



Policy: MA.5007  
Title: **Health Network Encounter Data Performance Standards**  
Department: Finance  
Section: Encounters

*CEO Approval: /s/ Michael Hunn 10/31/2024*

Effective Date: 01/01/2009

Revised Date: 10/01/2024

Applicable to: ☐ Medi-Cal  
☒ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy establishes the process by which CalOptima Health measures a Health Network's compliance with Encounter data performance standards for dates of submission beginning January 1, 2024, for services rendered to CalOptima Health OneCare Members.

## II. POLICY

A. A Health Network shall meet the Encounter data performance standards as follows:

1. CalOptima Health shall evaluate Encounter submissions, as follows:

a. Physician Medical Group (PMG):

- i. Professional rejected records: Utilizes all professional files submitted during the measurement year. A Health Network shall have a five percent (5%) or less rejection rate in order to be compliant with this standard.
- ii. Encounter timeliness analysis: Utilizes all professional files submitted during the measurement year to calculate the number of days between the date of the Encounter submission and the date of service. A Health Network shall submit ninety percent (90%) of Encounters within one hundred twenty (120) calendar days after the date of service to be compliant with this standard.

b. Health Maintenance Organization (HMO) or Physician Hospital Consortium (PHC)

- i. Rejected records: Utilizes all files submitted during the measurement year. A Health Network shall have a five percent (5%) or less rejection rate for both the professional and facility Encounter files, calculated separately, to be compliant with this standard.
- ii. Encounter timeliness analysis: Utilizes all professional files submitted during the measurement year to calculate the number of days between the date of the Encounter submission and the date of service. A Health Network shall submit ninety percent (90%) of Encounters within one hundred twenty (120) calendar days after the date of service to be compliant with this standard.

- B. CalOptima Health shall annually measure a Health Network's compliance with performance standards with regards to the timely submission of complete and accurate Encounter data, in accordance with this Policy. CalOptima Health shall utilize retrospective Encounter data to conduct its evaluation.
- C. CalOptima Health shall provide a Health Network with a Health Network Encounter Data Scorecard to report a Health Network's progress check score and annual score relating to the status of the Health Network's compliance with Encounter data performance standards.
- D. If a Health Network's annual score is non-compliant with Encounter data performance standards as specified in Section II.A.2 of this Policy, CalOptima Health shall implement the following:
  - 1. A Health Network may be required to submit a written Corrective Action Plan (CAP), in accordance with CalOptima Health Policy HH.2005: Corrective Action Plan.
  - 2. CalOptima Health may impose Sanctions, including, without limitation, financial penalties, against a Health Network that is consistently non-compliant with Encounter data performance standards requirement, in accordance with the OneCare Physician Group Services Contract and CalOptima Health Policy HH.2002: Sanctions.

### **III. PROCEDURE**

- A. A Health Network shall submit Encounter data, in accordance with CalOptima Health Policy EE.1111: Health Network Encounter Reporting Requirements.
- B. CalOptima Health shall provide a Health Network with a progress check score relating to the status of the Health Network's compliance with the Encounter data performance standards.
  - 1. CalOptima Health shall calculate a Health Network's progress check score based on dates of service from January 1 through June 30 of the measurement year.
  - 2. CalOptima Health shall utilize all Encounters submitted during a ten (10) month submission period from January 1 through October 31 of the measurement year to calculate the measures identified in Section II.C. of this Policy for a Health Network's progress check score.
  - 3. CalOptima Health shall report a Health Network's progress check score on the Health Network Encounter Data Scorecard and forward the progress check score to a Health Network in December of the measurement year. Results may be submitted to CalOptima Health's Delegation Oversight Committee (DOC) in February of the year following the measurement year.
- C. CalOptima Health shall provide a Health Network with an annual score relating to the status of the Health Network's compliance with the Encounter data performance standards.
  - 1. CalOptima Health shall calculate a Health Network's annual score based on dates of service from January 1 through December 31 of the measurement year.
  - 2. CalOptima Health shall utilize all Encounters submitted during a seventeen (17) month submission period from January 1 through May 31 of the following year to calculate the measures identified in Section II.C. of this Policy for a Health Network's annual score.

3. CalOptima Health shall report a Health Network's annual score on the Health Network Encounter Data Scorecard and forward the scorecard to the Health Network in July of the year following the measurement year. Results may be submitted to CalOptima Health's Delegation Oversight Committee (DOC) in August of the year following the measurement year.

**IV. ATTACHMENT(S)**

- A. Health Network Encounters Data Scorecard – PHC/HMO
- B. Health Network Encounters Data Scorecard – PMG

**V. REFERENCE(S)**

- A. CalOptima Health Policy EE.1111: Health Network Encounter Reporting Requirements
- B. CalOptima Health Policy HH.2002: Sanctions
- C. CalOptima Health Policy HH.2005: Corrective Action Plan
- D. OneCare Physician Groups Services Contract

**VI. REGULATORY AGENCY APPROVAL(S)**

None to Date

**VII. BOARD ACTION(S)**

None to Date

**VIII. REVISION HISTORY**

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2009	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	08/01/2010	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	07/01/2013	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	12/01/2015	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	08/01/2016	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	04/01/2017	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	07/01/2018	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	07/01/2019	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	07/01/2020	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	08/01/2021	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	05/01/2022	MA.5007	Physician Medical Group Encounter Data Performance Standards	OneCare
Revised	01/01/2023	MA.5007	Health Network Encounter Data Performance Standards	OneCare

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	08/01/2023	MA.5007	Health Network Encounter Data Performance Standards	OneCare
Revised	05/01/2024	MA.5007	Health Network Encounter Data Performance Standards	OneCare
Revised	10/01/2024	MA.5007	Health Network Encounter Data Performance Standards	OneCare

## IX. GLOSSARY

<b>Term</b>	<b>Definition</b>
Corrective Action Plan (CAP)	A plan delineating specific identifiable activities or undertakings that address and are designed to correct program deficiencies or problems identified by formal audits or monitoring activities by CalOptima Health, the Centers of Medicare & Medicaid Services (CMS), Department of Health Care Services (DHCS), or designated representatives. FDRs and/or CalOptima Health departments may be required to complete CAPs to ensure compliance with statutory, regulatory, or contractual obligations and any other requirements identified by CalOptima Health and its regulators.
Covered Service	Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.
Delegation Oversight Committee (DOC)	A subcommittee of the Compliance Committee chaired by the Director of the Audit & Oversight Department to oversee CalOptima Health's delegated functions. The composition of the DOC includes representatives from CalOptima Health's operational departments.
Encounter	Any unit of Covered Service provided to a Member by a Health Network regardless of Health Network reimbursement methodology. These services include any Covered Services provided to a Member, regardless of the service location or Provider, including out-of-network Covered Services and sub-capitated and delegated Covered Services. Encounter data submitted to CalOptima Health should not include duplicate claims.
Health Maintenance Organization (HMO)	A health care service plan, as defined in the Knox-Keene Health Care Service Plan Act of 1975, as amended, commencing with Section 1340 of the California Health and Safety Code.
Health Network	For purposes of this policy, a Physician Hospital Consortium (PHC), Physician Medical Group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO), that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Member	A beneficiary enrolled in the CalOptima Health OneCare program.
Physician Hospital Consortium (PHC)	A physician group or physician groups contractually aligned with at least one (1) hospital, as described in One Care's Physician Groups Services contract.
Physician Medical Group (PMG)	For purposes of this policy, a Health Network who accepts delegated clinical and financial responsibility for professional services for assigned Members, as defined by written contract and enters into a risk sharing agreement with CalOptima Health as the responsible partner for facility services
Practitioner	A licensed independent practitioner including but not limited to a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), Speech and Language Therapist furnishing Covered Services.

Sanction	An action taken by CalOptima Health including, but not limited to, restrictions, limitations, monetary fines, termination, or a combination thereof, based on an FDR's or its agent's failure to comply with statutory, regulatory, contractual, and/or other requirements related to CalOptima Health Programs.
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