293	59,720	61,701	63,383	64,518	65,476	66,845	67,771	68,660	70,034	745,862
PMPM	0.112	0.104	0.063	0.011	0.029	0.066	0.072	0.072	0.067	0.077	0.068	0.018	0.062

Table L-12 provides lag triangles for PSCS-Lane professional encounters. Additional details provided include MM and claims PMPM.

Table L-12—Encounters Lag Triangle—Professional Encounters: PSCS-Lane

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	43,618	48,530	19,204										111,352
202004	6,286	9,454	30,061	16,645									62,446
202005	3,136	4,140	7,581	28,823	20,047								63,727
202006	11,823	15,313	14,815	11,045	38,457	20,556							112,009
202007	346	774	2,840	3,287	9,238	54,640	31,854						102,979
202008	1,055	1,442	1,477	1,598	2,412	7,348	48,695	25,107					89,134
202009	310	359	563	546	1,049	1,871	6,461	54,073	34,354				99,586
202010	247	384	414	398	449	747	2,184	5,116	42,559	32,008			84,506
202011	751	3,784	3,325	2,468	1,815	2,166	1,065	1,733	6,126	51,507	26,605		101,345
202012	144	184	145	243	232	263	340	875	1,593	10,964	53,341	25,355	93,679
202103	19	38	36	3	9	10	11	22	48	93	116	251	656
202104	7	11	15	16	14	27	42	38	53	106	141	545	1,015
202105	199	223	231	225	330	396	311	331	414	506	539	829	4,534
202106	74	82	89	91	98	88	137	163	228	287	274	336	1,947
TOTAL	68,015	84,718	80,796	65,388	74,150	88,112	91,100	87,458	85,375	95,471	81,016	27,316	928,915
MM	48,024	53,437	56,293	59,720	61,701	63,383	64,518	65,476	66,845	67,771	68,660	70,034	745,862
PMPM	1.416	1.585	1.435	1.095	1.202	1.390	1.412	1.336	1.277	1.409	1.180	0.390	1.245

Table L-13 provides lag triangles for PSCS-Lane inpatient encounters. Additional details provided include MM and claims PMPM.

Table L-13—Encounters Lag Triangle—Inpatient Encounters: PSCS-Lane

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	30	25	3										58
202004	2	20	34	5									61
202005	6	19	35	29	8								97
202006	3	8	15	23	35	7							91
202007	2	7	8	11	50	75	6						159
202008	3	4	8	5	19	30	59	9					137
202009	14	19	25	20	22	30	62	79	13				284
202010	3	11	6	4	9	7	28	45	73	12			198
202011	2	1		3	2	4	6	10	53	57	13		151
202012	1	1	2		1	4		6	18	47	61	9	150
202103					1	2	3	9	1	2	3	13	34
202104	3	6	11	2	5	3	1	18	22	8	3	7	89
202105		1	1		2	1		1	8	6	12	14	46
202106			1		1	1	1	3		30	17	19	73
TOTAL	69	122	149	102	155	164	166	180	188	162	109	62	1,628
MM	48,024	53,437	56,293	59,720	61,701	63,383	64,518	65,476	66,845	67,771	68,660	70,034	745,862
PMPM	0.001	0.002	0.003	0.002	0.003	0.003	0.003	0.003	0.003	0.002	0.002	0.001	0.002

Table L-14 provides lag triangles for PSCS-Lane outpatient encounters. Additional details provided include MM and claims PMPM.

Table L-14—Encounters Lag Triangle—Outpatient Encounters: PSCS-Lane

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	2,161	2,406	888										5,455
202004	351	416	1,368	722									2,857
202005	346	638	778	955	1,546								4,263
202006	114	291	393	306	2,203	1,393							4,700
202007	47	76	136	175	560	3,427	1,978						6,399
202008	28	38	48	57	180	516	3,081	1,957					5,905
202009	953	1,037	971	711	1,187	1,522	2,154	3,891	2,472				14,898
202010	25	34	45	66	107	182	439	989	3,398	1,481			6,766
202011	25	28	35	50	97	192	288	592	1,362	3,908	1,710		8,287
202012	70	119	123	101	91	140	97	181	562	2,524	4,532	2,144	10,684
202103			2	1	3	1	3	9	4	3	10	28	64
202104	3	1	1	2	4	3	5	9	10	16	24	45	123

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202105	1	2	6	10	5	6	17	26	20	35	44	60	232
202106	1		1	7	5	9	9	13	11	17	22	32	127
TOTAL	4,125	5,086	4,795	3,163	5,988	7,391	8,071	7,667	7,839	7,984	6,342	2,309	70,760
MM	48,024	53,437	56,293	59,720	61,701	63,383	64,518	65,476	66,845	67,771	68,660	70,034	745,862
PMPM	0.086	0.095	0.085	0.053	0.097	0.117	0.125	0.117	0.117	0.118	0.092	0.033	0.095

Table L-15 provides lag triangles for PSCS-Lane pharmacy encounters. Additional details provided include MM and claims PMPM.

Table L-15—Encounters Lag Triangle—Pharmacy Encounters: PSCS-Lane

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	123	25,935	45,983										72,041
202004	11	19	18,982	47,051									66,063
202005	45,209	27,164	97	9,609	45,601								127,680
202006	28	33	5	34	13,680	40,991							54,771
202007	4		6	10	17	19,062	49,372						68,471
202008				3	15	9	11,547	43,426					55,000
202009					2	21	32	16,939	43,156				60,150
202010					6	3	10	30	18,166	49,532			67,747
202011	1		1	1	1	1	8	5	44	13,881	44,655		58,598
202012			1	1				11	12	35	15,863	52,916	68,839
202101									5	5	17	10,639	10,666
202102									43	77	102	126	348
202103			2	1	4	2	6	6	5	10	8	14	58
202104												1	1
202105				1	2	3		3	3	3	11	66	92
202106												5	5
TOTAL	45,376	53,151	65,077	56,711	59,328	60,092	60,975	60,420	61,434	63,543	60,656	63,767	710,530
MM	48,024	53,437	56,293	59,720	61,701	63,383	64,518	65,476	66,845	67,771	68,660	70,034	745,862
PMPM	0.945	0.995	1.156	0.950	0.962	0.948	0.945	0.923	0.919	0.938	0.883	0.911	0.953

Field-Level Completeness and Accuracy

Table L-16 provides a summary of the field-level completeness and accuracy for PSCS-Lane dental encounters.

Table L-16—Data Element Completeness and Accuracy for Dental Encounters: PSCS-Lane

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	46,153	46,153	100.0%	46,153	46,129	99.9%
Header First Date of Service	46,153	46,153	100.0%	46,153	46,153	100.0%
Header Last Date of Service	46,153	46,153	100.0%	46,153	46,153	100.0%
Detail First Date of Service	177,470	177,470	100.0%	177,470	177,470	100.0%
Detail Last Date of Service	177,470	177,470	100.0%	177,470	177,470	100.0%
Paid Date	177,470	177,470	100.0%	177,470	177,470	100.0%
Billing Provider NPI	46,153	46,153	100.0%	46,153	45,618	98.8%
Rendering Provider NPI	46,153	46,153	100.0%	46,153	44,880	97.2%
Referring Provider NPI	46,153	46,153	100.0%	46,153	44,880	97.2%
CDT Codes	177,470	177,470	100.0%	177,470	177,470	100.0%
Tooth Number	177,470	87,213	49.1%	87,213	87,213	100.0%
Tooth Surface Codes	177,470	18,121	10.2%	35,498	35,498	100.0%
Oral Cavity Codes	177,470	59,529	33.5%	59,529	59,529	100.0%

Table L-17 provides a summary of the field-level completeness and accuracy for PSCS-Lane professional encounters.

Table L-17—Data Element Completeness and Accuracy for Professional Encounters: PSCS-Lane

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	928,915	928,915	100.0%	928,915	928,402	99.9%
Header First Date of Service	928,915	928,915	100.0%	928,915	928,915	100.0%
Header Last Date of Service	928,915	928,915	100.0%	928,915	928,915	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	1,423,222	1,423,222	100.0%	1,423,222	1,423,222	100.0%
Detail Last Date of Service	1,423,222	1,423,222	100.0%	1,423,222	1,423,222	100.0%
Paid Date	1,423,222	1,423,222	100.0%	1,423,222	1,423,222	100.0%
Billing Provider NPI	928,915	928,915	100.0%	928,915	760,344	81.9%
Rendering Provider NPI	928,915	928,893	100.0%	928,893	863,504	93.0%
Referring Provider NPI	928,915	928,893	100.0%	928,893	863,504	93.0%
Primary Diagnosis Codes	928,915	928,915	100.0%	928,915	928,915	100.0%
Secondary Diagnosis Codes	928,915	435,280	46.9%	845,280	845,278	100.0%
CPT/HCPCS Codes	1,423,222	1,423,222	100.0%	1,423,222	1,423,191	100.0%
NDC	1,423,222	64,522	4.5%	64,522	63,670	98.7%

Table L-18 provides a summary of the field-level completeness and accuracy for PSCS-Lane inpatient encounters.

Table L-18—Data Element Completeness and Accuracy for Inpatient Encounters: PSCS-Lane

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	1,628	1,628	100.0%	1,628	1,621	99.6%
Header First Date of Service	1,628	1,628	100.0%	1,628	1,628	100.0%
Header Last Date of Service	1,628	1,628	100.0%	1,628	1,628	100.0%
Paid Date	18,002	18,002	100.0%	18,002	18,002	100.0%
Billing Provider NPI	1,628	1,628	100.0%	1,628	1,593	97.9%
Rendering Provider NPI	1,628	1,628	100.0%	1,628	1,583	97.2%
Attending Provider NPI	1,628	1,628	100.0%	1,628	1,583	97.2%
Referring Provider NPI	1,628	753	46.3%	753	689	91.5%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	1,628	1,628	100.0%	1,628	1,628	100.0%
Secondary Diagnosis Codes	1,628	1,587	97.5%	4,574	4,574	100.0%
Primary Surgical Procedure Codes	1,628	736	45.2%	736	736	100.0%
Secondary Surgical Procedure Codes	1,628	420	25.8%	832	832	100.0%
CPT/HCPCS Codes	18,002	3	0.0%	3	3	100.0%
Diagnosis-Related Groups Codes	1,628	1,628	100.0%	1,628	1,609	98.8%
Revenue Codes	18,002	18,002	100.0%	18,002	18,002	100.0%
NDC	18,002	1,824	10.1%	1,824	1,799	98.6%
Type of Bill Codes	1,628	1,628	100.0%	1,628	1,628	100.0%

Table L-19 provides a summary of the field-level completeness and accuracy for PSCS-Lane outpatient encounters.

Table L-19—Data Element Completeness and Accuracy for Outpatient Encounters: PSCS-Lane

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	70,760	70,760	100.0%	70,760	70,726	100.0%
Header First Date of Service	70,760	70,760	100.0%	70,760	70,760	100.0%
Header Last Date of Service	70,760	70,760	100.0%	70,760	70,760	100.0%
Paid Date	378,535	378,535	100.0%	378,535	378,535	100.0%
Billing Provider NPI	70,760	70,760	100.0%	70,760	69,647	98.4%
Rendering Provider NPI	70,760	70,760	100.0%	70,760	67,567	95.5%
Attending Provider NPI	70,760	70,760	100.0%	70,760	67,567	95.5%
Primary Diagnosis Codes	70,760	70,760	100.0%	70,760	70,760	100.0%
Secondary Diagnosis Codes	70,760	49,372	69.8%	109,218	109,218	100.0%
CPT/HCPCS Codes	378,535	344,528	91.0%	344,528	344,528	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	378,535	378,535	100.0%	378,535	378,535	100.0%
NDC	378,535	52,865	14.0%	52,865	52,083	98.5%
Type of Bill Codes	70,760	70,760	100.0%	70,760	70,760	100.0%

Table L-20 provides a summary of the field-level completeness and accuracy for PSCS-Lane pharmacy encounters.

Table L-20—Data Element Completeness and Accuracy for Pharmacy Encounters: PSCS-Lane

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	710,530	710,530	100.0%	710,530	710,087	99.9%
Date of Service	710,530	710,530	100.0%	710,530	710,530	100.0%
Paid Date	710,530	710,530	100.0%	710,530	710,530	100.0%
Billing Provider NPI	710,530	710,530	100.0%	710,530	512,815	72.2%
Prescribing Provider NPI	710,530	710,527	100.0%	710,527	687,756	96.8%
NDC	711,290	711,290	100.0%	711,290	709,729	99.8%

Comparative Analysis

This section presents the PSCS-Lane results for the comparative analysis.

Table L-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	217,484	1,232	0.6%	220,991	4,739	2.1%
Professional	1,699,590	19,125	1.1%	1,680,724	259	0.0%
Institutional	583,762	31,563	5.4%	555,723	3,524	0.6%
Pharmacy	779,697	37,970	4.9%	753,865	12,138	1.6%

Table L-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	216,252	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	216,252	35	0.0%	0	0.0%	0	0.0%
Detail Service From Date	216,252	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	216,252	0	0.0%	0	0.0%	0	0.0%
Member ID	216,252	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	216,252	148	0.1%	148	0.1%	144,736	66.9%
Oral Cavity Code 2	216,252	0	0.0%	0	0.0%	216,252	100.0%
Oral Cavity Code 3	216,252	0	0.0%	0	0.0%	216,252	100.0%
Oral Cavity Code 4	216,252	0	0.0%	0	0.0%	216,252	100.0%
Oral Cavity Code 5	216,252	0	0.0%	0	0.0%	216,252	100.0%
Procedure Code	216,252	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	216,252	26	0.0%	38,955	18.0%	5	0.0%
Tooth Number	216,252	4,507	2.1%	4,513	2.1%	108,070	50.0%
Tooth Surface 1	216,252	1,349	0.6%	1,350	0.6%	194,081	89.7%
Tooth Surface 2	216,252	765	0.4%	765	0.4%	202,461	93.6%
Tooth Surface 3	216,252	284	0.1%	284	0.1%	211,327	97.7%
Tooth Surface 4	216,252	110	0.1%	110	0.1%	214,605	99.2%
Tooth Surface 5	216,252	51	0.0%	51	0.0%	215,757	99.8%

Table L-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,680,465	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	1,680,465	3,102	0.2%	0	0.0%	0	0.0%
Primary Diagnosis Code	1,680,465	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,680,465	0	0.0%	6	0.0%	794,796	47.3%
Detail Service From Date	1,680,465	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,680,465	0	0.0%	0	0.0%	0	0.0%
Member ID	1,680,465	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,680,465	2	0.0%	37	0.0%	824,042	49.0%
NDC	1,680,465	255	0.0%	1	0.0%	1,607,372	95.7%
Procedure Code	1,680,465	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,680,465	2,488	0.1%	518,304	30.8%	1,165	0.1%

Table L-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	552,199	944	0.2%	0	0.0%	193	0.0%
Amount Paid	552,199	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	552,199	6,337	1.1%	0	0.0%	0	0.0%
Billing Provider NPI	552,199	624	0.1%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	552,199	73	0.0%	40,426	7.3%	496,239	89.9%
Primary Diagnosis Code	552,199	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	552,199	0	0.0%	216	0.0%	73,337	13.3%
Header Service From Date	552,199	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	552,199	0	0.0%	0	0.0%	0	0.0%
Member ID	552,199	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	552,199	3	0.0%	45	0.0%	469,750	85.1%
NDC	552,199	10,517	1.9%	2	0.0%	459,574	83.2%
Procedure Code	552,199	4	0.0%	13	0.0%	103,216	18.7%
Revenue Code	552,199	924	0.2%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	552,199	0	0.0%	0	0.0%	519,502	94.1%
Secondary Surgical Procedure Code	552,199	0	0.0%	38	0.0%	530,836	96.1%

Table L-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	741,727	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	741,727	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	741,727	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	741,727	0	0.0%	741,727	100.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	741,727	0	0.0%	0	0.0%	0	0.0%
Member ID	741,727	0	0.0%	0	0.0%	0	0.0%
NDC	741,727	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	741,727	3	0.0%	0	0.0%	0	0.0%

Table L-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	216,252	216,252	100.0%
Detail Service From Date	216,252	216,098	99.9%
Detail Service To Date	216,252	215,958	99.9%
Billing Provider NPI	216,217	216,207	100.0%
Rendering Provider NPI	177,266	177,266	100.0%
Procedure Code	216,252	203,767	94.2%
Tooth Number	99,162	97,045	97.9%
Oral Cavity Code 1	71,220	71,209	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	19,472	19,149	98.3%
Tooth Surface 2	12,261	12,169	99.2%
Tooth Surface 3	4,357	4,341	99.6%
Tooth Surface 4	1,427	1,419	99.4%
Tooth Surface 5	393	386	98.2%
Amount Paid	216,252	216,252	100.0%

* -- denotes that there are no records with values present in both data sources

Table L-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,680,465	1,680,465	100.0%
Detail Service From Date	1,680,465	1,680,464	100.0%
Detail Service To Date	1,680,465	1,680,464	100.0%
Billing Provider NPI	1,677,363	1,676,768	100.0%
Rendering Provider NPI	1,158,508	1,158,472	100.0%
Primary Diagnosis Code	1,680,465	1,680,465	100.0%
Secondary Diagnosis Code	885,663	885,656	100.0%
Procedure Code	1,680,465	1,680,318	100.0%
Procedure Code Modifier	856,384	856,381	100.0%
NDC	72,837	72,836	100.0%
Amount Paid	1,680,465	1,680,416	100.0%

Table L-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	552,199	552,199	100.0%
Header Service From Date	552,199	552,184	100.0%
Header Service To Date	552,199	552,104	100.0%
Admission Date	551,062	550,832	100.0%
Billing Provider NPI	551,575	551,575	100.0%
Attending Provider NPI	545,862	545,763	100.0%
Primary Diagnosis Code	552,199	552,199	100.0%
Secondary Diagnosis Code	478,646	478,631	100.0%
Procedure Code	448,966	448,940	100.0%
Procedure Code Modifier	82,401	82,398	100.0%
Primary Surgical Procedure Code	32,697	32,697	100.0%
Secondary Surgical Procedure Code	21,325	21,325	100.0%
NDC	82,106	82,106	100.0%
Revenue Code	551,275	551,244	100.0%
Diagnosis-Related Group (DRG) Code	15,461	15,130	97.9%
Amount Paid	552,199	551,988	100.0%

Table L-29—Element Accuracy—Pharmacy Encounters

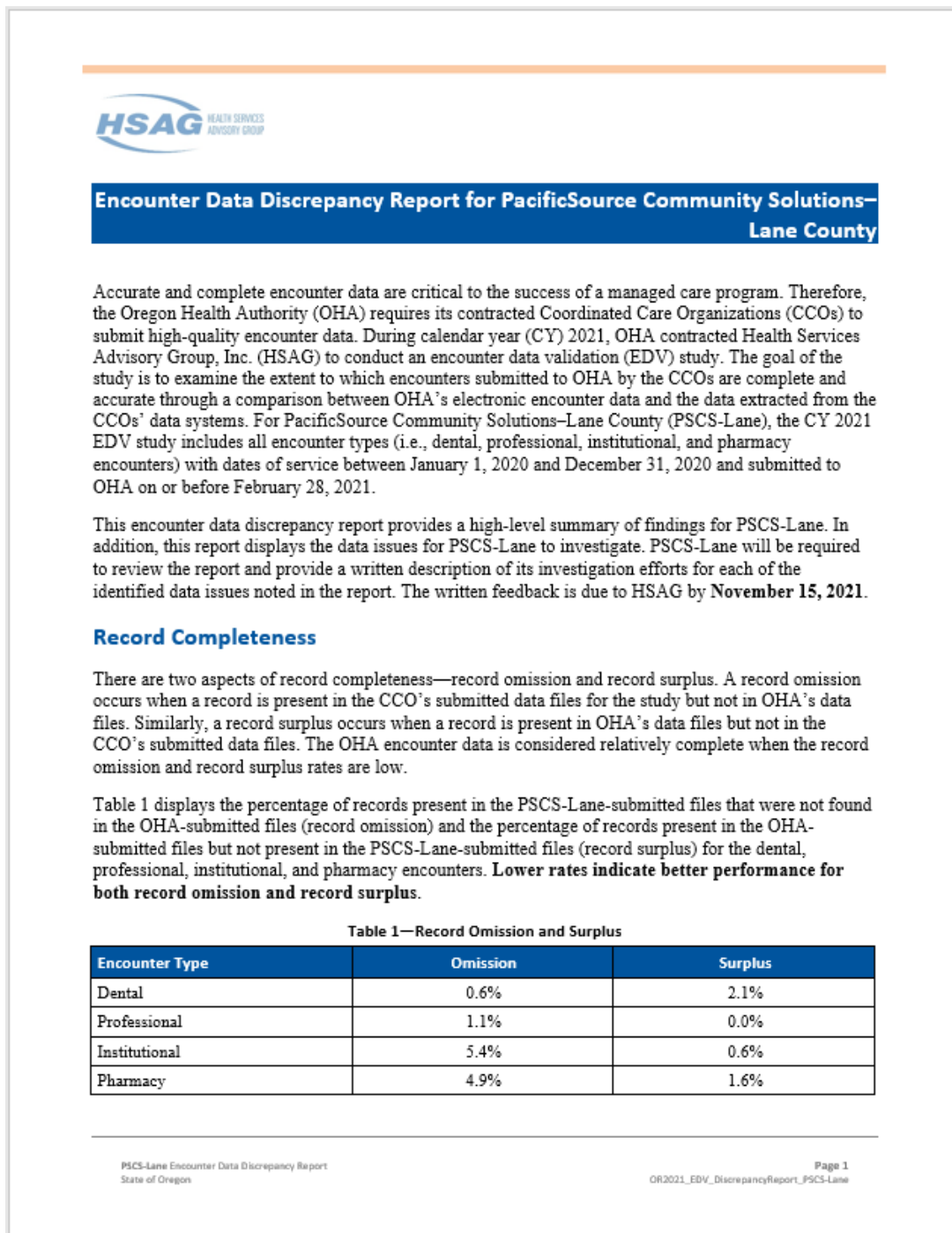
Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	741,727	741,727	100.0%
Header Service From Date	741,727	741,727	100.0%
Billing Provider NPI	741,727	741,727	100.0%
Prescribing Provider NPI	741,724	741,724	100.0%
NDC	741,727	741,727	100.0%
Drug Quantity	741,727	709,281	95.6%
Amount Paid	741,727	741,727	100.0%
Dispensing Fee	0	0	--*

Table L-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	216,252	202,144	93.5%
Professional	1,680,465	1,676,270	99.8%
Institutional	552,199	494,640	89.6%
Pharmacy	741,727	709,278	95.6%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for PSCS-Lane with its response.



The screenshot shows a report titled "Encounter Data Discrepancy Report for PacificSource Community Solutions—Lane County". It includes an introduction paragraph, a "Record Completeness" section, and a table titled "Table 1—Record Omission and Surplus".

Encounter Data Discrepancy Report for PacificSource Community Solutions—Lane County

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For PacificSource Community Solutions—Lane County (PSCS-Lane), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for PSCS-Lane. In addition, this report displays the data issues for PSCS-Lane to investigate. PSCS-Lane will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the PSCS-Lane-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the PSCS-Lane-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.6%	2.1%
Professional	1.1%	0.0%
Institutional	5.4%	0.6%
Pharmacy	4.9%	1.6%

PSCS-Lane Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_PSCS-Lane



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-LANE

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental and professional encounters, as each rate was at or less than 2.1 percent.
- For institutional encounters, the record surplus rate was very low at 0.6 percent, while the record omission rate was high at 5.4 percent, indicating that a large number of encounters included in the PSCS-Lane submission were not found in the OHA-submitted data for the study.
- For pharmacy encounters, the record surplus rate was low at 1.6 percent, while the record omission rate was higher at 4.9 percent. The high pharmacy omission rate was due to encounters with no ICN or original ICN field values in the PSCS-Lane data submission for the study. In its response to the File Review document provided to PSCS-Lane regarding its initial data submission, PSCS-Lane explained that this was due to not receiving an ICN from OHA for the B2 transactions. However, it is expected that these could be matched by the original ICN if that field was not also blank for these encounters.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays PSCS-Lane's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	99.9%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	18.0%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	94.2%
Tooth Number	2.1%	2.1%	50.0%	97.9%
Oral Cavity Code 1	0.1%	0.1%	66.9%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.6%	0.6%	89.7%	98.3%
Tooth Surface 2	0.4%	0.4%	93.6%	99.2%
Tooth Surface 3	0.1%	0.1%	97.7%	99.6%
Tooth Surface 4	0.1%	0.1%	99.2%	99.4%
Tooth Surface 5	0.0%	0.0%	99.8%	98.2%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 2.1 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
- The element surplus rate for data element *Rendering provider NPI* was high at 18.1 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-Lane-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-LANE

- The dental encounter data element accuracy rates were very high (i.e., at least 97.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-Lane-submitted data), except for the *Procedure Code* data element, with accuracy rate of 94.2 percent.

Professional Encounters

Table 3 displays PSCS-Lane’s data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.2%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.1%	30.8%	0.1%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	47.3%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	49.0%	100.0%
National Drug Code (NDC)	0.0%	0.0%	95.7%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.2 percent) for all professional encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI* data element.
 - The element surplus rate for data element *Rendering provider NPI* was very high at 30.8 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA’s internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-Lane-submitted data, had the same values as the billing provider NPIs.
- The professional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all encounter data elements that had values populated in both sources (i.e., OHA- and PSCS-Lane-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-LANE

Institutional Encounters

Table 4 displays PSCS-Lane’s data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.2%	0.0%	0.0%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Attending Provider NPI	1.1%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	13.3%	100.0%
Procedure Code	0.0%	0.0%	18.7%	100.0%
Procedure Code Modifier	0.0%	0.0%	85.1%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	94.1%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	96.1%	100.0%
NDC	1.9%	0.0%	83.2%	100.0%
Revenue Code	0.2%	0.0%	0.0%	100.0%
Diagnosis-Related Group (DRG) Code	0.0%	7.3%	89.9%	97.9%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 1.9 percent) for all institutional encounter data elements that were evaluated, except for the element omission rate associated with the *DRG Code* data element.
 - The element surplus rate for data element *DRG Code* was high at 7.3 percent. It appears that in general, among records that matched between the two sources (i.e., OHA- and PSCS-Lane-submitted data), the DRG code field was more populated in the OHA-submitted data compared to the PSCS-Lane -submitted data. This, consequently, resulted in the higher surplus rate for the data element *DRG Code*.
- The institutional encounter data element accuracy rates were very high (i.e., 100.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-Lane-submitted data), except for the *DRG Code* data element, with an accuracy rate of 97.9 percent.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-LANE

Among records where the DRG had different values when populated and compared between the two sources, HSAG was not able to determine any specific patterns or root cause for the discrepancy.

Pharmacy Encounters

Table 5 displays PSCS-Lane’s data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	95.6%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	100.0%	0.0%	--

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated, except for surplus rate associated with the *Dispensing Fee* data element. PSCS-Lane populated the dispensing fee field with “NULL” values, while the OHA-submitted data had this field populated with values of \$0, \$8.72, \$9.8, and \$17.67.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* data element, with an accuracy rate of 95.6 percent.
- For data element *Drug Quantity*, among records where the PSCS-Lane-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that all of the *Drug Quantity* data element in the PSCS-Lane-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.

Next Steps

- Based on the key findings, PSCS-Lane is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO’s investigation efforts to determine the root cause of the identified discrepancies, if needed.

- Please upload/completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	PSCS-Lane's Investigation Efforts and Explanations
Table 1	Institutional record omission rate (5.4 percent)	The review of the institutional omission examples provided by HSAG indicated that the claims submitted by PacificSource were correctly included per the HSAG audit criteria. It has been determined that the examples provided by HSAG are within the OHA claims processing system which makes it unclear as to why they were not included in the OHA submitted data.
Table 2	Procedure Code accuracy rate for dental encounters (94.2 percent)	The review of the discrepant examples provided by HSAG revealed that HSAG compared the record line procedure codes sequentially which in most cases produces accurate results however in some instances the Line item control number (Ref*6R) from our database which was sent to HSAG. If HSAG were to compare Line item control number matching versus sequence number the procedure codes would be identical.
Table 4	DRG code surplus rate (7.3 percent) for institutional encounters	The review of examples provided by HSAG for DRG surplus led our team to a logic mapping error. We discovered that there are two database columns that can reflect DRG data within the back end of the system. For the mapping of the encounter claims, only one column was mapped for this DRG data. As a result, when DRG information was present on the column that we didn't have mapped, it turned up missing in the Encounter data. In the future we will map this data using both of these columns so we don't have this discrepancy going forward.

Table	Discrepancy Item	PSCS-Lane's Investigation Efforts and Explanations
Table 5	Dispensing fee surplus rate (100.0 percent) for pharmacy encounters	During our review of the Dispensing fee surplus rate it was determined that our normal weekly NCPDP file submissions to OHA do not contain a dispensing fee amount. When the question was brought to OHA how there is a dispensing fee in their data but not in our files, OHA indicated that the dispensing fee is calculated and populated by their claims processing system.

Appendix M. Results for PacificSource Community Solutions–Marion Polk

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for PacificSource Community Solutions–Marion Polk (PSCS-MP).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table M-1 provides encounter volume and paid amount results for PSCS-MP dental encounters.

Table M-1—Encounter Volume and Paid Amount for Dental Encounters: PSCS-MP

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	8,128	101,069	80.4	\$774,961	\$7.67
February 2020	10,231	101,551	100.7	\$739,504	\$7.28
March 2020	6,238	102,840	60.7	\$555,137	\$5.40
April 2020	1,006	104,529	9.6	\$184,274	\$1.76
May 2020	3,331	107,726	30.9	\$333,094	\$3.09
June 2020	7,386	109,496	67.5	\$553,836	\$5.06
July 2020	9,274	110,618	83.8	\$718,534	\$6.50
August 2020	9,237	111,544	82.8	\$687,859	\$6.17
September 2020	8,564	113,233	75.6	\$694,513	\$6.13
October 2020	9,612	114,175	84.2	\$802,819	\$7.03
November 2020	7,185	115,014	62.5	\$637,143	\$5.54
December 2020	1,865	116,869	16.0	\$126,482	\$1.08

Table M-2 provides encounter volume and paid amount results for PSCS-MP professional encounters.

Table M-2—Encounter Volume and Paid Amount for Professional Encounters: PSCS-MP

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	126,501	101,069	1,251.6	\$14,802,914	\$146.46
February 2020	130,712	101,551	1,287.2	\$14,604,180	\$143.81
March 2020	117,553	102,840	1,143.1	\$13,191,080	\$128.27
April 2020	95,686	104,529	915.4	\$11,093,826	\$106.13
May 2020	105,632	107,726	980.6	\$12,637,512	\$117.31
June 2020	117,672	109,496	1,074.7	\$14,658,530	\$133.87
July 2020	123,276	110,618	1,114.4	\$15,241,098	\$137.78
August 2020	120,699	111,544	1,082.1	\$14,678,345	\$131.59
September 2020	116,233	113,233	1,026.5	\$14,368,508	\$126.89
October 2020	127,182	114,175	1,113.9	\$15,356,883	\$134.50
November 2020	103,113	115,014	896.5	\$12,746,906	\$110.83
December 2020	35,897	116,869	307.2	\$4,256,440	\$36.42

Table M-3 provides encounter volume and paid amount results for PSCS-MP inpatient encounters.

Table M-3—Encounter Volume and Paid Amount for Inpatient Encounters: PSCS-MP

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	632	101,069	6.3	\$3,959,861	\$39.18
February 2020	681	101,551	6.7	\$5,161,572	\$50.83
March 2020	683	102,840	6.6	\$4,700,405	\$45.71
April 2020	559	104,529	5.3	\$4,694,765	\$44.91
May 2020	661	107,726	6.1	\$5,037,739	\$46.76
June 2020	648	109,496	5.9	\$5,501,435	\$50.24
July 2020	796	110,618	7.2	\$6,225,915	\$56.28
August 2020	757	111,544	6.8	\$6,669,199	\$59.79
September 2020	715	113,233	6.3	\$6,082,725	\$53.72
October 2020	715	114,175	6.3	\$5,743,220	\$50.30
November 2020	589	115,014	5.1	\$5,072,635	\$44.10
December 2020	298	116,869	2.5	\$3,047,785	\$26.08

Table M-4 provides encounter volume and paid amount results for PSCS-MP outpatient encounters.

Table M-4—Encounter Volume and Paid Amount for Outpatient Encounters: PSCS-MP

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	13,659	101,069	135.1	\$5,140,827	\$50.86
February 2020	13,290	101,551	130.9	\$4,830,536	\$47.57
March 2020	10,919	102,840	106.2	\$3,865,825	\$37.59
April 2020	7,317	104,529	70.0	\$2,904,069	\$27.78
May 2020	9,982	107,726	92.7	\$4,020,941	\$37.33
June 2020	11,788	109,496	107.7	\$4,468,611	\$40.81
July 2020	12,715	110,618	114.9	\$4,808,235	\$43.47
August 2020	12,887	111,544	115.5	\$4,828,547	\$43.29
September 2020	12,089	113,233	106.8	\$4,392,595	\$38.79
October 2020	12,462	114,175	109.1	\$4,406,180	\$38.59
November 2020	9,706	115,014	84.4	\$3,578,037	\$31.11
December 2020	3,046	116,869	26.1	\$1,000,647	\$8.56

Table M-5 provides encounter volume and paid amount results for PSCS-MP pharmacy encounters.

Table M-5—Encounter Volume and Paid Amount for Pharmacy Encounters: PSCS-MP

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	77,045	101,069	762.3	\$4,994,184	\$49.41
February 2020	75,222	101,551	740.7	\$5,491,713	\$54.08
March 2020	83,525	102,840	812.2	\$6,261,718	\$60.89
April 2020	69,597	104,529	665.8	\$5,471,762	\$52.35
May 2020	71,138	107,726	660.4	\$5,390,361	\$50.04
June 2020	72,750	109,496	664.4	\$5,584,321	\$51.00
July 2020	74,275	110,618	671.5	\$5,766,845	\$52.13
August 2020	73,507	111,544	659.0	\$5,326,164	\$47.75
September 2020	74,682	113,233	659.5	\$5,589,691	\$49.36
October 2020	78,471	114,175	687.3	\$5,741,138	\$50.28
November 2020	74,197	115,014	645.1	\$5,574,515	\$48.47
December 2020	78,671	116,869	673.2	\$3,770,541	\$32.26

Encounter Data Timeliness

Table M-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-MP dental encounters.

Table M-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: PSCS-MP

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	92.5%	99.9%	99.9%	99.9%	100.0%
February 2020	70.1%	99.4%	99.9%	100.0%	100.0%	100.0%
March 2020	99.8%	99.8%	99.9%	100.0%	100.0%	100.0%
April 2020	98.9%	99.0%	99.5%	100.0%	100.0%	100.0%
May 2020	99.6%	99.8%	99.9%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
January 2021	0.0%	0.0%	14.3%	71.4%	100.0%	100.0%
February 2021	0.0%	0.0%	66.7%	66.7%	100.0%	100.0%
March 2021	96.0%	96.0%	96.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table M-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-MP professional encounters.

Table M-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: PSCS-MP

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	98.0%	99.0%	100.0%	100.0%	100.0%
February 2020	25.9%	98.0%	99.2%	100.0%	100.0%	100.0%
March 2020	96.5%	99.2%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	97.9%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	98.6%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.6%	2.8%	52.5%	100.0%	100.0%
March 2021	99.2%	99.4%	99.6%	100.0%	100.0%	100.0%
April 2021	93.2%	99.8%	100.0%	100.0%	100.0%	100.0%
May 2021	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table M-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-MP inpatient encounters.

Table M-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: PSCS-MP

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	60.3%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	98.8%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	98.0%	99.8%	100.0%	100.0%	100.0%	100.0%
July 2020	97.9%	99.8%	100.0%	100.0%	100.0%	100.0%
August 2020	98.5%	99.8%	99.9%	99.9%	99.9%	99.9%
September 2020	96.9%	99.5%	99.7%	99.8%	99.8%	99.8%
October 2020	98.1%	99.7%	99.7%	99.7%	99.7%	99.7%
November 2020	96.9%	99.6%	99.6%	99.6%	99.7%	100.0%
December 2020	99.4%	99.4%	99.4%	99.8%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
February 2021	0.0%	71.4%	85.7%	85.7%	100.0%	100.0%
March 2021	98.6%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table M-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-MP outpatient encounters.

Table M-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: PSCS-MP

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	99.4%	99.7%	100.0%	100.0%	100.0%
February 2020	60.0%	99.7%	100.0%	100.0%	100.0%	100.0%
March 2020	99.2%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	98.7%	99.9%	100.0%	100.0%	100.0%	100.0%
July 2020	99.2%	99.9%	100.0%	100.0%	100.0%	100.0%
August 2020	99.1%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	98.5%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	98.1%	99.9%	99.9%	99.9%	99.9%	100.0%
November 2020	99.0%	99.9%	99.9%	99.9%	99.9%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	60.0%	100.0%	100.0%
March 2021	98.5%	99.4%	100.0%	100.0%	100.0%	100.0%
April 2021	98.5%	99.8%	100.0%	100.0%	100.0%	100.0%
May 2021	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table M-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for PSCS-MP pharmacy encounters.

Table M-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: PSCS-MP

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	0.1%	0.2%	82.9%	100.0%	100.0%
February 2020	18.6%	47.9%	75.1%	99.9%	100.0%	100.0%
March 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
October 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
November 2020	99.9%	99.9%	99.9%	100.0%	100.0%	100.0%
December 2020	99.8%	99.9%	99.9%	99.9%	100.0%	100.0%
January 2021	74.5%	74.5%	74.5%	99.2%	100.0%	100.0%
February 2021	73.3%	73.3%	100.0%	100.0%	100.0%	100.0%
March 2021	77.8%	88.9%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table M-11 provides lag triangles for PSCS-MP dental encounters. Additional details provided include MM and claims PMPM.

Table M-11—Encounters Lag Triangle—Dental Encounters: PSCS-MP

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	7,276	8,159	1,853										17,288
202004	329	1,356	3,671	210									5,566
202005	542	747	500	627	507								2,923
202006	45	50	184	117	2,287	1,105							3,788
202007	45	43	52	26	509	5,177	2,310						8,162
202008	19	19	46	16	77	646	6,471	1,802					9,096
202009	29	12	13	10	100	568	529	7,114	2,340				10,715

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202010	13	18	12	7	10	45	100	361	5,612	1,662			7,840
202011	18	13	21	7	12	24	50	73	608	7,537	1,878		10,241
202012	10	5	8	4	1	13	14	69	108	498	5,369	1,826	7,925
202103							3	2	2	2	5	4	18
202104	1					2	1		5	8	8	19	44
202105	4	2	4		3		2	7	11	26	29	35	123
202106	1					1	2	4	3	4	13	4	32
TOTAL	8,332	10,424	6,364	1,024	3,506	7,581	9,482	9,432	8,689	9,737	7,302	1,888	83,761
MM	101,069	101,551	102,840	104,529	107,726	109,496	110,618	111,544	113,233	114,175	115,014	116,869	1,308,664
PMPM	0.082	0.103	0.062	0.010	0.033	0.069	0.086	0.085	0.077	0.085	0.063	0.016	0.064

Table M-12 provides lag triangles for PSCS-MP professional encounters. Additional details provided include MM and claims PMPM.

Table M-12—Encounters Lag Triangle—Professional Encounters: PSCS-MP

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	108,242	88,655	29,422										226,319
202004	14,988	36,873	65,838	17,707									135,406
202005	8,811	9,948	20,886	55,949	34,426								130,020
202006	3,422	3,687	6,412	16,897	57,469	30,821							118,708
202007	2,501	2,784	2,693	5,899	13,467	78,544	38,856						144,744
202008	1,813	1,850	2,309	3,246	4,372	13,797	74,159	33,153					134,699
202009	641	619	687	885	1,449	3,325	18,180	80,473	47,064				153,323
202010	2,723	2,564	2,452	2,429	2,851	1,261	2,556	14,139	60,378	38,778			130,131
202011	612	609	459	416	537	617	1,352	3,170	18,083	84,486	38,024		148,365
202012	494	368	411	546	383	597	866	1,331	2,880	16,952	73,323	34,523	132,674
202103	15	12	10	528	13	73	41	1,261	17	67	1,082	1,052	4,171
202104	51	32	25	31	44	69	87	110	145	168	212	740	1,714
202105	118	154	123	220	483	488	292	263	233	345	613	1,109	4,441
202106	33	29	28	46	135	242	200	167	230	311	342	558	2,321
TOTAL	144,464	148,184	131,755	104,799	115,629	129,834	136,589	134,067	129,030	141,107	113,596	37,982	1,467,036
MM	101,069	101,551	102,840	104,529	107,726	109,496	110,618	111,544	113,233	114,175	115,014	116,869	1,308,664
PMPM	1.429	1.459	1.281	1.003	1.073	1.186	1.235	1.202	1.140	1.236	0.988	0.325	1.121

Table M-13 provides lag triangles for PSCS-MP inpatient encounters. Additional details provided include MM and claims PMPM.

Table M-13—Encounters Lag Triangle—Inpatient Encounters: PSCS-MP

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	482	440	141										1,063
202004	78	139	353	137									707
202005	17	40	100	230	135								522
202006	11	28	40	96	269	36							480
202007	10	9	15	48	139	344	127						692
202008	4	10	9	19	56	155	425	115					793
202009	1	6	3	11	24	41	147	379	179				791
202010	24	7	17	11	18	46	63	159	324	119			788
202011	2	1	3	1	12	10	11	23	104	358	110		635
202012		1		3	1	11	4	6	27	135	358	135	681
202103			1	1	1	1	9	27	4	1	2	16	63
202104	2	1	1	1		1	3	28	50	8	7	12	114
202105		1	1	1	7	2	7	16	26	65	80	115	321
202106	1	1	1	1		3		4	2	29	32	20	94
TOTAL	632	684	685	560	662	650	796	757	716	715	589	298	7,744
MM	101,069	101,551	102,840	104,529	107,726	109,496	110,618	111,544	113,233	114,175	115,014	116,869	1,308,664
PMPM	0.006	0.007	0.007	0.005	0.006	0.006	0.007	0.007	0.006	0.006	0.005	0.003	0.006

Table M-14 provides lag triangles for PSCS-MP outpatient encounters. Additional details provided include MM and claims PMPM.

Table M-14—Encounters Lag Triangle—Outpatient Encounters: PSCS-MP

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202003	7,156	8,042	2,893										18,091
202004	1,752	2,127	5,166	2,101									11,146
202005	998	1,177	830	2,903	2,852								8,760
202006	182	212	338	698	4,540	2,500							8,470
202007	2,081	641	522	503	1,174	6,777	3,527						15,225
202008	242	188	197	119	288	1,128	6,035	2,872					11,069
202009	51	58	121	249	264	531	1,867	6,923	3,646				13,710
202010	1,050	817	751	531	697	676	994	2,123	6,172	2,861			16,672
202011	212	128	176	193	230	169	230	829	1,921	5,706	2,974		12,768
202012	53	36	17	32	26	64	119	229	418	3,868	6,649	2,628	14,139
202103	18	18	8	3	5	57	56	26	37	47	40	110	425
202104	9	6	10	11	8	14	20	12	20	42	53	131	336



Service Month													
Submission Month	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	Total
202105	14	10	19	45	29	31	49	55	57	106	85	140	640
202106	8	14	19	23	26	31	28	15	14	39	40	82	339
TOTAL	13,826	13,474	11,067	7,411	10,139	11,978	12,925	13,084	12,285	12,669	9,841	3,091	131,790
MM	101,069	101,551	102,840	104,529	107,726	109,496	110,618	111,544	113,233	114,175	115,014	116,869	1,308,664
PMPM	0.137	0.133	0.108	0.071	0.094	0.109	0.117	0.117	0.108	0.111	0.086	0.026	0.101

Table M-15 provides lag triangles for PSCS-MP pharmacy encounters. Additional details provided include MM and claims PMPM.

Table M-15—Encounters Lag Triangle—Pharmacy Encounters: PSCS-MP

Service Month													
Submission Month	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	Total
202003	223	36,112	59,107										95,442
202004	259	432	24,154	57,253									82,098
202005	76,367	38,521	102	11,998	54,504								181,492
202006	54	47	28	191	16,460	49,681							66,461
202007			8	17	44	22,916	59,596						82,581
202008	2			14	11	20	14,486	52,526					67,059
202009						11	36	20,808	58,855				79,710
202010	1	2		2	1	4	16	14	15,616	61,202			76,858
202011	2	2	4				3	10	15	16,903	54,059		70,998
202012							3	20	42	89	19,862	64,949	84,965
202101	4		2	2	4	2	2	3	6	16	40	13,274	13,355
202102								2	48	120	111	152	433
202103									3	1	1	6	11
202104												7	7
202105	2							2			3	117	124
TOTAL	76,914	75,116	83,405	69,477	71,024	72,634	74,142	73,385	74,585	78,331	74,076	78,505	901,594
MM	101,069	101,551	102,840	104,529	107,726	109,496	110,618	111,544	113,233	114,175	115,014	116,869	1,308,664
PMPM	0.761	0.740	0.811	0.665	0.659	0.663	0.670	0.658	0.659	0.686	0.644	0.672	0.689

Field-Level Completeness and Accuracy

Table M-16 provides a summary of the field-level completeness and accuracy for PSCS-MP dental encounters.

Table M-16—Data Element Completeness and Accuracy for Dental Encounters: PSCS-MP

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	83,761	83,761	100.0%	83,761	83,724	100.0%
Header First Date of Service	83,761	83,761	100.0%	83,761	83,761	100.0%
Header Last Date of Service	83,761	83,761	100.0%	83,761	83,761	100.0%
Detail First Date of Service	321,427	321,427	100.0%	321,427	321,427	100.0%
Detail Last Date of Service	321,427	321,427	100.0%	321,427	321,427	100.0%
Paid Date	321,427	321,427	100.0%	321,427	321,427	100.0%
Billing Provider NPI	83,761	83,761	100.0%	83,761	72,493	86.5%
Rendering Provider NPI	83,761	83,761	100.0%	83,761	81,593	97.4%
Referring Provider NPI	83,761	83,761	100.0%	83,761	81,593	97.4%
CDT Codes	321,427	321,427	100.0%	321,427	321,427	100.0%
Tooth Number	321,427	139,630	43.4%	139,630	139,630	100.0%
Tooth Surface Codes	321,427	34,430	10.7%	66,327	66,327	100.0%
Oral Cavity Codes	321,427	88,089	27.4%	88,089	88,089	100.0%

Table M-17 provides a summary of the field-level completeness and accuracy for PSCS-MP professional encounters.

Table M-17—Data Element Completeness and Accuracy for Professional Encounters: PSCS-MP

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	1,467,036	1,467,036	100.0%	1,467,036	1,466,182	99.9%
Header First Date of Service	1,467,036	1,467,036	100.0%	1,467,036	1,467,036	100.0%
Header Last Date of Service	1,467,036	1,467,036	100.0%	1,467,036	1,467,036	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	2,306,988	2,306,988	100.0%	2,306,988	2,306,988	100.0%
Detail Last Date of Service	2,306,988	2,306,988	100.0%	2,306,988	2,306,988	100.0%
Paid Date	2,306,988	2,306,988	100.0%	2,306,988	2,306,988	100.0%
Billing Provider NPI	1,467,036	1,467,028	100.0%	1,467,028	1,102,443	75.1%
Rendering Provider NPI	1,467,036	1,467,031	100.0%	1,467,031	1,370,255	93.4%
Referring Provider NPI	1,467,036	1,467,031	100.0%	1,467,031	1,370,255	93.4%
Primary Diagnosis Codes	1,467,036	1,467,036	100.0%	1,467,036	1,467,036	100.0%
Secondary Diagnosis Codes	1,467,036	654,564	44.6%	1,230,678	1,230,677	100.0%
CPT/HCPCS Codes	2,306,988	2,306,988	100.0%	2,306,988	2,306,850	100.0%
NDC	2,306,988	135,883	5.9%	135,883	134,829	99.2%

Table M-18 provides a summary of the field-level completeness and accuracy for PSCS-MP inpatient encounters.

Table M-18—Data Element Completeness and Accuracy for Inpatient Encounters: PSCS-MP

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	7,744	7,744	100.0%	7,744	7,728	99.8%
Header First Date of Service	7,744	7,744	100.0%	7,744	7,744	100.0%
Header Last Date of Service	7,744	7,744	100.0%	7,744	7,744	100.0%
Paid Date	89,912	89,912	100.0%	89,912	89,912	100.0%
Billing Provider NPI	7,744	7,744	100.0%	7,744	7,706	99.5%
Rendering Provider NPI	7,744	7,744	100.0%	7,744	7,314	94.4%
Attending Provider NPI	7,744	7,744	100.0%	7,744	7,314	94.4%
Referring Provider NPI	7,744	4,728	61.1%	4,728	4,294	90.8%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	7,744	7,744	100.0%	7,744	7,744	100.0%
Secondary Diagnosis Codes	7,744	7,585	97.9%	21,483	21,483	100.0%
Primary Surgical Procedure Codes	7,744	4,938	63.8%	4,938	4,935	99.9%
Secondary Surgical Procedure Codes	7,744	2,626	33.9%	5,262	5,262	100.0%
CPT/HCPCS Codes	89,912	50	0.1%	50	50	100.0%
Diagnosis-Related Groups Codes	7,744	7,744	100.0%	7,744	7,678	99.1%
Revenue Codes	89,912	89,912	100.0%	89,912	89,912	100.0%
NDC	89,912	124	0.1%	124	101	81.5%
Type of Bill Codes	7,744	7,744	100.0%	7,744	7,744	100.0%

Table M-19 provides a summary of the field-level completeness and accuracy for PSCS-MP outpatient encounters.

Table M-19—Data Element Completeness and Accuracy for Outpatient Encounters: PSCS-MP

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	131,790	131,790	100.0%	131,790	131,668	99.9%
Header First Date of Service	131,790	131,790	100.0%	131,790	131,790	100.0%
Header Last Date of Service	131,790	131,790	100.0%	131,790	131,790	100.0%
Paid Date	676,132	676,132	100.0%	676,132	676,132	100.0%
Billing Provider NPI	131,790	131,790	100.0%	131,790	129,259	98.1%
Rendering Provider NPI	131,790	131,790	100.0%	131,790	121,610	92.3%
Attending Provider NPI	131,790	131,790	100.0%	131,790	121,610	92.3%
Primary Diagnosis Codes	131,790	131,790	100.0%	131,790	131,790	100.0%
Secondary Diagnosis Codes	131,790	81,665	62.0%	172,583	172,582	100.0%
CPT/HCPCS Codes	676,132	629,538	93.1%	629,538	629,501	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	676,132	676,132	100.0%	676,132	676,132	100.0%
NDC	676,132	80,689	11.9%	80,689	80,126	99.3%
Type of Bill Codes	131,790	131,790	100.0%	131,790	131,790	100.0%

Table M-20 provides a summary of the field-level completeness and accuracy for PSCS-MP pharmacy encounters.

Table M-20—Data Element Completeness and Accuracy for Pharmacy Encounters: PSCS-MP

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	901,594	901,594	100.0%	901,594	901,127	99.9%
Date of Service	901,594	901,594	100.0%	901,594	901,594	100.0%
Paid Date	901,594	901,594	100.0%	901,594	901,594	100.0%
Billing Provider NPI	901,594	901,594	100.0%	901,594	584,169	64.8%
Prescribing Provider NPI	901,594	901,589	100.0%	901,589	853,574	94.7%
NDC	903,080	903,080	100.0%	903,080	901,746	99.9%

Comparative Analysis

This section presents the PSCS-MP results for the comparative analysis.

Table M-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	410,488	3,280	0.8%	418,511	11,303	2.7%
Professional	2,762,269	22,313	0.8%	2,743,249	3,293	0.1%
Institutional	971,556	35,678	3.7%	956,652	20,774	2.2%
Pharmacy	987,172	54,204	5.5%	957,847	24,879	2.6%

Table M-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	407,208	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	407,208	31	0.0%	0	0.0%	0	0.0%
Detail Service From Date	407,208	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	407,208	0	0.0%	0	0.0%	0	0.0%
Member ID	407,208	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	407,208	120	0.0%	120	0.0%	292,601	71.9%
Oral Cavity Code 2	407,208	0	0.0%	0	0.0%	407,208	100.0%
Oral Cavity Code 3	407,208	0	0.0%	0	0.0%	407,208	100.0%
Oral Cavity Code 4	407,208	0	0.0%	0	0.0%	407,208	100.0%
Oral Cavity Code 5	407,208	0	0.0%	0	0.0%	407,208	100.0%
Procedure Code	407,208	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	407,208	15	0.0%	83,164	20.4%	11	0.0%
Tooth Number	407,208	4,641	1.1%	4,651	1.1%	225,463	55.4%
Tooth Surface 1	407,208	1,770	0.4%	1,770	0.4%	364,018	89.4%
Tooth Surface 2	407,208	1,113	0.3%	1,113	0.3%	380,327	93.4%
Tooth Surface 3	407,208	290	0.1%	290	0.1%	397,877	97.7%
Tooth Surface 4	407,208	96	0.0%	96	0.0%	404,032	99.2%
Tooth Surface 5	407,208	17	0.0%	17	0.0%	406,489	99.8%

Table M-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	2,739,956	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	2,739,956	10,004	0.4%	0	0.0%	0	0.0%
Primary Diagnosis Code	2,739,956	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	2,739,956	0	0.0%	23	0.0%	1,415,107	51.6%
Detail Service From Date	2,739,956	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	2,739,956	0	0.0%	23	0.0%	0	0.0%
Member ID	2,739,956	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	2,739,956	3,823	0.1%	3,941	0.1%	1,335,621	48.7%
NDC	2,739,956	3,401	0.1%	2,881	0.1%	2,576,445	94.0%
Procedure Code	2,739,956	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	2,739,956	3,352	0.1%	664,461	24.3%	2,827	0.1%

Table M-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	935,878	1,373	0.1%	0	0.0%	181	0.0%
Amount Paid	935,878	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	935,878	5,647	0.6%	0	0.0%	0	0.0%
Billing Provider NPI	935,878	1,912	0.2%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	935,878	0	0.0%	25,339	2.7%	835,379	89.3%
Primary Diagnosis Code	935,878	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	935,878	0	0.0%	330	0.0%	177,815	19.0%
Header Service From Date	935,878	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	935,878	0	0.0%	0	0.0%	0	0.0%
Member ID	935,878	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	935,878	7	0.0%	37	0.0%	761,757	81.4%
NDC	935,878	25,083	2.7%	4	0.0%	801,989	85.7%
Procedure Code	935,878	3	0.0%	5	0.0%	158,663	17.0%
Revenue Code	935,878	1,351	0.1%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	935,878	0	0.0%	0	0.0%	868,472	92.8%
Secondary Surgical Procedure Code	935,878	0	0.0%	0	0.0%	894,560	95.6%

Table M-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	932,968	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	932,968	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	932,968	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	932,968	0	0.0%	932,968	100.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	932,968	0	0.0%	0	0.0%	0	0.0%
Member ID	932,968	0	0.0%	0	0.0%	0	0.0%
NDC	932,968	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	932,968	5	0.0%	0	0.0%	0	0.0%

Table M-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	407,208	407,208	100.0%
Detail Service From Date	407,208	406,909	99.9%
Detail Service To Date	407,208	406,511	99.8%
Billing Provider NPI	407,177	407,152	100.0%
Rendering Provider NPI	324,018	324,018	100.0%
Procedure Code	407,208	393,595	96.7%
Tooth Number	172,453	169,867	98.5%
Oral Cavity Code 1	114,367	114,354	100.0%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	39,650	39,467	99.5%
Tooth Surface 2	24,655	24,608	99.8%
Tooth Surface 3	8,751	8,731	99.8%
Tooth Surface 4	2,984	2,984	100.0%
Tooth Surface 5	685	685	100.0%
Amount Paid	407,208	407,185	100.0%

* -- denotes that there are no records with values present in both data sources

Table M-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	2,739,956	2,739,956	100.0%
Detail Service From Date	2,739,956	2,723,284	99.4%
Detail Service To Date	2,739,933	2,723,262	99.4%
Billing Provider NPI	2,729,952	2,729,545	100.0%
Rendering Provider NPI	2,069,316	2,069,305	100.0%
Primary Diagnosis Code	2,739,956	2,739,928	100.0%
Secondary Diagnosis Code	1,324,826	1,324,820	100.0%
Procedure Code	2,739,956	2,681,266	97.9%
Procedure Code Modifier	1,396,571	1,394,721	99.9%
NDC	157,229	154,970	98.6%
Amount Paid	2,739,956	2,739,796	100.0%

Table M-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	935,878	935,878	100.0%
Header Service From Date	935,878	935,844	100.0%
Header Service To Date	935,878	935,809	100.0%
Admission Date	934,324	933,840	99.9%
Billing Provider NPI	933,966	933,958	100.0%
Attending Provider NPI	930,231	930,204	100.0%
Primary Diagnosis Code	935,878	935,878	100.0%
Secondary Diagnosis Code	757,733	757,733	100.0%
Procedure Code	777,207	777,174	100.0%
Procedure Code Modifier	174,077	174,073	100.0%
Primary Surgical Procedure Code	67,406	67,406	100.0%
Secondary Surgical Procedure Code	41,318	41,318	100.0%
NDC	108,802	108,794	100.0%
Revenue Code	934,527	934,490	100.0%
Diagnosis-Related Group (DRG) Code	75,160	74,049	98.5%
Amount Paid	935,878	935,767	100.0%

Table M-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	932,968	932,967	100.0%
Header Service From Date	932,968	932,967	100.0%
Billing Provider NPI	932,968	932,967	100.0%
Prescribing Provider NPI	932,963	932,962	100.0%
NDC	932,968	932,967	100.0%
Drug Quantity	932,968	900,888	96.6%
Amount Paid	932,968	932,967	100.0%
Dispensing Fee	0	0	--*

Table M-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	407,208	391,556	96.2%
Professional	2,739,956	2,664,704	97.3%
Institutional	935,878	877,745	93.8%
Pharmacy	932,968	900,882	96.6%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for PSCS-MP with its response.



Encounter Data Discrepancy Report for PacificSource Community Solutions—Marion Polk

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For PacificSource Community Solutions—Marion Polk (PSCS-MP), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for PSCS-MP. In addition, this report displays the data issues for PSCS-MP to investigate. PSCS-MP will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the PSCS-MP-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the PSCS-MP-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	0.8%	2.7%
Professional	0.8%	0.1%
Institutional	3.7%	2.2%
Pharmacy	5.5%	2.6%

PSCS-MP Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_PSCS-MP



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-MP

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental, professional, and institutional encounters, as each rate was at or less than 2.8 percent.
- For pharmacy encounters, the record surplus rate was low at 2.6 percent, while the record omission rate was higher at 5.5 percent. The high pharmacy omission rate was due to encounters with no ICN or original ICN field values in the PSCS-MP data submission for the study. In its response to the File Review document provided to PSCS-MP regarding its initial data submission, PSCS-MP explained that this was due to not receiving an ICN from OHA for the B2 transactions. However, it is expected that these could be matched by the original ICN if that field was not also blank for these encounters.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays PSCS-MP's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Detail Service From Date	0.0%	0.0%	0.0%	99.9%
Detail Service To Date	0.0%	0.0%	0.0%	99.8%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	20.4%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	96.7%
Tooth Number	1.1%	1.1%	55.4%	98.5%
Oral Cavity Code 1	0.0%	0.0%	71.9%	100.0%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.4%	0.4%	89.4%	99.5%
Tooth Surface 2	0.3%	0.3%	93.4%	99.8%
Tooth Surface 3	0.1%	0.1%	97.7%	99.8%
Tooth Surface 4	0.0%	0.0%	99.2%	100.0%
Tooth Surface 5	0.0%	0.0%	99.8%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 1.1 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering provider NPI* was high at 20.4 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-MP-submitted data, had the same values as the billing provider NPIs.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-MP

- The dental encounter data element accuracy rates were very high (i.e., at least 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-MP-submitted data), except for the *Procedure Code* data element, with an accuracy rate of 96.7 percent.

Professional Encounters

Table 3 displays PSCS-MP's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	99.4%
Detail Service To Date	0.0%	0.0%	0.0%	99.4%
Billing Provider NPI	0.4%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.1%	24.3%	0.1%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	51.6%	100.0%
Procedure Code	0.0%	0.0%	0.0%	97.9%
Procedure Code Modifier	0.1%	0.1%	48.7%	99.9%
National Drug Code (NDC)	0.1%	0.1%	94.0%	98.6%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.4 percent) for all professional encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI* data element.
 - The element surplus rate for data element *Rendering provider NPI* was very high at 24.3 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the PSCS-MP-submitted data, had the same values as the billing provider NPIs.
- The professional encounter data element accuracy rates were very high (i.e., at least 97.0 percent) for all encounter data elements that had values populated in both sources (i.e., OHA- and PSCS-MP-submitted data).



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-MP

Institutional Encounters

Table 4 displays PSCS-MP's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	0.1%	0.0%	0.0%	99.9%
Billing Provider NPI	0.2%	0.0%	0.0%	100.0%
Attending Provider NPI	0.6%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	19.0%	100.0%
Procedure Code	0.0%	0.0%	17.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	81.4%	100.0%
Primary Surgical Procedure Code	0.0%	0.0%	92.8%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	95.6%	100.0%
NDC	2.7%	0.0%	85.7%	100.0%
Revenue Code	0.1%	0.0%	0.0%	100.0%
Diagnosis-Related Group (DRG) Code	0.0%	2.7%	89.3%	98.5%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data omission and surplus rates were very low (i.e., at or lower than 2.7 percent) for all institutional encounter data elements that were evaluated.
- The institutional encounter data element accuracy rates were very high (i.e., at or more than 98.5 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and PSCS-MP-submitted data).

Pharmacy Encounters

Table 5 displays PSCS-MP's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.



ENCOUNTER DATA DISCREPANCY REPORT FOR PSCS-MP



Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.6%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	100.0%	0.0%	--*

* -- denotes that there are no records with values present in both data sources

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated, except for the surplus rate associated with the *Dispensing Fee* data element. PSCS-MP populated the dispensing fee field with “NULL” values, while the OHA-submitted data had this field populated with values of \$0, \$8.72, \$9.8, and \$17.67.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* data element, with an accuracy rate of 96.6 percent.
 - For data element *Drug Quantity*, among records where the PSCS-MP-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that all of the *Drug Quantity* data element in the PSCS-MP-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.

Next Steps

- Based on the key findings, PSCS-MP is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO’s investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG’s Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled “EDV/From CCO”. Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.



Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	PSCS-MP's Investigation Efforts and Explanations
Table 1	Pharmacy record omission rate (5.5 percent)	The review of the examples provided by HSAG of Pharmacy records that were not included in the data submitted by PacificSource but were included in OHA data, revealed that the example records had been previously voided by the original billing pharmacy. Voided Pharmacy records were excluded from submission to HSAG.
Table 5	Dispensing fee surplus rate (100 %)	During our review of the Dispensing fee surplus rate it was determined that our normal weekly NCPDP file submissions to OHA do not contain a dispensing fee amount. When the question was brought to OHA how there is a dispensing fee in their data but not in our files, OHA indicated that the dispensing fee is calculated and populated by their claims processing system.
Table 5	Drug quantity accuracy rate (96.6%)	Our review of the discrepant examples provided by HSAG indicated that the OHA rounded drug quantities to the nearest whole number. PacificSource submitted the quantities in the exact form provided by the billing pharmacy. An example would be that PacificSource submitted a quantity of 10.6 and OHA submitted a quantity of 11. When records were reviewed in the state's claims processing system the decimal figure was present.

Appendix N. Results for Trillium Community Health Plan, Inc.–South

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Trillium Community Health Plan, Inc.–South (TCHP-South).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table N-1 provides encounter volume and paid amount results for TCHP-South dental encounters.

Table N-1—Encounter Volume and Paid Amount for Dental Encounters: TCHP-South

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	4,326	45,123	95.9	\$211,502	\$4.69
February 2020	3,181	39,831	79.9	\$166,917	\$4.19
March 2020	1,562	37,068	42.1	\$100,262	\$2.70
April 2020	374	35,024	10.7	\$53,728	\$1.53
May 2020	847	35,461	23.9	\$73,839	\$2.08
June 2020	1,601	35,420	45.2	\$134,042	\$3.78
July 2020	1,740	35,251	49.4	\$104,519	\$2.96
August 2020	1,798	35,068	51.3	\$120,161	\$3.43
September 2020	1,678	35,129	47.8	\$134,072	\$3.82
October 2020	2,003	35,167	57.0	\$132,992	\$3.78
November 2020	1,823	35,106	51.9	\$108,634	\$3.09
December 2020	541	35,573	15.2	\$18,448	\$0.52

Table N-2 provides encounter volume and paid amount results for TCHP-South professional encounters.

Table N-2—Encounter Volume and Paid Amount for Professional Encounters: TCHP-South

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	78,161	45,123	1,732.2	\$8,133,461	\$180.25
February 2020	60,414	39,831	1,516.8	\$6,366,126	\$159.83
March 2020	49,440	37,068	1,333.8	\$5,260,507	\$141.92
April 2020	34,411	35,024	982.5	\$3,829,858	\$109.35
May 2020	35,286	35,461	995.1	\$4,100,650	\$115.64
June 2020	38,903	35,420	1,098.3	\$4,453,263	\$125.73
July 2020	38,663	35,251	1,096.8	\$4,626,932	\$131.26
August 2020	37,025	35,068	1,055.8	\$4,434,855	\$126.46
September 2020	36,621	35,129	1,042.5	\$4,008,970	\$114.12
October 2020	39,542	35,167	1,124.4	\$4,172,797	\$118.66
November 2020	30,434	35,106	866.9	\$3,313,720	\$94.39
December 2020	6,526	35,573	183.5	\$748,333	\$21.04

Table N-3 provides encounter volume and paid amount results for TCHP-South inpatient encounters.

Table N-3—Encounter Volume and Paid Amount for Inpatient Encounters: TCHP-South

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	518	45,123	11.5	\$3,398,445	\$75.32
February 2020	342	39,831	8.6	\$2,858,041	\$71.75
March 2020	291	37,068	7.9	\$2,763,139	\$74.54
April 2020	211	35,024	6.0	\$1,511,336	\$43.15
May 2020	224	35,461	6.3	\$1,100,412	\$31.03
June 2020	267	35,420	7.5	\$1,871,325	\$52.83
July 2020	305	35,251	8.7	\$1,880,767	\$53.35
August 2020	254	35,068	7.2	\$1,604,356	\$45.75
September 2020	255	35,129	7.3	\$1,935,637	\$55.10
October 2020	225	35,167	6.4	\$1,315,313	\$37.40
November 2020	132	35,106	3.8	\$903,684	\$25.74
December 2020	28	35,573	0.8	\$260,582	\$7.33

Table N-4 provides encounter volume and paid amount results for TCHP-South outpatient encounters.

Table N-4—Encounter Volume and Paid Amount for Outpatient Encounters: TCHP-South

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	5,855	45,123	129.8	\$2,891,400	\$64.08
February 2020	4,311	39,831	108.2	\$2,196,377	\$55.14
March 2020	3,238	37,068	87.4	\$1,577,161	\$42.55
April 2020	1,908	35,024	54.5	\$1,014,689	\$28.97
May 2020	2,405	35,461	67.8	\$1,445,278	\$40.76
June 2020	2,762	35,420	78.0	\$1,492,181	\$42.13
July 2020	2,886	35,251	81.9	\$1,493,330	\$42.36
August 2020	2,775	35,068	79.1	\$1,587,749	\$45.28
September 2020	2,648	35,129	75.4	\$1,543,215	\$43.93
October 2020	2,778	35,167	79.0	\$1,571,322	\$44.68
November 2020	1,406	35,106	40.1	\$792,334	\$22.57
December 2020	421	35,573	11.8	\$189,410	\$5.32

Table N-5 provides encounter volume and paid amount results for TCHP-South pharmacy encounters.

Table N-5—Encounter Volume and Paid Amount for Pharmacy Encounters: TCHP-South

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	45,904	45,123	1,017.3	\$3,464,153	\$76.77
February 2020	33,378	39,831	838.0	\$2,375,882	\$59.65
March 2020	33,466	37,068	902.8	\$2,474,602	\$66.76
April 2020	25,868	35,024	738.6	\$1,907,706	\$54.47
May 2020	24,854	35,461	700.9	\$1,786,488	\$50.38
June 2020	25,873	35,420	730.5	\$1,822,682	\$51.46
July 2020	25,101	35,251	712.1	\$1,820,898	\$51.66
August 2020	24,434	35,068	696.8	\$1,811,902	\$51.67
September 2020	24,283	35,129	691.3	\$1,851,293	\$52.70
October 2020	24,796	35,167	705.1	\$1,768,077	\$50.28
November 2020	23,567	35,106	671.3	\$1,621,540	\$46.19
December 2020	24,039	35,573	675.8	\$1,205,377	\$33.88

Encounter Data Timeliness

Table N-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for TCHP-South dental encounters.

Table N-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: TCHP-South

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
March 2020	90.6%	95.7%	100.0%	100.0%	100.0%	100.0%
April 2020	99.4%	99.4%	99.4%	99.9%	99.9%	99.9%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	90.0%	99.9%	99.9%	100.0%	100.0%	100.0%
September 2020	99.9%	99.9%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	94.7%	94.7%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table N-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for TCHP-South professional encounters.

Table N-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: TCHP-South

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.8%	99.8%	100.0%	100.0%	100.0%	100.0%
February 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	96.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.7%	99.9%	99.9%	99.9%	99.9%	100.0%
June 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
July 2020	99.7%	99.7%	99.9%	100.0%	100.0%	100.0%
August 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	99.5%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table N-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for TCHP-South inpatient encounters.

Table N-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: TCHP-South

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	86.4%	91.4%	92.0%	95.1%	98.1%	99.4%
February 2020	90.6%	94.4%	95.3%	96.2%	97.6%	99.4%
March 2020	89.7%	91.4%	94.3%	94.8%	96.6%	97.4%
April 2020	91.7%	98.1%	98.1%	98.5%	98.5%	98.5%
May 2020	98.0%	99.5%	99.5%	99.5%	99.5%	99.5%
June 2020	93.6%	95.1%	98.0%	98.5%	99.0%	99.0%
July 2020	94.6%	98.1%	99.7%	100.0%	100.0%	100.0%
August 2020	96.7%	99.6%	99.6%	99.6%	99.6%	99.6%
September 2020	98.9%	99.2%	99.2%	99.2%	99.2%	99.2%
October 2020	99.1%	99.7%	100.0%	100.0%	100.0%	100.0%
November 2020	97.2%	97.6%	97.6%	97.6%	97.6%	99.6%
December 2020	92.6%	92.6%	92.6%	92.6%	96.8%	100.0%



CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	66.7%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table N-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for TCHP-South outpatient encounters.

Table N-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: TCHP-South

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



Table N-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for TCHP-South pharmacy encounters.

Table N-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: TCHP-South

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.7%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.8%	99.9%	99.9%	100.0%	100.0%	100.0%
May 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table N-11 provides lag triangles for TCHP-South dental encounters. Additional details provided include MM and claims PMPM.

Table N-11—Encounters Lag Triangle—Dental Encounters: TCHP-South

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,073												1,073
202002	2,628	435											3,063
202003	407	2,249	512										3,168
202004	168	344	789	64									1,365
202005	82	134	126	279	129								750
202006	32	46	147	23	682	593							1,523
202007	7	3	10	3	42	945	601						1,611

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	3	7	4	2	15	29	1,077	378					1,515
202009	27	11	9	2	3	21	49	1,376	474				1,972
202010	10	3	20	1	2	50	26	45	1,161	588			1,906
202011	9	10	9	1	4	6	11	18	64	1,328	376		1,836
202012	9	3	5	2	6	25	28	30	23	154	1,482	531	2,298
202103								2		1	2	6	11
202104	7	4	2	3	3	4	2	1	4	2	6	6	44
202105	2	1	1	1	2	1	2	2	6		6	1	25
202106								1		1	1	4	7
202107											2	1	3
TOTAL	4,464	3,250	1,634	381	888	1,674	1,796	1,853	1,732	2,074	1,875	549	22,170
MM	45,123	39,831	37,068	35,024	35,461	35,420	35,251	35,068	35,129	35,167	35,106	35,573	439,221
PMPM	0.099	0.082	0.044	0.011	0.025	0.047	0.051	0.053	0.049	0.059	0.053	0.015	0.050

Table N-12 provides lag triangles for TCHP-South professional encounters. Additional details provided include MM and claims PMPM.

Table N-12—Encounters Lag Triangle—Professional Encounters: TCHP-South

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	7,636												7,636
202002	33,265	7,415											40,680
202003	36,622	35,351	15,345										87,318
202004	4,827	19,847	28,165	1,711									54,550
202005	3,401	4,074	10,552	27,251	5,825								51,103
202006	5,713	2,011	2,061	4,040	26,279	11,903							52,007
202007	1,467	465	748	1,643	3,192	24,812	8,823						41,150
202008	977	494	496	511	1,034	4,480	29,474	11,748					49,214
202009	250	316	312	489	977	847	3,135	24,509	9,349				40,184
202010	148	93	211	295	266	493	1,054	3,748	26,153	8,440			40,901
202011	479	3,700	2,741	2,804	1,654	1,332	489	1,106	4,466	30,242	6,177		55,190
202012	107	93	83	307	499	176	284	457	1,130	5,565	27,556	5,085	41,342
202103	39	19	22	124	22	30	29	29	54	137	150	160	815
202104	56	10	20	52	47	50	84	113	160	291	484	712	2,079
202105	108	107	201	224	169	188	195	206	187	312	178	1,257	3,332
202106	10	15	10	13	12	26	36	44	71	53	93	149	532
TOTAL	95,105	74,010	60,967	39,464	39,976	44,337	43,603	41,960	41,570	45,040	34,638	7,363	568,033
MM	45,123	39,831	37,068	35,024	35,461	35,420	35,251	35,068	35,129	35,167	35,106	35,573	439,221
PMPM	2.108	1.858	1.645	1.127	1.127	1.252	1.237	1.197	1.183	1.281	0.987	0.207	1.293

Table N-13 provides lag triangles for TCHP-South inpatient encounters. Additional details provided include MM and claims PMPM.

Table N-13—Encounters Lag Triangle—Inpatient Encounters: TCHP-South

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	49												49
202002	243	39											282
202003	119	225	64										408
202004	14	30	125	13									182
202005	26	16	49	145	27								263
202006	25	6	25	28	135	41							260
202007	9	1	4	5	33	144	48						244
202008	16	12	3	7	15	62	174	26					315
202009	3	6	5	2	6	9	53	158	35				277
202010	5	4	6	2	3	3	17	55	166	27			288
202011	1		1	2		2	4	6	47	150	27		240
202012				3		3	1	4	6	41	95	19	172
202103	1						4		1			1	7
202104	1	2	5	2	1		2	3	5	5	4	4	34
202105	4		2		2	2	2	2	2	2		1	19
202106	2	1	1	2	2	3	1	1	1	1	6	2	23
202107			1				1					1	3
TOTAL	518	342	291	211	224	269	307	255	263	226	132	28	3,066
MM	45,123	39,831	37,068	35,024	35,461	35,420	35,251	35,068	35,129	35,167	35,106	35,573	439,221
PMPM	0.011	0.009	0.008	0.006	0.006	0.008	0.009	0.007	0.007	0.006	0.004	0.001	0.007

Table N-14 provides lag triangles for TCHP-South outpatient encounters. Additional details provided include MM and claims PMPM.

Table N-14—Encounters Lag Triangle—Outpatient Encounters: TCHP-South

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	1,330												1,330
202002	2,786	612											3,398
202003	1,294	3,087	1,219										5,600
202004	272	473	1,381	166									2,292
202005	206	141	566	1,438	405								2,756
202006	72	54	68	213	1,453	582							2,442
202007	42	59	65	102	457	1,604	564						2,893
202008	40	47	33	36	69	373	1,683	729					3,010
202009	53	50	37	35	65	176	420	1,375	556				2,767

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202010	32	23	28	15	16	34	112	316	1,428	503			2,507
202011	23	12	16	12	24	37	101	249	480	1,693	377		3,024
202012	23	10	14	18	13	18	97	153	202	557	985	205	2,295
202103	8	3	2	1	1		6	4	2	9	8	21	65
202104	12	13	11	9	21	37	27	56	63	125	69	150	593
202105	6	9	6	3	28	34	30	30	39	36	30	29	280
202106	7	3	3	2	5	9	19	33	38	33	41	26	219
TOTAL	6,206	4,596	3,449	2,050	2,557	2,904	3,059	2,945	2,808	2,956	1,510	431	35,471
MM	45,123	39,831	37,068	35,024	35,461	35,420	35,251	35,068	35,129	35,167	35,106	35,573	439,221
PMPM	0.138	0.115	0.093	0.059	0.072	0.082	0.087	0.084	0.080	0.084	0.043	0.012	0.081

Table N-15 provides lag triangles for TCHP-South pharmacy encounters. Additional details provided include MM and claims PMPM.

Table N-15—Encounters Lag Triangle—Pharmacy Encounters: TCHP-South

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	37,979												37,979
202002	7,813	25,783											33,596
202003	62	7,517	23,776										31,355
202004	19	39	9,646	21,361									31,065
202005	4	14	11	4,434	19,005								23,468
202006	3	4	10	46	5,817	19,990							25,870
202007		2	5	17	9	2,543	20,094						22,670
202008	2	5			2	3,325	4,972	17,586					25,892
202009			6	4	10	5	8	6,830	20,938				27,801
202010							13	4	3,294	19,381			22,692
202011							3	1	26	5,369	17,446		22,845
202012								5	4	19	6,079	19,899	26,006
202101	1								2	4	12	4,094	4,113
202102		3							1	2	7	22	35
202103			3	1			1				2	7	14
202104					1	1	1					1	4
202105							1	2					3
202106								1	1				2
TOTAL	45,883	33,367	33,457	25,863	24,844	25,864	25,093	24,429	24,266	24,775	23,546	24,023	335,410
MM	45,123	39,831	37,068	35,024	35,461	35,420	35,251	35,068	35,129	35,167	35,106	35,573	439,221
PMPM	1.017	0.838	0.903	0.738	0.701	0.730	0.712	0.697	0.691	0.704	0.671	0.675	0.764

Field-Level Completeness and Accuracy

Table N-16 provides a summary of the field-level completeness and accuracy for TCHP-South dental encounters.

Table N-16—Data Element Completeness and Accuracy for Dental Encounters: TCHP-South

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	22,170	22,170	100.0%	22,170	21,984	99.2%
Header First Date of Service	22,170	22,170	100.0%	22,170	22,170	100.0%
Header Last Date of Service	22,170	22,170	100.0%	22,170	22,170	100.0%
Detail First Date of Service	80,662	80,662	100.0%	80,662	80,662	100.0%
Detail Last Date of Service	80,662	80,662	100.0%	80,662	80,662	100.0%
Paid Date	80,662	80,662	100.0%	80,662	80,662	100.0%
Billing Provider NPI	22,170	22,170	100.0%	22,170	21,853	98.6%
Rendering Provider NPI	22,170	22,170	100.0%	22,170	21,294	96.0%
Referring Provider NPI	22,170	22,170	100.0%	22,170	21,294	96.0%
CDT Codes	80,662	80,662	100.0%	80,662	80,657	100.0%
Tooth Number	80,662	39,558	49.0%	39,558	39,558	100.0%
Tooth Surface Codes	80,662	9,022	11.2%	18,964	18,964	100.0%
Oral Cavity Codes	80,662	25,665	31.8%	25,665	25,665	100.0%

Table N-17 provides a summary of the field-level completeness and accuracy for TCHP-South professional encounters.

Table N-17—Data Element Completeness and Accuracy for Professional Encounters: TCHP-South

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	568,033	568,033	100.0%	568,033	567,166	99.8%
Header First Date of Service	568,033	568,033	100.0%	568,033	568,033	100.0%
Header Last Date of Service	568,033	568,033	100.0%	568,033	568,033	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	822,402	822,402	100.0%	822,402	822,402	100.0%
Detail Last Date of Service	822,402	822,402	100.0%	822,402	822,402	100.0%
Paid Date	822,402	822,402	100.0%	822,402	822,402	100.0%
Billing Provider NPI	568,033	568,033	100.0%	568,033	469,001	82.6%
Rendering Provider NPI	568,033	568,012	100.0%	568,012	530,024	93.3%
Referring Provider NPI	568,033	568,012	100.0%	568,012	530,024	93.3%
Primary Diagnosis Codes	568,033	568,033	100.0%	568,033	568,033	100.0%
Secondary Diagnosis Codes	568,033	253,402	44.6%	508,457	508,457	100.0%
CPT/HCPCS Codes	822,402	822,402	100.0%	822,402	822,398	100.0%
NDC	822,402	12,914	1.6%	12,914	12,904	99.9%

Table N-18 provides a summary of the field-level completeness and accuracy for TCHP-South inpatient encounters.

Table N-18—Data Element Completeness and Accuracy for Inpatient Encounters: TCHP-South

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	3,066	3,066	100.0%	3,066	2,998	97.8%
Header First Date of Service	3,066	3,066	100.0%	3,066	3,066	100.0%
Header Last Date of Service	3,066	3,066	100.0%	3,066	3,066	100.0%
Paid Date	37,098	37,098	100.0%	37,098	37,098	100.0%
Billing Provider NPI	3,066	3,066	100.0%	3,066	3,040	99.2%
Rendering Provider NPI	3,066	3,066	100.0%	3,066	2,955	96.4%
Attending Provider NPI	3,066	3,066	100.0%	3,066	2,955	96.4%
Referring Provider NPI	3,066	938	30.6%	938	840	89.6%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	3,066	3,066	100.0%	3,066	3,066	100.0%
Secondary Diagnosis Codes	3,066	2,948	96.2%	8,497	8,497	100.0%
Primary Surgical Procedure Codes	3,066	1,491	48.6%	1,491	1,491	100.0%
Secondary Surgical Procedure Codes	3,066	879	28.7%	1,852	1,852	100.0%
CPT/HCPCS Codes	37,098	524	1.4%	524	509	97.1%
Diagnosis-Related Groups Codes	3,066	3,066	100.0%	3,066	3,048	99.4%
Revenue Codes	37,098	37,098	100.0%	37,098	37,098	100.0%
NDC	37,098	2,504	6.7%	2,504	2,492	99.5%
Type of Bill Codes	3,066	3,066	100.0%	3,066	3,066	100.0%

Table N-19 provides a summary of the field-level completeness and accuracy for TCHP-South outpatient encounters.

Table N-19—Data Element Completeness and Accuracy for Outpatient Encounters: TCHP-South

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	35,471	35,471	100.0%	35,471	35,294	99.5%
Header First Date of Service	35,471	35,471	100.0%	35,471	35,471	100.0%
Header Last Date of Service	35,471	35,471	100.0%	35,471	35,471	100.0%
Paid Date	208,696	208,696	100.0%	208,696	208,696	100.0%
Billing Provider NPI	35,471	35,471	100.0%	35,471	34,527	97.3%
Rendering Provider NPI	35,471	35,471	100.0%	35,471	33,274	93.8%
Attending Provider NPI	35,471	35,471	100.0%	35,471	33,274	93.8%
Primary Diagnosis Codes	35,471	35,471	100.0%	35,471	35,471	100.0%
Secondary Diagnosis Codes	35,471	24,911	70.2%	55,471	55,471	100.0%
CPT/HCPCS Codes	208,696	192,220	92.1%	192,220	192,169	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Revenue Codes	208,696	208,696	100.0%	208,696	208,696	100.0%
NDC	208,696	18,314	8.8%	18,314	18,155	99.1%
Type of Bill Codes	35,471	35,471	100.0%	35,471	35,471	100.0%

Table N-20 provides a summary of the field-level completeness and accuracy for TCHP-South pharmacy encounters.

Table N-20—Data Element Completeness and Accuracy for Pharmacy Encounters: TCHP-South

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	335,410	335,410	100.0%	335,410	335,207	99.9%
Date of Service	335,410	335,410	100.0%	335,410	335,410	100.0%
Paid Date	335,410	335,410	100.0%	335,410	335,410	100.0%
Billing Provider NPI	335,410	335,410	100.0%	335,410	228,807	68.2%
Prescribing Provider NPI	335,410	335,410	100.0%	335,410	322,167	96.1%
NDC	335,563	335,563	100.0%	335,563	334,587	99.7%

Comparative Analysis

This section presents the TCHP-South results for the comparative analysis.

Table N-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	103,195	5,758	5.6%	102,645	5,208	5.1%
Professional	1,143,688	28,895	2.5%	1,139,709	24,916	2.2%
Institutional	525,199	49,307	9.4%	483,692	7,800	1.6%
Pharmacy	366,387	5,103	1.4%	391,515	30,231	7.7%

Table N-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	97,437	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	97,437	5	0.0%	0	0.0%	0	0.0%
Detail Service From Date	97,437	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	97,437	0	0.0%	0	0.0%	0	0.0%
Member ID	97,437	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	97,437	28	0.0%	22	0.0%	65,791	67.5%
Oral Cavity Code 2	97,437	0	0.0%	0	0.0%	97,437	100.0%
Oral Cavity Code 3	97,437	0	0.0%	0	0.0%	97,437	100.0%
Oral Cavity Code 4	97,437	0	0.0%	0	0.0%	97,437	100.0%
Oral Cavity Code 5	97,437	0	0.0%	0	0.0%	97,437	100.0%
Procedure Code	97,437	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	97,437	3	0.0%	11,489	11.8%	3	0.0%
Tooth Number	97,437	848	0.9%	242	0.2%	49,053	50.3%
Tooth Surface 1	97,437	25	0.0%	44	0.0%	87,093	89.4%
Tooth Surface 2	97,437	18	0.0%	23	0.0%	90,568	93.0%
Tooth Surface 3	97,437	4	0.0%	4	0.0%	94,672	97.2%
Tooth Surface 4	97,437	2	0.0%	1	0.0%	96,390	98.9%
Tooth Surface 5	97,437	1	0.0%	0	0.0%	97,004	99.6%

Table N-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	1,114,793	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Billing Provider NPI	1,114,793	4,483	0.4%	0	0.0%	0	0.0%
Primary Diagnosis Code	1,114,793	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	1,114,793	0	0.0%	144,217	12.9%	526,346	47.2%
Detail Service From Date	1,114,793	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	1,114,793	0	0.0%	0	0.0%	0	0.0%
Member ID	1,114,793	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	1,114,793	781	0.1%	102	0.0%	540,801	48.5%
NDC	1,114,793	15,983	1.4%	6	0.0%	1,080,320	96.9%
Procedure Code	1,114,793	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	1,114,793	4,361	0.4%	344,531	30.9%	1,058	0.1%

Table N-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	475,892	23,005	4.8%	0	0.0%	372,392	78.3%
Amount Paid	475,892	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	475,892	11,180	2.3%	0	0.0%	0	0.0%
Billing Provider NPI	475,892	1,598	0.3%	140	0.0%	4	0.0%
Diagnosis-Related Group (DRG) Code	475,892	0	0.0%	2,259	0.5%	409,913	86.1%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Primary Diagnosis Code	475,892	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	475,892	9,463	2.0%	1	0.0%	44,262	9.3%
Header Service From Date	475,892	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	475,892	0	0.0%	0	0.0%	0	0.0%
Member ID	475,892	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	475,892	4,182	0.9%	6,959	1.5%	404,445	85.0%
NDC	475,892	45,918	9.6%	4,484	0.9%	392,444	82.5%
Procedure Code	475,892	2,119	0.4%	11,059	2.3%	96,882	20.4%
Revenue Code	475,892	3,543	0.7%	0	0.0%	0	0.0%
Primary Surgical Procedure Code	475,892	14	0.0%	0	0.0%	439,542	92.4%
Secondary Surgical Procedure Code	475,892	26	0.0%	0	0.0%	452,511	95.1%

Table N-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	361,284	0	0.0%	18,955	5.2%	0	0.0%
Billing Provider NPI	361,284	24	0.0%	0	0.0%	0	0.0%
Drug Quantity	361,284	0	0.0%	18,955	5.2%	0	0.0%
Dispensing Fee	361,284	0	0.0%	0	0.0%	0	0.0%
Header Service From Date	361,284	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Member ID	361,284	0	0.0%	115	0.0%	0	0.0%
NDC	361,284	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	361,284	29	0.0%	18,955	5.2%	0	0.0%

Table N-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	97,437	97,437	100.0%
Detail Service From Date	97,437	97,435	100.0%
Detail Service To Date	97,437	97,366	99.9%
Billing Provider NPI	97,432	95,698	98.2%
Rendering Provider NPI	85,942	85,942	100.0%
Procedure Code	97,437	96,430	99.0%
Tooth Number	47,294	46,943	99.3%
Oral Cavity Code 1	31,596	31,552	99.9%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	10,275	10,259	99.8%
Tooth Surface 2	6,828	6,823	99.9%
Tooth Surface 3	2,757	2,754	99.9%
Tooth Surface 4	1,044	1,044	100.0%
Tooth Surface 5	432	432	100.0%
Amount Paid	97,437	97,407	100.0%

* -- denotes that there are no records with values present in both data sources

Table N-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	1,114,793	1,114,793	100.0%
Detail Service From Date	1,114,793	1,114,739	100.0%
Detail Service To Date	1,114,793	1,114,740	100.0%
Billing Provider NPI	1,110,310	1,110,302	100.0%
Rendering Provider NPI	764,843	763,365	99.8%
Primary Diagnosis Code	1,114,793	1,010,471	90.6%
Secondary Diagnosis Code	444,230	403,673	90.9%
Procedure Code	1,114,793	1,113,638	99.9%
Procedure Code Modifier	573,109	573,093	100.0%
NDC	18,484	18,462	99.9%
Amount Paid	1,114,793	1,114,450	100.0%

Table N-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	475,892	475,892	100.0%
Header Service From Date	475,892	475,875	100.0%
Header Service To Date	475,892	475,892	100.0%
Admission Date	80,495	79,353	98.6%
Billing Provider NPI	474,150	464,336	97.9%
Attending Provider NPI	464,712	464,712	100.0%
Primary Diagnosis Code	475,892	475,891	100.0%
Secondary Diagnosis Code	422,166	389,309	92.2%
Procedure Code	365,832	329,454	90.1%
Procedure Code Modifier	60,306	59,345	98.4%
Primary Surgical Procedure Code	36,336	36,336	100.0%
Secondary Surgical Procedure Code	23,355	23,277	99.7%
NDC	33,046	29,644	89.7%
Revenue Code	472,349	434,686	92.0%
Diagnosis-Related Group (DRG) Code	63,720	52,576	82.5%
Amount Paid	475,892	475,748	100.0%

Table N-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	361,169	361,169	100.0%
Header Service From Date	361,284	361,284	100.0%
Billing Provider NPI	361,260	361,260	100.0%
Prescribing Provider NPI	342,300	342,300	100.0%
NDC	361,284	361,284	100.0%
Drug Quantity	342,329	327,856	95.8%
Amount Paid	342,329	342,329	100.0%
Dispensing Fee	361,284	777	0.2%

Table N-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	97,437	93,554	96.0%
Professional	1,114,793	918,842	82.4%
Institutional	475,892	319,128	67.1%
Pharmacy	361,284	327,702	90.7%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for TCHP-South with its response.



Encounter Data Discrepancy Report for Trillium Community Health Plan, Inc.-South

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Trillium Community Health Plan, Inc.-South (TCHP-South), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for TCHP-South. In addition, this report displays the data issues for TCHP-South to investigate. TCHP-South will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the TCHP-South-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the TCHP-South-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	5.6%	5.1%
Professional	2.5%	2.2%
Institutional	9.4%	1.6%
Pharmacy	1.4%	7.7%

TCHP-South Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_TCHP-South

**Key Findings: Table 1**

- There were no issues noted regarding the record omission and record surplus rates for professional encounters, with rates of 2.5 percent and 2.2 percent, respectively.
- For dental encounters, both the record omission and record surplus rates were relatively high at 5.6 percent and 5.1 percent, respectively. For records that were identified as omission, approximately 50.0 percent were associated with records that had no values populated for the ICN or the original ICN field.
- For institutional encounters, the record surplus rate was low at 1.6 percent, while the record omission rate was high at 9.4 percent. HSAG was not able to identify any pattern(s) or root cause for the discrepancy.
- For pharmacy encounters, the record omission rate was low at 1.4 percent, while the record surplus rate was high at 7.7 percent. HSAG was not able to identify any pattern(s) or root cause for the discrepancy.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays TCHP-South's data element omission, surplus, absent, and accuracy rates for the dental encounters.



Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	98.2%
Rendering Provider NPI	0.0%	11.8%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.0%
Tooth Number	0.9%	0.2%	50.3%	99.3%
Oral Cavity Code 1	0.0%	0.0%	67.5%	99.9%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	89.4%	99.8%
Tooth Surface 2	0.0%	0.0%	93.0%	99.9%
Tooth Surface 3	0.0%	0.0%	97.2%	99.9%
Tooth Surface 4	0.0%	0.0%	98.9%	100.0%
Tooth Surface 5	0.0%	0.0%	99.6%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 0.9 percent) for all dental encounter data elements that were evaluated, except for the element surplus rate associated with the *Rendering Provider NPI*.
 - The element surplus rate for data element *Rendering provider NPI* was high at 11.8 percent. Based on information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the TCHP-South-submitted data, had the same values as the billing provider NPIs.

- The dental encounter data element accuracy rates were very high (i.e., at least 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and TCHP-South-submitted data).

Professional Encounters

Table 3 displays TCHP-South's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.4%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.4%	30.9%	0.1%	99.8%
Primary Diagnosis Code	0.0%	0.0%	0.0%	90.6%
Secondary Diagnosis Code	0.0%	12.9%	47.2%	90.9%
Procedure Code	0.0%	0.0%	0.0%	99.9%
Procedure Code Modifier	0.1%	0.0%	48.5%	100.0%
National Drug Code (NDC)	1.4%	0.0%	96.9%	99.9%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 1.4 percent) for all professional encounter data elements that were evaluated, except for surplus rates associated with the *Rendering Provider NPI* and *Secondary Diagnosis Code* data elements with rates of 30.9 percent and 12.9 percent, respectively.
 - For data element *Rendering Provider NPI*, according to information from OHA, it noted that based on the X12 National Standard requirements for claims submission (837D and 837P), if the billing provider and rendering provider are the same, only the billing provider loop was used. As such, during OHA's internal process, the rendering provider NPI values were populated with the billing provider NPI values in instances where the rendering provider NPIs were not submitted. Of note, all of the rendering provider NPI values in the OHA-submitted data that were not in the TCHP-South-submitted data, had the same values as the billing provider NPIs.
 - For data element *Secondary Diagnosis Code*, the high surplus rate was due to how TCHP-South populated the data element in the submitted data for the study. For those records where this data

element was identified as a surplus, it appears that each line of the encounter record in the TCHP-South submitted data had different diagnosis codes.

- The professional data element accuracy rates were very high (i.e., at least 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and TCHP-South-submitted data), except for the *Primary Diagnosis Code* and *Secondary Diagnosis Code* data elements, with accuracy rates of 90.6 percent and 90.0 percent, respectively.
 - For data elements *Primary Diagnosis Code* and *Secondary Diagnosis Codes*, the low accuracy rates were due to how TCHP-South populated the data elements for the study. Among records where the primary diagnosis code had different values when populated and compared between the two sources, it appears that each line of an encounter in the TCHP-South-submitted data had different diagnosis codes.

Institutional Encounters

Table 4 displays TCHP-South's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

 Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Header Service To Date	0.0%	0.0%	0.0%	100.0%
Admission Date	4.8%	0.0%	78.3%	98.6%
Billing Provider NPI	0.3%	0.0%	0.0%	97.9%
Attending Provider NPI	2.3%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	2.0%	0.0%	9.3%	92.2%
Procedure Code	0.4%	2.3%	20.4%	90.1%
Procedure Code Modifier	0.9%	1.5%	85.0%	98.4%
Primary Surgical Procedure Code	0.0%	0.0%	92.4%	100.0%
Secondary Surgical Procedure Code	0.0%	0.0%	95.1%	99.7%
NDC	9.6%	0.9%	82.5%	89.7%
Revenue Code	0.7%	0.0%	0.0%	92.0%
Diagnosis-Related Group (DRG) Code	0.0%	0.5%	86.1%	82.5%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or below 4.8 percent) for all institutional encounter data elements that were evaluated, except for the omission rate associated with the *NDC* data element, with a rate of 9.6 percent. Among records where the *NDC* values were populated in the TCHP-South-submitted data but not in the OHA-submitted data, approximately 84.0 percent were associated with outpatient encounters.
- The institutional encounter data element accuracy rates were high (i.e., more than 97.0 percent) for 11 of the 16 data elements that had values populated in both sources (i.e., OHA- and TCHP-South-submitted data).
 - The accuracy rate for data element *Secondary Diagnosis Code* was low at 92.2 percent. The low accuracy rate was due to how TCHP-South populated the data element in the submitted data for the study. Among records where the secondary diagnosis code had different values when populated and compared between the two sources, it appears that each line of the encounter record in the TCHP-South-submitted data had different diagnosis codes.
 - For data element *Procedure Code*, the accuracy rate was low at 90.1 percent. Upon further investigation, the mismatches for this data element were due to a misalignment of the populated procedure codes when records were compared based on the ICN and the detail line number fields. However, while the values were misaligned, the same values were found in both sources.
 - The accuracy rate for data element *NDC* was very low at 89.7 percent. Among records where the *NDC* code had different values when populated and compared between the two sources, all were associated with outpatient encounters.
 - For data element *Revenue Code*, the accuracy rate was low at 92.0 percent. Upon further investigation, the mismatches for this data element were due to a misalignment of the populated revenue code when records were compared based on the ICN and the detail line number fields. However, while the values were misaligned, the same values were found in both sources.
 - The accuracy rate for data element *DRG Code* was very low at 82.5 percent. Based on further investigation, it appears that the TCHP-South-submitted data had the *DRG* code values truncated.

Pharmacy Encounters

Table 5 displays TCHP-South's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	5.2%	0.0%	100.0%

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	5.2%	0.0%	95.8%
Header Paid Amount	0.0%	5.2%	0.0%	100.0%
Dispensing Fee	0.0%	0.0%	0.0%	0.2%

Key Findings: Table 5

- The data element omission and surplus rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated, except for the element surplus rates associated with *Prescribing Provider NPI*, *Drug Quantity*, and *Header Paid Amount* data elements, where each had a surplus rate of 5.2 percent.
 - For data element *Prescribing Provider NPI*, it appears that the high element surplus rate (i.e., field was populated in the OHA-submitted data but not populated in the TCHP-South-submitted data) was due to encounters associated with reversal encounters from the TCHP-South-submitted data. In TCHP-South's response to the File Review document regarding its initial data submission, TCHP-South indicated that the prescribing provider NPI information was not provided on a reversal, but that the information was available on the original paid claim.
 - For data element *Drug Quantity*, similar to the *Prescribing Provider NPI* data element, the high element surplus rate was due to encounters associated with reversal encounters from the TCHP-South-submitted data. As described previously, TCHP-South indicated that the information was not provided on a reversal, but that the information was available on the original paid claim.
 - Similarly, for data element *Header Paid Amount*, the high element surplus rate was due to encounters associated with reversal encounters from the TCHP-South-submitted data. As described previously, TCHP-South indicated that the information was not provided on a reversal, but that the information was available on the original paid claim.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy of 100.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 95.8 percent, and 0.2 percent, respectively.
 - For data element *Drug Quantity*, among records where the TCHP-South-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that nearly all of the *Drug Quantity* data element in the TCHP-South-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the TCHP-South-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, TCHP-South is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	TCHP-South's Investigation Efforts and Explanations
Table 1	Dental record omission and surplus rate (5.6 % and 5.1 %, respectively)	<p>Omission - Upon research of the examples, TCHP identified that the vast majority of claims had lines that were excluded in the encounter submission to OHA for un-encounterable procedure codes. They were subsequently missed in the data pull. This caused differences between the HSAG audit data and the 837 files we submitted to OHA. We will update the data pull logic to exclude these scenarios in the future data pull.</p> <p>Surplus – TCHP identified two scenarios. One, these claims had multiple ICN's and we were not able to identify which claims were extracted so several claims were extracted multiple times due to incorrect ICN data information. This issue has since been remediated. Two, the claims were adjusted after the data pull extract was sent to HSAG causing the discrepancy.</p>
Table 1	Institutional record omission rate (9.4 percent)	Upon research of the examples, TCHP identified that all encounters were submitted. We are supplying a spreadsheet back indicating the date and file name each example was submitted on.

Table	Discrepancy Item	TCHP-South's Investigation Efforts and Explanations
Table 1	Pharmacy record surplus rate (7.7 percent)	Upon research of the examples provided, the majority fall into 2 different buckets. One, the ICNs in the list were ICNs for TCHP. We could not identify any submitted encounters for those ICNs. Two, these ICNs are tied to encounters that were rejected upon submission and subsequently excluded from the data extract.
Table 3	Primary Diagnosis Code accuracy rate (90.6 %) for professional encounters	The outbound encounter uses header level info with diagnosis pointers to indicate which is used for the specific lines. The data extract sent to HSAG sourced the diagnosis codes associated with each line. For future data extracts, the claim data extract needs to match how the outbound encounter is being submitted.
Table 3	Secondary Diagnosis Code accuracy rate (90.9 %) and surplus rate (12.9 %) for professional encounters	Accuracy and Surplus - The outbound encounter uses header level info with diagnosis pointers to indicate which is used for the specific lines. The data extract sent to HSAG sourced the diagnosis codes associated with each line. For future data extracts, the claim data extract needs to match how the outbound encounter is being submitted.
Table 4	Secondary Diagnosis Code accuracy rate (92.2 %) for institutional encounters	Upon research of the examples, TCHP has determined that the file submitted to HSAG as part of this EDV study has the same order of diagnosis codes as we submitted on the encounter to OHA. In most cases it appears that the diagnosis code is off by one or two. We are supplying a spreadsheet back with examples of how it exists in our system, which directly correlates to the EDV file and outbound encounter.

Table	Discrepancy Item	TCHP-South's Investigation Efforts and Explanations
Table 4	Procedure Code accuracy rate (90.1 percent) for institutional encounters	Due to roll-up logic applied on the outbound encounter, line numbering in the data extract sent to HSAG was off.
Table 4	NDC omission rate (9.6 %) and accuracy rate (89.7 %) for institutional encounters	Accuracy - Due to roll-up logic applied on the outbound encounter, line numbering in the data extract sent to HSAG was off. Omit - We found a couple scenarios. One, the issue is the same as above with the roll-up logic. Two, the NDC was truly omitted from the encounter file therefore it wouldn't exist in the data that OHA provided.
Table 4	Revenue Code accuracy rate (92 percent) for institutional encounters	Due to roll-up logic applied on the outbound encounter, line numbering in the data extract sent to HSAG was off.
Table 4	DRG Code accuracy rate (82.5 %) for institutional encounters	In the data extract files, the field only allowed for a 3 digit DRG. Our claims adjudication system has a 4 digit DRG, which includes a leading zero. The data extract file should've excluded the leading zero to match what was sent on the encounter file.

Table	Discrepancy Item	TCHP-South's Investigation Efforts and Explanations
Table 5	Drug quantity accuracy rate (95.2%) for pharmacy encounters	It appears there is a difference in the rounding of the decimal values, which is accounting for all of the discrepancies. Example, in the pharmacy claim extract we submitted 2.5 and OHA is providing a value of 3. Another example is we submitted a value of 10.2 and OHA is providing a value of 10.
Table 5	Dispensing fee accuracy rate (0.2%) for pharmacy encounters	Upon research of the examples, TCHP has determined that the dispensing fee submitted to HSAG as part of this EDV study is accurate and these are the values that were submitted to OHA in the outbound encounter file.

Appendix O. Results for Umpqua Health Alliance, LLC

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Umpqua Health Alliance, LLC (UHA).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table O-1 provides encounter volume and paid amount results for UHA dental encounters.

Table O-1—Encounter Volume and Paid Amount for Dental Encounters: UHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	2,905	28,441	102.1	\$126,665	\$4.45
February 2020	3,082	28,361	108.7	\$175,323	\$6.18
March 2020	1,892	28,485	66.4	\$110,804	\$3.89
April 2020	429	28,886	14.9	\$167,724	\$5.81
May 2020	651	29,465	22.1	\$115,366	\$3.92
June 2020	1,174	29,917	39.2	\$156,226	\$5.22
July 2020	1,618	30,078	53.8	\$141,778	\$4.71
August 2020	1,840	30,270	60.8	\$123,457	\$4.08
September 2020	1,649	30,672	53.8	\$111,440	\$3.63
October 2020	2,130	30,847	69.1	\$138,638	\$4.49
November 2020	1,689	31,140	54.2	\$74,449	\$2.39
December 2020	179	31,519	5.7	\$747	\$0.02

Table O-2 provides encounter volume and paid amount results for UHA professional encounters.

Table O-2—Encounter Volume and Paid Amount for Professional Encounters: UHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	39,710	28,441	1,396.2	\$3,767,158	\$132.46
February 2020	39,000	28,361	1,375.1	\$3,863,840	\$136.24
March 2020	34,869	28,485	1,224.1	\$3,368,177	\$118.24
April 2020	28,503	28,886	986.7	\$2,295,247	\$79.46
May 2020	29,685	29,465	1,007.5	\$2,195,316	\$74.51
June 2020	35,810	29,917	1,197.0	\$2,938,755	\$98.23
July 2020	35,402	30,078	1,177.0	\$2,473,831	\$82.25
August 2020	32,669	30,270	1,079.3	\$2,334,835	\$77.13
September 2020	33,798	30,672	1,101.9	\$2,272,505	\$74.09
October 2020	34,558	30,847	1,120.3	\$2,519,617	\$81.68
November 2020	20,859	31,140	669.8	\$1,436,428	\$46.13
December 2020	3,759	31,519	119.3	\$316,718	\$10.05

Table O-3 provides encounter volume and paid amount results for UHA inpatient encounters.

Table O-3—Encounter Volume and Paid Amount for Inpatient Encounters: UHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	238	28,441	8.4	\$1,514,624	\$53.25
February 2020	227	28,361	8.0	\$1,433,911	\$50.56
March 2020	236	28,485	8.3	\$1,942,958	\$68.21
April 2020	171	28,886	5.9	\$552,391	\$19.12
May 2020	204	29,465	6.9	\$673,508	\$22.86
June 2020	205	29,917	6.9	\$758,239	\$25.34
July 2020	202	30,078	6.7	\$674,071	\$22.41
August 2020	229	30,270	7.6	\$662,663	\$21.89
September 2020	202	30,672	6.6	\$542,693	\$17.69
October 2020	197	30,847	6.4	\$435,664	\$14.12
November 2020	87	31,140	2.8	\$387,416	\$12.44
December 2020	15	31,519	0.5	\$163,822	\$5.20

Table O-4 provides encounter volume and paid amount results for UHA outpatient encounters.

Table O-4—Encounter Volume and Paid Amount for Outpatient Encounters: UHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	6,448	28,441	226.7	\$1,894,270	\$66.60
February 2020	6,369	28,361	224.6	\$1,660,861	\$58.56
March 2020	5,583	28,485	196.0	\$1,363,163	\$47.86
April 2020	4,195	28,886	145.2	\$279,147	\$9.66
May 2020	5,048	29,465	171.3	\$328,070	\$11.13
June 2020	6,139	29,917	205.2	\$377,114	\$12.61
July 2020	6,199	30,078	206.1	\$489,671	\$16.28
August 2020	5,892	30,270	194.6	\$387,097	\$12.79
September 2020	5,788	30,672	188.7	\$387,303	\$12.63
October 2020	6,102	30,847	197.8	\$402,461	\$13.05
November 2020	3,206	31,140	103.0	\$165,243	\$5.31
December 2020	630	31,519	20.0	\$37,060	\$1.18

Table O-5 provides encounter volume and paid amount results for UHA pharmacy encounters.

Table O-5—Encounter Volume and Paid Amount for Pharmacy Encounters: UHA

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	27,091	28,441	952.5	\$1,545,686	\$54.35
February 2020	25,260	28,361	890.7	\$1,335,153	\$47.08
March 2020	27,918	28,485	980.1	\$1,656,983	\$58.17
April 2020	24,174	28,886	836.9	\$1,521,781	\$52.68
May 2020	23,860	29,465	809.8	\$1,411,043	\$47.89
June 2020	25,845	29,917	863.9	\$1,696,282	\$56.70
July 2020	26,037	30,078	865.6	\$1,764,935	\$58.68
August 2020	25,599	30,270	845.7	\$1,766,243	\$58.35
September 2020	26,450	30,672	862.4	\$1,823,180	\$59.44
October 2020	26,713	30,847	866.0	\$1,838,906	\$59.61
November 2020	25,605	31,140	822.3	\$1,716,070	\$55.11
December 2020	27,047	31,519	858.1	\$674,768	\$21.41

Encounter Data Timeliness

Table O-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for UHA dental encounters.

Table O-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: UHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table O-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for UHA professional encounters.

Table O-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: UHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
January 2021	0.0%	0.0%	47.5%	79.7%	86.4%	100.0%
February 2021	0.0%	0.0%	0.0%	94.9%	100.0%	100.0%
March 2021	99.1%	99.2%	99.6%	100.0%	100.0%	100.0%
April 2021	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table O-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for UHA inpatient encounters.

Table O-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: UHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	98.7%	99.7%	99.7%	99.7%	99.7%	99.7%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	98.8%	98.8%	98.8%	98.8%	98.8%	99.6%
November 2020	97.6%	97.6%	97.6%	97.6%	97.6%	100.0%
December 2020	98.6%	98.6%	98.6%	99.7%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table O-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for UHA outpatient encounters.

Table O-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: UHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.7%	99.9%	99.9%	99.9%	99.9%	99.9%
September 2020	99.4%	99.7%	99.7%	99.7%	99.7%	99.7%
October 2020	99.5%	99.8%	99.8%	99.8%	99.8%	99.8%
November 2020	99.8%	99.8%	99.8%	99.8%	99.9%	100.0%
December 2020	99.7%	99.7%	99.7%	99.8%	100.0%	100.0%
January 2021	0.0%	0.0%	12.1%	100.0%	100.0%	100.0%
February 2021	0.0%	3.8%	5.1%	37.2%	100.0%	100.0%
March 2021	97.2%	97.2%	99.3%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table O-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for UHA pharmacy encounters.

Table O-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: UHA

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table O-11 provides lag triangles for UHA dental encounters. Additional details provided include MM and claims PMPM.

Table O-11—Encounters Lag Triangle—Dental Encounters: UHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	221												221
202002	2,080	184											2,264
202003	518	2,625	815										3,958
202004	117	335	1,054	63									1,569
202005	55	63	58	290	57								523
202006	13	17	13	67	444	102							656
202007	19	3	20	13	108	859	201						1,223

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202008	10	7	18	1	41	171	1,335	520					2,103
202009	1	4	4		3	13	25	1,202	246				1,498
202010	4	10	15	2	6	56	72	88	1,383	252			1,888
202011	3	3	11	3	7	7	8	41	56	1,821	516		2,476
202012	1		3	1		2	4	22	13	25	1,143	128	1,342
202103						2	3	2	3	6	65	4	85
202104			1			1		2	1	24	3	10	42
202105	8	2		1	2	1	1		1	2	1	2	21
202106		2		1	1	1	2	3	2	50	24	39	125
TOTAL	3,050	3,255	2,012	442	669	1,215	1,651	1,880	1,705	2,180	1,752	183	19,994
MM	28,441	28,361	28,485	28,886	29,465	29,917	30,078	30,270	30,672	30,847	31,140	31,519	358,081
PMPM	0.107	0.115	0.071	0.015	0.023	0.041	0.055	0.062	0.056	0.071	0.056	0.006	0.056

Table O-12 provides lag triangles for UHA professional encounters. Additional details provided include MM and claims PMPM.

Table O-12—Encounters Lag Triangle—Professional Encounters: UHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	20												20
202002	24,564	3,291											27,855
202003	6,211	22,425	6,967										35,603
202004	7,838	11,107	23,653	682									43,280
202005	634	1,237	5,682	7,754	1,196								16,503
202006	190	386	1,060	5,270	16,219	5,018							28,143
202007	523	1,232	1,440	3,354	8,330	20,798	3,120						38,797
202008	197	230	384	9,639	4,168	4,889	31,504	8,001					59,012
202009	239	184	190	3,846	1,490	1,353	3,179	22,804	6,492				39,777
202010	90	122	249	482	376	7,216	944	4,341	23,615	3,895			41,330
202011	5,349	4,445	123	263	298	395	654	1,327	6,744	31,266	7,268		58,132
202012	25	38	44	38	68	57	110	289	669	3,366	15,849	2,639	23,192
202103	11	6	15	23	26	49	53	49	40	103	206	390	971
202104	11	11	6	16	25	37	49	40	52	87	152	247	733
202105	37	33	74	77	71	77	102	96	82	107	182	367	1,305
202106	28	4	91	306	142	112	17	39	50	74	87	210	1,160
TOTAL	45,967	44,751	39,978	31,750	32,409	40,001	39,732	36,986	37,744	38,898	23,744	3,853	415,813
MM	28,441	28,361	28,485	28,886	29,465	29,917	30,078	30,270	30,672	30,847	31,140	31,519	358,081
PMPM	1.616	1.578	1.403	1.099	1.100	1.337	1.321	1.222	1.231	1.261	0.762	0.122	1.161

Table O-13 provides lag triangles for UHA inpatient encounters. Additional details provided include MM and claims PMPM.

Table O-13—Encounters Lag Triangle—Inpatient Encounters: UHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	47	5											52
202003	144	142	20										306
202004	10	35	115	1									161
202005	18	20	47	34									119
202006	11	10	23	105	92								241
202007		6	24	23	96	103							252
202008	7	10	4	5	8	79	140	17					270
202009	2	1	1	1	5	10	35	106					161
202010	1		2	2	1	6	16	86	105				219
202011						2	8	16	80	1			107
202012	1						1	1	14	186	79		282
202103							1	1		2	1	7	12
202104	1		2		1	6	1	2	2	3	3	4	25
202105	1	1					1	1	1	2	3	4	14
202106					2		1	1	1	3	1		9
TOTAL	243	230	238	171	205	206	204	231	203	197	87	15	2,230
MM	28,441	28,361	28,485	28,886	29,465	29,917	30,078	30,270	30,672	30,847	31,140	31,519	358,081
PMPM	0.009	0.008	0.008	0.006	0.007	0.007	0.007	0.008	0.007	0.006	0.003	0.000	0.006

Table O-14 provides lag triangles for UHA outpatient encounters. Additional details provided include MM and claims PMPM.

Table O-14—Encounters Lag Triangle—Outpatient Encounters: UHA

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	268	5											273
202003	1,686	303	51										2,040
202004	4,037	5,234	4,251	4									13,526
202005	59	140	563	2,762	689								4,213
202006	56	82	88	448	2,913	1,149							4,736
202007	16	32	550	732	1,264	3,745	1,373						7,712
202008	231	346	42	61	104	1,055	3,667	1,414					6,920
202009	41	76	10	25	39	117	881	3,356	1,038				5,583
202010	16	31	12	170	25	57	142	956	3,442	721			5,572
202011	41	31	36	24	41	46	137	127	1,208	4,439	900		7,030
202012	5	100	6	2	2	4	6	32	100	950	2,233	313	3,753

Service Month													
Submission Month	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	Total
202103	3	2		4	7	7	4	7	14	16	53	194	311
202104	6	2	2	5	11	15	15	22	26	20	23	78	225
202105	9	17	18	6	13	14	25	26	5	24	15	31	203
202106	43	30	1		4	6	4	9	13	11	6	17	144
TOTAL	6,517	6,431	5,630	4,243	5,112	6,215	6,254	5,949	5,846	6,181	3,230	633	62,241
MM	28,441	28,361	28,485	28,886	29,465	29,917	30,078	30,270	30,672	30,847	31,140	31,519	358,081
PMPM	0.229	0.227	0.198	0.147	0.173	0.208	0.208	0.197	0.191	0.200	0.104	0.020	0.174

Table O-15 provides lag triangles for UHA pharmacy encounters. Additional details provided include MM and claims PMPM.

Table O-15—Encounters Lag Triangle—Pharmacy Encounters: UHA

Service Month													
Submission Month	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	Total
202001	19,842												19,842
202002	7,211	17,501											24,712
202003	7	7,691	17,972										25,670
202004	13	43	9,883	12,772									22,711
202005	1	5	21	11,367	10,946								22,340
202006		1	16	21	12,884	21,641							34,563
202007			3		1	4,160	18,988						23,152
202008					8	3	7,000	16,531					23,542
202009					1	8	19	9,024	15,100				24,152
202010					1	1	2	15	11,282	13,190			24,491
202011						1	1	3	33	13,485	10,846		24,369
202012	1							12	12	12	14,722	21,374	36,133
202101										1	3	5,570	5,574
202102										1	2	50	53
202103										5	4	9	18
202104												3	3
202105		1	1									13	15
202106	1	1	3	2	1	3	2	3	1	1		1	19
TOTAL	27,076	25,243	27,899	24,162	23,842	25,817	26,012	25,588	26,428	26,695	25,577	27,020	311,359
MM	28,441	28,361	28,485	28,886	29,465	29,917	30,078	30,270	30,672	30,847	31,140	31,519	358,081
PMPM	0.952	0.890	0.979	0.836	0.809	0.863	0.865	0.845	0.862	0.865	0.821	0.857	0.870

Field-Level Completeness and Accuracy

Table O-16 provides a summary of the field-level completeness and accuracy for UHA dental encounters.

Table O-16—Data Element Completeness and Accuracy for Dental Encounters: UHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	19,994	19,994	100.0%	19,994	19,986	100.0%
Header First Date of Service	19,994	19,994	100.0%	19,994	19,994	100.0%
Header Last Date of Service	19,994	19,994	100.0%	19,994	19,994	100.0%
Detail First Date of Service	70,651	70,651	100.0%	70,651	70,651	100.0%
Detail Last Date of Service	70,651	70,651	100.0%	70,651	70,651	100.0%
Paid Date	70,651	70,651	100.0%	70,651	70,651	100.0%
Billing Provider NPI	19,994	19,994	100.0%	19,994	13,468	67.4%
Rendering Provider NPI	19,994	19,994	100.0%	19,994	16,294	81.5%
Referring Provider NPI	19,994	19,994	100.0%	19,994	16,294	81.5%
CDT Codes	70,651	70,651	100.0%	70,651	70,650	100.0%
Tooth Number	70,651	23,313	33.0%	23,313	23,313	100.0%
Tooth Surface Codes	70,651	7,161	10.1%	15,108	15,108	100.0%
Oral Cavity Codes	70,651	873	1.2%	873	873	100.0%

Table O-17 provides a summary of the field-level completeness and accuracy for UHA professional encounters.

Table O-17—Data Element Completeness and Accuracy for Professional Encounters: UHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	415,813	415,813	100.0%	415,813	415,690	100.0%
Header First Date of Service	415,813	415,813	100.0%	415,813	415,813	100.0%
Header Last Date of Service	415,813	415,813	100.0%	415,813	415,813	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	572,207	572,207	100.0%	572,207	572,207	100.0%
Detail Last Date of Service	572,207	572,207	100.0%	572,207	572,207	100.0%
Paid Date	572,207	572,207	100.0%	572,207	572,207	100.0%
Billing Provider NPI	415,813	415,813	100.0%	415,813	343,229	82.5%
Rendering Provider NPI	415,813	415,813	100.0%	415,813	379,104	91.2%
Referring Provider NPI	415,813	415,813	100.0%	415,813	379,104	91.2%
Primary Diagnosis Codes	415,813	415,813	100.0%	415,813	415,810	100.0%
Secondary Diagnosis Codes	415,813	180,647	43.4%	349,845	349,844	100.0%
CPT/HCPCS Codes	572,207	572,207	100.0%	572,207	572,205	100.0%
NDC	572,207	23,107	4.0%	23,107	22,404	97.0%

Table O-18 provides a summary of the field-level completeness and accuracy for UHA inpatient encounters.

Table O-18—Data Element Completeness and Accuracy for Inpatient Encounters: UHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	2,230	2,230	100.0%	2,230	2,223	99.7%
Header First Date of Service	2,230	2,230	100.0%	2,230	2,230	100.0%
Header Last Date of Service	2,230	2,230	100.0%	2,230	2,230	100.0%
Paid Date	26,401	26,401	100.0%	26,401	26,401	100.0%
Billing Provider NPI	2,230	2,230	100.0%	2,230	2,207	99.0%
Rendering Provider NPI	2,230	2,230	100.0%	2,230	2,075	93.0%
Attending Provider NPI	2,230	2,230	100.0%	2,230	2,075	93.0%
Referring Provider NPI	2,230	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	2,230	2,230	100.0%	2,230	2,230	100.0%
Secondary Diagnosis Codes	2,230	2,198	98.6%	6,241	6,241	100.0%
Primary Surgical Procedure Codes	2,230	1,488	66.7%	1,488	1,488	100.0%
Secondary Surgical Procedure Codes	2,230	925	41.5%	1,894	1,894	100.0%
CPT/HCPCS Codes	26,401	9	0.0%	9	1	11.1%
Diagnosis-Related Groups Codes	2,230	2,230	100.0%	2,230	2,208	99.0%
Revenue Codes	26,401	26,401	100.0%	26,401	26,401	100.0%
NDC	26,401	1	0.0%	1	1	100.0%
Type of Bill Codes	2,230	2,230	100.0%	2,230	2,230	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table O-19 provides a summary of the field-level completeness and accuracy for UHA outpatient encounters.

Table O-19—Data Element Completeness and Accuracy for Outpatient Encounters: UHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	62,241	62,241	100.0%	62,241	62,226	100.0%
Header First Date of Service	62,241	62,241	100.0%	62,241	62,241	100.0%
Header Last Date of Service	62,241	62,241	100.0%	62,241	62,241	100.0%
Paid Date	293,215	293,215	100.0%	293,215	293,215	100.0%
Billing Provider NPI	62,241	62,241	100.0%	62,241	61,840	99.4%
Rendering Provider NPI	62,241	62,241	100.0%	62,241	59,613	95.8%
Attending Provider NPI	62,241	62,241	100.0%	62,241	59,613	95.8%
Primary Diagnosis Codes	62,241	62,241	100.0%	62,241	62,241	100.0%
Secondary Diagnosis Codes	62,241	37,989	61.0%	77,839	77,839	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	293,215	264,623	90.2%	264,623	264,620	100.0%
Revenue Codes	293,215	293,215	100.0%	293,215	293,215	100.0%
NDC	293,215	32,918	11.2%	32,918	32,766	99.5%
Type of Bill Codes	62,241	62,241	100.0%	62,241	62,241	100.0%

Table O-20 provides a summary of the field-level completeness and accuracy for UHA pharmacy encounters.

Table O-20—Data Element Completeness and Accuracy for Pharmacy Encounters: UHA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	311,359	311,359	100.0%	311,359	311,296	100.0%
Date of Service	311,359	311,359	100.0%	311,359	311,359	100.0%
Paid Date	311,359	311,359	100.0%	311,359	311,359	100.0%
Billing Provider NPI	311,359	311,359	100.0%	311,359	176,380	56.6%
Prescribing Provider NPI	311,359	311,359	100.0%	311,359	296,867	95.3%
NDC	311,599	311,599	100.0%	311,599	310,927	99.8%

Comparative Analysis

This section presents the UHA results for the comparative analysis.

Table O-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	92,558	253	0.3%	92,305	0	0.0%
Professional	721,587	11,468	1.6%	723,785	13,666	1.9%
Institutional	438,672	19,573	4.5%	424,509	5,410	1.3%
Pharmacy	338,931	13,670	4.0%	325,700	439	0.1%

Table O-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	92,305	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	92,305	0	0.0%	0	0.0%	0	0.0%
Detail Service From Date	92,305	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	92,305	0	0.0%	0	0.0%	0	0.0%
Member ID	92,305	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	92,305	5	0.0%	5	0.0%	91,080	98.7%
Oral Cavity Code 2	92,305	0	0.0%	0	0.0%	92,305	100.0%
Oral Cavity Code 3	92,305	0	0.0%	0	0.0%	92,305	100.0%
Oral Cavity Code 4	92,305	0	0.0%	0	0.0%	92,305	100.0%
Oral Cavity Code 5	92,305	0	0.0%	0	0.0%	92,305	100.0%
Procedure Code	92,305	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	92,305	0	0.0%	0	0.0%	0	0.0%
Tooth Number	92,305	110	0.1%	148	0.2%	62,719	67.9%
Tooth Surface 1	92,305	21	0.0%	24	0.0%	83,669	90.6%
Tooth Surface 2	92,305	26	0.0%	27	0.0%	86,701	93.9%
Tooth Surface 3	92,305	18	0.0%	18	0.0%	89,645	97.1%
Tooth Surface 4	92,305	8	0.0%	8	0.0%	91,326	98.9%
Tooth Surface 5	92,305	2	0.0%	2	0.0%	91,959	99.6%

Table O-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	710,119	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	710,119	1,635	0.2%	0	0.0%	0	0.0%
Primary Diagnosis Code	710,119	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	710,119	0	0.0%	0	0.0%	347,231	48.9%
Detail Service From Date	710,119	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	710,119	0	0.0%	0	0.0%	0	0.0%
Member ID	710,119	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	710,119	256	0.0%	18	0.0%	329,007	46.3%
NDC	710,119	158	0.0%	1	0.0%	682,133	96.1%
Procedure Code	710,119	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	710,119	1,607	0.2%	0	0.0%	0	0.0%

Table O-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	419,099	33,785	8.1%	157	0.0%	349,167	83.3%
Amount Paid	419,099	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	419,099	5,757	1.4%	0	0.0%	0	0.0%
Billing Provider NPI	419,099	836	0.2%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	419,099	2	0.0%	247	0.1%	382,950	91.4%
Primary Diagnosis Code	419,099	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	419,099	0	0.0%	0	0.0%	85,720	20.5%
Header Service From Date	419,099	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	419,099	0	0.0%	0	0.0%	0	0.0%
Member ID	419,099	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	419,099	90	0.0%	3	0.0%	364,466	87.0%
NDC	419,099	19,177	4.6%	3	0.0%	352,956	84.2%
Procedure Code	419,099	72,574	17.3%	0	0.0%	0	0.0%
Revenue Code	419,099	4,218	1.0%	3	0.0%	0	0.0%
Primary Surgical Procedure Code	419,099	0	0.0%	25,608	6.1%	393,491	93.9%
Secondary Surgical Procedure Code	419,099	0	0.0%	17,303	4.1%	401,796	95.9%

Table O-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	325,261	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	325,261	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	325,261	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	325,261	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	325,261	0	0.0%	0	0.0%	0	0.0%
Member ID	325,261	0	0.0%	0	0.0%	0	0.0%
NDC	325,261	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	325,261	1	0.0%	0	0.0%	0	0.0%

Table O-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	92,305	92,305	100.0%
Detail Service From Date	92,305	92,305	100.0%
Detail Service To Date	92,305	92,292	100.0%
Billing Provider NPI	92,305	92,293	100.0%
Rendering Provider NPI	92,305	92,305	100.0%
Procedure Code	92,305	91,693	99.3%
Tooth Number	29,328	28,922	98.6%
Oral Cavity Code 1	1,215	1,202	98.9%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	8,591	8,549	99.5%
Tooth Surface 2	5,551	5,529	99.6%
Tooth Surface 3	2,624	2,615	99.7%
Tooth Surface 4	963	962	99.9%
Tooth Surface 5	342	342	100.0%
Amount Paid	92,305	92,305	100.0%

* -- denotes that there are no records with values present in both data sources

Table O-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	710,119	710,119	100.0%
Detail Service From Date	710,119	710,067	100.0%
Detail Service To Date	710,119	710,064	100.0%
Billing Provider NPI	708,484	708,473	100.0%
Rendering Provider NPI	708,512	708,325	100.0%
Primary Diagnosis Code	710,119	710,112	100.0%
Secondary Diagnosis Code	362,888	362,888	100.0%
Procedure Code	710,119	709,871	100.0%
Procedure Code Modifier	380,838	380,571	99.9%
NDC	27,827	3	0.0%
Amount Paid	710,119	709,030	99.8%

Table O-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	419,099	419,099	100.0%
Header Service From Date	419,099	417,926	99.7%
Header Service To Date	419,099	380,400	90.8%
Admission Date	35,990	35,990	100.0%
Billing Provider NPI	418,263	418,263	100.0%
Attending Provider NPI	413,342	412,935	99.9%
Primary Diagnosis Code	419,099	419,092	100.0%
Secondary Diagnosis Code	333,379	333,372	100.0%
Procedure Code	346,525	346,460	100.0%
Procedure Code Modifier	54,540	54,540	100.0%
Primary Surgical Procedure Code	0	0	--*
Secondary Surgical Procedure Code	0	0	--*
NDC	46,963	3	0.0%
Revenue Code	414,878	413,323	99.6%
Diagnosis-Related Group (DRG) Code	35,900	35,214	98.1%
Amount Paid	419,099	418,939	100.0%

Table O-29—Element Accuracy—Pharmacy Encounters

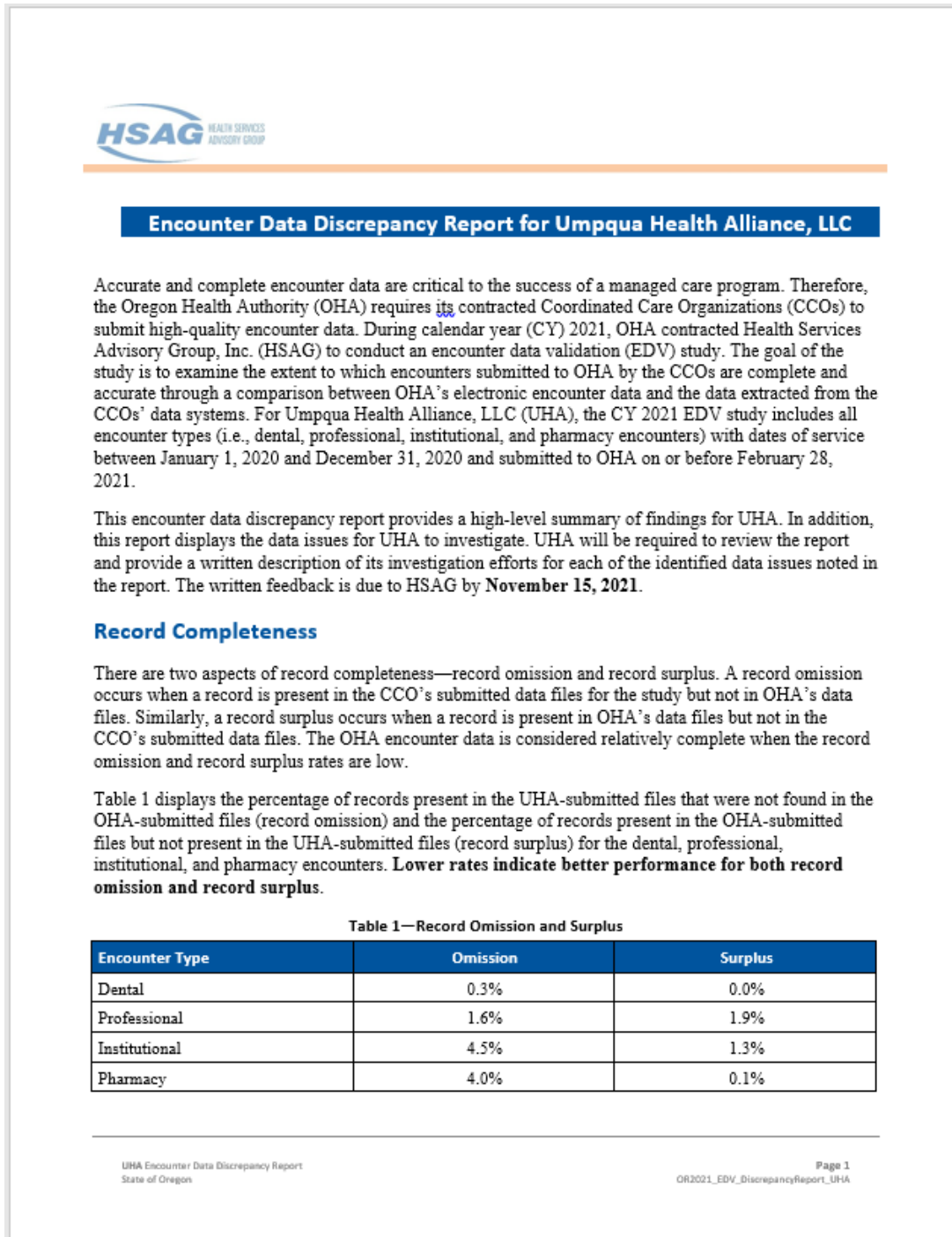
Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	325,261	325,261	100.0%
Header Service From Date	325,261	325,261	100.0%
Billing Provider NPI	325,261	325,261	100.0%
Prescribing Provider NPI	325,260	325,260	100.0%
NDC	325,261	325,261	100.0%
Drug Quantity	325,261	313,834	96.5%
Amount Paid	325,261	325,261	100.0%
Dispensing Fee	325,261	194	0.1%

Table O-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	92,305	91,346	99.0%
Professional	710,119	678,808	95.6%
Institutional	419,099	276,442	66.0%
Pharmacy	325,261	313,833	96.5%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for UHA with its response.



Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for dental and professional encounters, as each rate was at or less than 1.9 percent.
- For institutional encounters, the record surplus rate was low at 1.3 percent, while the record omission rate was higher at 4.5 percent.
- Similarly, for pharmacy encounters, the record surplus rate was very low at 0.1 percent while the record omission rate was higher at 4.0 percent.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays UHA's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%

Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	99.3%
Tooth Number	0.1%	0.2%	67.9%	98.6%
Oral Cavity Code 1	0.0%	0.0%	98.7%	98.9%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.0%	90.6%	99.5%
Tooth Surface 2	0.0%	0.0%	93.9%	99.6%
Tooth Surface 3	0.0%	0.0%	97.1%	99.7%
Tooth Surface 4	0.0%	0.0%	98.9%	99.9%
Tooth Surface 5	0.0%	0.0%	99.6%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or below 0.2 percent) for all dental encounter data elements that were evaluated.
- The dental encounter data element accuracy rates were very high (i.e., at least 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and UHA-submitted data).

Professional Encounters

Table 3 displays UHA's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters



Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.2%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.2%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	48.9%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	46.3%	99.9%
National Drug Code (NDC)	0.0%	0.0%	96.1%	0.0%
Header Paid Amount	0.0%	0.0%	0.0%	99.8%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.2 percent) for all professional encounter data elements that were evaluated.
- The professional encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all encounter data elements that had values populated in both sources (i.e., OHA- and UHA-submitted data), except for the NDC data element with accuracy rate of 0.0 percent.
 - For the data element *NDC*, the low accuracy rate was due to how UHA populated this field in its submitted data for the study. Based on further investigation, it appears that the UHA-submitted data included additional information as a suffix within the NDC field. The additional information appears to be the drug quantity measure values, and when the information was removed from the NDC string, the *NDC* data element had a higher accuracy when compared to the NDC values from the OHA-submitted data.

Institutional Encounters

Table 4 displays UHA's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	99.7%

Header Service To Date	0.0%	0.0%	0.0%	90.8%
Admission Date	8.1%	0.0%	83.3%	100.0%
Billing Provider NPI	0.2%	0.0%	0.0%	100.0%
Attending Provider NPI	1.4%	0.0%	0.0%	99.9%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	20.5%	100.0%
Procedure Code	17.3%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.0%	0.0%	87.0%	100.0%
Primary Surgical Procedure Code	0.0%	6.1%	93.9%	--*
Secondary Surgical Procedure Code	0.0%	4.1%	95.9%	--*
NDC	4.6%	0.0%	84.2%	0.0%
Revenue Code	1.0%	0.0%	0.0%	99.6%
Diagnosis-Related Group (DRG) Code	0.0%	0.1%	91.4%	98.1%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 4

- The data element omission and surplus rates were low (i.e., at or below 4.6 percent) for all institutional encounter data elements that were evaluated, except for the element omission rate associated with the *Admission Date* and *Procedure Code* data elements, and the element surplus rate for the *Primary Surgical Procedure Code*.
 - The element omission rate for data element *Admission Date* was high at 8.1 percent. Among records where the procedure code values were populated in the UHA-submitted data but not populated in the OHA-submitted data, 85.0 percent of the admission dates had the same values as the header first date of service.
 - The element omission rate for data element *Procedure Code* was very high at 17.3 percent. HSAG was not able to identify any pattern(s) or root cause of the discrepancy.
 - The element surplus rate for data element *Primary Surgical Code* was relatively high at 6.1 percent. The UHA-submitted data had no values for this data element, hence, the high surplus rate when compared to the OHA-submitted data that had values populated in this field.
- The data element accuracy rates were very high (i.e., more than 98.0 percent) for all the institutional encounter data elements that were evaluated, except for the *Header Service To Date* and *NDC* data elements, with rates of 90.8 percent and 0.0 percent, respectively.

- For data element *Header Service To Date*, among records where the field values were populated and did not match between the two sources (i.e., OHA-submitted data and UHA-submitted data), more than 88.0 percent had a difference of seven days or less.
- For data element *NDC*, the low accuracy rate was due to how UHA populated this field in its submitted data for the study. It appears that the UHA-submitted data included additional information as a suffix within the NDC field. The additional information appears to be the drug quantity measure values, and when the information was removed from the NDC string, the *NDC* data element had a higher accuracy when compared to the NDC values from the OHA-submitted data.

Pharmacy Encounters

Table 5 displays UHA's data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.0%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.5%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	0.0%	0.0%	0.1%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., 0.0 percent) for all pharmacy encounter data elements that were evaluated.
- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 96.5 percent and 0.1 percent, respectively.
- For data element *Drug Quantity*, among records where the UHA-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that all of the *Drug Quantity* data element in the JCC-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.

- For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the UHA-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, UHA is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	UHA's Investigation Efforts and Explanations
Table 1	Institutional encounter omission rate (4.5%)	<p>In reviewing the provided claims examples that were omitted we were not able to identify information that was not sent in the 837 files originally. We feel these claims may fall into one of the below scenarios.</p> <p>Some of the claims in the sample data set were on the cuff of the audit cut off date. These claims had ICN posted in our system ICN after this date which may reflect why they were omitted from the OHA data set. This scenario accounted for 89 of the 656 claims provided.</p> <p>There were some claims, such as 07272020E443353, that have a DRG line which was not included in the 837 export files, however it was included in the HSAG audit files as a separate line. This scenario accounted for 134 claims of the 656 claims provided. We will update our logic to match that of the export logic.</p> <p>Other examples, such as 07222020E412916 were submitted in two different encounter 837 submission files. The first submission was in file T837I_080220MP_04_MB000762.dat and contained 16 lines. This claim was later sent in file T837I_122020MP_04_MB000762.dat with 16 adjustment lines that netted this claim to zero. The HSAG audit data pull has all 32 lines with no missing codes that net this claim to zero. We believe this scenario should be omitted from the data set we send for audit due to OHA most likely negating the claim in their system. We will update our logic for the data pull if this audit or OHA suggests it is appropriate.</p>

		In reviewing the samples, the other claims that were identified as being omitted had the same scenarios as above, in which no data was identified as missing.
Table 1	Pharmacy encounter omission rate (4%)	Many of the claims in the sample data set were on the cuff of the audit cut off date. These claims had ICN posted in our system ICN after this date which may reflect why they were omitted from the OHA data set.
Table 4	Header Service to Date accuracy rate (90.8 percent) for institutional encounters	Header service to date discrepancy is due to an error in our logic during the data pull. The HSAG data logic will be updated to reflect the 837 file creation logic.
Table 4	Admission date omission rate (8.1 percent) for institutional encounters	<p>Admission dates were included for some claims where it should not have been. This is due to the HSAG audit data pull not including the logic that is included in the 837 file export. We will update the code for the audit data pull to match the logic that creates the 837 files from our system.</p> <p>An example of this would be the admission date being included on an outpatient claim in the audit data submission but is not exported in the 837 for that claim.</p>

Table 4	Procedure code omission rate (17.3 percent) for institutional encounters	Our system requires a procedure code to be populated for all claim lines. When a claim is billed with just a revenue code our system will populated the procedure code with RV + revenue code. We reviewed the samples sent and confirmed that this was the cause of this omission. We will update the logic for the data pull to match the logic of the 837 export. For those lines where a revenue code is only billed, we will be updated to replace the RV codes with a blank instead of sending the revenue code as the procedure code.
Table 4	Primary and secondary surgical procedure codes surplus rate (6.1 percent and 4.1 percent, respectively) for institutional encounters	The primary and secondary surgical codes were included in the HSAG audit, however they were not exported in the 837 files to OHA. The HSAG query will be updated to reflect the 837 file creation logic.
Table 5	Drug quantity accuracy rate (96.5%) for pharmacy encounters	In reviewing the samples provided, the discrepancy is caused by OHA's system containing logic to round numbers with a decimal point up or down. No discrepancy identified in the UHA's data or system.
Table 5	Dispensing fee accuracy rate (0.1%) for pharmacy encounters	OHA is attributing a dispensing fee of \$9.80 to approximately 95% of encounters and does not match the transaction data in Med Impact's system. For example, a dispensing fee that exceeds the payment amount is not accurate. UHA disagrees with this finding.

☐

Appendix P. Results for Yamhill Community Care Organization

This appendix contains detailed administrative profile results, comparative analysis results, and images of the original encounter data discrepancy report with its responses for Yamhill Community Care Organization (YCCO).

Administrative Profile

This section presents the statewide results for the administrative profile analysis by claim type.

Encounter Data Completeness

Table P-1 provides encounter volume and paid amount results for YCCO dental encounters.

Table P-1—Encounter Volume and Paid Amount for Dental Encounters: YCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	2,550	28,168	90.5	\$152,521	\$5.41
February 2020	2,684	27,697	96.9	\$145,530	\$5.25
March 2020	1,452	27,473	52.9	\$78,063	\$2.84
April 2020	333	27,819	12.0	\$11,817	\$0.42
May 2020	760	28,667	26.5	\$32,720	\$1.14
June 2020	1,521	29,158	52.2	\$62,775	\$2.15
July 2020	1,883	29,373	64.1	\$104,964	\$3.57
August 2020	1,982	29,454	67.3	\$93,934	\$3.19
September 2020	2,070	29,722	69.6	\$85,410	\$2.87
October 2020	2,436	29,943	81.4	\$113,122	\$3.78
November 2020	2,031	30,118	67.4	\$86,237	\$2.86
December 2020	151	30,672	4.9	\$2,747	\$0.09

Table P-2 provides encounter volume and paid amount results for YCCO professional encounters.

Table P-2—Encounter Volume and Paid Amount for Professional Encounters: YCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	31,861	28,168	1,131.1	\$3,310,933	\$117.54
February 2020	29,689	27,697	1,071.9	\$3,036,157	\$109.62
March 2020	24,642	27,473	897.0	\$2,617,512	\$95.28
April 2020	19,772	27,819	710.7	\$2,072,139	\$74.49
May 2020	22,753	28,667	793.7	\$2,424,267	\$84.57
June 2020	26,546	29,158	910.4	\$2,807,899	\$96.30
July 2020	27,101	29,373	922.7	\$2,862,367	\$97.45
August 2020	25,693	29,454	872.3	\$2,693,074	\$91.43
September 2020	24,929	29,722	838.7	\$2,639,120	\$88.79
October 2020	27,310	29,943	912.1	\$2,726,389	\$91.05
November 2020	18,185	30,118	603.8	\$1,610,606	\$53.48
December 2020	3,532	30,672	115.2	\$260,679	\$8.50

Table P-3 provides encounter volume and paid amount results for YCCO inpatient encounters.

Table P-3—Encounter Volume and Paid Amount for Inpatient Encounters: YCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	261	28,168	9.3	\$2,177,844	\$77.32
February 2020	206	27,697	7.4	\$1,919,588	\$69.31
March 2020	173	27,473	6.3	\$1,538,652	\$56.01
April 2020	158	27,819	5.7	\$1,758,370	\$63.21
May 2020	213	28,667	7.4	\$2,043,682	\$71.29
June 2020	185	29,158	6.3	\$1,473,391	\$50.53
July 2020	225	29,373	7.7	\$1,644,624	\$55.99
August 2020	197	29,454	6.7	\$1,560,521	\$52.98
September 2020	150	29,722	5.0	\$1,238,427	\$41.67
October 2020	159	29,943	5.3	\$1,384,658	\$46.24
November 2020	60	30,118	2.0	\$835,407	\$27.74
December 2020	22	30,672	0.7	\$123,595	\$4.03

Table P-4 provides encounter volume and paid amount results for YCCO outpatient encounters.

Table P-4—Encounter Volume and Paid Amount for Outpatient Encounters: YCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	4,594	28,168	163.1	\$1,889,625	\$67.08
February 2020	4,301	27,697	155.3	\$2,011,342	\$72.62
March 2020	3,325	27,473	121.0	\$1,513,850	\$55.10
April 2020	1,829	27,819	65.7	\$920,581	\$33.09
May 2020	3,005	28,667	104.8	\$1,458,859	\$50.89
June 2020	3,890	29,158	133.4	\$2,070,363	\$71.00
July 2020	3,953	29,373	134.6	\$1,872,663	\$63.75
August 2020	3,865	29,454	131.2	\$1,657,469	\$56.27
September 2020	3,647	29,722	122.7	\$1,922,606	\$64.69
October 2020	3,928	29,943	131.2	\$1,812,648	\$60.54
November 2020	2,958	30,118	98.2	\$1,278,147	\$42.44
December 2020	151	30,672	4.9	\$70,656	\$2.30

Table P-5 provides encounter volume and paid amount results for YCCO pharmacy encounters.

Table P-5—Encounter Volume and Paid Amount for Pharmacy Encounters: YCCO

Month	Encounter Volume	Member Count	Encounter Volume per 1,000 MM	Paid Amount	Paid Amount PMPM
January 2020	21,234	28,168	753.8	\$1,521,000	\$54.00
February 2020	19,202	27,697	693.3	\$1,514,215	\$54.67
March 2020	21,906	27,473	797.4	\$1,747,294	\$63.60
April 2020	18,225	27,819	655.1	\$1,604,282	\$57.67
May 2020	17,802	28,667	621.0	\$1,494,877	\$52.15
June 2020	19,483	29,158	668.2	\$1,743,118	\$59.78
July 2020	19,282	29,373	656.5	\$1,687,661	\$57.46
August 2020	19,134	29,454	649.6	\$1,624,780	\$55.16
September 2020	19,311	29,722	649.7	\$1,740,114	\$58.55
October 2020	20,329	29,943	678.9	\$1,710,917	\$57.14
November 2020	19,063	30,118	632.9	\$1,670,107	\$55.45
December 2020	20,049	30,672	653.7	\$1,407,372	\$45.88

Encounter Data Timeliness

Table P-6 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for YCCO dental encounters.

Table P-6—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Dental Encounters: YCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table P-7 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for YCCO professional encounters.

Table P-7—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Professional Encounters: YCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
March 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
January 2021	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	100.0%	100.0%
March 2021	98.8%	99.7%	100.0%	100.0%	100.0%	100.0%
April 2021	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table P-8 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for YCCO inpatient encounters.

Table P-8—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Inpatient Encounters: YCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
March 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2020	97.7%	97.7%	99.1%	99.5%	99.5%	99.5%
July 2020	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
September 2020	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
November 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
December 2020	97.4%	97.4%	97.4%	97.4%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	100.0%	100.0%	100.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	94.4%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table P-9 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for YCCO outpatient encounters.

Table P-9—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Outpatient Encounters: YCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
February 2020	99.9%	99.9%	99.9%	99.9%	100.0%	100.0%
March 2020	99.6%	99.8%	99.8%	99.9%	99.9%	99.9%
April 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
May 2020	98.7%	99.1%	99.8%	99.8%	99.8%	99.9%
June 2020	99.5%	99.7%	99.7%	99.9%	99.9%	99.9%
July 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
August 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
September 2020	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
October 2020	99.8%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
December 2020	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	20.0%	20.0%	100.0%	100.0%	100.0%
March 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
April 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
June 2021	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table P-10 provides the percentage of encounters submitted to OHA within 30, 60, 90, 120, and 150 days since the CCO payment date for YCCO pharmacy encounters.

Table P-10—Cumulative Percentage of Encounters Submitted to OHA Since CCO Payment Date—Pharmacy Encounters: YCCO

CCO Payment Month	Submitted Within 30 Days	Submitted Within 60 Days	Submitted Within 90 Days	Submitted Within 120 Days	Submitted Within 150 Days	Submitted Within 180 Days
January 2020	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
February 2020	99.8%	99.9%	99.9%	99.9%	99.9%	99.9%
March 2020	99.8%	99.9%	100.0%	100.0%	100.0%	100.0%
April 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
May 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
June 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
July 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
August 2020	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
September 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
October 2020	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
November 2020	99.7%	99.9%	99.9%	99.9%	100.0%	100.0%
December 2020	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%
January 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
February 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
March 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
April 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
May 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
June 2021	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Table P-11 provides lag triangles for YCCO dental encounters. Additional details provided include MM and claims PMPM.

Table P-11—Encounters Lag Triangle—Dental Encounters: YCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	641												641
202002	1,540	550											2,090
202003	293	1,539	547										2,379
202004	11	323	683	151									1,168
202005	77	291	189	152	208								917

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202006	8	7	51	26	512	372							976
202007	8	3	1	3	26	1,100	740						1,881
202008	1	2	1	1	1	29	1,112	251					1,398
202009	1		1		12	21	29	1,698	227				1,989
202010	5	5	1	3	6	5	19	34	1,760	756			2,594
202011		1	1		1	1	4	6	36	1,301	3		1,354
202012	1		1	1	2	1	2	4	63	408	2,038	144	2,665
202104							2		1	1	2	5	11
202105											1	1	2
202106												1	1
TOTAL	2,586	2,721	1,476	337	768	1,529	1,908	1,993	2,087	2,466	2,044	151	20,066
MM	28,168	27,697	27,473	27,819	28,667	29,158	29,373	29,454	29,722	29,943	30,118	30,672	348,264
PMPM	0.092	0.098	0.054	0.012	0.027	0.052	0.065	0.068	0.070	0.082	0.068	0.005	0.058

Table P-12 provides lag triangles for YCCO professional encounters. Additional details provided include MM and claims PMPM.

Table P-12—Encounters Lag Triangle—Professional Encounters: YCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	4,281												4,281
202002	17,040	4,144											21,184
202003	5,707	17,444	3,549										26,700
202004	2,132	4,938	15,543	2,993									25,606
202005	1,047	1,215	2,427	10,803	3,112								18,604
202006	625	662	1,073	2,773	13,651	3,340							22,124
202007	537	341	539	1,034	3,300	17,524	4,139						27,414
202008	1,408	1,347	1,155	1,041	1,580	3,659	18,052	4,583					32,825
202009	201	510	766	770	797	1,785	3,595	15,725	2,913				27,062
202010	267	269	257	356	424	642	1,268	4,788	18,969	6,373			33,613
202011	52	47	281	669	589	328	580	900	2,647	15,506	1,322		22,921
202012	25	40	117	145	65	200	306	489	1,155	6,010	16,559	1,148	26,259
202104	20	20	12	25	23	47	70	63	154	296	566	2,215	3,511
202105	10	6	17	43	65	82	115	103	150	186	174	306	1,257
202106	1	2	2	15	16	24	18	65	75	112	126	110	566
TOTAL	33,353	30,985	25,738	20,667	23,622	27,631	28,143	26,716	26,063	28,483	18,747	3,779	293,927
MM	28,168	27,697	27,473	27,819	28,667	29,158	29,373	29,454	29,722	29,943	30,118	30,672	348,264
PMPM	1.184	1.119	0.937	0.743	0.824	0.948	0.958	0.907	0.877	0.951	0.622	0.123	0.844

Table P-13 provides lag triangles for YCCO inpatient encounters. Additional details provided include MM and claims PMPM.

Table P-13—Encounters Lag Triangle—Inpatient Encounters: YCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202002	92	1											93
202003	59	78	7										144
202004	18	42	75	20									155
202005	31	33	36	77	28								205
202006	48	35	39	30	104	13							269
202007	7	12	11	16	34	107							187
202008	2	2	3	9	29	48	153	6					252
202009	6	2	2	5	13	14	43	115	3				203
202010		1			3	2	20	59	110	25			220
202011					1	1	7	11	27	72			119
202012					1		1	3	8	57	56		126
202104	1						1			2	2	7	13
202105			1	1	1	1			1	4	2	9	20
202106		1		1			1	3	1	1		5	13
202107												1	1
TOTAL	264	207	174	159	214	186	226	197	150	161	60	22	2,020
MM	28,168	27,697	27,473	27,819	28,667	29,158	29,373	29,454	29,722	29,943	30,118	30,672	348,264
PMPM	0.009	0.007	0.006	0.006	0.007	0.006	0.008	0.007	0.005	0.005	0.002	0.001	0.006

Table P-14 provides lag triangles for YCCO outpatient encounters. Additional details provided include MM and claims PMPM.

Table P-14—Encounters Lag Triangle—Outpatient Encounters: YCCO

Submission Month	Service Month												Total
	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	
202001	221												221
202002	2,056	592											2,648
202003	596	1,895	529										3,020
202004	417	490	1,594	351									2,852
202005	439	486	491	979	567								2,962
202006	136	169	216	167	1,873	611							3,172
202007	719	648	461	241	266	2,430	813						5,578
202008	19	28	61	66	165	524	2,347	622					3,832
202009	12	15	11	13	54	172	440	2,401	428				3,546
202010	17	9	8	26	81	148	276	612	2,729	897			4,803
202011	2	2	3	4	14	42	63	157	264	2,287	33		2,871

Service Month													
Submission Month	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	Total
202012	4	5	3	8	12	14	38	91	224	745	2,879		4,023
202104	7	4	3		4	5	17	37	36	14	31	100	258
202105	5	1	2	1	2	1	2	1	6	14	19	33	87
202106	2	4	3	2	5	10	2	3	5	4	18	19	77
TOTAL	4,652	4,348	3,385	1,858	3,043	3,957	3,998	3,924	3,692	3,961	2,980	152	39,950
MM	28,168	27,697	27,473	27,819	28,667	29,158	29,373	29,454	29,722	29,943	30,118	30,672	348,264
PMPM	0.165	0.157	0.123	0.067	0.106	0.136	0.136	0.133	0.124	0.132	0.099	0.005	0.115

Table P-15 provides lag triangles for YCCO pharmacy encounters. Additional details provided include MM and claims PMPM.

Table P-15—Encounters Lag Triangle—Pharmacy Encounters: YCCO

Service Month													
Submission Month	202001	202002	202003	202004	202005	202006	202007	202008	202009	202010	202011	202012	Total
202001	18,759												18,759
202002	2,395	16,157											18,552
202003	2	2,930	17,313										20,245
202004		16	4,506	16,620									21,142
202005		1	7	1,498	15,020								16,526
202006			3		2,716	15,127							17,846
202007					2	4,262	17,052						21,316
202008						4	2,142	15,483					17,629
202009							2	3,592	14,243				17,837
202010							1	2	5,020	17,570			22,593
202011										2,709	15,780		18,489
202012										1	3,220	18,453	21,674
202101											4	1,539	1,543
202102												3	3
202103	20	16	8	4	13	7	14	14	8	5	20	8	137
TOTAL	21,176	19,120	21,837	18,122	17,751	19,400	19,211	19,091	19,271	20,285	19,024	20,003	234,291
MM	28,168	27,697	27,473	27,819	28,667	29,158	29,373	29,454	29,722	29,943	30,118	30,672	348,264
PMPM	0.752	0.690	0.795	0.651	0.619	0.665	0.654	0.648	0.648	0.677	0.632	0.652	0.673

Field-Level Completeness and Accuracy

Table P-16 provides a summary of the field-level completeness and accuracy for YCCO dental encounters.

Table P-16—Data Element Completeness and Accuracy for Dental Encounters: YCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	20,066	20,066	100.0%	20,066	20,057	100.0%
Header First Date of Service	20,066	20,066	100.0%	20,066	20,066	100.0%
Header Last Date of Service	20,066	20,066	100.0%	20,066	20,066	100.0%
Detail First Date of Service	62,866	62,866	100.0%	62,866	62,866	100.0%
Detail Last Date of Service	62,866	62,866	100.0%	62,866	62,866	100.0%
Paid Date	62,866	62,866	100.0%	62,866	62,866	100.0%
Billing Provider NPI	20,066	20,064	100.0%	20,064	17,376	86.6%
Rendering Provider NPI	20,066	20,066	100.0%	20,066	19,734	98.3%
Referring Provider NPI	20,066	20,066	100.0%	20,066	19,734	98.3%
CDT Codes	62,866	62,866	100.0%	62,866	62,866	100.0%
Tooth Number	62,866	19,260	30.6%	19,260	19,260	100.0%
Tooth Surface Codes	62,866	6,940	11.0%	14,594	14,594	100.0%
Oral Cavity Codes	62,866	10,109	16.1%	10,109	10,109	100.0%

Table P-17 provides a summary of the field-level completeness and accuracy for YCCO professional encounters.

Table P-17—Data Element Completeness and Accuracy for Professional Encounters: YCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	293,927	293,927	100.0%	293,927	293,698	99.9%
Header First Date of Service	293,927	293,927	100.0%	293,927	293,927	100.0%
Header Last Date of Service	293,927	293,927	100.0%	293,927	293,927	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Detail First Date of Service	521,105	521,105	100.0%	521,105	521,105	100.0%
Detail Last Date of Service	521,105	521,105	100.0%	521,105	521,105	100.0%
Paid Date	521,105	521,105	100.0%	521,105	521,105	100.0%
Billing Provider NPI	293,927	293,927	100.0%	293,927	195,611	66.6%
Rendering Provider NPI	293,927	293,923	100.0%	293,923	262,469	89.3%
Referring Provider NPI	293,927	293,923	100.0%	293,923	262,469	89.3%
Primary Diagnosis Codes	293,927	293,927	100.0%	293,927	293,925	100.0%
Secondary Diagnosis Codes	293,927	147,117	50.1%	282,062	282,062	100.0%
CPT/HCPCS Codes	521,105	521,105	100.0%	521,105	521,105	100.0%
NDC	521,105	26,442	5.1%	26,442	26,217	99.1%

Table P-18 provides a summary of the field-level completeness and accuracy for YCCO inpatient encounters.

Table P-18—Data Element Completeness and Accuracy for Inpatient Encounters: YCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	2,020	2,020	100.0%	2,020	2,016	99.8%
Header First Date of Service	2,020	2,020	100.0%	2,020	2,020	100.0%
Header Last Date of Service	2,020	2,020	100.0%	2,020	2,020	100.0%
Paid Date	24,183	24,183	100.0%	24,183	24,183	100.0%
Billing Provider NPI	2,020	2,020	100.0%	2,020	1,925	95.3%
Rendering Provider NPI	2,020	2,020	100.0%	2,020	1,900	94.1%
Attending Provider NPI	2,020	2,020	100.0%	2,020	1,900	94.1%
Referring Provider NPI	2,020	0	0.0%	0	0	NA

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Primary Diagnosis Codes	2,020	2,020	100.0%	2,020	2,020	100.0%
Secondary Diagnosis Codes	2,020	1,973	97.7%	5,565	5,565	100.0%
Primary Surgical Procedure Codes	2,020	1,199	59.4%	1,199	1,199	100.0%
Secondary Surgical Procedure Codes	2,020	681	33.7%	1,315	1,315	100.0%
CPT/HCPCS Codes	24,183	1	0.0%	1	0	0.0%
Diagnosis-Related Groups Codes	2,020	2,020	100.0%	2,020	2,005	99.3%
Revenue Codes	24,183	24,183	100.0%	24,183	24,183	100.0%
NDC	24,183	0	0.0%	0	0	NA
Type of Bill Codes	2,020	2,020	100.0%	2,020	2,020	100.0%

“NA” denotes all records had missing values for this data element; therefore, validity could not be assessed.

Table P-19 provides a summary of the field-level completeness and accuracy for YCCO outpatient encounters.

Table P-19—Data Element Completeness and Accuracy for Outpatient Encounters: YCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	39,950	39,950	100.0%	39,950	39,922	99.9%
Header First Date of Service	39,950	39,950	100.0%	39,950	39,950	100.0%
Header Last Date of Service	39,950	39,950	100.0%	39,950	39,950	100.0%
Paid Date	195,265	195,265	100.0%	195,265	195,265	100.0%
Billing Provider NPI	39,950	39,950	100.0%	39,950	37,913	94.9%
Rendering Provider NPI	39,950	39,950	100.0%	39,950	38,007	95.1%
Attending Provider NPI	39,950	39,950	100.0%	39,950	38,007	95.1%
Primary Diagnosis Codes	39,950	39,950	100.0%	39,950	39,950	100.0%
Secondary Diagnosis Codes	39,950	24,255	60.7%	50,425	50,425	100.0%

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
CPT/HCPCS Codes	195,265	180,479	92.4%	180,479	180,475	100.0%
Revenue Codes	195,265	195,265	100.0%	195,265	195,265	100.0%
NDC	195,265	17,519	9.0%	17,519	17,244	98.4%
Type of Bill Codes	39,950	39,950	100.0%	39,950	39,950	100.0%

Table P-20 provides a summary of the field-level completeness and accuracy for YCCO pharmacy encounters.

Table P-20—Data Element Completeness and Accuracy for Pharmacy Encounters: YCCO

Data Element	Percent Present			Percent Valid Value		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Member ID	234,291	234,291	100.0%	234,291	234,229	100.0%
Date of Service	234,291	234,291	100.0%	234,291	234,291	100.0%
Paid Date	234,291	234,291	100.0%	234,291	234,291	100.0%
Billing Provider NPI	234,291	234,291	100.0%	234,291	158,980	67.9%
Prescribing Provider NPI	234,291	234,281	100.0%	234,281	225,463	96.2%
NDC	235,020	235,020	100.0%	235,020	234,463	99.8%

Comparative Analysis

This section presents the YCCO results for the comparative analysis.

Table P-21—Record Omission and Surplus by Encounter Type

Encounter Type	Record Omission			Record Surplus		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Dental	86,790	2,654	3.1%	84,330	194	0.2%
Professional	641,132	5,079	0.8%	638,620	2,567	0.4%
Institutional	286,049	4,560	1.6%	284,258	2,769	1.0%
Pharmacy	248,573	40	0.0%	249,465	932	0.4%

Table P-22—Element Omission, Surplus, and Absent—Dental Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	84,136	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	84,136	18	0.0%	0	0.0%	0	0.0%
Detail Service From Date	84,136	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	84,136	0	0.0%	0	0.0%	0	0.0%
Member ID	84,136	0	0.0%	0	0.0%	0	0.0%
Oral Cavity Code 1	84,136	8	0.0%	17	0.0%	72,499	86.2%
Oral Cavity Code 2	84,136	0	0.0%	0	0.0%	84,136	100.0%
Oral Cavity Code 3	84,136	0	0.0%	0	0.0%	84,136	100.0%
Oral Cavity Code 4	84,136	0	0.0%	0	0.0%	84,136	100.0%
Oral Cavity Code 5	84,136	0	0.0%	0	0.0%	84,136	100.0%
Procedure Code	84,136	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	84,136	4	0.0%	0	0.0%	0	0.0%
Tooth Number	84,136	145	0.2%	293	0.3%	61,284	72.8%
Tooth Surface 1	84,136	15	0.0%	48	0.1%	75,982	90.3%
Tooth Surface 2	84,136	13	0.0%	31	0.0%	78,503	93.3%
Tooth Surface 3	84,136	1	0.0%	4	0.0%	81,871	97.3%
Tooth Surface 4	84,136	1	0.0%	2	0.0%	83,263	99.0%
Tooth Surface 5	84,136	0	0.0%	0	0.0%	83,974	99.8%

Table P-23—Element Omission, Surplus, and Absent—Professional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	636,053	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	636,053	565	0.1%	0	0.0%	0	0.0%
Primary Diagnosis Code	636,053	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	636,053	3	0.0%	0	0.0%	327,214	51.4%
Detail Service From Date	636,053	0	0.0%	0	0.0%	0	0.0%
Detail Service To Date	636,053	0	0.0%	0	0.0%	0	0.0%
Member ID	636,053	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	636,053	670	0.1%	10	0.0%	296,958	46.7%
NDC	636,053	302	0.0%	3	0.0%	605,971	95.3%
Procedure Code	636,053	0	0.0%	0	0.0%	0	0.0%
Rendering Provider NPI	636,053	605	0.1%	0	0.0%	0	0.0%

Table P-24—Element Omission, Surplus, and Absent—Institutional Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Admission Date	281,489	42,416	15.1%	62	0.0%	210,085	74.6%
Amount Paid	281,489	0	0.0%	0	0.0%	0	0.0%
Attending Provider NPI	281,489	2,473	0.9%	0	0.0%	0	0.0%
Billing Provider NPI	281,489	267	0.1%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Diagnosis-Related Group (DRG) Code	281,489	0	0.0%	62	0.0%	252,501	89.7%
Primary Diagnosis Code	281,489	0	0.0%	0	0.0%	0	0.0%
Secondary Diagnosis Code	281,489	0	0.0%	0	0.0%	51,766	18.4%
Header Service From Date	281,489	0	0.0%	0	0.0%	0	0.0%
Header Service To Date	281,489	0	0.0%	0	0.0%	0	0.0%
Member ID	281,489	0	0.0%	0	0.0%	0	0.0%
Procedure Code Modifier	281,489	217	0.1%	22	0.0%	240,993	85.6%
NDC	281,489	6,701	2.4%	3	0.0%	252,158	89.6%
Procedure Code	281,489	46,740	16.6%	0	0.0%	0	0.0%
Revenue Code	281,489	1,564	0.6%	3	0.0%	0	0.0%
Primary Surgical Procedure Code	281,489	0	0.0%	18,772	6.7%	262,717	93.3%
Secondary Surgical Procedure Code	281,489	0	0.0%	12,266	4.4%	269,223	95.6%

Table P-25—Element Omission, Surplus, and Absent—Pharmacy Encounters

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Amount Paid	248,533	0	0.0%	0	0.0%	0	0.0%
Billing Provider NPI	248,533	0	0.0%	0	0.0%	0	0.0%
Drug Quantity	248,533	0	0.0%	0	0.0%	0	0.0%
Dispensing Fee	248,533	0	0.0%	0	0.0%	0	0.0%

Key Data Element	Number of Matched Records	Element Omission		Element Surplus		Element Absent	
		Number of Records With Values Not in OHA's Data	Rate	Number of Records With Values Not in CCOs' Data	Rate	Number of Records With Values Absent in Both Data	Rate
Header Service From Date	248,533	0	0.0%	0	0.0%	0	0.0%
Member ID	248,533	0	0.0%	0	0.0%	0	0.0%
NDC	248,533	0	0.0%	0	0.0%	0	0.0%
Prescribing Provider NPI	248,533	499	0.2%	0	0.0%	0	0.0%

Table P-26—Element Accuracy—Dental Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	84,136	84,136	100.0%
Detail Service From Date	84,136	84,126	100.0%
Detail Service To Date	84,136	84,021	99.9%
Billing Provider NPI	84,118	84,118	100.0%
Rendering Provider NPI	84,132	84,132	100.0%
Procedure Code	84,136	78,957	93.8%
Tooth Number	22,414	22,146	98.8%
Oral Cavity Code 1	11,612	11,600	99.9%
Oral Cavity Code 2	0	0	--*
Oral Cavity Code 3	0	0	--*
Oral Cavity Code 4	0	0	--*
Oral Cavity Code 5	0	0	--*
Tooth Surface 1	8,091	8,072	99.8%
Tooth Surface 2	5,589	5,585	99.9%
Tooth Surface 3	2,260	2,260	100.0%
Tooth Surface 4	870	870	100.0%
Tooth Surface 5	162	162	100.0%
Amount Paid	84,136	84,115	100.0%

* -- denotes that there are no records with values present in both data sources

Table P-27—Element Accuracy—Professional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	636,053	636,052	100.0%
Detail Service From Date	636,053	635,991	100.0%
Detail Service To Date	636,053	635,991	100.0%
Billing Provider NPI	635,488	635,488	100.0%
Rendering Provider NPI	635,448	633,092	99.6%
Primary Diagnosis Code	636,053	636,044	100.0%
Secondary Diagnosis Code	308,836	308,832	100.0%
Procedure Code	636,053	635,903	100.0%
Procedure Code Modifier	338,415	338,395	100.0%
NDC	29,777	42	0.1%
Amount Paid	636,053	635,381	99.9%

Table P-28—Element Accuracy—Institutional Encounters

Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	281,489	281,489	100.0%
Header Service From Date	281,489	279,589	99.3%
Header Service To Date	281,489	242,937	86.3%
Admission Date	28,926	28,926	100.0%
Billing Provider NPI	281,222	281,222	100.0%
Attending Provider NPI	279,016	279,011	100.0%
Primary Diagnosis Code	281,489	281,488	100.0%
Secondary Diagnosis Code	229,723	229,706	100.0%
Procedure Code	234,749	234,455	99.9%
Procedure Code Modifier	40,257	40,245	100.0%
Primary Surgical Procedure Code	0	0	--*
Secondary Surgical Procedure Code	0	0	--*
NDC	22,627	242	1.1%
Revenue Code	279,922	276,894	98.9%
Diagnosis-Related Group (DRG) Code	28,926	28,578	98.8%
Amount Paid	281,489	280,817	99.8%

Table P-29—Element Accuracy—Pharmacy Encounters


Key Data Element	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values in Both Data Sources	Rate
Member ID	248,533	248,531	100.0%
Header Service From Date	248,533	248,533	100.0%
Billing Provider NPI	248,533	248,533	100.0%
Prescribing Provider NPI	248,034	248,032	100.0%
NDC	248,533	248,533	100.0%
Drug Quantity	248,533	240,062	96.6%
Amount Paid	248,533	248,533	100.0%
Dispensing Fee	248,533	696	0.3%

Table P-30—All-Element Accuracy by Encounter Type

Encounter Data Type	Number of Records With Values Present in Both Data Sources	Number of Records With Same Values Present in Both Data Sources	Rate
Dental	84,136	78,609	93.4%
Professional	636,053	604,157	95.0%
Institutional	281,489	167,790	59.6%
Pharmacy	248,533	239,614	96.4%

Technical Assistance—Data Discrepancy Report

This section includes images of the original encounter data discrepancy report for YCCO with its response.



Encounter Data Discrepancy Report for Yamhill Community Care Organization

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Oregon Health Authority (OHA) requires its contracted Coordinated Care Organizations (CCOs) to submit high-quality encounter data. During calendar year (CY) 2021, OHA contracted Health Services Advisory Group, Inc. (HSAG) to conduct an encounter data validation (EDV) study. The goal of the study is to examine the extent to which encounters submitted to OHA by the CCOs are complete and accurate through a comparison between OHA's electronic encounter data and the data extracted from the CCOs' data systems. For Yamhill Community Care Organization (YCCO), the CY 2021 EDV study includes all encounter types (i.e., dental, professional, institutional, and pharmacy encounters) with dates of service between January 1, 2020 and December 31, 2020 and submitted to OHA on or before February 28, 2021.

This encounter data discrepancy report provides a high-level summary of findings for YCCO. In addition, this report displays the data issues for YCCO to investigate. YCCO will be required to review the report and provide a written description of its investigation efforts for each of the identified data issues noted in the report. The written feedback is due to HSAG by **November 15, 2021**.

Record Completeness

There are two aspects of record completeness—record omission and record surplus. A record omission occurs when a record is present in the CCO's submitted data files for the study but not in OHA's data files. Similarly, a record surplus occurs when a record is present in OHA's data files but not in the CCO's submitted data files. The OHA encounter data is considered relatively complete when the record omission and record surplus rates are low.

Table 1 displays the percentage of records present in the YCCO-submitted files that were not found in the OHA-submitted files (record omission) and the percentage of records present in the OHA-submitted files but not present in the YCCO-submitted files (record surplus) for the dental, professional, institutional, and pharmacy encounters. **Lower rates indicate better performance for both record omission and record surplus.**

Encounter Type	Omission	Surplus
Dental	3.1%	0.2%
Professional	0.8%	0.4%
Institutional	1.6%	1.0%
Pharmacy	0.0%	0.4%

YCCO Encounter Data Discrepancy Report
State of Oregon

Page 1
OR2021_EDV_DiscrepancyReport_YCCO

Key Findings: Table 1

- There were no issues noted regarding the record omission and record surplus rates for professional, institutional, and pharmacy encounters, as each rate was at or less than 1.6 percent.
- For dental encounters, the record surplus rate was very low at 0.2 percent, while the record omission rate was slightly higher at 3.1 percent.

Element Completeness and Accuracy

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

Data element accuracy is limited to those records present in both data sources with values present in both data sources. Records with values missing in both data sources were not included in the denominator. The numerator is the number of records with the same non-missing values for a given data element. Higher data element accuracy rates indicate that the values populated for a data element in OHA's submitted encounter data are more accurate.

For records that matched in both the OHA files and the CCO's files, the percentage of records with values absent in both data sources was also calculated as supplemental information. It is important to note that for element absent, in general, lower rates would be preferred, indicating fewer records had values not populated in both data sources. However, higher rates do not necessarily indicate poor performance since some data elements are not required for every encounter transaction. Some examples include data elements that are characterized by situational reporting requirements—e.g., secondary diagnosis code, procedure code modifier, etc.

Dental Encounters

Table 2 displays YCCO's data element omission, surplus, absent, and accuracy rates for the dental encounters.

Table 2—Data Element Completeness and Accuracy for Dental Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member Identification (ID)	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.0%	0.0%	0.0%	100.0%
Procedure Code	0.0%	0.0%	0.0%	93.8%
Tooth Number	0.2%	0.3%	72.8%	98.8%
Oral Cavity Code 1	0.0%	0.0%	86.2%	99.9%
Oral Cavity Code 2	0.0%	0.0%	100.0%	--*
Oral Cavity Code 3	0.0%	0.0%	100.0%	--*
Oral Cavity Code 4	0.0%	0.0%	100.0%	--*
Oral Cavity Code 5	0.0%	0.0%	100.0%	--*
Tooth Surface 1	0.0%	0.1%	90.3%	99.8%
Tooth Surface 2	0.0%	0.0%	93.3%	99.9%
Tooth Surface 3	0.0%	0.0%	97.3%	100.0%
Tooth Surface 4	0.0%	0.0%	99.0%	100.0%
Tooth Surface 5	0.0%	0.0%	99.8%	100.0%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
* -- denotes that there are no records with values present in both data sources				

Key Findings: Table 2

- The data element omission and surplus rates were very low (i.e., at or lower than 0.3 percent) for all dental encounter data elements that were evaluated.
- The dental encounter data element accuracy rates were very high (i.e., more than 98.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and YCCO-submitted data), except for the *Procedure Code* data element, with an accuracy rate of 93.8 percent.

Professional Encounters

Table 3 displays YCCO's data element omission, surplus, absent, and accuracy rates for the professional encounters.

Table 3—Data Element Completeness and Accuracy for Professional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Detail Service From Date	0.0%	0.0%	0.0%	100.0%
Detail Service To Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Rendering Provider NPI	0.1%	0.0%	0.0%	99.6%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	51.4%	100.0%
Procedure Code	0.0%	0.0%	0.0%	100.0%
Procedure Code Modifier	0.1%	0.0%	46.7%	100.0%
National Drug Code (NDC)	0.0%	0.0%	95.3%	0.1%
Header Paid Amount	0.0%	0.0%	0.0%	99.9%

Key Findings: Table 3

- The data element omission and surplus rates were very low (i.e., at or lower than 0.1 percent) for all professional encounter data elements that were evaluated.
- The professional encounter data element accuracy rates were very high (i.e., more than 99.0 percent) for all evaluated data elements that had values populated in both sources (i.e., OHA- and YCCO-submitted data), except for the *NDC* data element, with an accuracy rate of 0.1 percent.
 - For the data element *NDC*, the low accuracy rate was due to how YCCO populated this field in its submitted data for the study. Based on further investigation, it appears that the YCCO-submitted data included additional information as a suffix within the *NDC* field. The additional information appears to be the drug quantity measure values, and when the information was removed from the *NDC* string, the *NDC* data element had a higher accuracy when compared to the *NDC* values from the OHA-submitted data.

Institutional Encounters

Table 4 displays YCCO's data element omission, surplus, absent, and accuracy rates for the institutional encounters.

Table 4—Data Element Completeness and Accuracy for Institutional Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	99.3%
Header Service To Date	0.0%	0.0%	0.0%	86.3%
Admission Date	15.1%	0.0%	74.6%	100.0%
Billing Provider NPI	0.1%	0.0%	0.0%	100.0%
Attending Provider NPI	0.9%	0.0%	0.0%	100.0%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100.0%
Secondary Diagnosis Code	0.0%	0.0%	18.4%	100.0%
Procedure Code	16.6%	0.0%	0.0%	99.9%
Procedure Code Modifier	0.1%	0.0%	85.6%	100.0%
Primary Surgical Procedure Code	0.0%	6.7%	93.3%	--*
Secondary Surgical Procedure Code	0.0%	4.4%	95.6%	--*
NDC	2.4%	0.0%	89.6%	1.1%
Revenue Code	0.6%	0.0%	0.0%	98.9%
Diagnosis-Related Group (DRG) Code	0.0%	0.0%	89.7%	98.8%
Header Paid Amount	0.0%	0.0%	0.0%	99.8%

* -- denotes that there are no records with values present in both data sources

Key Findings: Table 4

- The data element omission and surplus rates were very low (i.e., at or lower than 2.4 percent) for 12 of the 16 institutional encounter data elements that were evaluated.
 - For data element *Admission Date*, the element omission rate was very high at 15.1 percent. Based on further investigation, the records identified as omission (i.e., values were populated in the YCCO-submitted data but not populated in the OHA-submitted data) for the *Admission Date* data element, were associated with the outpatient claim type. As such, it was expected that the OHA-submitted data would not have populated this field.
 - For data element *Procedure Code*, the element omission rate was high at 16.6 percent. Among records where procedure code values were populated in the YCCO-submitted data but not

populated in the OHA-submitted data, nearly all of the procedure codes were for procedure codes with what appears to be the revenue code values with a prefix of “RV”.

- For data elements *Primary Surgical Code* and *Secondary Surgical Code*, the element surplus rates were relatively high at 6.7 percent and 4.4 percent, respectively. HSAG was not able to identify any pattern(s) or root cause of the discrepancies.
- The data element accuracy rates were very high (i.e., more than 98.0 percent) for all the institutional encounter data elements that were evaluated, except for *Header Service To Date* and *NDC* data elements, with rates of 86.3 percent and 1.1 percent, respectively.
 - For data element *Header Service To Date*, among records where the field values were populated and did not match between the two sources (i.e., OHA-submitted data and YCCO-submitted data), more than 87.0 percent had a difference of seven days or less.
 - For data element *NDC*, the low accuracy rate was due to how YCCO populated this field in its submitted data for the study. It appears that the YCCO-submitted data included additional information as a suffix within the NDC field. The additional information appears to be the drug quantity measure values, and when the information was removed from the NDC string, the *NDC* data element had a higher accuracy when compared to the NDC values from the OHA-submitted data.

Pharmacy Encounters

Table 5 displays YCCO’s data element omission, surplus, absent, and accuracy rates for the pharmacy encounters.

Table 5—Data Element Completeness and Accuracy for Pharmacy Encounters

Key Data Elements	Element Omission	Element Surplus	Element Absent	Element Accuracy
Member ID	0.0%	0.0%	0.0%	100.0%
Header Service From Date	0.0%	0.0%	0.0%	100.0%
Billing Provider NPI	0.0%	0.0%	0.0%	100.0%
Prescribing Provider NPI	0.2%	0.0%	0.0%	100.0%
NDC	0.0%	0.0%	0.0%	100.0%
Drug Quantity	0.0%	0.0%	0.0%	96.6%
Header Paid Amount	0.0%	0.0%	0.0%	100.0%
Dispensing Fee	0.0%	0.0%	0.0%	0.3%

Key Findings: Table 5

- There were no issues noted regarding the data element omission and data element surplus rates, where rates were very low (i.e., at or less than 0.2 percent) for all pharmacy encounter data elements that were evaluated.



ENCOUNTER DATA DISCREPANCY REPORT FOR YCCO

- The pharmacy encounter data element accuracy rates were high for all evaluated data elements where each had an accuracy rate of 100.0 percent, except for the *Drug Quantity* and *Dispensing Fee* data elements, with accuracy rates of 96.6 percent and 0.3 percent, respectively.
 - For data element *Drug Quantity*, among records where YCCO-submitted drug quantity values did not match with values in the OHA-submitted data, it appears that more than 90.0 percent of the *Drug Quantity* data element in the YCCO-submitted data contained values with decimals; however, the OHA-submitted data had no values with decimals in its data.
 - For data element *Dispensing Fee*, it appears that the OHA-submitted data had values of \$0, \$8.72, \$9.8, or \$17.67, while the YCCO-submitted data had values that varied and did not include values reported in the OHA-submitted data, except for the \$0 value.

Next Steps

- Based on the key findings, YCCO is **required** to address data discrepancies identified in this report as noted in Table 6 below. HSAG will provide a workbook containing sample records to facilitate your CCO's investigation efforts to determine the root cause of the identified discrepancies, if needed.
- Please upload completed responses by November 15, 2021 to HSAG's Secure Access File Exchange (SAFE) site, <https://safe.hsag.com/> in your specific CCO folder and project subfolder labeled "EDV/From CCO". Upon completion of upload, please notify Lacey Hinton via e-mail at lhinton@hsag.com.

Table 6—Action Items from Comparative Analysis

Table	Discrepancy Item	YCCO's Investigation Efforts and Explanations
Table 1	Dental encounter omission rate (3.1%)	In reviewing the example claims it was found that the vast majority of claims had lines that were excluded for un-encounterable procedure codes. Other claims were excluded due to the presence of a R01, R2, or 18 carc code on the lines, or had un-encounterable statuses/adjustments on the claim lines. These items caused a line order difference between the HSAG audit and the 837 files. We will update the HSAG logic to exclude the procedure codes, statuses, and carc codes that should not be sent.

Table 2	Procedure Code accuracy rate (93.8 %)	HSAG audit data reflects the procedure codes in the order as they are stored in our source system. In 837D files this order may be changed on export if a line is omitted from export. There are scenarios where we will omit a line on a claim for submission to OHA, provider billing dummy procedure codes for plan reporting (not encounterable), and duplicate lines. In these scenarios the procedure codes may not appear in the same order.
Table 4	Admission Date omission rate (15.1 %)	<p>Admission dates were included for some claims where it should not have been. This is due to the HSAG audit data pull not including the logic that is included in the 837 file export. We will update the code for the audit data pull to match the logic that creates the 837 files from our system.</p> <p>An example of this would be the admission date being included on an outpatient claim in the audit data submission but is not exported in the 837 for that claim.</p>
Table 4	Procedure Code omission rate (16.6 %)	<p>Our system requires a procedure code to be populated for all claim lines. When a claim is billed with just a revenue code our system will populate the procedure code with RV + revenue code. We reviewed the samples sent and confirmed that this was the cause of this omission. We will update the logic for the data pull to match the logic of the 837 export. For those lines where a revenue code only is billed, the code will be updated to replace the RV codes with a blank instead of sending the revenue code as the procedure code.</p>
Table 4	Primary and Secondary Surgical Procedure Codes surplus rate (6.7 % and 4.4 %, respectively)	The primary and secondary surgical codes were included in the HSAG audit and were included, however they were not exported in the 837 files to OHA. The HSAG query will be updated to reflect the 837 file creation logic.

Table 4	Header service to date accuracy rate (86.3%)	Header service to date discrepancy is due to an error in our logic during the data pull. The HSAG data logic will be updated to reflect the 837 file creation logic.
Table 5	Drug quantity accuracy rate (96.6%)	This appears to be a rounding issue on the state's part. Our submissions follow the technical specification and when reviewing MMIS it shows the Drug Quantity as submitted with a decimal.
Table 5	Dispensing fee accuracy rate (0.3%) for pharmacy encounters	Unclear as to how OHA is populating the Dispensing Fee. We do not include this data as it is not required. Per the NCPDP Implementation Guide the Dispensing Fee is not required because its value does not affect the Gross Amount Due. In hindsight, the field could have been left blank or populated with zero rather than our internal data.