Florida Agency for Health Care Administration

SFY 2022–2023 Encounter Data Validation Study: Aggregate Report

July 2023

HSAG HEALTH SERVICES ADVISORY GROUP

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Glossary of Acronyms

ALF	Assisted Living Facility
ARNP	Advance Registered Nurse Practitioner
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CY	Calendar Year
DRG	Diagnosis Related Group
EDV	Encounter Data Validation
EQR	External Quality Review
FMMIS	Florida Medicaid Management Information System
HCBS	Home- and Community-Based Services
HCPCS	Healthcare Common Procedure Coding System
HSAG	Health Services Advisory Group, Inc.
ICD-10-CM	International Classification of Diseases, 10th Revision, Clinical Modification
ICF/DD	Immediate Care Facilities/Developmentally Disabled
ICN	Internal Control Number
ID	Identification
IRR	Interrater Reliability
LTC	Long-Term Care
MM	Member Months
MMA	Managed Medical Assistance
MMIS	Medicaid Management Information System
NDC	National Drug Code
NPI	National Provider Identifier
PDO	Participation Direction Option
PML	Provider Master List
POC	Plan of Care
SAFE	Secure Access File Exchange
SFY	State Fiscal Year
TCN	Transaction Control Number
TPID	Trading Partner ID

Plan Names

HSAG assessed the encounters submitted by the Florida Agency for Health Care Administration's (Agency's) contracted Managed Medical Assistance (MMA) comprehensive and long-term care (LTC) plans (collectively referred to as "plans"). The table below lists the contracted plans included in this study.

List of Contracted Plans

Plan Name	Plan Abbreviation	Shortened Name
MMA Comprehensive Plans		
Aetna Better Health of Florida, Inc.	AET-C	Aetna-C
Humana Medical Plan, Inc.	HUM-C	Humana-C
Molina Healthcare of Florida, Inc.	MOL-C	Molina-C
Simply Healthcare Plans, Inc.	SIM-C	Simply-C
Sunshine State Health Plan, Inc.	SUN-C	Sunshine-C
UnitedHealthcare of Florida, Inc.	UNI-C	United-C
LTC Plan		
Florida Community Care, LLC	FCC-L	Florida Community Care-L

1. Executive Summary

Introduction

Accurate and complete encounter data are critical to the success of any managed care program. State Medicaid agencies rely on the quality of the encounter data submissions to accurately and effectively monitor and improve the program's quality of care, generate accurate and reliable reports, develop appropriate capitation rates, and obtain complete and accurate utilization information. The completeness and accuracy of these data are essential to the success of the state's overall management and oversight of its Medicaid managed care program and in demonstrating its care and service responsibility and fiscal stewardship.

During state fiscal year (SFY) 2022–2023, the Agency continued to contract with Health Services Advisory Group, Inc. (HSAG) to conduct an Encounter Data Validation (EDV) study. The goal of the SFY 2022–2023 EDV study is to examine the extent to which the LTC encounters submitted to the Agency by its contracted MMA comprehensive and LTC plans are complete and accurate.

Overview of Study

In alignment with the Centers for Medicare & Medicaid Services (CMS) external quality review (EQR) *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP [Children's Health Insurance Program] Managed Care Plan: An Optional EQR-Related Activity*, October 2019,[1-1] HSAG conducted the following core evaluation activities for the EDV activity:

- Comparative analysis—Analysis of the Agency's electronic encounter data completeness and accuracy through a comparison between the Agency's electronic encounter data and the data extracted from the plans' data systems. The comparative analysis of the encounter data involved a series of analyses divided into two analytic sections:
  1. HSAG assessed **record-level data completeness** using the following metrics for each LTC encounter type:
     - *Record omission*—The number and percentage of records present in the files submitted by the plans that were not found in the files submitted by the Agency.
     - *Record surplus*—The number and percentage of records present in the files submitted by the Agency but not found in the files submitted by the plans.

[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: October 19, 2022. Please note that CMS updated the October 2019 EQR protocols in 2023, and the new protocols were published in February 2023. HSAG developed the current EDV methodology and began conducting the activities while the October 2019 protocols were in effect. As such, HSAG referenced the previously published protocols since that version was current at the time of the study development.

2. Based on the number of records present in both data sources, HSAG examined **data element-level completeness and accuracy** for the key data elements based on the following metrics:
   - *Element omission*—The number and percentage of records with values present in the files submitted by the plans but not present in the files submitted by the Agency.
   - *Element surplus*—The number and percentage of records with values present in the files submitted by the Agency but not present in the files submitted by the plans.
   - *Element accuracy*—The number and percentage of records with exactly the same values in both the Agency's and the plans' submitted files.
   - *All-Element accuracy*—The number and percentage of records present in both data sources with exactly the same values for select data elements relevant to each encounter data type.

- LTC service record and plan of care (POC) review—Analysis of the Agency's electronic encounter data completeness and accuracy by comparing the Agency's electronic encounter data to the information documented in the corresponding enrollees' LTC service records and POCs.

  1. HSAG reviewed and analyzed the exported information collected from the developed electronic tool. HSAG used four study indicators of data completeness and accuracy to report the record review results:
     - *Record/documentation omission rate*—The percentage of sampled dates of service, diagnosis codes, procedure codes, and procedure code modifiers identified in the electronic encounter data that are not found in the enrollees' LTC service records.
     - *Encounter data omission rate*—The percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the enrollees' LTC service records that are not found in the electronic encounter data.
     - *Accuracy rate of coding*—The percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the electronic encounter data that are correctly coded based on the enrollees' LTC service records.
     - *Overall accuracy rate*—The percentage of dates of service with all data elements coded correctly among all the validated dates of service from the electronic encounter data.
  2. HSAG evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG also reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers.

Snapshot of Findings and Recommendations

Comparative Analysis

Record Completeness

Table 1-1 displays the statewide and plan range of record omission and record surplus rates by LTC encounter type. **Lower rates indicate better performance for both record omission and record surplus**, and rates at or lower than 5.0 percent are generally considered low. In Table 1-1, rates considered as better performance are shaded green; worse rates are shaded pink.

Table 1-1—Encounter Data Completeness Summary

Encounter Type	Record Omission[1]		Record Surplus[2]	
	Statewide Rate	Plan Range	Statewide Rate	Plan Range
LTC Institutional	16.3%	2.2%–47.4%	9.5%	0.6%–24.8%
LTC Professional	3.9%	0.6%–11.5%	4.1%	0.4%–12.6%

[1] Records present in the plan-submitted files but not found in the Agency-submitted files.
[2] Records present in the Agency-submitted files but not found in the plan-submitted files.

Figure 1-1 displays a graphic to demonstrate the overall performance (by the number of plans) on record omission and record surplus rates for LTC institutional encounters.

Figure 1-1—LTC Institutional Encounter Summary

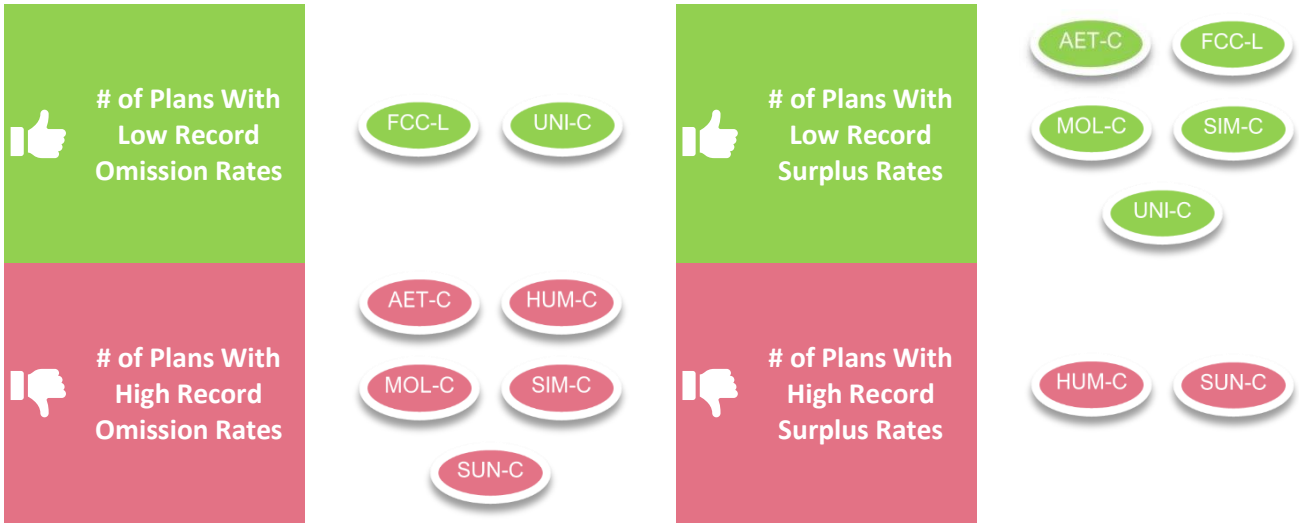


Figure 1-2 displays a graphic to demonstrate the overall performance (by the number of plans) on record omission and record surplus rates for LTC professional encounters.

Figure 1-2—LTC Professional Encounter Summary

Findings: The statewide record omission and surplus rates were high (i.e., higher than 5.0 percent) for the LTC institutional encounters, suggesting noticeable discrepancies at the record level when comparing the plan-submitted files to the Agency-submitted files. Five plans contributed to the high statewide record omission rate, with one plan having a high record omission rate at 47.4 percent. Among those plans, three indicated that they submitted the encounters to the Agency appropriately, while one plan noted that most encounters identified as omissions were plan denied encounters, and another noted that the omission records were not fully recognized on the 835 response file as "rejected" or "accepted" but were indicated as a "999 acknowledged" status. Two plans contributed to the high statewide record surplus rate; one plan noted that it did not include the encounters found in the Agency-submitted data for the study due to missing Internal Control Numbers (ICNs), while the other plan noted in its response that the surplus records were found in its data that were submitted for the study. However, upon further review, HSAG confirmed that the surplus records were not included in the data submitted by the plan.

The statewide record omission and surplus rates were low (i.e., at or lower than 5.0 percent) for the LTC professional encounters, suggesting low discrepancies at the record level when comparing the plan-submitted files to the Agency-submitted files. Only one plan had a high record omission rate (i.e., higher than 5.0 percent) at 11.5 percent, wherein the plan indicated that most encounters identified as omissions were plan denied encounters. Similarly, only one plan had a high record surplus rate at 12.6 percent, wherein the plan noted that it did not include the encounters found in the Agency-submitted data for the study due to missing ICNs.

Data Element Completeness and Accuracy

Table 1-2 displays the statewide data element omission, surplus, and accuracy results for key data elements evaluated from the LTC institutional and LTC professional encounters. **For data element omission and surplus, lower rates indicate better performance, whereas for element accuracy, higher rates indicate better performance**. Generally, for element omission and element surplus, rates at or lower than 5.0 percent are considered low, whereas for element accuracy, rates at or greater than 95.0 percent are considered high. In Table 1-2, rates considered as better performance are shaded green; worse rates are shaded pink.

Table 1-2—Element Omission, Surplus, and Accuracy Rates: LTC Institutional and LTC Professional Encounters

Key Data Element	LTC Institutional			LTC Professional		
	Omission	Surplus	Accuracy Rate	Omission	Surplus	Accuracy Rate
Enrollee ID	0.0%	0.0%	>99.9%	0.0%	<0.1%	>99.9%
Header Service From Date	0.0%	0.0%	99.7%	0.0%	0.0%	92.5%
Header Service To Date	0.0%	0.0%	99.0%	0.0%	0.0%	92.4%
Detail Service From Date	0.0%	<0.1%	99.7%	0.0%	0.0%	99.9%
Detail Service To Date	0.0%	<0.1%	99.7%	0.0%	0.0%	99.9%
Admission Date	<0.1%	<0.1%	>99.9%			
Billing Provider National Provider Identifier (NPI)	0.0%	0.0%	74.9%	<0.1%	0.4%	90.2%
Attending Provider NPI	4.9%	<0.1%	94.7%			
Rendering Provider NPI				<0.1%	34.6%	86.8%
Referring Provider NPI	2.1%	0.0%	100%	0.6%	0.1%	96.1%
Primary Diagnosis Code	<0.1%	0.0%	98.2%	<0.1%	0.5%	99.5%
Secondary Diagnosis Code[1]	4.3%	<0.1%	21.3%	1.1%	<0.1%	90.9%
Procedure Code (Current Procedural Terminology [CPT]/Healthcare Common Procedure Coding System [HCPCS])	0.2%	<0.1%	99.6%	0.0%	0.4%	99.9%
Procedure Code Modifier[2]	<0.1%	<0.1%	94.3%	<0.1%	0.4%	99.7%
Units of Service	0.0%	0.0%	57.7%	0.0%	<0.1%	98.2%
Surgical Procedure Code[3]	0.0%	<0.1%	58.6%			
National Drug Code (NDC)	0.1%	0.0%	NA[4]	<0.1%	0.0%	NA[4]
Revenue Code	0.0%	0.0%	99.3%			
Diagnosis Related Group (DRG)	10.9%	0.1%	33.2%			

Key Data Element	LTC Institutional			LTC Professional		
	Omission	Surplus	Accuracy Rate	Omission	Surplus	Accuracy Rate
Header Paid Amount	<0.1%	0.0%	92.2%	0.4%	0.0%	99.0%
Detail Paid Amount	0.0%	24.1%	89.7%	0.4%	<0.1%	99.1%

[1] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[2] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[3] All submitted surgical procedure codes were ordered and concatenated as a single data element.
[4] NA indicates not applicable since no records had values present in both data sources.
Note: Gray cells indicate that data elements were not evaluated for certain encounter types.

Findings: Overall, among encounters that could be matched between the Agency- and plan-submitted data, the encounter data elements exhibited a high level of completeness (i.e., low omission and low surplus rates) across both LTC institutional and LTC professional encounters. The element omission and surplus rates were below 5.0 percent for most key data elements evaluated, with a few exceptions. Within the LTC institutional encounters, *DRG* and *Detail Paid Amount* data elements had relatively low levels of completeness, with high overall omission and surplus rates, respectively. The high overall omission rate for the *DRG* data element was attributed to one plan. However, the plan indicated that while values were not included in the Agency-submitted data for the study, the submitted *DRG* values submitted by the plan for the study were found in its data mart. The high overall surplus rate for the *Detail Paid Amount* data element was also attributed to one plan, wherein the plan indicated that the data element values were not included when the detail line payment amount was $0. Within the LTC professional encounters, the *Rendering Provider NPI* data element had a relatively low level of completeness, with a high overall surplus rate. The high overall surplus rate for this data element was mostly due to the Agency-submitted data being populated with the same values as the *Billing Provider NPI* data element.

Overall, data element accuracy rates associated with the LTC institutional encounter type were high, with 10 out of 19 key data elements evaluated showing at least a 95.0 percent accuracy rate. Similarly, data element accuracy rates associated with the LTC professional encounter type were mostly high, with 10 out of 15 key data elements evaluated showing at least a 95.0 percent accuracy rate.

The accuracy issues in LTC encounters were attributed to different reasons by multiple plans as follows:

- Provider information discrepancies were due to plans noting they submitted accurate values, citing reporting errors or discrepancies in NPI submissions.
- The *Secondary Diagnosis Code* inaccuracy affected all plans for institutional encounters and most plans for professional encounters, with inaccuracies generally due to plan-submitted encounters having more secondary diagnosis codes than the Agency-submitted encounters.
- *Units of Service* accuracy issues affected five plans, with reasons ranging from plans indicating they submitted accurate values to errors in data extraction.
- *Surgical Procedure Code* accuracy issues affected four plans, with most codes missing in both data sources. One plan included only the first 13 codes, leading to discrepancies in encounters with 14 or more codes.

- The *DRG* accuracy issue was insignificant for all plans as most values were absent in both data sources.
- *Detail Paid Amount* accuracy issues affected two plans, with one plan excluding crossover payments and the other reporting accurate values within plan-submitted encounters.

Recommendations: Based on the comparative analysis results, HSAG recommends the following to the Agency to improve LTC encounter data completeness and accuracy:

- The comparative analysis results for the LTC professional encounters indicated a higher degree of record completeness compared to the LTC institutional encounters. The results also showed a high degree of completeness at the element level across both the LTC institutional and LTC professional encounters. HSAG recommends that the Agency work closely with the plans to address any identified data discrepancies between the Agency- and plan-submitted encounters, in addition to continuing its current efforts in monitoring encounter data submissions.
- The comparative analysis results revealed that, based on the response from one of the plans, the Agency reported the current billing provider NPI and attending provider NPI values on the PML Medicaid ID for the provider, while the plan submitted the NPI values from the PML at the time of encounter submission to the Agency. Using different versions of PML appeared to be the root cause of the discrepancy. As such, HSAG recommends that the Agency collaborate with the specific plan to investigate the accuracy of the NPI information and understand the impact of PML updates on the differences observed.
- The comparative analysis results revealed that based on the response from one of the plans, the plan did not submit encounters identified as plan denied. While a plan can deny encounters for different reasons (e.g., denial due to lack of prior authorization, out-of-network provider, or exclusion of service), in most instances, services were rendered to the enrollee, and these encounters should be considered for utilization reporting. Although the current contract states that denied encounters are optional to submit, HSAG recommends that the Agency consider them as required for submission due to the importance of accurately reporting the services that have been provided.
- While the comparative analysis results indicated a high degree of element completeness and accuracy for most key data elements evaluated across both the LTC professional and LTC institutional encounters, the results also indicated that there were key data elements with low accuracy rates. As such, HSAG recommends that the Agency work with the specific plan(s) in resolving how the associated data element(s) should be submitted, collected, and reported.
- Some of the discrepancies from the comparative analysis may be related to the Agency's internal processing and extraction of the data within its Medicaid Management Information System (MMIS). As such, to help improve the study data requests and submissions for future EDV studies, HSAG suggests working more collaboratively with the Agency's systems experts responsible for managing the encounter processing system at the initiation of the study. This will help HSAG to better understand the Agency's internal processing so that information can be shared with the plans when requesting data for the study. This will ensure that the Agency, HSAG, and the plans have a shared understanding of how data elements within each encounter type should be reported.

LTC Record and Plan of Care Documentation Review Findings

Data Completeness and Accuracy

Table 1-3 displays the LTC record omission, encounter data omission, element accuracy, and all-element accuracy rates for each key data element.

Table 1-3—Encounter Data Completeness and Accuracy Summary

Key Data Element	LTC Record Omission[1]		Encounter Data Omission[2]		Element Accuracy	
	All Plans' Rate	Plan Range	All Plans' Rate	Plan Range	All Plans' Rate	Plan Range
Date of Service	14.1%	0.0%–39.0%			—	—
Diagnosis Code	34.5%	4.1%–77.1%	0.0%	0.0%–0.0%	99.2%	98.0%–99.7%
Procedure Code	9.0%	0.0%–22.7%	0.0%	0.0%–0.0%	99.5%	98.3%–100%
Procedure Code Modifier	16.3%	0.0%–83.3%	0.0%	0.0%–0.0%	100%	100%–100%
All-Element Accuracy[3]					86.4%	76.3%–96.6%

"—" Indicates that the accuracy rate analysis was not applicable to a given data element.

[1] Services documented in the encounter data but not supported by the enrollees' LTC records.

[2] Services documented in the enrollees' LTC records but not in the encounter data.

[3] The all-element accuracy rate describes the percentage of dates of service present in both the Agency's encounter data and in the LTC records with all data elements coded correctly (i.e., not omitted from the LTC record, not omitted from the encounter data, and when populated have the same values).

Note: Gray cells indicate that study indicators were not applicable; therefore, the study indicators were not evaluated.

Findings: At the statewide level, none of the data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) within the Agency's encounter data were well supported by the enrollees' LTC records. This was evident from the high overall LTC record omission rates observed, which were 14.1 percent, 34.5 percent, 9.0 percent, and 16.3 percent, respectively. These high LTC record omission rates were primarily attributed to the non-submission of LTC records, wherein all key data elements associated with that date of service were treated as LTC record omissions when no LTC records were submitted for the selected date of service.

In contrast, the statewide encounter data omission rates for three key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) were very low, with a rate of 0.0 percent for each key data element. This indicates that the submitted LTC records adequately supported the information found in the Agency's encounter data for all key data elements.

The accuracy of key data elements (*Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) was assessed by comparing their presence in both the Agency's encounter data and the enrollees' LTC records. The accuracy rates for all three data elements were high, exceeding 99.0 percent. This indicates a strong alignment between the data recorded in the encounter data and the LTC records.

The overall accuracy rate for the combination of all key data elements, referred to as all-element accuracy. was 86.4 percent. The individual plan rates for all-element accuracy ranged from 76.3 percent to 96.6 percent.

Review of Plan of Care Documentation

Table 1-4 presents a summary of results from the review of the POC documentation.

Table 1-4—Plan of Care Document Review Summary

POC Document Reviewed Items	N	%
Date of service identified in encounter data	1.022	—
Valid POC submission[1]	1.009	98.7%
POC documentation was signed[2]	955	94.6%
Selected dates of service were within the effective dates of the POC documents[3]	950	99.5%
Servicing providers were documented[4]	915	96.3%
Documented servicing providers support provider information in the LTC records[5]	769	84.0%
Documented procedures support procedures identified in the LTC records[4]	761	80.1%
Documented number of units support the units identified in the LTC records[4]	765	80.5%

"—" Indicates percentage is not applicable.

[1] Denominator was based on number of dates of service identified in the encounter data.

[2] Denominator was based on the number of valid POCs.

[3] Denominator was based on the number of POCs with an appropriate signature.

[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.

[5] Denominator was based on whether the servicing provider was documented.

Findings: Of the 1,022 dates of service identified in the encounter data for which HSAG requested plans to submit a POC, 98.7 percent (1,009 out of 1,022) were submitted with valid documentation. The quality of the POC documentation was generally high, with proper signatures, effective dates aligning with selected dates of service, and identification of valid servicing providers.

However, when comparing the information within the POC documentation to the enrollees' LTC records, HSAG found discrepancies in supporting data. Only 84.0 percent (769 out of 915) of the servicing provider information within the POC documents supported the provider information contained in the LTC records. Similarly, 80.1 percent (761 out of 950) of the documented procedure codes in the POC aligned with the procedure codes in the LTC records. Likewise, 80.5 percent (765 out of 950) of the units of service documented in the POC supported the units in the LTC records.

It is worth noting that most of the discrepancies in servicing provider information, procedure codes, and units of service, when compared to the LTC records information for the associated dates of service, were attributed to LTC records not being submitted for the study.

Recommendations: Based on the LTC records and POC review results, HSAG recommends the following to the Agency to improve LTC encounter data completeness and accuracy as well as opportunities for improvement in the care plan development.

- Some plans' LTC record submissions were low which affected the LTC record omission study indicators for all key data elements evaluated. As such, to ensure the plans' accountability for record procurement requirements, the Agency may consider strengthening and/or enforcing its contract requirements and oversight via the following:
  - Enhance contract requirements with the plans to ensure accountability for LTC record procurement, emphasizing the importance of submitting complete and accurate records.
  - Enforce contract language that addresses the submission of records by contracted providers, emphasizing the need for timely and responsive communication.
  - Encourage plans to address non-responsive providers and implement measures to ensure timely submission of LTC records for auditing and other examination.
- As recommended in the prior year's EDV activity, since the results of record and POC document reviews are dependent on the plans' submission of complete and accurate supporting documentation, HSAG recommends that the Agency:
  - Consider establishing clear standards for record submission to ensure plans are more responsive in procuring requested records.
  - Monitor compliance with record submission standards and take appropriate measures for noncompliant plans.
- The analysis of POC documentation indicated an overall high procurement rate and high validity rate of the submitted documentation. HSAG recommends that the Agency and the plans continue their current efforts in maintaining comprehensive and accurate POC documentation.

By implementing these recommendations, the Agency can enhance the completeness and accuracy of LTC encounter data, address challenges related to record submission, and continue to improve the procurement and validity of POC documentation. These actions will ultimately contribute to improved accuracy of analysis results based on actual documentation available and facilitate improved care coordination and outcomes for LTC enrollees.

2. Encounter Data File Review

Background

Based on the approved scope of work, HSAG worked with the Agency's analytic team to develop the data submission requirements documents for conducting the EDV study. These documents included a brief description of the SFY 2022–23 EDV study, a description of the review period, requested encounter data type(s), required data fields, and the procedures for submitting the requested data files to HSAG. Once finalized, the submission requirements were submitted to both the Agency and the plans to guide the extraction and collection of study data. Data were requested for LTC institutional and professional encounters with dates of service from January 1, 2021, through December 31, 2021, that were submitted to the Agency on or before October 31, 2022. HSAG also requested that the Agency provide supporting data files related to enrollment, demographics, and providers associated with the encounter files.

The encounter files received from the Agency and the plans were used to examine the extent to which the data extracted and submitted were reasonable and complete. HSAG generated the Agency- and plan-specific file review reports, highlighting any major discrepancies, anomalies, or issues identified in the encounter data submissions. HSAG's review involved multiple methods and evaluated the following:

- Data extraction—Extracted based on the data requirements document.
- Percent present—Required data fields are present on the file and have values in those fields.
- Percent with valid values—The values are the expected values; e.g., valid International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes in the diagnosis field.
- Evaluation of matching claim numbers—The percentage of claim numbers matching between the data extracted from the Agency's data warehouse and the plans' data submitted to HSAG.

Encounter Volume Completeness and Reasonableness

Capturing, sending, and receiving encounter data has historically been difficult and costly for the plans and state alike. The encounter data collection process is lengthy and has many steps wherein data can be lost, or errors can be introduced into submitted data elements. Assessment of the completeness and accuracy of encounter data provides insight into areas that need improvement for these processes and quantifies the general reliability of encounter data. These analyses were performed with the key data elements as individual units of assessment at the aggregate level for the encounter data sources (the plans' encounter systems and the Agency's encounter system) and stratified by individual plan.

Encounter Data Submission by the Agency and the Plans

HSAG received the initial set of data files from the plans in February 2023. All encounters submitted by the plans to HSAG underwent a preliminary file review to ensure that the submitted data files were generally comparable to the encounters extracted and submitted by the Agency. HSAG provided a preliminary file review results document to each plan identifying issues noted during the review. Additionally, HSAG provided example records in which discrepancies were identified when compared to the Agency-submitted files during the review of the plans' initial data submission.

Table 2-1 displays the encounter data volume submitted by the Agency and the initial/resubmitted data files submitted by the plans. The table highlights the number of records submitted by each source as well as the percentage difference in counts relative to Agency's data between the two sources. As noted in the "Encounter Data Validation Methodology" section, both the Agency and the plans were required to supply the same data (i.e., final status claims/encounters that were submitted to the Agency on or before October 31, 2022, for dates of service from January 1, 2021, through December 31, 2021).

Table 2-1—Encounter Data Submission by the Agency and the Plans (January 1, 2021—December 31, 2021)

Plan	LTC Institutional			LTC Professional		
	Records Submitted		Percent Difference (Relative to Agency Data)	Records Submitted		Percent Difference (Relative to Agency Data)
	Agency	Plan		Agency	Plan	
MMA Comprehensive Plans						
AET-C	194,821	206,338	(5.9%)	1,012,316	1,031,998	(1.9%)
HUM-C	1,031,690	1,122,468	(8.8%)	7,743,558	7,885,408	(1.8%)
MOL-C	26,989	28,970	(7.3%)	1,462,200	1,465,268	(0.2%)
SIM-C	253,395	478,991	(89.0%)	4,026,699	4,526,081	(12.4%)
SUN-C	604,730	490,147	18.9%	5,749,641	5,100,044	11.3%
UNI-C	97,001	99,203	(2.3%)	3,001,037	2,875,164	4.2%
LTC Plan						
FCC-L	535,547	542,671	(1.3%)	1,916,911	1,962,926	(2.4%)
All Plans	**2,744,173**	**2,968,788**	**(8.2%)**	**24,912,362**	**24,846,889**	**0.3%**

Key Findings: Table 2-1

- For LTC institutional encounters, the Agency submitted 8.2 percent fewer records than the plans submitted records. While most plans had relatively comparable numbers of LTC institutional encounter records submitted for the study as compared to the Agency-submitted records, Simply-C had a relatively higher percentage of records, and Sunshine-C had a relatively lower percentage of records compared to the encounter records submitted by the Agency.

- For LTC professional encounters, the Agency submitted 0.3 percent more records than the plans submitted records. Most plans had relatively comparable numbers of LTC professional encounter records as compared to the Agency-submitted records, except for Simply-C with a relatively higher percentage of records, and Sunshine-C with a relatively lower percentage of records compared to the encounter records submitted by the Agency for the study.

Utilization Statistics

The volume of encounters submitted by a plan provides useful information on the completeness of the Agency's encounter data. Lags in encounter submissions were accounted for in the data collection period by requesting only finalized records submitted to the Agency within the study period from participating plans. The evaluation of "encounters" in this section refers to the unique combination of plan, enrollee identification (ID), provider number/NPI, and date of service. Since only unique combinations of these data elements were considered, duplicate records were removed.

Overall, the encounter counts reflect the number of encounters that a plan's enrollees experienced. Additionally, to normalize the encounter counts by the enrollee counts, the encounter counts per 1,000 member months (MM) were also calculated. The MM presented were calculated based on all enrollees enrolled with the participating plans.

Table 2-2 provides a general overview of the average utilization per enrollee by plan from the beginning of calendar year (CY) 2021 through December 31, 2021 (January 1, 2021, through December 31, 2021) for LTC institutional and LTC professional encounters.

Table 2-2—Encounter Data Overview

Plan	Average Number of Enrollees per Month[1]	LTC Institutional		LTC Professional	
		Total Number of Encounters[2]	Total Encounters per 1,000 MM[3]	Total Number of Encounters[2]	Total Encounters per 1,000 MM[3]
MMA Comprehensive Plans					
AET-C	6,010	32,952	457	231,297	3,207
HUM-C	35,599	200,015	468	1,702,292	3,985
MOL-C	4,660	12,154	217	658,097	11,767
SIM-C	15,484	72,676	391	888,830	4,784
SUN-C	42,111	298,583	591	2,198,206	4,350
UNI-C	14,282	62,009	362	927,181	5,410
LTC Plan					
FCC-L	19,499	98,971	423	729,858	3,119
All Plans	**126,354**	**777,360**	**513**	**7,335,761**	**4,838**

[1] The average number of enrollees was calculated by dividing the total number of MM by 12 to align with the number of months in the encounter data for the review period of January 1, 2021, through December 31, 2021.
[2] An encounter was defined by a unique combination of plan, enrollee ID, provider ID number, and date of service in the encounter data for the review period of January 1, 2021, through December 31, 2021.
[3] The total encounters per 1,000 MM rate was calculated by dividing the total number of encounters by the total MM for the same review period and multiplying the results by 1,000.

Key Findings: Table 2-2

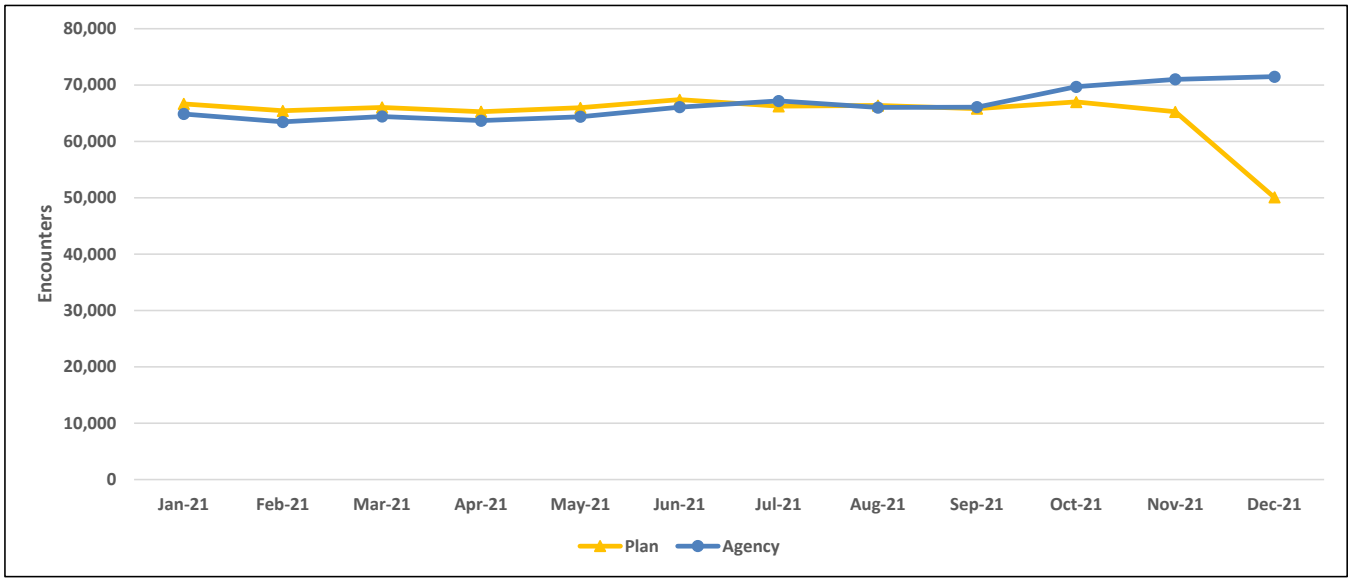
- For LTC institutional encounters, nearly 800,000 encounters occurred during the study period, averaging 513 LTC institutional encounters per 1,000 MM. The encounters per 1,000 MM ranged from 217 (Molina-C) to 591 (Sunshine-C).
- For LTC professional encounters, over 7,000,000 encounters occurred during the study period, averaging 4,838 LTC professional encounters per 1,000 MM. The encounters per 1,000 MM ranged from 3,119 (Florida Community Care-L) to 11,767 (Molina-C).

Monthly Variations of Encounters for Dates of Service

This section highlights the overall encounter data volume trends over time for the Agency and the plans for LTC institutional and LTC professional encounters.

Examination of the volume of encounters submitted each month provided additional insight into potential problems with data completeness observed in greater context in the comparative analysis and LTC record review portions of this assessment. The monthly assessment of encounter volume included only those encounters documented within the plans' systems and submitted to the Agency with a date of service during the study period. Figure 2-1 and Figure 2-2 illustrate the overall encounter data volume trends over time by the Agency and the plans. A unique combination of key data fields consisting of plan, enrollee ID, provider ID number, and date of service was used to uniquely define an encounter.

Figure 2-1—Monthly Variations in LTC Institutional Encounters for the Agency and the Plans

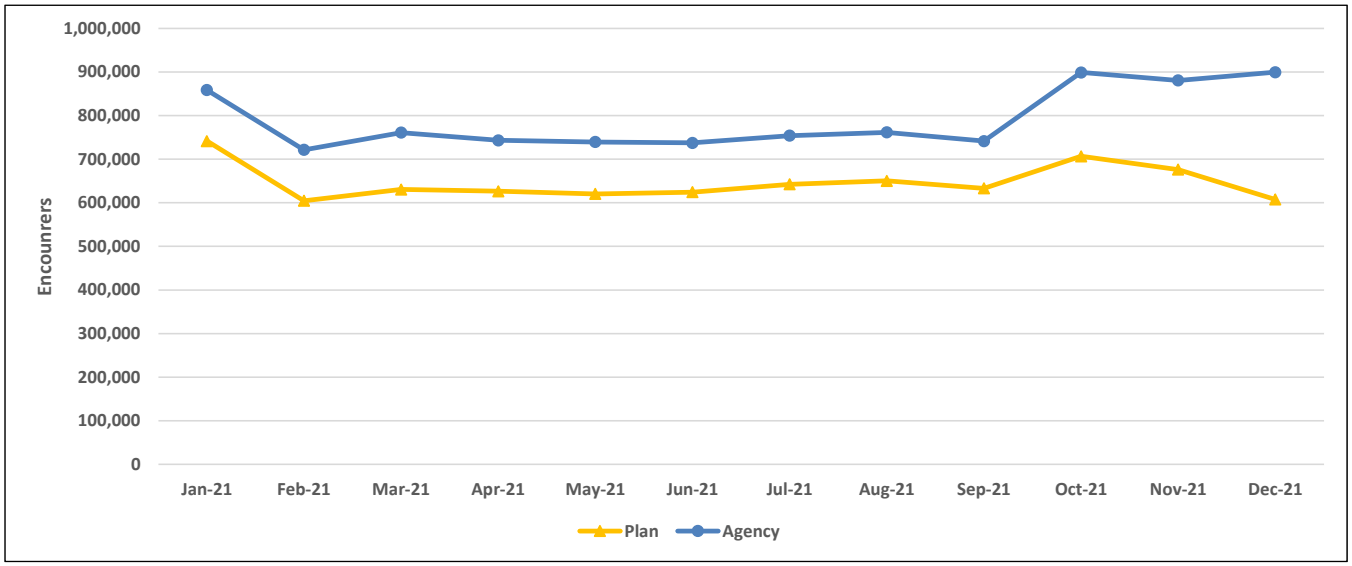


Key Findings: Figure 2-1

- Both the Agency- and plan-submitted LTC institutional encounters exhibited a similar encounter volume trend by month until October 2021. The encounter volume trended downward for the plan-

submitted encounters after October 2021, while the trend remained steady for the Agency-submitted encounters.

Figure 2-2—Monthly Variations in LTC Professional Encounters for the Agency and the Plans



Key Findings: Figure 2-2

- There were more Agency-submitted LTC professional encounters as compared to the plan-submitted encounters each month. Of note, both the Agency- and plan-submitted encounters exhibited a similar trend by month overall. The trend began to differentiate between the Agency and the plans beginning in October 2021. The encounter volume trended downward after October 2021 for the plan-submitted encounters, while the trend remained steady for the Agency-submitted encounters.
- The difference in the monthly encounter volume between the two sources (i.e., the Agency and plan) was mostly attributed to Sunshine-C's encounter submissions, in which the header service date fields reflected an entire claim, while for the Agency's encounters for Sunshine-C, the header service date fields were for a specific encounter line.

Encounter Field Completeness and Reasonableness

To determine the completeness and reasonableness of the Agency's and the plans' electronic claims/encounter data, HSAG examined the percentage of key data elements (e.g., *Provider NPI* and *Procedure Code*) that contained data and were populated with expected values. As discussed in the "Encounter Data Validation Methodology" section, the study was restricted to specific criteria with the assumption that encounters received from both sources were in their final status as requested in the data submission requirements document. Key data elements with values not populated were evaluated for completeness but did not contribute to the calculations for accuracy (i.e., percent not populated and percent valid). Accuracy rates were assessed based on whether submitted values were in the correct format and the data elements contained expected values (percent valid). For example, a record wherein the *Billing*

Provider NPI was populated with a value of "000000000" would be considered to have a value present but not as having a valid value.

To determine the completeness and reasonableness of the Agency- and plan-submitted encounter data, HSAG evaluated each key data element based on the following metrics.

- Percent Not Populated: The required data elements were not present on the submitted file or, if data elements were present on the file, values were not populated in those data elements.
- Percent With Valid Values: The data elements have values present, which are the expected values.

Table 2-3 shows the key data elements and the associated criteria for validity for each encounter type included in this study.

Table 2-3—Key Encounter Data Elements

Key Data Element	LTC Institutional	LTC Professional	Criteria for Validity
Enrollee ID	√	√	In enrollment file supplied by the Agency
Diagnosis Code (1 through 4)	√	√	In ICD-10-CM diagnosis code set
Surgical Procedure Code (1 through 4)	√		In ICD-10-CM surgical procedure code set
Procedure Code (CPT/HCPCS)	√	√	In national CPT and HCPCS Procedure Code sets
NDC	√	√	In national NDC code sets
Revenue Code	√		In national revenue code sets
Billing Provider NPI	√	√	In provider file supplied by the Agency
Rendering Provider NPI		√	In provider file supplied by the Agency
Attending Provider NPI	√		In provider file supplied by the Agency
Referring Provider NPI	√	√	In provider file supplied by the Agency

Table 2-4 shows the percent not populated and valid rates for key data fields associated with the LTC institutional encounters for data extracted from the Agency's and the plans' claims/encounter systems.

Table 2-4—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid): LTC Institutional Encounters

Data Element	Agency-Submitted Data		Plan-Submitted Data	
	Percent Not Populated	Percent Valid	Percent Not Populated	Percent Valid
Enrollee ID	0.0%	>99.9%	0.0%	>99.9%
Billing Provider NPI	0.0%	98.8%	0.0%	95.3%
Attending Provider NPI[1]	8.5%	99.4%	1.8%	98.6%
Referring Provider NPI[1]	>99.9%	100%	99.5%	95.5%
Procedure Code (CPT/HCPCS)[1]	50.3%	>99.9%	33.9%	99.8%
Revenue Code	0.0%	99.5%	0.0%	100%
NDC[1]	100%	NA	99.9%	98.5%
Diagnosis Code 1	<0.1%	>99.9%	0.0%	>99.9%
Diagnosis Code 2[1]	13.3%	>99.9%	10.7%	>99.9%
Diagnosis Code 3[1]	17.0%	>99.9%	15.6%	>99.9%
Diagnosis Code 4[1]	20.1%	>99.9%	18.8%	>99.9%
Surgical Procedure Code 1[1]	>99.9%	100%	>99.9%	100%
Surgical Procedure Code 2[1]	>99.9%	100%	>99.9%	100%
Surgical Procedure Code 3[1]	>99.9%	100%	>99.9%	100%
Surgical Procedure Code 4[1]	>99.9%	100%	>99.9%	100%

[1] *Attending Provider NPI, Referring Provider NPI, Procedure Code (CPT/HCPCS), NDC, Diagnosis Code 2, Diagnosis Code 3, Diagnosis Code 4, Surgical Procedure Code 1, Surgical Procedure Code 2, Surgical Procedure Code 3,* and *Surgical Procedure Code 4* data elements are situational (i.e., not required for every institutional transaction).

"NA" denotes all records had values not populated for this data element; therefore, validity could not be assessed.

Key Findings: Table 2-4

- Data elements with values not populated within the Agency-submitted LTC institutional encounters were relatively comparable to the plan-submitted LTC institutional encounters for all data elements evaluated, except for the *Attending Provider NPI* and *Procedure Code (CPT/HCPCS)* data elements.
  - The Agency-submitted LTC institutional encounters had 8.5 percent of values not populated for the *Attending Provider NPI* data element, while only 1.8 percent of values were not populated in the plan-submitted encounters.
  - The Agency-submitted LTC institutional encounters had 50.3 percent of values not populated for the *Procedure Code (CPT/HCPCS)* data element, while 33.9 percent of values were not populated in the plan-submitted encounters.
- Percent valid values were high for all evaluated data elements for both the Agency- and plan-submitted LTC institutional encounters.

Table 2-5 shows the percent not populated and valid rates for key data fields associated with the LTC professional encounters for data extracted from the Agency's and the plans' claims/encounter systems.

Table 2-5—Element Completeness (Percent Not Populated) and Accuracy (Percent Valid): LTC Professional Encounters

Data Element	Agency-Submitted Data		Plan-Submitted Data	
	Percent Not Populated	Percent Valid	Percent Not Populated	Percent Valid
Enrollee ID	0.0%	>99.9%	<0.1%	>99.9%
Billing Provider NPI	1.4%	99.5%	0.8%	99.4%
Rendering Provider NPI[1]	<0.1%	99.5%	24.0%	99.5%
Referring Provider NPI[1]	98.7%	98.9%	97.7%	98.3%
Procedure Code (CPT/HCPCS)	0.8%	>99.9%	0.4%	>99.9%
NDC[1]	99.6%	97.5%	>99.9%	98.7%
Diagnosis Code 1	1.4%	>99.9%	0.8%	>99.9%
Diagnosis Code 2[1]	98.5%	>99.9%	97.7%	99.9%
Diagnosis Code 3[1]	99.2%	>99.9%	98.7%	>99.9%
Diagnosis Code 4[1]	99.5%	>99.9%	99.1%	>99.9%

[1] *Rendering Provider NPI*, *Referring Provider NPI*, *National Drug Code* (*NDC*), *Diagnosis Code 2*, *Diagnosis Code 3*, and *Diagnosis Code 4* data elements are situational (i.e., not required for every LTC professional transaction).

Key Findings: Table 2-5

- Data elements with values not populated within the Agency-submitted LTC professional encounters were relatively comparable to the plan-submitted LTC professional encounters for all data elements evaluated, except for the *Rendering Provider NPI* data element.
  - The Agency-submitted LTC professional encounters had less than 0.1 percent of values not populated for the *Rendering Provider NPI* data element, while 24.0 percent of values were not populated in the plan-submitted encounters.
- Percent valid values were high for all evaluated data elements for both the Agency- and plan-submitted LTC professional encounters.

3. Comparative Analysis

Background

This section presents findings from the results of the comparative analysis of LTC encounter data maintained by the Agency and the plans. The analysis examined the extent to which LTC encounters submitted by the plans and maintained in Florida's MMIS (and data subsequently extracted and submitted by the Agency to HSAG for the study) were accurate and complete when compared to data stored in the plans' data systems (which were extracted and submitted by the plans to HSAG for the study). Clarifications regarding defining "accurate" and "complete" are included in Appendix A.

HSAG requested both the Agency and the plans to submit the final status of the LTC encounter in their data submissions for the study. The LTC encounters included encounters that were transmitted via 837 Institutional (837I) or 837 Professional (837P) transactions. For purposes of this report, the LTC encounters from the 837I and 837P transactions will be referred to as "LTC institutional" and "LTC professional" encounters, respectively.

To compare the Agency's and the plans' submitted data, HSAG developed a comparable match key between the two data sources. Data fields used in developing the match key may vary by plan and encounter type but generally included the *Internal Control Number* (*ICN*) field and the associated detail line sequence number. These data elements were concatenated to create a unique match key, which became the unique identifier for each encounter detail line in the Agency's and each plan's data. For the plans' data without reasonable match rates when using the *ICN* to create the match key, HSAG used the *Transaction Control Number* (*TCN*) to develop the match key. Additionally, if using only the *ICN* or *TCN* and the detail line sequence number generated a low match rate, HSAG selected other data elements (e.g., *Procedure Code* or *Revenue Code*) to develop the match key.

Record Completeness

As described in the "Encounter Data Validation Methodology" section, two aspects of record completeness are used for each encounter data type—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., the plan) responsible for sending data to another organization (e.g., the Agency). The data acquired by the receiving organization is 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 plan but missing from the Agency's data. Similarly, the encounter record surplus refers to the percentage of

encounters reported in the secondary data source (the Agency) but missing from the primary data source (the plan).

Encounter Data Record Omission and Surplus

Table 3-1 displays the number of plans with record omission rates (i.e., the percentage of records present in the files submitted by the plans that were not found in the Agency's files) based on rates at or lower than 5.0 percent (i.e., low) and higher than 5.0 percent (i.e., high).

Table 3-1 also displays the number of plans with record surplus rates (i.e., the percentage of records present in the Agency's files but not present in the files submitted by the plans) based on rates at or lower than 5.0 percent (i.e., low) and higher than 5.0 percent (i.e., high).

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

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

Encounter Type	Record Omission		Record Surplus	
	Number of Plans With Rate ≤ 5%	Number of Plans With Rate > 5%	Number of Plans With Rate ≤ 5%	Number of Plans With Rate > 5%
LTC Institutional	2	5	5	2
LTC Professional	6	1	6	1

Key Findings: Table 3-1

- For LTC institutional encounters, five out of seven plans had high record omission rates (i.e., higher than 5.0 percent), and two out of the seven plans had high record surplus rates.
  - Five plans (i.e., Aetna-C, Humana-C, Molina-C, Simply-C, and Sunshine-C) had record omission rates greater than 5.0 percent (i.e., 6.7 percent, 17.0 percent, 7.4 percent, 47.4 percent, and 7.2 percent, respectively). Based on reviewing the discrepant example records provided to the plans, three plans (i.e., Aetna-C, Molina-C, and Sunshine-C) indicated that they had submitted the encounters to the Agency appropriately. Of note, Aetna-C indicated that the encounters which were identified as omissions appeared to be claims associated with a third-party liability (TPL) with a $0 payment by Aetna. In its response to the example discrepant records identified as omissions, Simply-C, noted that most records were associated with plan denied encounters, while Humana-C noted that the omission records were not fully recognized on the 835 response file as "rejected" or "accepted" but rather were indicated as a "999 acknowledged" status.
  - Two plans (i.e., Humana-C and Sunshine-C) had record surplus rates greater than 5.0 percent (i.e., 9.7 percent and 24.8 percent, respectively). In its response, Sunshine-C indicated that the majority of the records identified as a surplus were associated with encounters which were submitted prior to October 31, 2022. Sunshine-C noted that it did not receive response files;

therefore, it did not include those encounters in the EDV study data extract due to missing ICNs. Humana-C noted in its response that the surplus records were included in its dataset submitted for the study. Upon further review, HSAG confirmed that the surplus records were not included in the encounters submitted by Humana-C.

- The LTC professional encounters exhibited more complete data compared to the LTC institutional encounters, with low record omission and surplus rates (i.e., at or lower than 5.0 percent) for six of the seven plans.
  - One plan (i.e., Simply-C) had a record omission rate of 11.5 percent. Based on the responses received from Simply-C, after reviewing the example discrepant records, Simply-C noted that the majority of the records identified as an omission were associated with plan denied encounters.
  - One plan (i.e., Sunshine-C) had a record surplus rate of 12.6 percent. In response to records identified as a surplus, Sunshine-C indicated that the majority of the records were associated with encounters which were submitted prior to October 31, 2022. Sunshine-C noted that it did not receive response files; therefore, it did not include those encounters in the EDV study data extract due to missing ICNs.

Data Element Completeness

Data element completeness measures were based on the number of records that matched in both the Agency's and plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan's submitted data files. The data elements are considered relatively complete when they have low element omission and surplus rates. Generally, based on HSAG's experience with other states, rates at or lower than 5.0 percent would be considered low at the element level.

This section also presents the data accuracy results by key data element and evaluates accuracy based on the percentage of records with values present in both data sources that contain the same values. 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 the Agency's submitted encounter data are more accurate.

Data Element Omission and Surplus

Table 3-2 displays the number of plans with data element omission and surplus rates for LTC institutional encounters, based on rates at or lower than 5.0 percent (i.e., low) and higher than 5.0 percent (i.e., high). **For the element omission and element surplus indicators, lower rates indicate better performance**. Fully detailed tables for each plan are provided in the plan-specific appendices.

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

Key Data Element	Omission		Surplus	
	Number of Plans With Rate ≤ 5%	Number of Plans With Rate >5%	Number of Plans With Rate ≤ 5%	Number of Plans With Rate >5%
Enrollee ID	7	0	7	0
Header Service From Date	7	0	7	0
Header Service To Date	7	0	7	0
Detail Service From Date	7	0	7	0
Detail Service To Date	7	0	7	0
Admission Date	7	0	7	0
Billing Provider NPI	7	0	7	0
Attending Provider NPI	5	2	7	0
Referring Provider NPI	5	2	7	0
Primary Diagnosis Code	7	0	7	0
Secondary Diagnosis Code[1]	4	3	7	0
Procedure Code (CPT/HCPCS)	7	0	7	0
Procedure Code Modifier[2]	7	0	7	0
Units of Service	7	0	7	0
Surgical Procedure Code[3]	7	0	7	0
NDC	7	0	7	0
Revenue Code	7	0	7	0
DRG	6	1	7	0
Header Paid Amount	7	0	7	0
Detail Paid Amount	7	0	6	1

[1] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[2] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[3] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table 3-2

- Overall, all plans had low omission rates (i.e., at or lower than 5.0 percent) for all data elements evaluated for LTC institutional encounters, except for the element omission rates associated with the *Attending Provider NPI, Referring Provider NPI, Secondary Diagnosis Code,* and *DRG* data elements.
  - Two plans (i.e., Florida Community Care-L, and Molina-C) had high omission rates (i.e., more than 5.0 percent) for the *Attending Provider NPI* data element (i.e., 13.7 percent and 11.9 percent, respectively). Both plans indicated in their responses that the records with values identified as an omission were submitted to the Agency appropriately.
  - Two plans (i.e., Molina-C and United-C) had high omission rates for the *Referring Provider NPI* data element (i.e., 5.8 percent and 6.8 percent, respectively). Both plans indicated in their responses that the *Referring Provider NPI* data element was not required information on the original encounters submitted to Florida MMIS. United-C also noted that based on the Florida Medicaid Management Information System (FMMIS) 837I companion guide, the referring provider NPI is only required on outpatient claims.
  - Three plans (i.e., Florida Community Care-L, Humana-C, and Simply-C) had high omission rates for the *Secondary Diagnosis Code* data element (i.e., 5.4 percent, 5.7 percent, and 6.8 percent, respectively). Florida Community Care-L indicated in its response that it included the secondary diagnosis codes in its encounter data submission to the Agency. Of note, among records that were identified as omissions for this data element, the majority of the records had the same values as the primary diagnosis code. In Simply-C's response to the discrepant example for the *Secondary Diagnosis Code* data element, it noted that the admitting diagnosis code was included as part of the *Secondary Diagnosis Code* data element field, whereas the Agency-submitted data did not include the admitting diagnosis as part of the *Secondary Diagnosis Code* data element field. Additionally, it also appeared that Simply-C populated the secondary diagnosis code with the same value as the primary diagnosis code. Humana-C noted in its response to the discrepant examples for the *Secondary Diagnosis Code* data element that it submitted the admitting diagnosis code as a *Secondary Diagnosis Code* data element for the study. In some cases, the data submitted for the study included both the admitting and principal diagnoses codes, with the admitting diagnosis code being reported as the *Secondary Diagnosis Code* data element. However, the encounters that were submitted to the Agency did not contain secondary diagnosis codes, only admitting and principal diagnoses codes. Sunshine-C's omission rate for the *DRG* data element was high at 59.3 percent. In its response, Sunshine-C indicated that the data element was extracted and populated accordingly for the EDV study.
- Overall, all plans had low surplus rates (i.e., at or lower than 5.0 percent) for all data elements evaluated for LTC institutional encounters, except for the element surplus rate associated with the *Detail Paid Amount* data element.
  - Humana-C's surplus rate for the *Detail Paid Amount* data element was high at 64.1 percent. Humana-C noted in its response that the data element values were not included when the paid amount was $0.

Table 3-3 displays the number of plans with data element omission and surplus rates for LTC professional encounters, based on rates at or lower than 5.0 percent (i.e., low) and higher than 5.0 percent (i.e., high). **For the element omission and element surplus indicators, lower rates indicate better performance**. Fully detailed tables for each plan are provided in the plan-specific appendices.

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

Key Data Element	Omission		Surplus	
	Number of Plans With Rate ≤ 5%	Number of Plans With Rate >5%	Number of Plans With Rate ≤ 5%	Number of Plans With Rate >5%
Enrollee ID	7	0	7	0
Header Service From Date	7	0	7	0
Header Service To Date	7	0	7	0
Detail Service From Date	7	0	7	0
Detail Service To Date	7	0	7	0
Billing Provider NPI	7	0	6	1
Rendering Provider NPI	7	0	4	3
Referring Provider NPI	7	0	7	0
Primary Diagnosis Code	7	0	6	1
Secondary Diagnosis Code[1]	7	0	7	0
Procedure Code (CPT/HCPCS)	7	0	6	1
Procedure Code Modifier[2]	7	0	6	1
Units of Service	7	0	7	0
NDC	7	0	7	0
Header Paid Amount	7	0	7	0
Detail Paid Amount	7	0	7	0

[1] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[2] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table 3-3

- All plans had low omission rates (i.e., at or lower than 5.0 percent) for all data elements evaluated for LTC professional encounters, with no major issues noted.
- Overall, all plans had low surplus rates (i.e., at or lower than 5.0 percent) for all data elements evaluated for LTC professional encounters, except for element surplus rates associated with the *Billing Provider NPI*, *Rendering Provider NPI*, *Primary Diagnosis Code*, *Procedure Code (CPT/HCPCS)*, and *Procedure Code Modifier* data elements.
  - Aetna-C's surplus rate for the *Billing Provider NPI* data element was high at 10.2 percent. Based on Aetna-C's investigation efforts on the discrepant examples provided, it indicated that the

values for the *Billing Provider NPI* data element were missing in the encounter files received from one of its sub-capitated vendors. Since these files received were pass-through files, Aetna-C noted that it was unable to query the appropriate values for this data element. Aetna-C also noted that this issue should not happen in the future as it no longer uses the sub-capitated vendor. Aetna-C indicated that it now loads all Participation Direction Option (PDO) claims directly into its claims processing system.

- Three plans (i.e., Aetna-C, Humana-C, and Sunshine-C) had high surplus rates (i.e., higher than 5.0 percent) for the *Rendering Provider NPI* data element (i.e., 11.9 percent, 99.3 percent, and 11.3 percent, respectively).
  - Aetna-C noted that similar to its response to the discrepancies associated with the *Billing Provider NPI* data element, the values for the *Rendering Provider NPI* data element were also missing in the encounter files from one of its sub-capitated vendors. As such, Aetna-C was unable to query the appropriate values for this data element, since the files received were pass-through files. Aetna-C also noted that the issue should be resolved moving forward, as it now loads all PDO claims directly into its claims processing system.
  - Sunshine-C noted in its response that among the example discrepant values provided, nearly all were from a vendor that had submitted values for the billing provider NPI but did not submit the rendering provider NPI for values that were the same as the billing provider NPI. Humana-C noted in its response that the encounters which were submitted to the Agency did not contain the rendering provider NPI values. Of note, among the records that had values for the *Rendering Provider NPI* data element only populated in the Agency-submitted data, all of these records had the same values as the billing provider NPI values.
- Aetna-C's surplus rate for the *Primary Diagnosis Code* data element was high at 10.2 percent. In its response, Aetna-C speculated that the Agency only loaded the diagnosis codes into FMMIS that had a diagnosis pointer, whereas Aetna-C loaded all diagnosis codes into its system regardless of whether the diagnosis codes were submitted with a diagnosis pointer.
- Aetna-C's surplus rates for the *Procedure Code (CPT/HCPCS)* and *Procedure Code Modifier* data elements were high at 10.2 percent each. Aetna-C noted in its response that it was unable to query all of the data elements in the pass-through file data from its sub-capitated vendor.

Data Element Accuracy

For data element accuracy, HSAG classified the accuracy rates based on the following:

- High performance: Rates at or higher than 95.0 percent
- Low performance: Rates at or higher than 85.0 percent and lower than 95.0 percent
- Very low performance: Rates lower than 85.0 percent

Table 3-4 displays the number of plans with data element accuracy rates for LTC institutional encounters, based on rates at or higher than 95.0 percent (i.e., high) and lower than 95.0 percent (i.e., low or very low). **For this indicator, higher rates indicate better performance**. Detailed tables for each plan are provided in the plan-specific appendices.

Table 3-4—Data Element Accuracy: LTC Institutional Encounters

Key Data Element	Number of Plans With Accuracy Rate < 95% (Low/Very Low)	Number of Plans With Accuracy Rate ≥ 95% (High)
Enrollee ID	0	7
Header Service From Date	0	7
Header Service To Date	0	7
Detail Service From Date	0	7
Detail Service To Date	0	7
Admission Date	0	7
Billing Provider NPI	5	2
Attending Provider NPI	5	2
Referring Provider NPI[1]	0	2
Primary Diagnosis Code	1	6
Secondary Diagnosis Code[3]	7	0
Procedure Code (CPT/HCPCS)	0	7
Procedure Code Modifier[4]	1	6
Units of Service	5	2
Surgical Procedure Code[1,5]	4	1
NDC[2]	0	0
Revenue Code	0	7
DRG[1]	4	2
Header Paid Amount	1	6
Detail Paid Amount	2	5

[1] Some plans had no records with values present in both data sources (i.e., the Agency and plans). As such, the data element accuracy could not be evaluated for some of these plans.
[2] No plans had records with values present in both data sources (i.e., the Agency and plans). As such, the data element accuracy could not be evaluated for all plans.
[3] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[4] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[5] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table 3-4

- The accuracy rates for data elements that were evaluated for the LTC institutional encounters were generally high for most plans, with some exceptions. Data elements associated with billing provider NPI, attending provider NPI, primary diagnosis and secondary diagnosis codes, procedure code modifiers, units of service, surgical procedure code, DRG, and payment amount information showed low/very low accuracy rates (below 95.0 percent) for at least one plan.
  - Five plans (i.e., Florida Community Care-L, Humana-C, Molina-C, Simply-C, and Sunshine-C) exhibited low/very low accuracy rates (below 95.0 percent) for the *Billing Provider NPI* data

element (i.e., 3.8 percent, 93.9 percent, 93.8 percent, 94.5 percent, and 93.7 percent, respectively).
  - Florida Community Care-L noted in its response that the discrepancies were due to its reporting errors.
  - Humana-C acknowledged that the discrepancies were due to its errors and noted that it has implemented remediation efforts for these accuracy deficiencies in a new system transition.
  - Molina-C indicated that the billing provider NPIs it provided for the study were accurate.
  - Simply-C noted that the billing provider NPI values submitted by the Agency appeared to be the current billing provider NPI values on the PML Medicaid ID, wherein the provider had made changes to the PML between the time of the claim and submission to the current reporting for study, resulting in the discrepancy.
  - Sunshine-C reported that the majority of the example discrepant records had the correct value for the *Billing Provider NPI* data element but had a Change in Ownership.
- Five plans (i.e., Humana-C, Molina-C, Simply-C, Sunshine-C, and United-C) exhibited low accuracy rates (above 85.0 percent and below 95.0 percent) for the *Attending Provider NPI* data element (i.e., 94.5 percent, 89.4 percent, 94.7 percent, 94.4 percent, and 94.4 percent, respectively).
  - Four plans (i.e., Humana-C, Molina-C, Sunshine-C, and United-C) indicated that they had provided the accurate attending provider NPI values for the study.
  - Simply-C noted in its response that the billing provider NPI values submitted by the Agency appeared to be the current attending provider NPI values on the PML Medicaid ID, wherein the provider had made changes to the PML between the time of the claim and submission to the current reporting for the study, resulting in the discrepancy for 48 distinct attending provider NPIs.
- Simply-C had a very low accuracy rate (below 85.0 percent) for the *Primary Diagnosis Code* data element at 82.8 percent. Simply-C noted in its response that it included the admitting diagnosis code values as the primary diagnosis code, while the Agency did not include the admitting diagnosis code values in the Agency-submitted encounters.
- All seven plans (i.e., Aetna-C, Florida Community Care-L, Humana-C, Molina-C, Simply-C, Sunshine-C, and United-C) exhibited very low accuracy rates (below 85.0 percent) for the *Secondary Diagnosis Code* data element.
  - Based on responses received from two plans (i.e., Florida Community Care-L, and Sunshine-C), the secondary diagnosis code values they provided for the study were accurate.
  - Two plans (i.e., Molina-C and United-C) noted in their responses that they only included the first 12 secondary diagnosis codes on the claim, which led to the discrepancies when a claim had 13 or more secondary diagnosis codes included in the Agency-submitted encounters. United-C also noted that based on the example discrepant records that were provided, there were missing secondary diagnosis codes from the Agency-submitted data for which it was unable to determine the reason for values to be missing, and some secondary diagnosis codes were out of order. Of note, HSAG reordered and concatenated all the secondary diagnosis codes from both data sources to determine the accuracy.

- Simply-C noted in its response that it included the admitting diagnosis code as the first diagnosis code in the *Secondary Diagnosis Code* data element field, whereas the Agency-submitted data did not include the admitting diagnosis code in the *Secondary Diagnosis Code* data element field.
- Humana-C noted in its response that it duplicated the secondary diagnosis codes in the data submitted for the study.

– Simply-C had a very low accuracy rate (below 85.0 percent) for the *Procedure Code Modifier* data element at 49.6 percent. Simply-C acknowledged that the Agency-submitted encounters had accurate values while the Simply-C-submitted encounters only showed the first two modifiers, instead of all four possible modifiers when the service lines had more than one modifier.

– Five plans (i.e., Florida Community Care-L, Humana-C, Molina-C, Simply-C, and Sunshine-C) exhibited low/very low accuracy rates (below 95.0 percent) for the *Units of Service* data element (i.e., 64.5 percent, 40.9 percent, 75.9 percent, 91.9 percent, and 39.7 percent, respectively).

- Based on responses received from three plans (i.e., Florida Community Care-L, Molina-C, and Simply-C), the *Units of Service* data element values they had provided for the study were accurate.
- Sunshine-C acknowledged that the Agency-submitted encounters had the accurate values for the *Units of Service* data element, since Sunshine-C indicated that it had erroneously pulled the values from an incorrect field.
- Humana-C did not provide an explanation for the discrepancies based on the discrepant examples that HSAG provided to Humana-C to investigate.

– Four plans (i.e., Aetna-C, Simply-C, Sunshine-C, and United-C) exhibited low/very low accuracy rates (below 95.0 percent) for the *Surgical Procedure Code* data element (i.e., 85.4 percent, 0.0 percent, 83.8 percent, and 72.2 percent, respectively).

- Of note, the low accuracy rates were insignificant for three plans (i.e., Aetna-C, Simply-C, and Sunshine-C) since nearly all surgical procedure codes were absent from both data sources (i.e., Agency- and plan-submitted encounters).
- United-C noted in its response that it only included the first 13 surgical procedure codes on the claim, which led to discrepancies when a claim had 14 or more surgical procedure codes included in the Agency-submitted encounters. In addition, United-C also noted that the surgical procedure codes were out of order in the example discrepancy file. Of note, HSAG reordered and concatenated all the surgical procedure codes from both data sources in order to determine the accuracy.

– Four plans (i.e., Florida Community Care-L, Molina-C, Simply-C, and Sunshine-C) exhibited very low accuracy rates (below 85.0 percent) for the *DRG* data element (i.e., 0.0 percent, 0.0 percent, 0.1 percent, and 0.0 percent, respectively). Of note, the low accuracy rates were insignificant for all four plans since nearly all values for the *DRG* data element were absent from both data sources (i.e., Agency- and plan-submitted encounters).

– Florida Community Care-L had a very low accuracy rate (below 85.0 percent) for the *Header Paid Amount* data element at 67.8 percent. Florida Community Care-L noted in its response that

it currently would submit only the amount paid by the plan and would not include the crossover payment.

– Two plans (i.e., Florida Community Care-L and Sunshine-C) exhibited low/very low accuracy rates (below 95.0 percent) for the *Detail Paid Amount* data element (i.e., 67.9 percent and 94.8 percent, respectively).
  - Florida Community Care-L noted in its response that it submitted only the amount paid by the plan and did not include the crossover payments in its submission to HSAG.
  - Sunshine-C noted in its response that the *Detail Paid Amount* data element values which it provided for the study were accurate.

Table 3-5 displays the number of plans with data element accuracy rates for LTC professional encounters, based on rates at or higher than 95.0 percent (i.e., high) and lower than 95.0 percent (i.e., low or very low). **For this indicator, higher rates indicate better performance**. Fully detailed tables for each plan are provided in the plan-specific appendices.

Table 3-5—Data Element Accuracy: LTC Professional Encounters

Key Data Element	Number of Plans With Accuracy Rate < 95% (Low/Very Low)	Number of Plans With Accuracy Rate ≥ 95% (High)
Enrollee ID	0	7
Header Service From Date	1	6
Header Service To Date	1	6
Detail Service From Date	0	7
Detail Service To Date	0	7
Billing Provider NPI	2	5
Rendering Provider NPI	2	5
Referring Provider NPI[1]	3	3
Primary Diagnosis Code	0	7
Secondary Diagnosis Code[3]	6	1
Procedure Code (CPT/HCPCS)	0	7
Procedure Code Modifier[4]	1	6
Units of Service	1	6
NDC[2]	0	0
Header Paid Amount	0	7
Detail Paid Amount	0	7

[1] One plan had no records with values present in both data sources (i.e., the Agency and plans). As such, the data element accuracy could not be evaluated for some of these plans.
[2] No plans had records with values present in both data sources (i.e., the Agency and plans). As such, the data element accuracy could not be evaluated for all plans.
[3] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[4] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table 3-5

- The accuracy rates for data elements that were evaluated for the LTC professional encounters were generally high for most plans. Data elements associated with header dates of service, provider information, secondary diagnosis code, procedure code modifier, and units of service showed low/very low accuracy rates (below 95.0 percent) for at least one plan.
  - Sunshine-C had very low accuracy rates (below 85.0 percent) for the *Header Service From Date* and *Header Service To Date* data elements at 65.7 percent each. Sunshine-C noted in its response that the dates it submitted for the study represent the entire claim, while the Agency-submitted dates apply only to the specific encounter line.
  - Two plans (i.e., Aetna-C and Florida Community Care-L) exhibited low/very low accuracy rates (below 95.0 percent) for the *Billing Provider NPI* data element (i.e., 93.6 percent and 13.7 percent, respectively). Florida Community Care-L noted in its response that the discrepancies were due to its errors in extracting data for the study. Aetna-C indicated in its response that the billing provider NPI values it provided for the study were accurate.
  - Two plans (i.e., Aetna-C and Florida Community Care-L) exhibited low/very low accuracy rates (below 95.0 percent) for the *Rendering Provider NPI* data element (i.e., 93.6 percent and 14.0 percent, respectively). Florida Community Care-L noted in its response that the discrepancies were due to data extraction errors. Aetna-C indicated in its response that the rendering provider NPI values it provided for the study were accurate.
  - Three plans (i.e., Humana-C, Molina-C, and United-C) exhibited low accuracy rates (above 85.0 percent and below 95.0 percent) for the *Referring Provider NPI* data element (i.e., 92.6 percent, 88.5 percent, and 94.2 percent, respectively). Both Molina-C and United-C indicated in their response that the referring provider NPI values they provided for the study were accurate. The low accuracy rate was insignificant for Humana-C since nearly all *Referring Provider NPI* data element values were absent from both data sources.
  - All plans except United-C exhibited low/very low accuracy rates (below 95.0 percent) for the *Secondary Diagnosis Code* data element.
    - Aetna-C speculated that the Agency only loaded diagnosis codes into FMMIS that had a diagnosis pointer, whereas Aetna-C loaded all diagnosis codes into its system regardless of whether the diagnosis codes were submitted with a diagnosis pointer.
    - Simply-C noted in its response that the diagnosis codes were populated at the header level of the encounter and carried across all reported lines in its submitted encounters for the study, while the Agency encounters appear to include only the diagnosis code if there was an appropriate pointer at the service line level.
    - Four plans (i.e., Florida Community Care-L, Humana-C, Molina-C, and Sunshine-C) indicated that the secondary diagnosis codes that they provided for the study were accurate. In addition, Humana-C noted that the Agency only reported up to the first three secondary diagnosis codes for the study, which was the root cause of the discrepancies.

- Aetna-C had a very low accuracy rate (below 85.0 percent) for the *Procedure Code Modifier* data element at 84.4 percent. In its response, Aetna-C noted that it was unable to query all of the data elements in the pass-through file data from its sub-capitated vendor.
- Aetna-C had a low accuracy rate (above 85.0 percent and below 95.0 percent) for the *Units of Service* data element at 86.7 percent. Similar to its response for the *Procedure Code Modifier* data element inaccuracy, Aetna-C noted that it was unable to query all of the data elements in the pass-through file data from its sub-capitated vendor.

4. Long-Term Care Record and Plan of Care Review

Background

LTC records and documentation (including the LTC records and treatment-related documentation) are considered the "gold standard" for documenting Medicaid enrollees' access to and quality of services. The file review and comparative analysis components of the study seek to determine the completeness and accuracy of the Agency's encounter data and how comparable these data are to the plans' data from which it is based, respectively. The LTC record review further assesses data quality through investigating the completeness and accuracy of the Agency's encounters compared to the information documented in the corresponding LTC records of Medicaid enrollees. In this study, HSAG also reviewed the POC documentation for individuals with LTC types of services.

HSAG reviewed and compared enrollees' LTC information between data sources (the Agency's encounters and provider submitted LTC records) using a unique combination of the enrollees' Medicaid IDs and the NPIs of the rendering provider for specific dates of service.

This section presents the results and findings of the LTC record and POC reviews to examine the extent to which services documented in the LTC records were not present in the encounter data (encounter data omission), as well as the extent to which services documented in the encounter data were not present in the enrollees' corresponding LTC records (LTC record omission). This section also presents findings from the evaluation of the accuracy of the diagnosis codes, procedure codes, and procedure code modifiers submitted to the Agency based on documentation contained in the enrollees' LTC records.

Additionally, this section also presents results and findings on whether the LTC services reported in the encounters are supported by the enrollees' POCs. HSAG reviewed the POC documentation for alignment with effective dates, service providers, and units of service.

LTC Record and Plan of Care Documentation Submission

As noted in Appendix A of this report related to the "Encounter Data Validation Methodology," HSAG obtained a minimum of 146 cases randomly selected per plan (i.e., a total of 1,022 records from the seven participating plans). These 146 cases per plan were to be comprised of LTC records with the associated sampled dates of service and POC documentation associated with the selected enrollee and date of service. Based on this approach, to ensure sufficient cases were available to be reviewed, an additional 25 percent oversample (or 37 cases per plan) were sampled to replace records not procured. As such, plans with an adequate number of cases eligible for the study were responsible for procuring a minimum of 183 total sampled enrollees' LTC records per plan (i.e., 146 sample and 37 oversample) from their contracted providers for services rendered during the study period. Furthermore, each plan was responsible for providing the POC documentation for the corresponding enrollee.

Table 4-1 shows the LTC record procurement status for each of the participating plans, detailing the number of LTC records requested as well as the number and percentage of LTC records submitted by each plan as indicated in the submitted tracking sheets.

Table 4-1—LTC Record Submission

Plan	Number of LTC Records Requested	Number of LTC Records Submitted[1]	Percentage of LTC Records Submitted
AET-C[2]	174	101	58.0%
FCC-L	183	158	86.3%
HUM-C	183	145	79.2%
MOL-C[2]	181	169	93.4%
SIM-C	183	177	96.7%
SUN-C	183	114	62.3%
UNI-C	183	118	64.5%
All Plans	**1,270**	**982**	**77.3%**

[1] The number of LTC records submitted was based on the plans' responses within the submitted tracking sheets.
[2] Aetna-C and Molina-C had 174 and 181 cases, respectively, that met the eligibility criteria for the study.

Key Findings: Table 4-1

- LTC records were requested to be procured by the seven participating plans for a total of 1,270 cases (i.e., sample and oversample). While all plans completed and submitted all tracking sheets associated with the requested cases, plans indicated in their tracking sheets that 77.3 percent (982 out of 1,270) of the requested LTC records were submitted. The rate of LTC records received from the plans varied considerably, with rates ranging from 58.0 percent (Aetna-C) to 96.7 percent (Simply-C).

Table 4-2 highlights the key reasons LTC records were not submitted by each plan. Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-2—Reasons for Missing LTC Records

Non-Submission Reason	All Plans	
	Number	Percent
LTC record not located at this facility; location unknown.	2	0.7%
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	38	13.2%
Enrollee was not a patient of this practice	10	3.5%
Facility was permanently closed; unable to procure LTC record documentation.	24	8.3%

Non-Submission Reason	All Plans	
	Number	Percent
Non-responsive provider or provider did not respond in a timely manner.	176	61.1%
Provider refused to release LTC record.	3	1.0%
Other.	35	12.2%
Totals	**288**	**100%**

Key Findings: Table 4-2

- Of the requested 1,270 LTC cases, 288 LTC records were not submitted for various reasons. The most commonly cited reason for non-submission was "*Non-responsive provider or provider did not respond in a timely manner*," which accounted for 61.1 percent of the reasons for non-submission. It is noteworthy that this non-submission reason was also the primary reason for non-submission among five participating plans (i.e., Aetna-C, Florida Community Care-L, Molina-C, Sunshine-C, and United-C).
- Other commonly cited reasons included "*Enrollee was a patient of the practice; however, no documentation was available for requested date of service*" (13.2 percent); "*Facility was permanently closed; unable to procure LTC record documentation*" (8.3 percent); and "*Other*" (12.2 percent).
  - One plan (i.e., Humana-C) reported "*Other*" as the top non-submission reason. Within the tracking sheets, Humana-C noted that it used a financial management service that facilitated the hiring of enrollees' family and friends for enrollees' self-directed long-term care. While the financial management service facilitated the hiring process and may not directly house LTC records, it is expected that for each date of service submitted as an encounter there should be an associated LTC record documented.

Table 4-3 shows the POC documentation submission status for each participating plan, detailing the number of POC documents requested as well as the number and percentage of POC documents submitted by each plan as indicated in the submitted tracking sheets.

Table 4-3—Plan of Care Documentation Submission

Plan	Number of POC Documents Requested	Number of POC Documents Submitted[1]	Percentage of POC Documents Submitted
AET-C	174	174	100%
FCC-L	183	181	98.9%
HUM-C	183	175	95.6%
MOL-C	181	181	100%
SIM-C	183	183	100%

Plan	Number of POC Documents Requested	Number of POC Documents Submitted[1]	Percentage of POC Documents Submitted
SUN-C	183	174	95.1%
UNI-C	183	175	95.6%
All Plans	**1,270**	**1,243**	**97.9%**

[1] The number of POC documents submitted is based on the plans' responses within the submitted tracking sheets.

Key Findings: Table 4-3

- POC documentation was requested to be procured by the seven participating plans for a total of 1,270 cases (i.e., sample and oversample). While all plans completed and submitted all tracking sheets associated with the requested cases, plans indicated in their tracking sheets that 97.9 percent (1,243 out of 1,270) of the requested POC documents were submitted. The rate of POC documents received from the plans showed a high level of consistency, with rates ranging from 95.1 percent (Sunshine-C) to 100 percent (Aetna-C, Molina-C, and Simply-C).

Table 4-4 highlights the key reasons POC documents were not submitted by each plan. Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-4—Reasons for Missing Plan of Care Documentation

Non-Submission Reason	All Plans	
	Number	Percent
Enrollee was enrolled in this plan; however, no POC documentation was available for requested date of service	25	92.6%
Enrollee is not enrolled in this plan	2	7.4%
Totals	**27**	**100%**

Key Findings: Table 4-4

- Of the requested 1,270 POC documents, only 27 were not submitted. The most notable reason for non-submission was "*Enrollee was enrolled in this plan; however, no POC documentation was available for requested date of service,*" which accounted for 92.6 percent of the reasons for non-submission. This non-submission reason was noted by four participating plans (i.e., Humana-C, Florida Community Care-L, Sunshine-C, and United-C). However, non-submission for this reason can occur when plans are required to ensure continuity of care by approving and paying claims even if they were unable to complete an on-site assessment and POC or if they encountered delays, such as difficulties in locating the member.
- "*Enrollee is not enrolled in this plan*" was only noted in one plan (i.e., United-C).

Encounter Data Completeness

HSAG evaluated encounter data completeness by identifying differences between key data elements from the Agency-based LTC encounters and the corresponding LTC records submitted for the analysis. These data elements included *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*. LTC record omission and encounter data omission represent two aspects of encounter data completeness through their identification of vulnerabilities in the process of claims documentation and communication among the providers, plans, and the Agency.

LTC record omission occurred when an encounter data element (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) was not documented in the LTC record associated with that specific Agency encounter. LTC record omissions suggest opportunities for improvement within the provider's internal processes, such as billing processes and record documentation.

Encounter data omissions occurred when an encounter data element (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) was documented in the LTC record but not found in the associated Agency encounter. Encounter data omissions also suggest opportunities for improvement in the areas of claims submissions and/or processing routes among the providers, plans, and the Agency.

HSAG evaluated the LTC record omission and the encounter data omission rates for each plan using dates of service selected for the assessment sample. **For both rates, lower values indicate better performance**.

Date of Service Completeness

Table 4-5 presents the percentage of dates of service identified in the encounter data that were not found in the enrollees' LTC records (i.e., LTC record omission) by each of the participating plans. Analysis was conducted at the date of service level. Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-5—LTC Record Omission for Date of Service

Plan	Date of Service Identified in Encounter Data	Date of Service Not Supported by Documentation in LTC Record	
		Number	Percent*
AET-C	146	57	39.0%
FCC-L	146	0	0.0%
HUM-C	146	28	19.2%
MOL-C	146	0	0.0%
SIM-C	146	1	0.7%
SUN-C	146	28	19.2%
UNI-C	146	30	20.5%
All Plans	**1,022**	**144**	**14.1%**

* Lower rates indicate better performance.

Key Findings: Table 4-5

- Overall, dates of service within the Agency's encounter data showed that 14.1 percent were not supported by the enrollees' LTC records (i.e., LTC record omission).
- The LTC record omission rates for dates of service varied, ranging from 0.0 percent (Molina-C and Florida Community Care-L) to 39.0 percent (Aetna-C). Notably, the omission rates were primarily attributed to the non-submission of LTC records for the study. As illustrated in Table 4-1**Table 4-1**, the overall LTC record submission rate was low at 77.3 percent. The high LTC record omission rate demonstrated an inverse correlation with the LTC record submission rate, wherein a lower LTC record submission rate generally corresponded to a higher LTC record omission rate (i.e., poor performance).

Diagnosis Code Completeness

Table 4-6 presents the percentage of diagnosis codes identified in the encounter data that had no supporting documentation in the enrollees' LTC records (i.e., LTC record omission) and the percentage of diagnosis codes from the enrollees' LTC records that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analyses at the diagnosis code level. Detailed tables for each plan were provided in the plan-specific appendices.

Table 4-6—LTC Record Omission and Encounter Data Omission for Diagnosis Code

Plan	LTC Record Diagnosis Code Omission		Encounter Data Diagnosis Code Omission	
	Number of Diagnosis Codes Identified in Encounter Data	Percent Not Supported by Enrollee's LTC Records*	Number of Diagnosis Codes Identified in Enrollee's LTC Records	Percent Not Found in the Encounter Data*
AET-C	693	77.1%	159	0.0%
FCC-L	269	4.1%	258	0.0%
HUM-C	621	27.2%	452	0.0%
MOL-C	478	7.1%	444	0.0%
SIM-C	362	10.2%	325	0.0%
SUN-C	761	41.0%	449	0.0%
UNI-C	379	34.6%	248	0.0%
All Plans	**3,563**	**34.5%**	**2,335**	**0.0%**

* Lower rates indicate better performance.

Key Findings: Table 4-6

- LTC record omission (diagnosis code):
  - Overall, 34.5 percent of the diagnosis codes within the Agency's encounter data were not supported by the enrollees' LTC records (i.e., LTC record omission).

  - The LTC record omission rates varied across plans, ranging from 4.1 percent (Florida Community Care-L) to 77.1 percent (Aetna-C). Of note, the LTC record omission for diagnosis codes was primarily influenced by two factors: LTC record non-submission and LTC record omission for the *Date of Service* data element. In the analysis, when LTC records were not submitted for a requested date of service, all diagnosis codes associated with that date of service were considered LTC record omissions. Consequently, plans with higher LTC record omission rates for dates of service tended to exhibit higher omission rates for diagnosis codes as well. This pattern was observed for Aetna-C, Humana-C, Sunshine-C, and United-C.
  - The following are the diagnosis codes most frequently present in the encounter data but not documented in the LTC records:
    - I10: Essential (primary) hypertension; frequency = 54.
    - E78.5: Hyperlipidemia, unspecified; frequency = 33.
    - K21.9: Gastro-esophageal reflux disease without esophagitis; frequency = 27.
    - E11.9: Type 2 diabetes mellitus without complications; frequency = 23.
    - G47.00: Insomnia, unspecified; frequency = 21.
- Encounter data omission (diagnosis code):
  - The overall encounter data omission rate for diagnosis code was 0.0 percent, indicating that there were no diagnosis codes identified in the LTC records that were not also found in the electronic encounter data (i.e., all diagnosis codes documented in the LTC records were also found in the electronic encounter data).

Procedure Code Completeness

Table 4-7 presents the percentage of procedure codes identified in the LTC encounter data that had no supporting documentation in the enrollees' LTC records (i.e., LTC record omission) and the percentage of procedure codes from the enrollees' LTC records that were not found in the encounter data (i.e., encounter data omission). Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-7—LTC Record Omission and Encounter Data Omission for Procedure Code

Plan	LTC Record Procedure Code Omission		Encounter Data Procedure Code Omission	
	Number of Procedure Codes Identified in Encounter Data	Percent Not Supported by Enrollee's LTC Records*	Number of Procedure Codes Identified in Enrollee's LTC Records	Percent Not Found in the Encounter Data*
AET-C	117	17.1%	97	0.0%
FCC-L	146	0.0%	146	0.0%
HUM-C	150	22.7%	116	0.0%
MOL-C	203	0.0%	203	0.0%
SIM-C	178	1.7%	175	0.0%

Plan	LTC Record Procedure Code Omission		Encounter Data Procedure Code Omission	
	Number of Procedure Codes Identified in Encounter Data	Percent Not Supported by Enrollee's LTC Records*	Number of Procedure Codes Identified in Enrollee's LTC Records	Percent Not Found in the Encounter Data*
SUN-C	112	11.6%	99	0.0%
UNI-C	187	15.0%	159	0.0%
All Plans	**1,093**	**9.0%**	**995**	**0.0%**

* Lower rates indicate better performance.

Key Findings: Table 4-7

- LTC record omission (procedure code):
  - Overall, 9.0 percent of the procedure codes within the Agency's encounter data were not supported by the enrollees' LTC records (i.e., LTC record omission).
  - The LTC record omission rates varied across plans, ranging from 0.0 percent (i.e., Florida Community Care-L, and Molina-C) to 22.7 percent (Humana-C). It is worth noting that the LTC record omission for procedure codes was primarily influenced by LTC record non-submission and LTC record omission for the *Date of Service* data element. In the analysis, if LTC records were not submitted for a requested date of service, all procedure codes associated with that date of service were considered LTC record omissions. Consequently, plans with higher LTC record omission rates for dates of service tended to exhibit higher omission rates for procedure codes as well. This was observed for Aetna-C, Humana-C, Sunshine-C, and United-C.
  - The following are the procedure codes most frequently found in the encounter data but not documented in the LTC records:
    - T1019: Personal care services, per 15 minutes; frequency = 16.
    - S5130: Homemaker service, not otherwise specified, per 15 minutes; frequency = 14.
    - T2030: Assisted living, waiver; per month; frequency = 12.
    - S5170: Home delivered meals, including preparation, per meal; frequency = 12.
- Encounter data omission (procedure code):
  - The overall encounter data omission rate for procedure code was 0.0 percent, indicating that there were no procedure codes identified in the LTC records that were not also found in the electronic encounter data (i.e., all procedure codes documented in the LTC records were also found in the electronic encounter data).

Procedure Code Modifier Completeness

Table 4-8 presents the percentage of procedure code modifiers identified in the LTC encounter data that had no supporting documentation in the enrollees' LTC records (i.e., LTC record omission) and the percentage of procedure code modifiers from the enrollees' LTC records that were not found in the encounter data (i.e., encounter data omission). Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-8—LTC Record Omission and Encounter Data Omission for Procedure Code Modifier

Plan	LTC Record Procedure Code Modifier Omission		Encounter Data Procedure Code Modifier Omission	
	Number of Procedure Code Modifiers Identified in Encounter Data	Percent Not Supported by Enrollee's LTC Records*	Number of Procedure Code Modifiers Identified in Enrollee's LTC Records	Percent Not Found in the Encounter Data*
AET-C	43	25.6%	32	0.0%
FCC-L	63	0.0%	63	0.0%
HUM-C	30	83.3%	5	0.0%
MOL-C	1	0.0%	1	0.0%
SIM-C	48	2.1%	47	0.0%
SUN-C	11	45.5%	6	0.0%
UNI-C	104	6.7%	97	0.0%
All Plans	**300**	**16.3%**	**251**	**0.0%**

* Lower rates indicate better performance.

Key Findings: Table 4-8

- LTC record omission (procedure code modifier):
  - Overall, 16.3 percent of the procedure code modifiers within the Agency's encounter data were not supported by the enrollees' LTC records (i.e., LTC record omission).
  - The overall LTC record omission rate for procedure code modifiers could be attributed to several factors. These factors include:
    - LTC record non-submission, wherein subsequent procedure codes and procedure code modifiers were considered LTC record omissions.
    - Omitted procedure codes for which associated procedure code modifiers were also omitted.
    - Providers not documenting the evidence related to the modifiers in the LTC records, despite submitting modifiers to the plans.
  - The procedure code modifier "CG" was the most frequent modifier found in the encounter data but not documented in the LTC records.

- Encounter data omission (procedure code modifier):
  - The overall encounter data omission rate for procedure code modifier was 0.0 percent, indicating that there were no procedure code modifiers identified in the LTC records that were not also found in the electronic encounter data (i.e., all procedure code modifiers documented in the LTC records were also found in the electronic encounter data).

Encounter Data Accuracy

Encounter data accuracy was evaluated for dates of service that existed in both the Agency's encounter data and the submitted LTC records, with values present in both data sources for the evaluated data element. HSAG considered the encounter data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) accurate if documentation in the LTC records supported the values contained in the electronic encounter data. Higher accuracy rates for each data element indicate better performance.

Diagnosis Code Accuracy

Table 4-9 presents the percentage of diagnosis codes associated with validated dates of service from the encounter data that were correctly coded based on the enrollees' LTC records. In addition, errors found in the diagnosis coding were separated into two categories: inaccurate coding and specificity error. Inaccurate coding occurred when the diagnosis code submitted by the provider should have been selected from a different family of codes based on the documentation in the LTC record (e.g., R51 [headache] versus the documentation supporting G43 [migraine]). A specificity error occurred when the documentation supported a more specific code than was listed in the Agency's encounter data (e.g., unspecified abdominal pain [R10.9] when the provider noted during the exam that the abdominal pain was in the right lower quadrant [R10.31]). Specificity errors also include diagnosis codes that do not have the required fourth or fifth digit. Inaccurate diagnosis coding and specificity error in the LTC records were collectively considered as the denominator for the error type rates in Table 4-9. Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-9—Accuracy Results and Error Types for Diagnosis Code

Plan	Accuracy Results		Error Type Rate	
	Number of Diagnoses Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Specificity Error
AET-C	159	99.4%	100%	0.0%
FCC-L	258	99.6%	100%	0.0%
HUM-C	452	99.6%	100%	0.0%
MOL-C	444	99.3%	100%	0.0%

Plan	Accuracy Results		Error Type Rate	
	Number of Diagnoses Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Specificity Error
SIM-C	325	99.7%	100%	0.0%
SUN-C	449	98.0%	88.9%	11.1%
UNI-C	248	99.6%	100%	0.0%
All Plans	**2,335**	**99.2%**	**94.4%**	**5.6%**

Key Findings: Table 4-9

- The overall accuracy rate for diagnosis codes, when the codes were present in both the Agency's encounter data and the LTC records, was 99.2 percent.
- All seven plans demonstrated similarly high rates of accuracy for diagnosis codes (i.e., at or higher than 98.0 percent).
- For diagnosis coding inaccuracy, the errors were primarily attributed to discrepancies between the submitted codes and the National Correct Coding Initiative coding standards, rather than being related to specificity errors.

Procedure Code Accuracy

Table 4-10 presents the percentage of procedure codes associated with validated dates of service from the encounter data that were correctly coded based on the enrollees' LTC records. In addition, errors found in the procedure coding were separated into three categories:

- Higher level of service in the medical record: Evaluation and Management (E&M) codes documented in the medical record reflected a higher level of service performed by the provider than the E&M codes submitted in the encounter. For example, a patient was seen by a physician for a follow-up appointment for a worsening earache. The physician noted all key elements in the patient's medical record. The physician also changed the patient's medication during this visit. The encounter submitted showed a procedure code of 99212 (established patient self-limited or minor problem). With all key elements documented and a worsening condition, this visit should have been coded with a higher level of service such as 99213 (established patient low-to-moderate severity).
- Lower level of service in the medical record: E&M codes documented in the medical record reflected a lower level of service than the E&M codes submitted in the encounter data. For example, a provider's notes omitted critical documentation elements of the E&M service, or the problem treated did not warrant a high-level visit. This would apply to a patient follow-up visit for an earache that was improving, required no further treatment, and for which no further problems were noted. The encounter submitted showed a procedure code of 99213 (established patient low-to-moderate

severity). However, with an improving condition, the medical record describes a lower level of service, or 99212 (established patient self-limited or minor problem).

- Inaccurate coding: The documentation in the medical records did not support the procedure codes billed, or an incorrect procedure code was used in the encounter for scenarios other than the two mentioned above.

Inaccurate coding, codes with higher levels of service, and codes with lower levels of service in medical records were collectively considered as the denominator for the error type rates in Table 4-10. Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-10—Accuracy Results and Error Types for Procedure Code

Plan	Accuracy Results		Error Type Rate		
	Number of Procedure Codes Present in Both Sources	Accuracy Rate	Percent From Inaccurate Coding	Percent From Higher Levels of Service in LTC Records	Percent From Lower Levels of Service in LTC Records
AET-C	97	100%	NA	NA	NA
FCC-L	146	100%	NA	NA	NA
HUM-C	116	99.1%	100%	0.0%	0.0%
MOL-C	203	100%	NA	NA	NA
SIM-C	175	98.3%	100%	0.0%	0.0%
SUN-C	99	99.0%	100%	0.0%	0.0%
UNI-C	159	100%	NA	NA	NA
All Plans	**995**	**99.5%**	**100%**	**0.0%**	**0.0%**

Note: NA indicates all procedure codes were coded accurately; therefore, there were no error types to report.

Key Findings: Table 4-10

- The overall accuracy rate for procedure codes, when the codes were present in both the Agency's encounter data and the LTC records, was 99.5 percent.
- All seven plans demonstrated similarly high rates of accuracy for procedure codes (i.e., at or higher than 98.0 percent). Notably, four plans (i.e., Aetna-C, Florida Community Care-L, Molina-C, and United-C) achieved accuracy rates of 100 percent for procedure codes.
- For procedure coding inaccuracy, all identified errors were attributed to the use of inaccurate codes, rather than errors resulting from providers submitting codes for higher or lower levels of service than those documented in the LTC records.

Procedure Code Modifier Accuracy

Table 4-11 presents the percentage of procedure code modifiers associated with validated dates of service from the encounter data that were correctly coded based on the enrollees' LTC records. The errors for this data element could not be separated into subcategories; therefore, subcategories are not presented in Table 4-11. Detailed tables for each plan are provided in the plan-specific appendices.

Table 4-11—Accuracy Results and Error Types for Procedure Code Modifier

Plan	Number of Procedure Code Modifiers Present in Both Sources	Accuracy Rate
AET-C	32	100%
FCC-L	63	100%
HUM-C	5	100%
MOL-C	1	100%
SIM-C	47	100%
SUN-C	6	100%
UNI-C	97	100%
All Plans	**251**	**100%**

Key Findings: Table 4-11

- The overall accuracy rate for procedure code modifiers, when the modifiers were present in both the Agency's encounter data and the LTC records, was 100 percent.
- Each individual plan had an accuracy rate of 100 percent for procedure code modifiers.

All-Element Accuracy

Table 4-12 presents the percentage of dates of service present in the Agency's encounter data and in the LTC records with the same values for all key data elements listed in Table A-2. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements. Higher all-element accuracy rates indicated that the values populated in the Agency's encounter data were more complete and accurate for all key data elements when compared to the LTC records.

Table 4-12—All-Element Accuracy

Plan	Number of Dates of Service Present in Both Sources	Accuracy Rate
AET-C	89	78.7%

Plan	Number of Dates of Service Present in Both Sources	Accuracy Rate
FCC-L	146	96.6%
HUM-C	118	83.1%
MOL-C	146	91.8%
SIM-C	145	87.6%
SUN-C	118	76.3%
UNI-C	116	85.3%
All Plans	**878**	**86.4%**

Key Findings: Table 4-12

- Overall, 86.4 percent of the dates of service present in both data sources contained accurate values for all three key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*). The inaccuracies observed were attributed to LTC record omissions, encounter data omissions, or inaccuracies associated with one or more of the key data elements.
- The rates among the seven plans varied, ranging from 76.3 percent (i.e., Sunshine-C) to 96.6 percent (i.e., Florida Community Care-L).

Plan of Care Document Review

For individuals receiving home- and community-based services (HCBS) or care in LTC facilities (e.g., nursing homes or assisted living facilities [ALFs]), HSAG reviewed the associated POC documentation. The review evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *Was the selected date of service within the effective dates of the POC?*
- *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
- *Were the procedure codes documented in the LTC record supported by the POC?*
- *Were the number of units documented in the LTC record supported by the POC?*

Table 4-13 presents findings from HSAG's review of POC documentation to assess the presence of a valid POC for a selected enrollee. The table also presents findings on whether the POC document, if available, was signed, and whether the selected date of service falls within the effective dates of the POC.

Table 4-13—Review of Plan of Care Documentation

Plan	Date of Service Identified in Encounter Data	Valid POC[1]		POC Document Was Signed[2]		Selected Date of Service Was Within the Effective Dates of the POC Document[3]	
		N	%	N	%	N	%
AET-C	146	146	100%	139	95.2%	137	98.6%
FCC-L	146	146	100%	138	94.5%	138	100%
HUM-C	146	141	96.6%	140	99.3%	139	99.3%
MOL-C	146	146	100%	122	83.6%	122	100%
SIM-C	146	146	100%	145	99.3%	144	99.3%
SUN-C	146	144	98.6%	143	99.3%	142	99.3%
UNI-C	146	140	95.9%	128	91.4%	128	100%
All Plans	**1,022**	**1,009**	**98.7%**	**955**	**94.6%**	**950**	**99.5%**

[1] Denominator was based on number of dates of service identified in the encounter data.
[2] Denominator was based on the number of valid POCs.
[3] Denominator was based on the number of POCs with an appropriate signature.

Key Findings: Table 4-13

- A total of 1,022 LTC encounter dates of service were reviewed, out of which 1,009 (i.e., 98.7 percent) submitted POC documents were assessed as valid. Of note, all seven plans had valid POC documents exceeding 95.0 percent.
- Approximately 94.6 percent (955 out of 1,009) of the valid POC documents contained appropriate signatures.
  - Nearly all valid POC documents from three plans (i.e., Humana-C, Simply-C, and Sunshine-C) had the appropriate signature.
  - The rate of appropriate signatures for Molina-C was 83.6 percent, which was relatively lower compared to the other plans (i.e., all above 90.0 percent).
- Of the 955 POC documents with appropriate signatures, approximately 99.5 percent had the selected dates of service included within the effective dates of the POC documents. For only five POC documents, the selected date of service was not aligned with the effective dates.

Table 4-14 presents findings related to the selected date of service that aligned with the effective dates of the POC. The table provides results on whether the servicing provide was documented, and if documented, whether the provider information in the LTC record was supported. Additionally, the table presents findings regarding the documentation of procedures and units documented in the LTC record and their alignment with the POC.

Table 4-14—Plan of Care Documentation Compared to LTC Record Information

Plan	Selected Date of Service Was Within the Effective Dates of the POC Document	Servicing Provider Was Documented[1]		Documented Servicing Provider Supports Provider Information in the LTC Record[2]		Documented Procedures Support Procedures Identified in the LTC Record[1]		Documented Number of Units Support the Units Identified in the LTC Record[1]	
		N	%	N	%	N	%	N	%
AET-C	137	137	100%	83	60.6%	82	59.9%	86	62.8%
FCC-L	138	106	76.8%	103	97.2%	103	74.6%	102	73.9%
HUM-C	139	139	100%	111	79.9%	109	78.4%	111	79.9%
MOL-C	122	122	100%	122	100%	119	97.5%	119	97.5%
SIM-C	144	144	100%	141	97.9%	140	97.2%	139	96.5%
SUN-C	142	142	100%	114	80.3%	112	78.9%	112	78.9%
UNI-C	128	125	97.7%	95	76.0%	96	75.0%	96	75.0%
All Plans	**950**	**915**	**96.3%**	**769**	**84.0%**	**761**	**80.1%**	**765**	**80.5%**

Key Findings: Table 4-14

- Of the 950 POC documents wherein the selected date of service was within the effective dates of the POC document, the documentation related to servicing provider, procedures, and units of service was subsequently reviewed.
- It is important to highlight that the absence of LTC records for the study can lead to negative findings when comparing servicing provider information, procedure codes, and units of service within the POC document to the corresponding LTC records for the selected date of service.
- Approximately 96.3 percent (915 out of 950) of the documents contained the servicing provider information. Of note, five plans (i.e., Aetna-C, Humana-C, Molina-C, Simply-C, and Sunshine-C) had the servicing provider information documented in all (i.e., 100 percent) of their documents, while one plan (i.e., Florida Community Care-L) had a relatively lower rate (i.e., 76.8 percent) of servicing provider information documented compared to other plans.
- Only 84.0 percent (769 out of 915) of the servicing provider information within the POC documents supported the provider information contained in the LTC records. Of note, all of the servicing provider information within the POC documents from Molina-C aligned with the provider information contained in the LTC records.

- Approximately 80.1 percent of documented procedures for which the selected date of service aligned with the effective dates supported the procedures included in the LTC records. The discrepancy was primarily observed in documents received from five plans (i.e., Aetna-C, Florida Community Care-L, Humana-C, Sunshine-C, and United-C). Specifically, only 59.9 percent (82 out of 137) of Aetna-C's POC documents contained procedures that supported the procedures included in the LTC records.
- Out of the POC documents for which the selected date of service aligned with the effective dates, approximately 80.5 percent (765 out of 950) of the documented number of units supported the units included in the LTC records. Similar to the discrepancy with the procedures, the discrepancy related to number of units was primarily observed in documents received from five plans (i.e., Aetna-C, Florida Community Care-L, Humana-C, Sunshine-C, and United-C). Specifically, only 62.8 percent (86 out of 137) of Aetna-C's documented number of units in its POC documents supported the units included in the LTC records

Appendix A: Encounter Data Validation Methodology

Accurate and complete encounter data are critical to the success of any managed care program. State Medicaid agencies rely on the quality of the encounter data submissions to 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. The completeness and accuracy of these data are essential to the success of the state's overall management and oversight of its Medicaid managed care program and in demonstrating its responsibility and stewardship.

Methodology

The goal of the SFY 2022–2023 EDV study is to examine the extent to which the LTC encounters submitted to the Agency by its MMA and LTC plans (collectively referred to as "plans") are complete and accurate.

In alignment with the CMS EQR *Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan: An Optional EQR-Related Activity,* October 2019,[A-1,] HSAG conducted the following core evaluation activities for the EDV activity:

- Comparative analysis—Analysis of the Agency's electronic encounter data completeness and accuracy through a comparison between the Agency's electronic encounter data and the data extracted from the plans' data systems.
- LTC service record and POC review—Analysis of the Agency's electronic encounter data completeness and accuracy by comparing the Agency's electronic encounter data to the information documented in the corresponding enrollees' LTC service records and POCs.

Comparative Analysis

The goal of the comparative analysis is to evaluate the extent to which encounters submitted to the Agency by the plans are complete and accurate based on corresponding information stored in the plans' data systems. This activity corresponds to Activity 3: Analyze Electronic Encounter Data in CMS Protocol 5. The encounter data are considered complete if the data provide a record of all services rendered to the enrollees, and all data in the plan's data set have been successfully transferred into the state's data system. For encounter data to be considered accurate, the data that the plans maintain represent actual services

[A-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: October 19, 2022. Please note that CMS updated the October 2019 EQR protocols in 2023, and the new protocols were published in February 2023. HSAG developed the current EDV methodology and began conducting the activities while the October 2019 protocols were in effect. As such, HSAG referenced the previously published protocols since those were current at the time of the study development.

rendered; when they were rendered (the service date); to whom they were rendered (the enrollee); by whom they were rendered (the provider); and if a payment was rendered in connection to the service, how much was paid. Plans should also successfully map this information between themselves and the state to ensure that the data stored in the state's system match the data stored in the plan's system. The comparative analysis will be performed on the LTC encounters submitted by the plans with dates of service from January 1, 2021, through December 31, 2021. The LTC encounter data from the MMA comprehensive plans and the LTC plan were included in the study and the comparative analysis component involved three key steps:

- Development of data submission requirements documents outlining encounter data submission requirements for the Agency and the plans, including technical assistance sessions.
- Conduct a file review of submitted encounter data from the Agency and the plans.
- Conduct a comparative analysis of the encounter data.

Development of Data Submission Requirements and Technical Assistance

Following the Agency's approval of the scope of work, HSAG prepared and submitted data submission requirements documents to the Agency and the plans. These documents included a brief description of the SFY 2022-23 EDV study, a description of the review period, requested encounter data type(s), required data fields, and the procedures for submitting the requested data files to HSAG. The requested encounter data fields included key data elements to be evaluated in the EDV study. The Agency and the plans were requested to submit all LTC encounter data records with dates of service from January 1, 2021, through December 31, 2021 and submitted to the Agency on or before October 31, 2022. This anchor date allowed enough time for CY 2021 encounters to be submitted, processed, and available for evaluation in the Agency's data warehouse.

HSAG conducted a technical assistance session with the plans to facilitate the accurate and timely submission of data. The technical assistance session was conducted approximately one week after distributing the data submission requirements document, thereby allowing the plans time to review and prepare their questions for the session. During this technical assistance session, HSAG's EDV team introduced the SFY 2022-23 EDV study, reviewed the data submission requirements document, and addressed all questions related to data preparation and extraction. Both the Agency and the plans were given approximately one month to extract and prepare the requested files for submission to HSAG.

Preliminary File Review

Following receipt of the Agency's and the plans' encounter data submissions, HSAG conducted a preliminary file review to determine if any data issues existed in the data files that would warrant a resubmission. The preliminary file review included the following checks:

- Data extraction—Extracted based on the data requirements document.
- Percent present—Required data fields are present on the file and have values in those fields.

- Percent of valid values—The values are the expected values, e.g., valid ICD-10 codes in the diagnosis field.
- Evaluation of matching claim numbers—The percentage of claim numbers matching between the data extracted from the Agency's data warehouse and the plans' data submitted to HSAG.

Based on the results of the preliminary file review, HSAG generated the Agency and plan-specific file review reports, highlighting any major discrepancies, anomalies, or issues identified in the encounter data submissions. Either the plans or the Agency were subsequently required to resubmit data, when necessary.

Conduct the Comparative Analyses

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

First, HSAG assessed record-level data completeness using the following metrics:

- The number and percentage of records present in the files submitted by the plans that were not found in the files submitted by the Agency (***record omission***).
- The number and percentage of records present in the files submitted by the Agency but not found in the files submitted by the plans (***record surplus***).

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

Table A-1—Key Data Elements for Comparative Analysis

Key Data Element	LTC Encounters From 837I	LTC Encounters From 837P
Enrollee ID	√	√
Header Service From Date	√	√
Header Service To Date	√	√
Detail Service From Date	√	√
Detail Service To Date	√	√
Admission Date	√	
Discharge Date	√	
Billing Provider NPI	√	√
Attending Provider NPI	√	
Rendering Provider NPI		√
Referring Provider NPI	√	√
Primary Diagnosis Code	√	√
Secondary Diagnosis Code	√	√

Key Data Element	LTC Encounters From 837I	LTC Encounters From 837P
Procedure Code (CPT/HCPCS)	√	√
Procedure Code Modifier	√	√
Units of Service	√	√
Primary Surgical Procedure Code	√	
NDC	√	√
Revenue Code	√	
DRG	√	
Header Paid Amount	√	√
Detail Paid Amount	√	√

Element-level completeness focused on an element-level comparison between both sources of data and addressed the following metrics:

- The number and percentage of records with values present in the files submitted by the plans but not present in the files submitted by the Agency (***element omission***).
- The number and percentage of records with values present in the files submitted by the Agency but not present in the files submitted by the plans (***element surplus***).

Element-level accuracy was limited to those records with values present in both the Agency's and the plans' submitted files. For a particular data element, HSAG determined:

- The number and percentage of records with exactly the same values in both the Agency's and the plans' submitted files (***element accuracy***).
- The number and percentage of records present in both data sources with exactly the same values for select 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 plans regarding the issues identified from the comparative analysis. First, HSAG drafted plan-specific encounter data discrepancy reports highlighting key areas for investigation. Second, upon the Agency's review and approval, HSAG distributed the data discrepancy reports to the plans, along with data samples to assist the plans with their internal investigations. Based on their internal investigations, plans were required to identify potential root cause(s) of the key issues and provide written responses to the data discrepancy reports. Lastly, once HSAG reviewed the written responses, it followed up with the plans, for any further clarification, when appropriate.

LTC Record and Plan of Care Review

As outlined in the CMS protocol, record review is a complex and resource-intensive process. LTC records (including medical and treatment-related records) are considered the "gold standard" for documenting Medicaid enrollees' access to and quality of services. The second component of the EDV study assessed the completeness and accuracy of the Agency's encounters via a review of information documented in the corresponding LTC records and POCs of Medicaid enrollees.

The review of LTC records included services rendered between January 1, 2021, and December 31, 2021. This component of the study answered the following question:

- *Are the data elements in Table A-2 found on the LTC encounters complete and accurate when compared to information contained within the LTC records?*

Table A-2—Key Data Elements for LTC Record Review

Key Data Elements	
Date of Service	Diagnosis Code
Procedure Code	Procedure Code Modifier

Additionally, for individuals receiving HCBS or care in LTC facilities (e.g., nursing homes), HSAG reviewed the associated POC documentation. The review evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC documentation review component of the study answered the following questions:

- *Is there a valid POC? If so, is the POC document signed*?
- *Is the selected date of service within the effective dates of the POC*?
- *Is there a servicing provider documented in the POC*? *If so, is the servicing provider identified in the LTC record supported by the POC*?
- *Are the procedures documented in the LTC record supported by the POC*?
- *Are the number of units documented in the LTC record supported by the POC*?

To answer the study questions, the LTC record and POC review involved the following key steps:

- Identified the eligible population and generated samples from data submitted by the Agency for the study.
- Assisted plans to procure LTC records and POC documents from LTC providers, as appropriate.
- Reviewed LTC records and POC documents against the Agency's encounter data.
- Calculated study indicators based on the reviewed/abstracted data.
- Drafted report based on study results.

Study Population

To be eligible for the LTC record and POC review, an enrollee had to be continuously enrolled in the same plan during the study period (i.e., between January 1, 2021, and December 31, 2021), and had to have had at least one LTC service during the study period. For plans that did not have members enrolled with the same plan continuously during the study period, HSAG adjusted the continuous enrollment accordingly. In addition, enrollees with Medicare or other insurance coverage were excluded from the eligible population since the Agency does not have complete encounter data for all services they received. In this study, HSAG refers to LTC services as the services that met all criteria in Table A-3. In addition, after reviewing the encounter data from the Agency's data warehouse, HSAG discussed additional changes to these criteria with the Agency, as needed.

Table A-3—Criteria for LTC Services Included in the Study

Data Element	Criteria
LTC Services	
Claim Type	Claim Type Code = LTC
Provider Type	LTC provider types shall include but are not limited to: 01—General Hospital 05—Community Behavioral Health Services 07—Specialized Mental Health Practitioner 10—Skilled Nursing Facility 12—Private Intermediate Care Facilities/Developmentally Disabled (ICF/DD) Facility 13—Swing Bed Facility 14—Assistive Care Services 15—Hospice 23—Medical Foster Care/Personal Care Provider 25—Physician (MD) 26—Physician (DO) 27—Podiatrist 29—Physician Assistant 30—Nurse Practitioner–Advance Registered Nurse Practitioner (ARNP) 31—Registered Nurse/Registered Nurse First Assistant 32—Social Worker/Case Manager 65—Home Health Agency 66—Rural Health Clinic 67—HCBS Waiver 68—Federally Qualified Health Center 81—Professional Early Intervention Services 83—Therapist (Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist) 91—Case Management Agency
TPID	TPIDs as provided by the Agency

Sampling Strategy

HSAG used a two-stage sampling technique to select samples based on the data received from the Agency. HSAG first identified all enrollees who met the study population eligibility criteria. HSAG then randomly selected the enrollees by plan based on the required sample size. Then, for each selected sample enrollee, HSAG used the SURVEYSELECT procedure in SAS®,[A-2] to randomly select one LTC visit[A-3] that occurred in the study period (i.e., January 1, 2021, through December 31, 2021).

The final sample used in the evaluation consisted of a minimum of 146 cases randomly selected per plan. If a plan had less than 146 cases that were eligible for the study, all eligible cases were included for review. An additional 25 percent oversample (or 37 cases per plan) were sampled to replace records not procured. As such, plans with an adequate number of cases eligible for the study were responsible for procuring a minimum of 183 total sampled enrollees' LTC records and POC documents per plan (i.e., 146 sample and 37 oversample) from their contracted LTC providers for services that occurred during the study period.

LTC Record and Plan of Care Record Procurement

Upon receiving the final sample list from HSAG, plans were responsible for procuring the sampled enrollees' LTC records and POCs from their contracted providers for services that occurred during the study period. In addition, plans were responsible for submitting the documentation to HSAG. To improve the procurement rate, HSAG conducted a one-hour technical assistance session with the plans to review the EDV project and the procurement protocols after distributing the sample list. Plans were instructed to submit the LTC records and POC documents electronically via the Secure Access File Exchange (SAFE) site to ensure the protection of protected health information. During the procurement process, HSAG worked with the plans to answer questions and monitor the number of LTC records and POC documents submitted. For example, HSAG provided an initial submission update when 40 percent of the documentation was expected to be submitted and a final submission status update following completion of the procurement period.

All electronic LTC records and POC documents that HSAG received were maintained on a secure site, which allowed HSAG's trained reviewers to validate the cases from a centralized location under supervision and oversight. As with all record reviews and research activities, HSAG had implemented a thorough Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance and protection program in accordance with federal regulations that included recurring training as well as policies and procedures that addressed physical security, electronic security, and day-to-day operations.

[A-2] SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

[A-3] To ensure that the LTC record review included all services provided on the same date of service, encounters with the same date of service and same rendering provider were consolidated into one visit for sampling.

Review of LTC Records and Plan of Care Documents

Concurrent with record procurement activities, HSAG developed detailed training documents for the record review activity and trained its review staff members on specific study protocols and conducted interrater reliability (IRR) and rate-to-standard testing. All reviewers had to achieve a 95 percent accuracy rate prior to reviewing LTC records and POC documents and collecting data for the study.

During the LTC record and POC document review activity, HSAG's trained reviewers collected and documented findings in an HSAG-designed electronic data collection tool. IRR among reviewers and reviewer accuracy were evaluated regularly throughout the study. Questions raised, and decisions made during this evaluation process were documented and communicated to all reviewers in a timely manner. In addition, HSAG analysts periodically reviewed the export files from the abstraction tool to ensure the abstraction results were complete, accurate, and consistent.

LTC Record Review Indicators and Plan of Care Document Review Findings

Once the record review was completed, HSAG analysts exported information collected from the electronic tool, reviewed the data, and conducted the analysis. HSAG used four study indicators of data completeness and accuracy to report the record review results:

- ***Record/documentation omission rate***: the percentage of sampled dates of service identified in the electronic encounter data that were not found in the enrollees' LTC records. HSAG also calculated this rate for the other key data elements in Table A-2.
- ***Encounter data omission rate***: the percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the enrollees' LTC records that were not found in the electronic encounter data.
- ***Accuracy rate of coding***: the percentage of diagnosis codes, procedure codes, and procedure code modifiers associated with validated dates of service from the electronic encounter data that were correctly coded based on the enrollees' LTC records.
- ***Overall accuracy rate:*** the percentage of dates of service with all data elements coded correctly among all validated dates of service from the electronic encounter data.

In addition to the LTC-related indicators, based on reviews of the POC documents, findings that included an evaluation of whether the LTC services documented for the selected dates of service were supported by the POCs were also presented.

Study Limitations

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

- The comparative analysis results presented in this study are dependent on the quality of the encounter data submitted by the Agency and the plans. Any substantial and systematic 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 primary focus of the comparative analysis component of the EDV study is to assess the extent and magnitude of record and data element discrepancies between the Agency- and plan-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.
- The findings from the comparative analysis and record review were associated with encounters from January 1, 2021, through December 31, 2021. As such, the results may not reflect the current quality of the Agency's encounter data and changes implemented after the study began.
- Successful evaluation of enrollees' LTC records and POC documentation depends on the ability to locate and collect complete and accurate records and documentation. Therefore, validation results could have been affected by LTC records and/or POC documents that were not located and submitted, and LTC records and/or POC documents that were incomplete (e.g., submission of a visit summary instead of the complete LTC record).
- The findings from the LTC record review component of this study are associated with LTC visits and may not be applicable to other claim types.
- Due to the relatively small size of sample cases for each plan, plan-specific rates for select indicators should be interpreted with caution.

Appendix B: Results for Aetna Better Health of Florida, Inc.

This appendix contains the comparative analysis and LTC record and POC review results and findings for Aetna Better Health of Florida, Inc. (Aetna-C/AET-C).

Comparative Analysis

This section presents Aetna-C's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for Aetna-C. Additionally, the images of Aetna-C's responses based on its investigation efforts on the example discrepant records are provided later in this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table B-1 displays the percentage of records present in the Aetna-C-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the Aetna-C-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table B-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	6.7%	1.1%
LTC Professional	3.4%	1.5%

Key Findings: Table B-1

- The record omission rate for LTC institutional encounters was 6.7 percent, which was higher than the 5.0 percent threshold. Further analysis indicated that 97.1 percent of the omitted records had a claim type of "A" (i.e., inpatient crossover). The record surplus rate was 1.1 percent, and there were no major issues noted.
- No major issues were identified for LTC professional encounters, with record omission and surplus rates of 3.4 percent and 1.5 percent, respectively.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table B-2 displays Aetna-C's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table B-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	>99.9%
Header Service To Date	0.0%	0.0%	0.0%	98.7%
Detail Service From Date	0.0%	0.0%	0.0%	98.1%
Detail Service To Date	0.0%	0.0%	0.0%	98.1%
Admission Date	<0.1%	0.0%	0.7%	100%
Billing Provider NPI	0.0%	0.0%	0.0%	95.9%
Attending Provider NPI	1.9%	0.0%	<0.1%	95.8%
Referring Provider NPI	0.0%	0.0%	100%	NA[1]
Primary Diagnosis Code	0.0%	0.0%	0.0%	>99.9%
Secondary Diagnosis Code[2]	4.9%	0.0%	1.9%	4.9%
Procedure Code (CPT/HCPCS)	1.3%	<0.1%	14.2%	98.8%
Procedure Code Modifier[3]	<0.1%	<0.1%	32.2%	98.7%
Units of Service	0.0%	0.0%	0.0%	96.6%
Surgical Procedure Code[4]	0.0%	0.0%	>99.9%	85.4%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	98.2%
DRG	0.0%	<0.1%	99.9%	100%
Header Paid Amount	0.0%	0.0%	0.0%	100%
Detail Paid Amount	0.0%	0.0%	0.0%	99.7%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table B-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC institutional encounter data elements. Of note, while the omission rate for the *Secondary Diagnosis Code* data element was less than 5.0 percent, further analysis showed that among records that had the data element populated only on the AET-C-submitted data, 52.5 percent of the records had the same secondary diagnosis code as the primary diagnosis code.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC institutional encounter data elements that had values populated in both sources, except for the *Secondary Diagnosis Code* and *Surgical Procedure Code* data elements.

- The accuracy rate for the *Secondary Diagnosis Code* data element was very low at 4.9 percent. Upon further investigation, it appears that among records that did not match for the *Secondary Diagnosis Code* data element, the AET-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 96.4 percent of the records.
- The accuracy rate for the *Surgical Procedure Code* data element was low at 85.4 percent. Further investigation revealed that among records which did not match for the *Surgical Procedure Code* data element, the AET-C-submitted data had more surgical procedure codes populated compared to the Agency-submitted data for all records that did not match for the data element. Of note, the low accuracy rate is insignificant since nearly all surgical procedure codes were absent from both data sources (i.e., less than 50 records had values populated in both sources).

LTC Professional Encounters

Table B-3 displays Aetna-C's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table B-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	<0.1%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	98.2%
Header Service To Date	0.0%	0.0%	0.0%	98.8%
Detail Service From Date	0.0%	0.0%	0.0%	98.3%
Detail Service To Date	0.0%	0.0%	0.0%	98.3%
Billing Provider NPI	0.0%	10.2%	0.0%	93.6%
Rendering Provider NPI	0.0%	11.9%	0.0%	93.6%
Referring Provider NPI	0.0%	1.4%	98.6%	NA[1]
Primary Diagnosis Code	0.0%	10.2%	0.0%	98.1%
Secondary Diagnosis Code[2]	2.7%	<0.1%	96.6%	74.4%
Procedure Code (CPT/HCPCS)	0.0%	10.2%	0.0%	98.0%
Procedure Code Modifier[3]	<0.1%	10.2%	78.8%	84.4%
Units of Service	0.0%	0.1%	0.0%	86.7%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	0.0%	0.0%	0.0%	98.4%
Detail Paid Amount	0.0%	0.0%	0.0%	98.7%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table B-3

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for most evaluated LTC professional encounter data elements, except for the *Billing Provider NPI*, *Rendering Provider NPI*, *Primary Diagnosis Code*, *Procedure Code (CPT/HCPCS)*, and *Procedure Code Modifier* data elements.
  - The surplus rate for the *Billing Provider NPI* data element was high at 10.2 percent. Among records that had the *Billing Provider NPI* data element only populated in the Agency-submitted data, 99.8 percent had the same value as the *Rendering Provider NPI* data element.
  - The surplus rate for the *Rendering Provider NPI* data element was high at 11.9 percent. Among records that had the *Rendering Provider NPI* data element only populated in the Agency-submitted data, 99.8 percent had the same value as the *Billing Provider NPI data element*.
  - The surplus rates for data elements *Primary Diagnosis Code*, *Procedure Code (CPT/HCPCS)*, and *Procedure Code Modifier* were high at 10.2 percent each.
    - Further investigation revealed that among records which were identified as surplus (i.e., only populated in the Agency-C-submitted data) for data element *Primary Diagnosis Code*, 99.1 percent had a diagnosis code value of "R5381."
    - Among records that had data element *Procedure Code (CPT/HCPCS)* only populated in the Agency-submitted data, 57.6 percent had a procedure code value of "T1019," and 37.1 percent had a value of "S5130."
    - Among records that had data element *Procedure Code Modifier* only populated in the Agency-submitted data, 98.9 percent contained a value of "CG." The *Procedure Code Modifier* data element values identified as surplus were mostly associated with surplus records for the *Procedure Code (CPT/HCPCS)* data element.
- The data element accuracy rates were high (i.e., at or more than 95.0 percent) for most evaluated LTC professional encounter data elements, except for data elements *Billing Provider NPI*, *Rendering Provider NPI*, *Secondary Diagnosis Code*, *Procedure Code Modifier*, and *Units of Service*.
  - The accuracy rates for data elements *Billing Provider NPI* and *Rendering Provider NPI* were low at 93.6 percent each. Further investigation revealed that among records which did not match for data element *Billing Provider NPI*, most records also had values that did not match between the two data sources for the *Rendering Provider NPI* data element.
  - The accuracy rate for data element *Secondary Diagnosis Code* was low at 74.4 percent. Further investigation revealed that among records which did not match for data element *Secondary Diagnosis Code*, the AET-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 97.0 percent of the records.
  - The accuracy rate for data element *Procedure Code Modifier* was low at 84.4 percent. Further investigation revealed that among records which did not have the same values for data element *Procedure Code Modifier*, the AET-C-submitted data appeared to have more procedure code modifier values populated compared to the Agency-submitted data for 91.2 percent of the records. Additionally, 83.9 percent of the records with mismatched *Procedure Code Modifier* data element values also had mismatched values for the *Procedure Code (CPT/HCPCS)* data element.

– The accuracy rate for data element *Units of Service* was low at 86.7 percent. Among records that did not match for this data element, the AET-C-submitted data had a value of 0 for 76.4 percent of the records, while the Agency provided a non-zero value.

This image below presents Aetna-C's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	AET-C's Investigation Efforts and Explanations
Table 1	LTC institutional encounter record omission rate (6.7 percent)	These institutional encounters were included in (AET-C-submitted) our data files but were not included in the Agency-submitted data files. All these encounters do have the Accepted ICN we received from state. Not sure why Agency/state did not include these encounters in their list/submissions These all appear to be claims with Third Party Liability and $0 payment by Aetna
Table 2	*Secondary Diagnosis Codes* omission rate (4.9 percent) and accuracy rate (4.9 percent) for LTC institutional encounter data	OMMISSION Rate: Secondary Diagnosis Code values were populated in the AET-C-submitted institutional data file but were not populated in the Agency-submitted institutional data file. Not sure why Agency/state did not include these codes in their list/submissions. Our data has primary diagnosis listed as primary and admit diagnosis and all other diagnosis codes submitted listed as secondary, tertiary etc
Table 3	*Billing Provider NPI* surplus rate (10.2 percent) and accuracy rate (93.6 percent) for LTC professional encounter data	SurplusRate: Billing NPI on PPL encounters was missing as we were not able to populate this. The PPL encounter files were pass thru files. We are not able to query all of the data elements in the pass thru files so we had to use our paid claims files to populate some of the information. (We are no longer using PPL and now load all of our PDO claims directly into our claims processing system so this should not be an issue going forward) AccuracyRate: BillingNPI we supplied was found not matching with Agency's submission, cross verified our submissions, and found that the data we provided is accurate. Ex: [redacted] on 650+ encounters

Table	Discrepancy Item	AET-C's Investigation Efforts and Explanations
Table 3	*Rendering Provider NPI* surplus rate (11.9 percent) and accuracy rate (93.6 percent) for LTC professional encounter data	SurplusRate: Rendering NPI on PPL encounters was missing as we were not able to populate this. The PPL encounter files were pass thru files. We are not able to query all of the data elements in the pass thru files so we had to use our paid claims files to populate some of the information. (We are no longer using PPL and now load all of our PDO claims directly into our claims processing system so this should not be an issue going forward) AccuracyRate: Rendering NPI we supplied was found not matching with Agency's submission, cross verified our submissions, and found that the data we provided is accurate. [redacted]
Table 3	*Primary Diagnosis Code* surplus rate (10.2 percent) for LTC professional encounter data	We believe the agency only loads diagnosis codes into FLMMIS that have a diagnosis pointer whereas we load all diagnosis codes into our system whether or not they are submitted with a Dx pointer. In addition, we are not able to query all of the data elements in the pass thru files (PPL) so we had to use our paid claims files to populate some of the information. (We are no longer using PPL and now load all of our PDO claims directly into our claims processing system so this should not be an issue going forward)
Table 3	*Secondary Diagnosis Codes* accuracy rate (74.4 percent) for LTC professional encounter data	We believe the agency only loads diagnosis codes into FLMMIS that have a diagnosis pointer whereas we load all diagnosis codes into our system whether or not they are submitted with a Dx pointer.
Table 3	*Procedure Code (CPT/HCPCS)* surplus rate (10.2 percent) for LTC professional encounter data	We are not able to query all of the data elements in the pass thru files (PPL & Logisticare) so we had to use our paid claims files to populate some of the information.
Table 3	*Procedure Code Modifier* surplus rate (10.2 percent) and accuracy rate (84.4 percent) for LTC professional encounter data	We are not able to query all of the data elements in the pass thru files (PPL & Logisticare) so we had to use our paid claims files to populate some of the information
Table 3	*Units of Service* accuracy rate (86.7 percent) for LTC professional encounter data	We are not able to query all of the data elements in the pass thru files (PPL & Logisticare) so we had to use our paid claims files to populate some of the information.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table B-4 shows the LTC record and POC document submission status for Aetna-C, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by Aetna-C as indicated in its submitted tracking sheets.

Table B-4—LTC Record and Plan of Care Submissions: Aetna-C

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
AET-C	174	101	58.0%	174	100%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table B-5 highlights the key reasons LTC records and POC documents were not submitted by Aetna-C.

Table B-5—Reasons for Missing LTC Record and Plan of Care Documentation: Aetna-C

LTC Record			POC Document		
Reason	Count	Percent	Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	62	84.9%			
Facility was permanently closed; unable to procure LTC record documentation.	6	8.2%			
Enrollee was a patient of the practice; however, no documentation was available for requested dates of service.	3	4.1%			
Enrollee was not a patient of this practice.	2	2.7%			
Total	**73**	**100%**			

Note: Grayed cells indicate there were no missing reasons to report.

Encounter Data Completeness

Table B-6 displays the LTC record omission and encounter data omission rates for each key data element for Aetna-C. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table B-6—Encounter Data Completeness Summary: Aetna-C

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	57	39.0%			
Diagnosis Code	693	534	77.1%	159	0	0.0%
Procedure Code	117	20	17.1%	97	0	0.0%
Procedure Code Modifier	43	11	25.6%	32	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table B-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for Aetna-C. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.

- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table B-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table B-7—Encounter Data Accuracy Summary: Aetna-C

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	159	158	99.4%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	97	97	100%	Inaccurate Code (NA) Lower Level of Services in LTC Records (NA) Higher Level of Services in LTC Records (NA)
Procedure Code Modifier	32	32	100%	—
All-Element Accuracy	89	70	78.7%	—

"—" denotes that the error type analysis was not applicable to a given data element.
Note: NA indicates all codes were coded accurately; therefore, there were no error types to report.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table B-8 presents findings from the review of POC documentation for Aetna-C.

Table B-8—Plan of Care Document Review Summary: Aetna-C

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	146	100%
Plan of documentation was signed[2]	139	95.2%
Selected dates of service were within the effective dates of the POC documents[3]	137	98.6%
Servicing providers were documented[4]	137	100%
Documented servicing providers support provider information in the LTC records[5]	83	60.6%
Documented procedures support procedures identified in the LTC records[4]	82	59.9%
Documented number of units support the units identified in the LTC records[4]	86	62.8%

"—" Indicates percentage is not applicable.
[1] Denominator was based on number of dates of service identified in the encounter data.
[2] Denominator was based on the number of valid POCs.
[3] Denominator was based on the number of POCs with an appropriate signature.
[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.
[5] Denominator was based on whether the servicing provider was documented.

Appendix C: Results for Humana Medical Plan, Inc.

This appendix contains the comparative analysis and LTC record and POC review results and findings for Humana Medical Plan, Inc. (Humana-C/HUM-C).

Comparative Analysis

This section presents Humana-C's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for Humana-C. Additionally, the images of Humana-C's responses based on its investigation efforts on the example discrepant records are provided later in this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table C-1 displays the percentage of records present in the Humana-C-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the Humana-C-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table C-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	17.0%	9.7%
LTC Professional	3.2%	1.4%

Key Findings: Table C-1

- The record omission and surplus rates for LTC institutional encounters were high, with rates of 17.0 percent and 9.7 percent, respectively.
  - HSAG was unable to identify any pattern(s) or the root cause for records that were identified as an omission. A high record omission rate was also noted in the previous (i.e., SFY 2021–22) EDV study. During that EDV study, HSAG provided example discrepant records to HUM-C to investigate and provide explanations for the discrepancies. Based on HUM-C's investigation efforts, it identified that the query used to extract the data for the study contributed to the reason for the high omission rate. As such, the root cause of the high record omission rate in the current study may be due to the same reason as previously identified, wherein the query to extract the data was not corrected.
  - For records that were identified as a surplus, further analysis indicated that 84.4 percent of the surplus records had a value of "7" (i.e., adjusted encounters) for the *Claim Frequency Type Code* field in the Agency-submitted data. A high record surplus rate was also noted in the previous (i.e., SFY 2021–22) EDV study. Similar to the record omission reason in the prior year's study, HUM-C noted that the query used to extract the data for the study contributed to the reason for the high record surplus rate. As such, the root cause of the high record surplus rate in the current study may be due to the same reason as previously identified, wherein the query to extract the data was not corrected.
- There were no major issues identified for LTC professional encounters, with record omission and surplus rates of 3.2 percent and 1.4 percent, respectively.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table C-2 displays Humana-C's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table C-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	>99.9%
Header Service From Date	0.0%	0.0%	0.0%	99.6%
Header Service To Date	0.0%	0.0%	0.0%	98.5%
Detail Service From Date	0.0%	0.0%	0.0%	99.9%
Detail Service To Date	0.0%	0.0%	0.0%	99.9%
Admission Date	0.0%	<0.1%	0.9%	>99.9%
Billing Provider NPI	0.0%	0.0%	0.0%	93.9%
Attending Provider NPI	1.9%	0.1%	<0.1%	94.5%
Referring Provider NPI	2.5%	0.0%	97.5%	NA[1]
Primary Diagnosis Code	<0.1%	0.0%	0.0%	>99.9%
Secondary Diagnosis Code[2]	5.7%	<0.1%	2.2%	5.7%
Procedure Code (CPT/HCPCS)	<0.1%	<0.1%	19.6%	>99.9%
Procedure Code Modifier[3]	<0.1%	0.0%	28.4%	>99.9%
Units of Service	0.0%	0.0%	0.0%	40.9%
Surgical Procedure Code[4]	0.0%	<0.1%	>99.9%	NA[1]
NDC	<0.1%	0.0%	>99.9%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	>99.9%
DRG	0.0%	<0.1%	>99.9%	NA[1]
Header Paid Amount	<0.1%	0.0%	0.0%	99.1%
Detail Paid Amount	0.0%	64.1%	<0.1%	99.9%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table C-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC institutional encounter data elements, except for the omission rate for the *Secondary Diagnosis Code* and surplus rate for the *Detail Paid Amount* data elements.
  - The omission rate for the *Secondary Diagnosis Code* data element was high at 5.7 percent. Further investigation revealed that among records which had values in the *Secondary Diagnosis Code* data element only populated in the HUM-C-submitted data, 78.3 percent of records had the *Primary Diagnosis Code* data element values that were also included in the *Secondary Diagnosis Code* data element in the HUM-C-submitted data.
  - The surplus rate for the *Detail Paid Amount* data element was high at 64.1 percent. Among records that had values in the *Detail Paid Amount* data element only populated in the Agency-submitted data, 99.6 percent of records had a value of 0.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC institutional encounter data elements that had values populated in both sources, except for the *Billing Provider NPI*, *Attending Provider NPI*, *Secondary Diagnosis Code*, and *Units of Service* data elements.
  - The accuracy rate for the *Billing Provider NPI* data element was low at 93.9 percent Among records that did not match for this data element, 93.0 percent of records in both data sources had the same values for the *Attending Provider NPI* data element.
  - The accuracy rate for the *Attending Provider NPI* data element was low at 94.5 percent. Among records that did not match for this data element, 93.0 percent of records in both data sources had the same values for the *Billing Provider NPI* data element.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was extremely low at 5.7 percent. Further investigation revealed that among records which did not match for the *Secondary Diagnosis Code* data element, the HUM-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 94.7 percent of the records.
  - The accuracy rate for the *Units of Service* data element was low at 40.9 percent. Among records that did not match for this data element, the Agency-submitted data had a value of 0 for 99.8 percent of the records. Additionally, 99.7 percent of the records that had mismatched values for the *Units of Service* data element were associated with encounters that had a *Claim Status* of denied within the Agency-submitted data.

LTC Professional Encounters

Table C-3 displays Humana-C's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table C-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	99.8%
Header Service To Date	0.0%	0.0%	0.0%	99.9%
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 NPI	0.0%	0.0%	0.0%	96.4%
Rendering Provider NPI	<0.1%	99.3%	<0.1%	98.6%
Referring Provider NPI	0.5%	0.0%	99.5%	92.6%
Primary Diagnosis Code	<0.1%	0.0%	0.0%	>99.9%
Secondary Diagnosis Code[2]	0.8%	0.0%	98.9%	86.5%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	0.0%	>99.9%
Procedure Code Modifier[3]	<0.1%	<0.1%	84.0%	>99.9%
Units of Service	0.0%	0.0%	0.0%	99.0%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	<0.1%	0.0%	0.0%	99.1%
Detail Paid Amount	<0.1%	<0.1%	0.0%	99.0%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table C-3

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for most evaluated LTC professional encounter data elements, except for the surplus rate for the *Rendering Provider NPI* data element.
  - The surplus rate for the *Rendering Provider NPI* data element was high at 99.3 percent. Among records that had values for the *Rendering Provider NPI* data element only populated in the Agency-submitted data, all of these records had the same values as the *Billing Provider NPI* values.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated data elements that had values populated in both sources (i.e., Agency- and HUM-C-submitted data), except for the *Referring Provider NPI and Secondary Diagnosis Code* data elements.
  - The accuracy rate for the *Referring Provider NPI* data element was low at 92.6 percent. HSAG was unable to identify any pattern(s) for the discrepancy. Of note, the low accuracy rate is insignificant since nearly all *Referring Provider NPI* data element values were absent from both data sources (i.e., less than 100 records had values populated in both sources).

– The accuracy rate for the *Secondary Diagnosis Code* data element was low at 86.5 percent. The HUM-C-submitted data had more values populated for the *Secondary Diagnosis Code* data element compared to the Agency-submitted data for 95.0 percent of the records that did not match for the data element.

This image below presents Humana-C's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	HUM-C's Investigation Efforts and Explanations
Table 1	LTC institutional encounter record omission rate (17.0 percent)	Humana does not agree with the findings. Omission records include claims that have claim lines that are all denied, and are not fully recognized on the 835 file response as 'rejected' or 'accepted' but rather are indicated as a '999 acknowledged' status (i.e. [redacted]
Table 1	LTC institutional encounter record surplus rate (9.7 percent)	Humana does not agree with the findings. Records reviewed were found in Humana's dataset provided to HSAG, and here are the following examples of encounter ICN records found, but are included in this surplus file: (i.e. [redacted] [HSAG Response] Upon further review, HSAG can confirm that the surplus records were not included in the encounters submitted by Humana-C for the study.
Table 2	*Billing Provider NPI* accuracy rate (93.9 percent) for LTC institutional encounter data	Humana agrees with the findings. Remediation efforts for these accuracy deficiencies have been implemented in a new system transition.
Table 2	*Attending Provider NPI* accuracy rate (94.5 percent) for LTC institutional encounter data	Humana agrees with the findings. Remediation efforts for these accuracy deficiencies have been implemented in a new system transition.
Table 2	*Secondary Diagnosis Code* omission rate (5.7 percent) and accuracy rate (5.7 percent) for LTC institutional encounter data	Humana does not agree with the findings. Attending provider NPI does not reflect the NPI that Humana submitted on the encounter (i.e. [redacted] records aren't reflecting the Attending NPI that was submitted)

Table	Discrepancy Item	HUM-C's Investigation Efforts and Explanations
Table 2	*Detail Paid Amount* surplus rate (64.1 percent) for LTC institutional encounter data.	Humana agrees with the findings, Information supplied on the encounter file to AHCA is correct, however secondary and admitting diagnoses were transposed when file was submitted for this study. **Omission** records reviewed found Humana reported the Admitting Diagnosis as a Secondary Diagnosis to the study (i.e. [redacted] In some cases, the data submitted to the study included both the Admitting Diagnosis and Principal Diagnosis, with the Admitting Diagnosis being reported as the Secondary Diagnosis; they were also duplicated matching the count of days for DOS range (i.e. [redacted] The outbound encounters sent to AHCA did not contain secondary diagnosis codes, they contained only Admitting Diagnosis and Principal Diagnosis. **Accuracy** records reviewed found Humana duplicated Secondary Diagnosis codes. The Secondary Diagnosis codes on the outbound encounter matched those reported by AHCA on the study data (i.e [redacted]
Table 2	*Units of Service* accuracy rate (40.9 percent) for LTC institutional encounter data	Humana agrees with the findings. Records reviewed found Humana did not submit $0 line paid amount, but instead left the data element blank when data was submitted to the study (i.e. [redacted]
Table 3	*Rendering Provider NPI* surplus rate (99.3 percent) for LTC professional encounter data	Humana does not agree with the findings. Records reviewed found encounters sent to AHCA did not contain a Rendering NPI. Records sent to AHCA match Humana data provided to HSAG (i.e. [redacted]
Table 3	*Secondary Diagnosis Code* accuracy rate (86.5 percent) for LTC professional encounter data	Humana does not agree with the findings. Records reviewed found the secondary diagnosis codes submitted to the study were all included on the outbound encounters to AHCA. It appears AHCA is only reporting up to the first three (3) secondary diagnosis codes in column J of the study data. This is causing a discrepancy between the AHCA data and the study data (i.e. [redacted]

[HSAG Note]: It appeared that Humana-C's responses were shifted one cell below under the column "HUM-C's Investigation Efforts and Explanations" from row number four through row number seven, which led to a shift of the responses. As a result, Humana-C's response to the discrepancy for *Units of Service* data element could not be found.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table C-4 shows the LTC record and POC document submission status for Humana-C, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by Humana-C as indicated in its submitted tracking sheets.

Table C-4—LTC Record and Plan of Care Submissions: Humana-C

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
HUM-C	183	145	79.2%	175	95.6%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table C-5 highlights the key reasons LTC records and POC documents were not submitted by Humana-C.

Table C-5—Reasons for Missing LTC Record and Plan of Care Documentation: Humana-C

LTC Record			POC Document		
Reason	Count	Percent*	Reason	Count	Percent
Other	26	68.4%	Enrollee was enrolled in this plan; however, no POC documentation was available for requested date of service.	8	100%
Facility was permanently closed; unable to procure LTC record documentation.	5	13.2%			
Non-responsive provider or provider did not respond in a timely manner.	5	13.2%			
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	1	2.6%			
Provider refused to release LTC record documentation.	1	2.6%			
Total	**38**	**100%**	**Total**	**8**	**100%**

* Due to rounding, the sum of the percentages may not equal 100 percent.
Note: Grayed cells indicate there were no other missing reasons to report.

Encounter Data Completeness

Table C-6 displays the LTC record omission and encounter data omission rates for each key data element for Humana-C. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table C-6—Encounter Data Completeness Summary: Humana-C

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	28	19.2%			
Diagnosis Code	621	169	27.2%	452	0	0.0%
Procedure Code	150	34	22.7%	116	0	0.0%
Procedure Code Modifier	30	25	83.3%	5	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table C-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for Humana-C. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.

- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table C-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table C-7—Encounter Data Accuracy Summary: Humana-C

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	452	450	99.6%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	116	115	99.1%	Inaccurate Code (100%) Lower Level of Services in LTC Records (0.0%) Higher Level of Services in LTC Records (0.0%)
Procedure Code Modifier	5	5	100%	—
All-Element Accuracy	118	98	83.1%	—

"—" denotes that the error type analysis was not applicable to a given data element.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table C-8 presents findings from the review of POC documentation for Humana-C.

Table C-8—Plan of Care Document Review Summary: Humana-C

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	141	96.6%
Plan of documentation was signed[2]	140	99.3%
Selected dates of service were within the effective dates of the POC documents[3]	139	99.3%
Servicing providers were documented[4]	139	100%
Documented servicing providers support provider information in the LTC records[5]	111	79.9%
Documented procedures support procedures identified in the LTC records[4]	109	78.4%
Documented number of units support the units identified in the LTC records[4]	111	79.9%

"—" Indicates percentage is not applicable.
[1] Denominator was based on number of dates of service identified in the encounter data.
[2] Denominator was based on the number of valid POCs.
[3] Denominator was based on the number of POCs with an appropriate signature.
[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.
[5] Denominator was based on whether the servicing provider was documented.

Appendix D: Results for Molina Healthcare of Florida, Inc.

This appendix contains the comparative analysis and LTC record and POC review results and findings for Molina Healthcare of Florida, Inc. (Molina-C/MOL-C).

Comparative Analysis

This section presents Molina-C's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for Molina-C. Additionally, the images of Molina-C's responses based on its investigation efforts on the example discrepant records are provided later in this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table D-1 displays the percentage of records present in the Molina-C-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the Molina-C-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table D-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	7.4%	0.6%
LTC Professional	0.8%	0.6%

Key Findings: Table D-1

- The record omission rate for LTC institutional encounters was high, with a rate of 7.4 percent. HSAG was unable to identify any patterns for the discrepancy. Of note, 25.0 percent of the omission records were associated with voided claims. The record surplus rate was low at 0.6 percent for LTC institutional encounters, and there were no major issues noted.
- There were no major issues noted regarding the record omission and surplus rates for LTC professional encounters, with rates of 0.8 percent and 0.6 percent, respectively.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table D-2 displays Molina-C's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table D-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	100%
Header Service To Date	0.0%	0.0%	0.0%	97.1%
Detail Service From Date	0.0%	0.0%	0.0%	99.3%
Detail Service To Date	0.0%	0.0%	0.0%	99.3%
Admission Date	0.9%	0.0%	0.0%	100%
Billing Provider NPI	0.0%	0.0%	0.0%	93.8%
Attending Provider NPI	11.9%	0.0%	0.0%	89.4%
Referring Provider NPI	5.8%	0.0%	94.2%	NA[1]
Primary Diagnosis Code	0.0%	0.0%	0.0%	100%
Secondary Diagnosis Code[2]	0.0%	0.0%	11.8%	27.2%
Procedure Code (CPT/HCPCS)	2.7%	<0.1%	74.5%	98.7%
Procedure Code Modifier[3]	<0.1%	0.2%	95.2%	99.3%
Units of Service	0.0%	0.0%	0.0%	75.9%
Surgical Procedure Code[4]	0.0%	0.0%	99.9%	100%
NDC	0.4%	0.0%	99.6%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	96.3%
DRG	0.0%	0.0%	99.9%	0.0%
Header Paid Amount	0.0%	0.0%	0.0%	>99.9%
Detail Paid Amount	0.0%	0.0%	0.0%	99.9%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table D-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for most evaluated LTC institutional encounter data elements, except for the omission rates for the *Attending Provider NPI* and *Referring Provider NPI* data elements.
  - The omission rate for the *Attending Provider NPI* data element was high at 11.9 percent. Among records that had the *Attending Provider NPI* data element only populated in the MOL-C-submitted data, 93.8 percent of records in both sources had the same values for *Billing Provider NPI* data element.

  - The omission rate for the *Referring Provider NPI* data element was relatively high at 5.8 percent. Among records that had this data element only populated in the MOL-C-submitted data, four referring provider NPIs showed noticeable contribution toward the omission rate.

- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for most evaluated LTC institutional encounter data elements that had values populated in both sources, except for the *Billing Provider NPI*, *Attending Provider NPI*, *Secondary Diagnosis Code*, *Units of Service*, and *Diagnosis Related Group (DRG)* data elements.
  - The accuracy rates for the *Billing Provider NPI* and *Attending Provider NPI* data elements were low at 93.8 percent and 89.4 percent, respectively. Among records that did not match for the *Billing Provider NPI* data element, 76.4 percent of records in both data sources (i.e., the Agency- and MOL-C-submitted data) had the same values for the *Attending Provider NPI* data element. Similarly, among records that did not match for the *Attending Provider NPI* data element, 92.3 percent of records in both data sources had the same values for the *Billing Provider NPI* data element.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was low at 27.2 percent. Further investigation revealed that among records which did not match for the *Secondary Diagnosis Code* data element, the MOL-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 47.7 percent of the records, while the Agency-submitted data had more secondary diagnosis codes populated for 52.3 percent of the records compared to the MOL-C-submitted data.
  - The accuracy rate for the *Units of Service* data element was low at 75.9 percent. Further investigation revealed that among records which did not match for the *Units of Service* data element, the Agency-submitted data had a value of 0 for 90.6 percent of the records.
  - The accuracy rate for the *DRG* data element was low at 0.0 percent. Of note, the low accuracy rate was insignificant since nearly all *DRG* data element values were absent from both data sources.

LTC Professional Encounters

Table D-3 displays Molina-C's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table D-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	99.6%
Header Service To Date	0.0%	0.0%	0.0%	99.3%

Key Data Element	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%	99.9%
Billing Provider NPI	0.0%	0.0%	0.0%	99.1%
Rendering Provider NPI	0.0%	0.0%	0.0%	99.1%
Referring Provider NPI	0.9%	0.0%	96.5%	88.5%
Primary Diagnosis Code	0.0%	0.0%	0.0%	>99.9%
Secondary Diagnosis Code[2]	0.6%	0.0%	98.8%	74.1%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	0.0%	99.9%
Procedure Code Modifier[3]	<0.1%	<0.1%	83.7%	99.8%
Units of Service	0.0%	0.0%	0.0%	97.6%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	0.0%	0.0%	0.0%	95.4%
Detail Paid Amount	0.0%	0.0%	0.0%	95.4%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table D-3

- There were no major issues noted for the data element omission and surplus rates. These rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC professional encounter data elements.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for most evaluated LTC professional encounter data elements, except for the *Referring Provider NPI* and *Secondary Diagnosis Code* data elements.
  - The accuracy rate for the *Referring Provider NPI* data element was 88.5 percent, and HSAG was unable to identify any pattern(s) for the discrepancy.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was 74.1 percent. Further investigation revealed that among records which did not match for the *Secondary Diagnosis Code* data element, the MOL-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 96.2 percent of the records.

This image below presents Molina-C's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	MOL-C's Investigation Efforts and Explanations
Table 1	LTC institutional encounter record omission rate (7.4 percent)	Molina has completed the review and investigation into this reported issue. We have validated the data on the original encounter submitted to FMMIS as well as the extract submitted to HSAG. We can confirm that based on the samples shared by HSAG, majority of claims were submitted to AHCA and HSAG appropriately as per the requirements. There is no issue from Molina's perspective
Table 2	*Billing Provider NPI* accuracy rate (93.8 percent) for LTC institutional encounter data	The example claims show as being correctly reported on the original encounter submitted to FMMIS as well as the HSAG extract. There seems to be no issue from Molina's perspective.
Table 2	*Attending Provider NPI* omission rate (11.9 percent) and accuracy rate (89.4 percent) for LTC institutional encounter data	The example claims show as being correctly reported on the original encounter submitted to FMMIS as well as the HSAG extract. There seems to be no issue from Molina's perspective.
Table 2	*Referring Provider NPI* omission rate (5.8 percent) for LTC institutional encounter data	Molina has completed the review into this issue. It was determined that Referring Provider data was submitted to HSAG for some claims, which was not a required information on the original encounters submitted to FMMIS.
Table 2	*Secondary Diagnosis Code* accuracy rate (27.2 percent) for LTC institutional encounter data	Molina's investigation into this issue shows missing DX2 values on some claims on the HSAG extract, specifically, on the claims with 12+ DX codes. As such, we have regenerated the HSAG Reports + Control Files
Table 2	*Units of Service* accuracy rate (75.9 percent) for LTC institutional encounter data	The example claims show as being correctly reported on the original encounter submitted to FMMIS as well as the HSAG extract. There seems to be no issue from Molina's perspective.
Table 3	*Referring Provider NPI* accuracy rate (88.5 percent) for LTC professional encounter data	The example claims show as being correctly reported on the original encounter submitted to FMMIS as well as the HSAG extract. There seems to be no issue from Molina's perspective.

Table	Discrepancy Item	MOL-C's Investigation Efforts and Explanations
Table 3	*Secondary Diagnosis Code* accuracy rate (74.1 percent) for LTC professional encounter data	The example claims show as being correctly reported on the original encounter submitted to FMMIS as well as the HSAG extract. There seems to be no issue from Molina's perspective.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table D-4 shows the LTC record and POC document submission status for Molina-C, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by Molina-C as indicated in its submitted tracking sheets.

Table D-4—LTC Record and Plan of Care Submissions: Molina-C

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
MOL-C	181	169	93.4%	181	100%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table D-5 highlights the key reasons LTC records and POC documents were not submitted by Molina-C.

Table D-5—Reasons for Missing LTC Record and Plan of Care Documentation: Molina-C

LTC Record			POC Document		
Reason	Count	Percent	Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	6	50.0%			
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	3	25.0%			
Facility was permanently closed; unable to procure LTC record documentation.	2	16.7%			
Other	1	8.3%			
Total	**12**	**100%**			

Note: Grayed cells indicate there were no missing reasons to report.

Encounter Data Completeness

Table D-6 displays the LTC record omission and encounter data omission rates for each key data element for Molina-C. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table D-6—Encounter Data Completeness Summary: Molina-C

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	0	0.0%			
Diagnosis Code	478	34	7.1%	444	0	0.0%
Procedure Code	203	0	0.0%	203	0	0.0%
Procedure Code Modifier	1	0	0.0%	1	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table D-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for Molina-C. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table D-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table D-7—Encounter Data Accuracy Summary: Molina-C

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	444	441	99.3%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	203	203	100%	Inaccurate Code (NA) Lower Level of Services in LTC Records (NA) Higher Level of Services in LTC Records (NA)
Procedure Code Modifier	1	1	100%	—
All-Element Accuracy	146	134	91.8%	—

"—" denotes that the error type analysis was not applicable to a given data element.
Note: NA indicates all codes were coded accurately; therefore, there were no error types to report.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table D-8 presents findings from the review of POC documentation for Molina-C.

Table D-8—Plan of Care Document Review Summary: Molina-C

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	146	100%
Plan of documentation was signed[2]	122	83.6%
Selected dates of service were within the effective dates of the POC documents[3]	122	100%
Servicing providers were documented[4]	122	100%
Documented servicing providers support provider information in the LTC records[5]	122	100%
Documented procedures support procedures identified in the LTC records[4]	119	97.5%
Documented number of units support the units identified in the LTC records[4]	119	97.5%

"—" Indicates percentage is not applicable.

[1] Denominator was based on number of dates of service identified in the encounter data.

[2] Denominator was based on the number of valid POCs.

[3] Denominator was based on the number of POCs with an appropriate signature.

[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.

[5] Denominator was based on whether the servicing provider was documented.

Appendix E: Results for Simply Healthcare Plans, Inc.

This appendix contains the comparative analysis and LTC record and POC review results and findings for Simply Healthcare Plans, Inc. (Simply-C/SIM-C).

Comparative Analysis

This section presents Simply-C's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for Simply-C. Additionally, the images of Simply-C's responses based on its investigation efforts on the example discrepant records are provided later in this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table E-1 displays the percentage of records present in the Simply-C-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the Simply-C-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table E-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	47.4%	0.6%
LTC Professional	11.5%	0.5%

Key Findings: Table E-1

- The record omission rate for LTC institutional encounters was high, with a rate of 47.4 percent. Further investigation revealed that 93.9 percent of the omission records were associated with denied records. Additionally, among records identified as an omission, 91.5 percent of records had missing ICNs. The record surplus rate was 0.6 percent for LTC institutional encounters, and there were no major issues noted.
- The record omission rate for LTC professional encounters was high, with a rate of 11.5 percent. Further investigation revealed that among records identified as an omission, 76.4 percent of records had missing ICNs. The record surplus rate was 0.5 percent for LTC professional encounters, and there were no major issues noted.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table E-2 displays Simply-C's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table E-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	99.6%
Header Service To Date	0.0%	0.0%	0.0%	98.1%
Detail Service From Date	0.0%	0.2%	0.0%	100%
Detail Service To Date	0.0%	0.2%	0.0%	100%
Admission Date	0.0%	0.0%	3.9%	100%
Billing Provider NPI	0.0%	0.0%	0.0%	94.5%
Attending Provider NPI	2.0%	0.0%	<0.1%	94.7%
Referring Provider NPI	2.0%	0.0%	98.0%	100%
Primary Diagnosis Code	0.0%	0.0%	0.0%	82.8%
Secondary Diagnosis Code[2]	6.8%	0.0%	2.5%	6.4%
Procedure Code (CPT/HCPCS)	0.1%	0.0%	21.3%	100%
Procedure Code Modifier[3]	<0.1%	0.0%	41.2%	49.6%
Units of Service	0.0%	0.0%	0.0%	91.9%
Surgical Procedure Code[4]	0.0%	0.2%	99.5%	0.0%
NDC	0.7%	0.0%	99.3%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	99.9%
DRG	<0.1%	0.2%	99.3%	0.1%
Header Paid Amount	0.0%	0.0%	0.0%	>99.9%
Detail Paid Amount	0.0%	0.0%	0.0%	100%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table E-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC institutional encounter data elements, except for the *Secondary Diagnosis Code* data element.
  - The omission rate for the *Secondary Diagnosis Code* data element was high at 6.8 percent. Further investigation revealed that among records which had the *Secondary Diagnosis Code* data element values only populated in the SIM-C-submitted data, 57.0 percent of records had the same secondary diagnosis code value as the primary diagnosis code.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC institutional encounter data elements, except for the *Billing Provider NPI*, *Attending Provider NPI*,

Primary Diagnosis Code, *Secondary Diagnosis Code*, *Procedure Code Modifier*, *Units of Service*, *Surgical Procedure Code*, and *DRG* data elements.

- The accuracy rates for the *Billing Provider NPI* and *Attending Provider NPI* data elements were low at 94.5 percent and 94.7 percent, respectively. Among records that did not match for the *Billing Provider NPI* data element, 90.1 percent of records in both data sources (i.e., the Agency- and SIM-C-submitted data) had the same values for the *Attending Provider NPI* data element. Similarly, among records that did not match for the *Attending Provider NPI* data element, 90.0 percent of records in both data sources had the same values for the *Billing Provider NPI* data element.
- The accuracy rate for the *Secondary Diagnosis Code* data element was extremely low at 6.4 percent. Among records that did not match for this data element, the SIM-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 94.9 percent of the records.
- The accuracy rate for the *Procedure Code Modifier* data element was low at 49.6 percent. Further investigation revealed that among records which did not match for this data element, the Agency-submitted data had more procedure code modifiers populated compared to the SIM-C-submitted data for over 99.9 percent of the records.
- The accuracy rate for the *Units of Service* data element was low at 91.9 percent. Further investigation revealed that among records which did not match for this data element, the Agency-submitted data populated a value of 0 for 90.2 percent of the records.
- The accuracy rate for the *Surgical Procedure Code* data element was low at 0.0 percent. Of note, the low accuracy rate is insignificant since most *Surgical Procedure Code* data element values were absent from both data sources (i.e., only 700 records had values populated in both sources).
- The accuracy rate for the *DRG* data element was low at 0.1 percent. Of note, the low accuracy rate is insignificant since most *DRG* data element values were absent from both data sources (i.e., less than 1,500 records had values populated in both sources).

LTC Professional Encounters

Table E-3 displays Simply-C's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table E-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	>99.9%
Header Service From Date	0.0%	0.0%	0.0%	99.8%
Header Service To Date	0.0%	0.0%	0.0%	99.0%

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Detail Service From Date	0.0%	0.0%	0.0%	100%
Detail Service To Date	0.0%	0.0%	0.0%	100%
Billing Provider NPI	0.0%	0.0%	0.0%	97.2%
Rendering Provider NPI	0.0%	0.0%	0.0%	97.1%
Referring Provider NPI	0.1%	0.0%	92.3%	98.1%
Primary Diagnosis Code	0.0%	0.0%	0.0%	99.9%
Secondary Diagnosis Code[2]	3.3%	0.0%	96.1%	70.1%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	0.0%	>99.9%
Procedure Code Modifier[3]	<0.1%	0.0%	68.4%	>99.9%
Units of Service	0.0%	0.0%	0.0%	99.2%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	0.0%	0.0%	0.0%	99.3%
Detail Paid Amount	0.0%	0.0%	0.0%	>99.9%

[1] NA indicates not applicable since no records had values present in both data sources.

[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.

[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table E-3

- There were no major issues noted for data element omission and surplus rates. The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC professional encounter data elements.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC professional encounter data elements, except for the *Secondary Diagnosis Code* data element.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was 70.1 percent. Further investigation revealed that among records which did not match for this data element, the SIM-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 96.8 percent of the records.

This image below presents Simply-C's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	SIM-C's Investigation Efforts and Explanations
Table 1	LTC institutional encounter record omission rate (47.4 percent)	In the majority of the cases the Encounters submitted are plan denied.
Table 1	LTC professional encounter record omission rate (11.5 percent)	In the majority of the cases the Encounters submitted are plan denied.
Table 2	*Billing Provider NPI* accuracy rate (94.5 percent) for LTC institutional encounter data	In all of the cases where there is a difference in NPI, we were able to review the claims, encounters, and PML at the time of submission and the NPI used on the report is the NPI the provider submitted on the claim and the NPI submitted on the encounter. The NPI the agency reported is the current NPI on the PML Medicaid ID for the provider where the provider has made changes to their PML between the time of the claim and submission to current reporting. The agency appears to be using the NPI based on today's current Medicaid ID versus the NPI reported at the time of the claim/encounter.
Table 2	*Attending Provider NPI* accuracy rate (94.7 percent) for LTC institutional encounter data	For 48 of the distinct plan Attending NPIs, the NPI submitted in Plan data matches what was submitted on the claim and the encounter. The agency data appears to use the current PML NPI based on the providers Medicaid ID. For 5 of the distinct NPIs, the plan NPI is correct based on what was submitted on the claim and the encounter. The agency NPI is also associated with that provider but a different Medicaid ID. The Agency NPI was not submitted on the encounter.
Table 2	*Primary Diagnosis Code* accuracy rate (82.8 percent) for LTC institutional encounter data	In majority of cases, it appears that the Plan date included the admitting diagnosis code as the first diagnosis code record, where the agency omitting this diagnosis code from the data.
Table 2	*Secondary Diagnosis Code* omission rate (6.8 percent) and accuracy rate (6.4 percent) for LTC institutional encounter data	In majority of cases, it appears that the Plan date included the admitting diagnosis code as the first diagnosis code record, where the agency omitting this diagnosis code from the data.
Table 2	*Procedure Code Modifier* accuracy rate (49.6 percent) for LTC institutional encounter data	The Plan data is only showing the first two modifiers, where the service lines have more than one modifier, then our data does not match the states. The state data is correct.
Table 2	*Units of Service* accuracy rate (91.9 percent) for LTC institutional encounter data	The plan units show correct units amount reported as paid on the encounters submission. We are unable to determine why the state data differs.
Table 3	*Secondary Diagnosis Code* accuracy rate (70.1 percent) for LTC professional encounter data	For Plan data, the diagnosis codes are populated at the header of the encounter and carried across all reported lines. The agency data only reports the diagnosis code if there was an appropriate pointer at the service line level.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table E-4 shows the LTC record and POC document submission status for Simply-C, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by Simply-C as indicated in its submitted tracking sheets.

Table E-4—LTC Record and Plan of Care Submissions: Simply-C

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
SIM-C	183	177	96.7%	183	100%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table E-5 highlights the key reasons LTC records and POC documents were not submitted by Simply-C.

Table E-5—Reasons for Missing LTC Record and Plan of Care Documentation: Simply-C

LTC Record			POC Document		
Reason	Count	Percent	Reason	Count	Percent
Facility was permanently closed; unable to procure LTC record documentation.	2	33.3%			
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	2	33.3%			
Provider refused to release LTC record documentation.	1	16.7%			
Other	1	16.7%			
Total	6	100%			

Note: Grayed cells indicate there were no missing reasons to report.

Encounter Data Completeness

Table E-6 displays the LTC record omission and encounter data omission rates for each key data element for Simply-C. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table E-6—Encounter Data Completeness Summary: Simply-C

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	1	0.7%			
Diagnosis Code	362	37	10.2%	325	0	0.0%
Procedure Code	178	3	1.7%	175	0	0.0%
Procedure Code Modifier	48	1	2.1%	47	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table E-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for Simply-C. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table E-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The

denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table E-7—Encounter Data Accuracy Summary: Simply-C

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	325	324	99.7%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	175	172	98.3%	Inaccurate Code (100%) Lower Level of Services in LTC Records (0.0%) Higher Level of Services in LTC Records (0.0%)
Procedure Code Modifier	47	47	100%	—
All-Element Accuracy	145	127	87.6%	—

"—" denotes that the error type analysis was not applicable to a given data element.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table E-8 presents findings from the review of POC documentation for Simply-C.

Table E-8—Plan of Care Document Review Summary: Simply-C

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	146	100%
Plan of documentation was signed[2]	145	99.3%

POC Document Reviewed Items	N	%
Selected dates of service were within the effective dates of the POC documents[3]	144	99.3%
Servicing providers were documented[4]	144	100%
Documented servicing providers support provider information in the LTC records[5]	141	97.9%
Documented procedures support procedures identified in the LTC records[4]	140	97.2%
Documented number of units support the units identified in the LTC records[4]	139	96.5%

"—" Indicates percentage is not applicable.
[1] Denominator was based on number of dates of service identified in the encounter data.
[2] Denominator was based on the number of valid POCs.
[3] Denominator was based on the number of POCs with an appropriate signature.
[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.
[5] Denominator was based on whether the servicing provider was documented.

Appendix F: Results for Sunshine State Health Plan, Inc.

This appendix contains the comparative analysis and LTC record and POC review results and findings for Sunshine State Health Plan, Inc. (Sunshine-C/SUN-C).

Comparative Analysis

This section presents Sunshine-C's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for Sunshine-C. Additionally, the images of Sunshine-C's responses based on its investigation efforts on the example discrepant records are provided later in this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table F-1 displays the percentage of records present in the Sunshine-C-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the Sunshine-C-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table F-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	7.2%	24.8%
LTC Professional	1.5%	12.6%

Key Findings: Table F-1

- The record omission and surplus rates for LTC institutional encounters were high, with rates of 7.2 percent and 24.8 percent, respectively.
  - HSAG was unable to identify any pattern(s) or the root cause for the record omission discrepancy.
  - HSAG was unable to identify any pattern(s) or the root cause for the record surplus discrepancy. However, upon further analysis, HSAG found that 61.5 percent of the surplus records had *Adjudication Date* field values corresponding to the year 2022.
- The record surplus rate for LTC professional encounters was high, with a rate of 12.6 percent. The record omission rate was 1.5 percent for LTC professional encounters, and there were no major issues noted.
  - HSAG was unable to identify any pattern(s) or the root cause for the record surplus discrepancy. Of note, upon further analysis, HSAG found that 90.2 percent of the surplus records had *Adjudication Date* field values corresponding to the year 2022.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table F-2 displays Sunshine-C's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse

performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table F-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	>99.9%
Header Service From Date	0.0%	0.0%	0.0%	99.9%
Header Service To Date	0.0%	0.0%	0.0%	99.9%
Detail Service From Date	0.0%	0.0%	0.0%	99.7%
Detail Service To Date	0.0%	0.0%	0.0%	99.7%
Admission Date	<0.1%	<0.1%	1.1%	>99.9%
Billing Provider NPI	0.0%	0.0%	0.0%	93.7%
Attending Provider NPI	3.7%	0.0%	0.0%	94.4%
Referring Provider NPI	3.7%	0.0%	96.3%	NA[1]
Primary Diagnosis Code	0.0%	0.0%	0.0%	>99.9%
Secondary Diagnosis Code[1]	<0.1%	0.0%	11.7%	73.2%
Procedure Code (CPT/HCPCS)	0.1%	<0.1%	80.8%	96.1%
Procedure Code Modifier[3]	<0.1%	<0.1%	99.0%	97.8%
Units of Service	0.0%	0.0%	0.0%	39.7%
Surgical Procedure Code[4]	0.0%	0.0%	99.9%	83.8%
NDC	0.1%	0.0%	99.9%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	98.8%
DRG	59.3%	0.0%	40.6%	0.0%
Header Paid Amount	0.0%	0.0%	0.0%	96.8%
Detail Paid Amount	0.0%	0.0%	0.0%	94.8%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table F-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC institutional encounter data elements, except for the *DRG* data element.
  - The omission rate for the *DRG* data element was high at 59.3 percent. HSAG was unable to identify any pattern(s) or the root cause for the omission. Of note, among records that had *DRG* data element values only populated in the SUN-C-submitted data, 86.4 percent of records had the *Procedure Code (CPT/HCPCS)* data element values absent in both data sources.

- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC institutional encounter data elements, except for the *Billing Provider NPI*, *Attending Provider NPI*, *Secondary Diagnosis Code*, *Units of Service*, *Surgical Procedure Code*, *DRG*, and *Detail Paid Amount* data elements.
  - The accuracy rates for the *Billing Provider NPI* and *Attending Provider NPI* data elements were low, at 93.7 percent and 94.4 percent, respectively. Among records that did not match for the *Billing Provider NPI* data element, 89.7 percent of records in both data sources (i.e., the Agency- and SUN-C-submitted data) had the same values for the *Attending Provider NPI* data element. Similarly, among records that did not match for the *Attending Provider NPI* data element, 89.0 percent of records in both data sources had the same values for the *Billing Provider NPI* data element.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was low at 73.2 percent. Further investigation revealed that among records which did not match for the *Secondary Diagnosis Code* data element, the SUN-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 99.4 percent of the records.
  - The accuracy rate for the *Units of Service* data element was low at 39.7 percent. Further investigation revealed that among records which did not match for the *Units of Service* data element, the SUN-C-submitted data had a value of 0 for 90.2 percent of the records.
  - The accuracy rate for the *Surgical Procedure Code* data element was low at 83.8 percent. Of note, the low accuracy rate for the *Surgical Procedure Code* data element was insignificant since nearly all *Surgical Procedure Code* data element values were absent from both data sources.
  - The accuracy rate for the *DRG* data element was low at 0.0 percent. Of note, the low accuracy rate for the *DRG* data element was insignificant since only 572 records had this data element populated in both data sources.
  - The accuracy rate for the *Detail Paid Amount* data element was low at 94.8 percent. HSAG was unable to identify any pattern(s) or the root cause for the discrepancies. Of note, among records that did not match between the two data sources, the *Detail Paid Amount* data element values had less than a $5.00 difference for 55.9 percent of the records.

LTC Professional Encounters

Table F-3 displays Sunshine-C's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table F-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	>99.9%
Header Service From Date	0.0%	0.0%	0.0%	65.7%
Header Service To Date	0.0%	0.0%	0.0%	65.7%

Key Data Element	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%	>99.9%
Billing Provider NPI	<0.1%	<0.1%	0.0%	95.9%
Rendering Provider NPI	<0.1%	11.3%	<0.1%	95.3%
Referring Provider NPI	1.6%	0.0%	97.6%	95.5%
Primary Diagnosis Code	0.0%	0.0%	0.0%	98.9%
Secondary Diagnosis Code[2]	0.1%	0.0%	98.6%	87.3%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	0.0%	>99.9%
Procedure Code Modifier[3]	<0.1%	0.0%	92.0%	>99.9%
Units of Service	0.0%	0.0%	0.0%	98.5%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	0.0%	0.0%	0.0%	99.7%
Detail Paid Amount	0.0%	0.0%	0.0%	99.6%

[1] NA indicates not applicable since no records had values present in both data sources.

[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.

[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table F-3

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC professional encounter data elements, except for the *Rendering Provider NPI* data element
  - The surplus rate for the *Rendering Provider NPI* data element was high at 11.3 percent. Among NPIs identified as a surplus for this data element, nearly all of the NPIs were the same as the billing provider NPIs within the Agency-submitted data.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for most evaluated LTC professional encounter data elements, except for the *Header Service From Date*, *Header Service To Date*, and *Secondary Diagnosis Code* data elements.
  - The accuracy rates for the *Header Service From Date* and *Header Service To Date* data elements were low, at 65.7 percent for both data elements. Further investigation revealed that among records which did not match for the *Header Service From/To Date* data elements, in almost all records within the Agency-submitted data, the header dates of service values were for the same day. However, the SUN-C-submitted data indicated that the header dates of service values were for two different dates.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was low at 87.3 percent. Further investigation revealed that among records which did not match for this data element, the SUN-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 97.7 percent of the records.

This image below presents Sunshine-C's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	SUN-C's Investigation Efforts and Explanations
Table 1	LTC institutional encounter record omission rate (7.2 percent) and surplus rate (24.8 percent)	**Omission:** We checked and confirmed that more than 92% of the data presented has been submitted to the state before 10/31/2022. Request the state to check the same on their end. **Surplus:** We reviewed 1,000 examples and the majority of the encounters submitted prior to 10/31/2022 did not receive response files and were not included on the audit report due to missing ICN's.
Table 1	LTC professional encounter record surplus rate (12.6 percent)	We reviewed 1,000 examples and the majority of the encounters submitted prior to 10/31/2022 did not receive response files and were not included on the audit report due to missing ICN's.
Table 2	*Billing Provider NPI* accuracy rate (93.7 percent) for LTC institutional encounter data	We reviewed 1,000 examples. 700 examples were submitted with the correct Billing NPI but had a Change in Ownership (CHOW). The BillingProvNPI_STE field shows the new NPI. 300 examples were submitted with the correct Billing NPI, not sure where the NPI came from in the BillingProvNPI_STE field.
Table 2	*Attending Provider NPI* accuracy rate (94.4 percent) for LTC institutional encounter data	We reviewed 1,000 examples. 1,000 examples were submitted with the correct AttendingProviderNPI that was billed by the provider.
Table 2	*Secondary Diagnosis Code* accuracy rate (73.2 percent) for LTC institutional encounter data	This is a data extract issue from HSAG as SUN submitted the correct diagnosis codes in the correct order. We checked our data base and our encounter file submission to make this determination.
Table 2	*Units of Service* accuracy rate (39.7 percent) for LTC institutional encounter data	The Institutional file erroneously pulled the unit counts instead of the count of days. Going forward this should be corrected and units for the institutional file will be sourced from the days field in our data mart. Column H in the data examples are correct.
Table 2	*Diagnosis Related Group (DRG)* omission rate (59.3 percent) for LTC institutional encounter data	All 1000 samples had DRG's populated and matched with our lag data in our data mart. Column G in the data examples are correct.
Table 2	*Detail Paid Amount* accuracy rate (94.8 percent) for LTC institutional encounter data	All 1000 samples matched paid amounts with our lag data in our data mart. Column I in the data examples are correct.

Table	Discrepancy Item	SUN-C's Investigation Efforts and Explanations
Table 3	*Header Service From Date* accuracy rate (65.7 percent) for LTC professional encounter data	HFDOS_Plan and HLDOS_Plan references all lines on a claim. HFDOS_STE and HLDOS_STE references the 1st line on a claim. For example: TCN U137FLE240731 (1 is appended to the original Claim ID indicating claim line #1) has 12 lines on the claim. HFDOS_Plan = 5/1/2021 and HLDOS_Plan = 5/12/2021. HFDOS_STE = 5/5/2021 and HLDOS_STE = 5/5/2021. 5/5/2021 represents the first DOS submitted on the claim form or Line1 on the claim form. Bottom line: If you want to see Line1 ONLY, HFDOS_Plan = 5/5/2021 and HLDOS_Plan = 5/5/2021. Columns G and H are the correct dates for all 1,000 examples.
Table 3	*Header Service To Date* accuracy rate (65.7 percent) for LTC professional encounter data	HFDOS_Plan and HLDOS_Plan references all lines on a claim. HFDOS_STE and HLDOS_STE references the 1st line on a claim. For example: [redacted] (1 is appended to the original Claim ID indicating claim line #1) has 2 lines on the claim. HFDOS_Plan = 5/11/2021 and HLDOS_Plan = 5/13/2021. HFDOS_STE = 5/11/2021 and HLDOS_STE = 5/11/2021. 5/11/2021 represents the first DOS submitted on the claim form or Line1 on the claim form. Bottom line: If you want to see Line1 ONLY, HFDOS_Plan = 5/11/2021 and HLDOS_Plan = 5/11/2021. Columns G and H are the correct dates for all 1,000 examples.
Table 3	*Rendering Provider NPI* surplus rate (11.3 percent) for LTC professional encounter data	We reviewed 1,000 examples. 984 examples were from a vendor. The vendor advised the Rendering Provider is the same as the Billing Provider. 16 examples were from SUN (7) and a vendor (9). All 16 examples were billed without a Rendering provider listed on the claim form.
Table 3	*Secondary Diagnosis Code* accuracy rate (87.3 percent) for LTC professional encounter data	This is a data extract issue from HSAG as SUN submitted the correct diagnosis codes in the correct order. We checked our data base and our encounter file submission to make this determination.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table F-4 shows the LTC record and POC document submission status for Sunshine-C, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by Sunshine-C as indicated in its submitted tracking sheets.

Table F-4—LTC Record and Plan of Care Submissions: Sunshine-C

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
SUN-C	183	114	62.3%	174	95.1%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table F-5 highlights the key reasons LTC records and POC documents were not submitted by Sunshine-C.

Table F-5—Reasons for Missing LTC Record and Plan of Care Documentation: Sunshine-C

LTC Records			POC Document		
Reason	Count	Percent*	Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	29	42.0%	Enrollee was enrolled in this plan; however, no POC documentation was available for requested date of service.	9	100%
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	22	31.9%			
Facility was permanently closed; unable to procure LTC record documentation.	9	13.0%			
Other.	7	10.1%			
Enrollee was not a patient of this practice.	1	1.4%			
LTC record not located at this facility; location unknown.	1	1.4%			
Total	**69**	**100%**	**Total**	**9**	**100%**

* Due to rounding, the sum of the percentages may not equal 100 percent.
Note: Grayed cells indicate there were no other missing reasons to report.

Encounter Data Completeness

Table F-6 displays the LTC record omission and encounter data omission rates for each key data element for Sunshine-C. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table F-6—Encounter Data Completeness Summary: Sunshine-C

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	28	19.2%			
Diagnosis Code	761	312	41.0%	449	0	0.0%
Procedure Code	112	13	11.6%	99	0	0.0%
Procedure Code Modifier	11	5	45.5%	6	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table F-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for Sunshine-C. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.

- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table F-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table F-7—Encounter Data Accuracy Summary: Sunshine-C

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	449	440	98.0%	Inaccurate Code (88.9%) Specificity Error (11.1%)
Procedure Code	99	98	99.0%	Inaccurate Code (100%) Lower Level of Services in LTC Records (0.0%) Higher Level of Services in LTC Records (0.0%)
Procedure Code Modifier	6	6	100%	—
All-Element Accuracy	118	90	76.3%	—

"—" denotes that the error type analysis was not applicable to a given data element.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table F-8 presents findings from the review of POC documentation for Sunshine-C.

Table F-8—Plan of Care Document Review Summary: Sunshine-C

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	144	98.6%
Plan of documentation was signed[2]	143	99.3%
Selected dates of service were within the effective dates of the POC documents[3]	142	99.3%
Servicing providers were documented[4]	142	100%
Documented servicing providers support provider information in the LTC records[5]	114	80.3%
Documented procedures support procedures identified in the LTC records[4]	112	78.9%
Documented number of units support the units identified in the LTC records[4]	112	78.9%

"—" Indicates percentage is not applicable.

[1] Denominator was based on number of dates of service identified in the encounter data.

[2] Denominator was based on the number of valid POCs.

[3] Denominator was based on the number of POCs with an appropriate signature.

[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.

[5] Denominator was based on whether the servicing provider was documented.

Appendix G: Results for UnitedHealthcare of Florida, Inc.

This appendix contains the comparative analysis and LTC record and POC review results and findings for UnitedHealthcare of Florida, Inc. (United-C/UNI-C).

Comparative Analysis

This section presents United-C's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for United-C. Additionally, the images of United-C's responses based on its investigation efforts on the example discrepant records are provided later in of this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table G-1 displays the percentage of records present in the United-C-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the United-C-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table G-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	3.8%	1.6%
LTC Professional	0.6%	4.7%

Key Findings: Table G-1

- There were no major issues noted regarding the record omission and surplus rates for the LTC institutional encounters, with rates of 3.8 percent and 1.6 percent, respectively.
- There were no major issues noted regarding the record omission and surplus rates for the LTC professional encounters, with rates of 0.6 percent and 4.7 percent, respectively.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table G-2 displays United-C's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table G-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	>99.9%

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Header Service To Date	0.0%	0.0%	0.0%	>99.9%
Detail Service From Date	0.0%	0.0%	0.0%	98.6%
Detail Service To Date	0.0%	0.0%	0.0%	98.1%
Admission Date	<0.1%	0.0%	3.6%	100%
Billing Provider NPI	0.0%	0.0%	0.0%	95.3%
Attending Provider NPI	2.7%	0.0%	0.1%	94.4%
Referring Provider NPI	6.8%	0.0%	93.2%	100%
Primary Diagnosis Code	0.0%	0.0%	0.0%	100%
Secondary Diagnosis Code[2]	0.0%	0.0%	12.5%	27.1%
Procedure Code (CPT/HCPCS)	<0.1%	<0.1%	78.8%	98.4%
Procedure Code Modifier[3]	<0.1%	<0.1%	97.2%	96.1%
Units of Service	0.0%	0.0%	0.0%	96.0%
Surgical Procedure Code[4]	0.0%	0.0%	97.8%	72.2%
NDC	0.8%	0.0%	99.2%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	99.5%
DRG	<0.1%	2.3%	96.8%	100%
Header Paid Amount	0.0%	0.0%	0.0%	>99.9%
Detail Paid Amount	0.0%	0.0%	0.0%	>99.9%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table G-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC institutional encounter data elements, except for the *Referring Provider NPI* data element.
  - The omission rate for the *Referring Provider NPI* data element was high at 6.8 percent. Of note, it appears that this data element was often not populated in the Agency-submitted data.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for most evaluated LTC institutional encounter data elements, except for the *Attending Provider NPI*, *Secondary Diagnosis Code*, and *Surgical Procedure Code* data elements.
  - The accuracy rate for the *Attending Provider NPI* data element was low at 94.4 percent. Among records that did not match for this data element, 91.7 percent of records in both data sources (i.e., the Agency- and UNI-C-submitted data) had the same values for the *Billing Provider NPI* data element.

- The accuracy rate for the *Secondary Diagnosis Code* data element was low at 27.1 percent. Further investigation revealed that among records which did not match for the *Secondary Diagnosis Code* data element, the UNI-C-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 37.3 percent of the records, while the Agency-submitted data had more secondary diagnosis codes populated compared to the UNI-C-submitted data for 62.7 percent of the records.
- The accuracy rate for the *Surgical Procedure Code* data element was low at 72.2 percent. Further investigation revealed that among records which did not match for this data element, the UNI-C-submitted data had more surgical procedure codes populated compared to the Agency-submitted data for all the records.

LTC Professional Encounters

Table G-3 displays United-C's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table G-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	99.8%
Header Service To Date	0.0%	0.0%	0.0%	99.8%
Detail Service From Date	0.0%	0.0%	0.0%	99.6%
Detail Service To Date	0.0%	0.0%	0.0%	99.6%
Billing Provider NPI	0.0%	0.0%	0.0%	99.2%
Rendering Provider NPI	0.0%	0.0%	0.0%	99.1%
Referring Provider NPI	0.2%	0.0%	94.9%	94.2%
Primary Diagnosis Code	0.0%	0.3%	0.0%	>99.9%
Secondary Diagnosis Code[2]	<0.1%	<0.1%	93.8%	99.9%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	0.0%	99.9%
Procedure Code Modifier[3]	<0.1%	<0.1%	46.0%	99.9%
Units of Service	0.0%	0.0%	0.0%	98.4%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	0.0%	0.0%	0.0%	99.7%
Detail Paid Amount	0.0%	0.0%	0.0%	99.5%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table G-3

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC professional encounter data elements. There were no major issues noted.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC professional encounter data elements, except for the *Referring Provider NPI* data element.
  - The accuracy rate for the *Referring Provider NPI* data element was low at 94.2 percent. HSAG was unable to identify any pattern(s) or root cause for the discrepancy.

This image below presents United-C's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	UNI-C's Investigation Efforts and Explanations
Table 2	*Attending Provider NPI* accuracy rate (94.4 percent) for LTC institutional encounter data	UHC reviewed the examples provided. UHC identified the value listed in the field 'AttendingProvNPI_STE' is not the value submitted on the encounter in the 837. The attending NPI sent on the 837 matches what was in the field 'AttendingProvNPI_Plan'. UHC has pulled examples in Attachment A.
Table 2	*Referring Provider NPI* omission rate (6.8 percent) for LTC institutional encounter data	UHC identified that the examples provided were inpatient institutional claims. Per FMMIS 837I companion guide, it notes that the referring provider NPI is only required on outpatient claims. See screenshot below **Referring Provider** *Note: Required on an outpatient claim when the Referring Provider is different than the Attending Provider.*
Table 2	*Secondary Diagnosis Code* accuracy rate (27.1 percent) for LTC institutional encounter data	There are a couple of issues identified here: 1. UHC only included the first 12 diagnosis codes on the claim. This caused a variance when a claim has 13 or more diagnosis included on the encounter submission. 2. UHC identified issues in the field 'DX2_ALL_STE' not matching what was submitted on the 837 encounter file. In some cases, there were missing diagnosis codes and/or the diagnosis codes were out of order. See examples pulled in Attachment B.
Table 2	*Surgical Procedure Code* accuracy rate (72.2 percent) for LTC institutional encounter data	There are a couple of issues identified here: 1. UHC only included the first 13 surgical procedure codes on the claim. This caused a variance when a claim has 14 or more surgical procedure codes included on the encounter submission. UHC identified issues in the field 'Surg_ALL_STE' not matching what was submitted on the 837 encounter file. In some cases, there were missing surgical procedure codes and/or the surgical procedure codes were out of order. See examples pulled in Attachment C.
Table 3	*Referring Provider NPI* accuracy rate (94.2 percent) for LTC professional encounter data	UHC reviewed the examples provided. UHC identified the value listed in the field 'ReferProvNPI_STE' is not the value submitted on the encounter in the 837. The referring NPI sent on the 837 matches what was in the field 'ReferProvNPI_Plan'. UHC has pulled examples in Attachment D.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table G-4 shows the LTC record and POC document submission status for United-C, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by United-C as indicated in its submitted tracking sheets.

Table G-4—LTC Record and Plan of Care Submissions: United-C

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
UNI-C	183	118	64.5%	175	95.6%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table G-5 highlights the key reasons LTC records and POC documents were not submitted by United-C.

Table G-5—Reasons for Missing LTC Record and Plan of Care Documentation: United-C

LTC Records			POC Documents		
Reason	Count	Percent	Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	51	78.5%	Enrollee was enrolled in this plan; however, no POC documentation was available for requested date of service.	6	75.0%
Enrollee was not a patient of this practice.	7	10.8%	Enrollee is not enrolled in this plan.	2	25.0%
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	5	7.7%			
Provider refused to release LTC record documentation.	1	1.5%			
LTC record not located at this facility; location unknown.	1	1.5%			
Total	**65**	**100%**	**Total**	**8**	**100%**

Note: Grayed cells indicate there were no other missing reasons to report.

Encounter Data Completeness

Table G-6 displays the LTC record omission and encounter data omission rates for each key data element for United-C. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table G-6—Encounter Data Completeness Summary: United-C

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	30	20.5%			
Diagnosis Code	379	131	34.6%	248	0	0.0%
Procedure Code	187	28	15.0%	159	0	0.0%
Procedure Code Modifier	104	7	6.7%	97	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table G-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for United-C. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table G-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table G-7—Encounter Data Accuracy Summary: United-C

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	248	247	99.6%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	159	159	100%	Inaccurate Code (NA) Lower Level of Services in LTC Records (NA) Higher Level of Services in LTC Records (NA)
Procedure Code Modifier	97	97	100%	—
All-Element Accuracy	116	99	85.3%	—

"—" denotes that the error type analysis was not applicable to a given data element.
Note: NA indicates all codes were coded accurately; therefore, there were no error types to report.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table G-8 presents findings from the review of POC documentation for United-C.

Table G-8—Plan of Care Document Review Summary: United-C

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	140	95.9%
Plan of documentation was signed[2]	128	91.4%
Selected dates of service were within the effective dates of the POC documents[3]	128	100%
Servicing providers were documented[4]	125	97.7%
Documented servicing providers support provider information in the LTC records[5]	95	76.0%
Documented procedures support procedures identified in the LTC records[4]	96	75.0%
Documented number of units support the units identified in the LTC records[4]	96	75.0%

"—" Indicates percentage is not applicable.

[1] Denominator was based on number of dates of service identified in the encounter data.

[2] Denominator was based on the number of valid POCs.

[3] Denominator was based on the number of POCs with an appropriate signature.

[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.

[5] Denominator was based on whether the servicing provider was documented.

Appendix H: Results for Florida Community Care, LLC

This appendix contains the comparative analysis and LTC record and POC review results and findings for Florida Community Care, LLC (Florida Community Care-L/FCC-L).

Comparative Analysis

This section presents Florida Community Care-L's results for the comparative analysis. Based on study findings from the comparative analysis component, HSAG initiated follow-up activities designed to assist the plans in addressing the major encounter data issues identified from this study. First, HSAG distributed the data discrepancy reports to each plan, which included a description of key issues for the plans to review. Additionally, samples of encounters highlighting identified issues were also distributed to further assist the plans in reviewing the results.

Second, the plans were required to submit written responses on any required resolutions or follow-up items identified and noted in the discrepancy reports. These next sections present the comparative analysis results as reported in the data discrepancy report for Florida Community Care-L. Additionally, the images of Florida Community Care-L's responses based on its investigation efforts on the example discrepant records are provided later in this appendix.

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 plan's submitted data files for the study but not in the Agency's data files. Similarly, a record surplus occurs when a record is present in the Agency's data files but not in the plan's submitted data files. The Agency encounter data are considered relatively complete when the record omission and record surplus rates are low.

Table H-1 displays the percentage of records present in the Florida Community Care-L-submitted files that were not found in the Agency-submitted files (record omission) and the percentage of records present in the Agency-submitted files but not present in the Florida Community Care-L-submitted files (record surplus) for the LTC encounters. **Lower rates indicate better performance for both record omission and record surplus**. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table H-1—Record Omission and Surplus

Encounter Type	Omission (Missing in the Agency's Files)	Surplus (Missing in Plan Files)
LTC Institutional	2.2%	0.9%
LTC Professional	2.7%	0.4%

Key Findings: Table H-1

- There were no major issues noted for the LTC institutional encounters, with record omission and surplus rates of 2.2 percent and 0.9 percent, respectively.
- There were no major issues noted for the LTC professional encounters, with record omission and surplus rates of 2.7 percent and 0.4 percent, respectively.

Data Element Completeness and Accuracy

Data element completeness measures were based on the number of records that matched in both the Agency's data files and the plan's 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 plan's submitted data files but not in the Agency's data files. Similarly, the element surplus rate reports the percentage of records with values present in the Agency's data files but not in the plan'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.

For records that matched in both the Agency-submitted files and the plan-submitted 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 and procedure code modifier).

LTC Institutional Encounters

Table H-2 displays Florida Community Care-L's data element omission, surplus, absent, and accuracy rates for the LTC institutional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table H-2—Data Element Completeness and Accuracy for LTC Institutional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	99.5%
Header Service To Date	0.0%	0.0%	0.0%	99.4%

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Detail Service From Date	0.0%	0.0%	0.0%	100%
Detail Service To Date	0.0%	0.0%	0.0%	100%
Admission Date	0.0%	0.0%	75.1%	100%
Billing Provider NPI	0.0%	0.0%	0.0%	3.8%
Attending Provider NPI	13.7%	0.0%	75.6%	98.2%
Referring Provider NPI	<0.1%	0.0%	>99.9%	NA[1]
Primary Diagnosis Code	0.0%	0.0%	0.0%	>99.9%
Secondary Diagnosis Code[2]	5.4%	0.0%	2.0%	18.1%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	24.4%	100%
Procedure Code Modifier[3]	0.0%	0.0%	24.9%	>99.9%
Units of Service	0.0%	0.0%	0.0%	64.5%
Surgical Procedure Code[4]	0.0%	0.0%	100%	NA[1]
NDC	0.0%	0.0%	100%	NA[1]
Revenue Code	0.0%	0.0%	0.0%	98.6%
DRG	<0.1%	0.0%	>99.9%	0.0%
Header Paid Amount	0.0%	0.0%	0.0%	67.8%
Detail Paid Amount	0.0%	0.0%	0.0%	67.9%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.
[4] All submitted surgical procedure codes were ordered and concatenated as a single data element.

Key Findings: Table H-2

- The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC institutional encounter data elements, except for the omission rates for *Attending Provider NPI* and *Secondary Diagnosis Code* data elements.
  - The omission rate for the *Attending Provider NPI* data element was high at 13.7 percent. HSAG was unable to identify any pattern(s) or the root cause for the discrepancy. Of note, the omission rate for this data element from the previous year (i.e., SFY 2021–22) EDV study was also high. During that EDV study period, HSAG provided example discrepant records for FCC-L to investigate and provide explanations for the discrepancies. Based on its investigation efforts, FCC-L noted that its encounter program did not begin submitting the attending provider NPI until April 2022, and the Agency would not have had the NPI reflected in its records in the prior year EDV study. As such, the root cause of the high omission rate for the *Attending Provider NPI* data element noted in the current study may be due to the same reason, since the current EDV study included LTC encounters with dates of service in CY 2021 and these encounters may have been submitted prior to the April 2022 date.

  - The omission rate for the *Secondary Diagnosis Code* data element was high at 5.4 percent. Among records that had the data element populated only in the FCC-L-submitted data, 90.4 percent of the records had the same values as the primary diagnosis code.

- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for all evaluated LTC institutional encounter data elements, except for the *Billing Provider NPI*, *Secondary Diagnosis Code*, *Units of Service*, *DRG*, *Header Paid Amount*, and *Detail Paid Amount* data elements.
  - The accuracy rate for the *Billing Provider NPI* data element was extremely low at 3.8 percent. HSAG was unable to identify any pattern(s) or root cause for the discrepancy. Of note, the accuracy rate for this data element from the previous year (i.e., SFY 2021–22) EDV study was also low. Based on FCC-L's investigation efforts on the example discrepant records provided to FCC-L during that study, FCC-L noted that there was a reporting error wherein it did not extract the proper billing provider NPI in its data extract for the EDV study. As such, the root cause of the low accuracy rate for the *Billing Provider NPI* data element noted in the current study may be due to the same reason.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was extremely low at 18.1 percent. Further investigation revealed that among records which did not match for the *Secondary Diagnosis Code* data element, the FCC-L-submitted data had more secondary diagnosis codes populated compared to the Agency-submitted data for 99.0 percent of the records.
  - The accuracy rate for the *Units of Service* data element was low at 64.5 percent. Among records that did not match for this data element, the Agency-submitted data had a value of 0 for 99.8 percent of the records, while FCC-L provided a non-zero value. Additionally, 90.1 percent of the records that had mismatched values for the *Units of Service* data element were associated with encounters that had a *Claim Status* of denied within the Agency-submitted data.
  - The accuracy rate for the *DRG* data element was low at 0.0 percent. However, the low accuracy rate was insignificant since nearly all *DRG* data element values were absent from both data sources.
  - The accuracy rates for the *Header Paid Amount* and *Detail Paid Amount* data elements were low at 67.8 percent and 67.9 percent, respectively. Among records with mismatched values for the *Header Paid Amount* data element, 85.6 percent of the records were associated with encounters that had a *Claim Status* of denied within the Agency-submitted data. Similarly, among records with mismatched values for the *Detail Paid Amount* data element, 85.7 percent of the records were associated with encounters that had a *Claim Status* of denied within the Agency-submitted data.

LTC Professional Encounters

Table H-3 displays Florida Community Care-L's data element omission, surplus, absent, and accuracy rates for the LTC professional encounters. Lower rates indicate better performance for element omission and surplus indicators. For the element absent indicator, lower or higher rates do not indicate better or worse performance. Higher rates indicate better performance for element accuracy. Rates considered as better performance are shaded green; worse rates are shaded pink.

Table H-3—Data Element Completeness and Accuracy for LTC Professional Encounters

Key Data Element	Element Omission	Element Surplus	Element Absent	Element Accuracy
Enrollee ID	0.0%	0.0%	0.0%	100%
Header Service From Date	0.0%	0.0%	0.0%	99.5%
Header Service To Date	0.0%	0.0%	0.0%	99.5%
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 NPI	0.0%	0.0%	0.0%	13.7%
Rendering Provider NPI	0.0%	0.0%	0.0%	14.0%
Referring Provider NPI	<0.1%	0.0%	>99.9%	95.2%
Primary Diagnosis Code	0.0%	0.0%	0.0%	98.4%
Secondary Diagnosis Code[2]	2.0%	0.0%	97.6%	29.5%
Procedure Code (CPT/HCPCS)	0.0%	0.0%	0.0%	100%
Procedure Code Modifier[3]	<0.1%	0.0%	71.4%	100%
Units of Service	0.0%	0.0%	0.0%	98.1%
NDC	<0.1%	0.0%	>99.9%	NA[1]
Header Paid Amount	4.5%	0.0%	0.0%	98.5%
Detail Paid Amount	4.5%	0.0%	0.0%	99.0%

[1] NA indicates not applicable since no records had values present in both data sources.
[2] All submitted secondary diagnosis codes were ordered and concatenated as a single data element.
[3] All submitted procedure code modifiers were ordered and concatenated as a single data element.

Key Findings: Table H-3

- There were no major issues noted for the data element omission and surplus rates. The data element omission and surplus rates were low (i.e., at or lower than 5.0 percent) for all evaluated LTC professional encounter data elements.
- The data element accuracy rates were high (i.e., at or higher than 95.0 percent) for most evaluated LTC professional encounter data elements, except for the *Billing Provider NPI*, *Rendering Provider NPI*, and *Secondary Diagnosis Code* data elements.
  - The accuracy rates for the *Billing Provider NPI* and *Rendering Provider NPI* data elements were extremely low, at 13.7 percent and 14.0 percent, respectively. Further investigation revealed that among records for the *Billing Provider NPI* data element wherein values did not match between the two data sources (i.e., Agency- and FCC-L-submitted data), most records also had values that did not match for the *Rendering Provider NPI* data element.
  - The accuracy rate for the *Secondary Diagnosis Code* data element was low at 29.5 percent. It appears that the order of the primary diagnosis codes and the secondary diagnosis codes differed between the FCC-L-submitted data and the Agency-submitted data. All values for the *Primary*

Diagnosis Code data element that were populated in the FCC-L-submitted data could be found in the *Secondary Diagnosis Code* field in the Agency-submitted data, and vice versa. Additionally, among records that did not match for the *Secondary Diagnosis Code* data element, the FCC-L-submitted data had more secondary diagnosis codes populated when compared to the Agency-submitted data for 26.3 percent of the records.

This image below presents Florida Community Care-L's investigation efforts and explanations from the data discrepancy report.

Table	Discrepancy Item	FCC-L's Investigation Efforts and Explanations
Table 2	*Billing Provider NPI* accuracy rate (3.8 percent) for LTC institutional encounter data	This was a reporting error and has been corrected in the latest EDV report.
Table 2	*Attending Provider NPI* omission rate (13.7 percent) for LTC institutional encounter data	After review, we validated that our submitted encounters did include attending provider NPIs and it matched the NPIs submitted in our EDV report. The examples provided did not reflect the NPI we submitted. Please see **Exhibit A** and advise if there is action needed. [HSAG Response] HSAG included FCC-L's response within the SFY 2022–23 EDV aggregate report. HSAG does not require any further action at this time.
Table 2	*Secondary Diagnosis Code* omission rate (5.4 percent) and accuracy rate (18.1 percent) for LTC institutional encounter data	After review, we validated that we did include the DX codes that were submitted in the EDV report in our encounter submissions. Please see **Exhibit B and Exhibit BA** and advise if there is action needed. [HSAG Response] HSAG included FCC-L's response within the SFY 2022–23 EDV aggregate report. HSAG does not require any further action at this time.
Table 2	*Units of Service* accuracy rate (64.5 percent) for LTC institutional encounter data	After review, we validated that we did include the unites of service amounts reflected in the EDV report in our encounter submissions. Please see **Exhibit C** and advise if there is action needed. [HSAG Response] HSAG included FCC-L's response within the SFY 2022–23 EDV aggregate report. HSAG does not require any further action at this time.
Table 2	*Header Paid Amount* accuracy rate (67.8 percent) for LTC institutional encounter data	After review, we are currently submitting only the amount paid by the plan and not including the crossover payment. We are also not including the crossover payment amount for the Professional Encounters. Please let us know if you would like us to include the crossover payment. If so, would you also like the crossover payment for the Professional Encounters?
Table 2	*Detail Paid Amount* accuracy rate (67.9 percent) for LTC institutional encounter data	After review, we are currently submitting only the amount paid by the plan and not including the crossover payment. We are also not including the crossover payment amount for the Professional Encounters. Please let us know if you would like us to include the crossover payment. If so, would you also like the crossover payment for the Professional Encounters?

Table	Discrepancy Item	FCC-L's Investigation Efforts and Explanations
Table 3	*Billing Provider NPI* accuracy rate (13.7 percent) for LTC professional encounter data	This was a reporting error and has been corrected in the latest EDV report.
Table 3	*Rendering Provider NPI* accuracy rate (14.0 percent) for LTC professional encounter data	This was a reporting error and has been corrected in the latest EDV report.
Table 3	*Secondary Diagnosis Code* accuracy rate (29.5 percent) for LTC professional encounter data	After review, we validated that we did include the DX codes that were submitted in the EDV report in our encounter submissions. Please see **Exhibit D** and advise if there is action needed. [HSAG Response] HSAG included FCC-L's response within the SFY 2022–23 EDV aggregate report. HSAG does not require any further action at this time.

Long-Term Care Record and Plan of Care Review Results

LTC Record and Plan of Care Documentation Submissions

Table H-4 shows the LTC record and POC document submission status for Florida Community Care-L, detailing the number of LTC records and POC documents requested as well as the number and percentage of LTC records and POC documents submitted by Florida Community Care-L as indicated in its submitted tracking sheets.

Table H-4—LTC Record and Plan of Care Submissions: Florida Community Care-L

Plan	Number of Records/ Documents Requested	LTC Record Submitted		POC Document Submitted	
		N	Percent	N	Percent
FCC-L	183	158	86.3%	181	98.9%
All Plans	**1,270**	**982**	**77.3%**	**1,243**	**97.9%**

Table H-5 highlights the key reasons LTC records and POC documents were not submitted by Florida Community Care-L.

Table H-5—Reasons for Missing LTC Record and Plan of Care Documentation: Florida Community Care-L

LTC Record			POC Document		
Reason	Count	Percent	Reason	Count	Percent
Non-responsive provider or provider did not respond in a timely manner.	23	92.0%	Enrollee was enrolled in this plan; however, no POC documentation was available for requested date of service.	2	100%
Enrollee was a patient of this practice; however, no documentation was available for requested date of service.	2	8.0%			
Total	**25**	**100%**	**Total**	**2**	**100%**

Note: Grayed cells indicate there were no other missing reasons to report.

Encounter Data Completeness

Table H-6 displays the LTC record omission and encounter data omission rates for each key data element for Florida Community Care-L. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and numerator:

- LTC record omission rate: The denominator for the LTC record omission rate is the number of diagnosis codes identified in the Agency's electronic encounter data, and the numerator is the number of diagnosis codes identified in the Agency's electronic encounter data that were not found (i.e., not supported) in the enrollees' LTC records.

  In the analysis, when no LTC records were submitted for a sampled date of service, all other key data elements associated with that date of service were treated as LTC record omissions.
- Encounter data omission rate: The denominator for the encounter data omission rate is the number of diagnosis codes identified in the enrollees' LTC records, and the numerator is the number of diagnosis codes from the enrollees' LTC records that were not found in the Agency's electronic encounter data.

For both rates, lower values indicate better performance.

Table H-6—Encounter Data Completeness Summary: Florida Community Care-L

Data Element	LTC Record Omission*			Encounter Data Omission*		
	Denominator	Numerator	Rate	Denominator	Numerator	Rate
Date of Service	146	0	0.0%			
Diagnosis Code	269	11	4.1%	258	0	0.0%
Procedure Code	146	0	0.0%	146	0	0.0%
Procedure Code Modifier	63	0	0.0%	63	0	0.0%

* Lower rates indicate better performance.
Note: Cells shaded in gray indicate the study indicator is not applicable for a data element.

Encounter Data Accuracy

Table H-7 displays the element accuracy rates for each key data element and the all-element accuracy rates for Florida Community Care-L. Encounter data accuracy was evaluated for dates of service that existed in both the Agency's electronic encounter data and the LTC records and had values present in both data sources for the evaluated data element. Using the *Diagnosis Code* data element as an example, the list below shows the specifications for the denominator and the numerator:

- Denominator: The denominator for the accuracy rate is the number of diagnosis codes associated with dates of service that existed in both the Agency's electronic encounter data and the enrollees' LTC records. In addition, both data sources had values for the *Diagnosis Code* data element.
- Numerator: The numerator for the accuracy rate is the number of diagnosis codes in the denominator that were correctly coded based on the enrollees' LTC records submitted for the study.

Table H-7 also presents the all-element accuracy rate which denotes the percentage of dates of service present in both the Agency's encounter data and the LTC records with the same values (i.e., no LTC record omission, no encounter data omission, and codes were coded correctly) for **all** key data elements. The denominator is the total number of dates of service that matched in both data sources. The numerator is the total number of dates of service with the same values for all key data elements.

Table H-7—Encounter Data Accuracy Summary: Florida Community Care-L

Data Element	Denominator	Numerator	Rate	Main Error Type
Diagnosis Code	258	257	99.6%	Inaccurate Code (100%) Specificity Error (0.0%)
Procedure Code	146	146	100%	Inaccurate Code (NA) Lower Level of Services in LTC Records (NA) Higher Level of Services in LTC Records (NA)
Procedure Code Modifier	63	63	100%	—
All-Element Accuracy	146	141	96.6%	—

"—" denotes that the error type analysis was not applicable to a given data element.
Note: NA indicates all codes were coded accurately; therefore, there were no error types to report.

Plan of Care Document Review

HSAG reviewed the submitted POC documentation and evaluated whether the LTC services reported in the encounters were supported by enrollees' POCs. HSAG reviewed POC documentation for alignment with authorization dates, scheduled services, units of service, and service providers. As such, the POC review component of the study answered the following questions:

- *Was there a valid POC? If so, was the POC document signed?*
- *For a POC with an appropriate signature, was the selected date of service within the effective dates of the POC?*
- *For a POC where the selected date of service was within the effective dates of the POC:*
  - *Was there a servicing provider documented in the POC? If so, was the servicing provider identified in the LTC record supported by the POC?*
  - *Were the procedure codes documented in the LTC record supported by the POC?*
  - *Were the number of units documented in the LTC record supported by the POC?*

Table H-8 presents findings from the review of POC documentation for Florida Community Care-L.

Table H-8—Plan of Care Document Review Summary: Florida Community Care-L

POC Document Reviewed Items	N	%
Date of service identified in encounter data	146	—
Valid POC submission[1]	146	100%
Plan of documentation was signed[2]	138	94.5%
Selected dates of service were within the effective dates of the POC documents3	138	100%

POC Document Reviewed Items	N	%
Servicing providers were documented[4]	106	76.8%
Documented servicing providers support provider information in the LTC records[5]	103	97.2%
Documented procedures support procedures identified in the LTC records[4]	103	74.6%
Documented number of units support the units identified in the LTC records[4]	102	73.9%

"—" Indicates percentage is not applicable.

[1] Denominator was based on number of dates of service identified in the encounter data.

[2] Denominator was based on the number of valid POCs.

[3] Denominator was based on the number of POCs with an appropriate signature.

[4] Denominator was based on the number of POCs wherein the selected date of service was within the effective dates of the POC.

[5] Denominator was based on whether the servicing provider was documented.