



QMetrics Summer Newsletter

A Note from CEO Suzan Mora Dalen

Welcome to the inaugural edition of our newsletter and thank you for pausing from your busy day to read it! Our goal is to bring you educational information in the areas of quality reporting, risk adjustment, Medicare Advantage, and regulatory compliance along with helpful tips and noteworthy industry changes in an easy to read and concise manner. The health care industry is relentlessly fast paced, and we realize how busy you are. We will always aim to make this material relevant to you.

I am profoundly happy to see how much QMetrics has grown over the past several years. Starting as a women and minority owned business had its challenges and I am grateful to all of you who have partnered with us from the beginning. Thank you for being part of our growth. This newsletter is for you, our partners – past, current, or prospective clients! Our hope is that you find it valuable. Happy Summer 2019!

Cheers!

Suzan & the QMetrics team



California News



New Service Line at QMetrics

Timely Access Report (TAR) and an Annual Provider Network (APN) Filing

On March 31st of each year, all full service and mental health plans are required to file a comprehensive Timely Access Report (TAR) and an Annual Provider Network (APN) filing, including Network Adequacy Grievance Reports and Out-of-Network Payment Reports with the Department of Managed Health Care (DMHC). The DMHC issues detailed instructions for the filings and typically makes modifications to the filing requirements, template format and field instructions each year. The DMHC has issued Enforcement Actions for incomplete, inaccurate or improperly filed regulatory submissions related to timely access to care requirements. QMetrics can assist plans with these filings by performing a third-party unbiased quality review of the plan's TAR and/or APN submissions for accuracy and completeness prior to DMHC submission. Some services offered in this area include the following:

- Comprehensive document and data review of A – F Timely Access Report (TAR) Compliance Report Requirements
- Qualitative and quantitative review of all documents and data prior to submission

- Review of Annual Provider Network (APN) Report Forms for completeness, formatting, and adherence to DMHC requirements (Annual Provider Network Submission Instruction Manual requirements and Annual Provider Network Report Form template specifications and instructions) prior to DMHC submission
- Assessment of provider network for compliance with regulatory network adequacy requirements

Schedule your FREE consultation

California Provider Appointment Availability Survey (PAAS)

QMetrics recently kicked off our Provider Appointment Availability Survey (PAAS) activities for Measurement Year 2019 with an informative webinar presentation for our health plan clients, including information provided to us just last week from the Department. QMetrics has performed over 100,000 provider surveys utilizing fax, email, online, and telephonic modalities. We understand the methodology and its detailed nuances. If you are in need of a PAAS survey administrator or external validator, please contact us for a consultation. If you are already a partner, thank you for your continued partnership! Check out the [Resources page](#) of our website for our webinar recording, educational slides, and a “hot of the presses” update from DMHC.

NOTE: We also provide other Timely Access Report (TAR) compliance services such as administration and analysis of the provider satisfaction, language assistance program, and after-hours surveys.



Are You Ready for the New Medi-Cal Encounter Data Requirements Effective in 2020?

Starting in 2020, the California Department of Health Care Services (DHCS) will begin rate setting of Medi-Cal managed care health plan (MCP) premiums based solely on encounter data reported by health plans. DHCS contractually requires MCPs to submit complete, accurate, reasonable and timely encounter data for all services for which DHCS has financial liability. DHCS has the authority to impose corrective action requirements or administrative and/or financial sanctions for non-compliance. DHCS has already begun releasing MCP "Stoplight Reports" which are a component of DHCS's encounter data validation completeness and accuracy reporting that compare health plan encounter data utilization to DHCS benchmarks.

If you are a health plan struggling with collecting all of your encounter data or a physician organization that is struggling to meet encounter thresholds set by your health plan payer partners, please contact us. QMetrics has performed extensive work in the area of encounter data evaluation and improvement.

We use no-nonsense techniques to identify leakage points in the encounter data submission process that go beyond standard clearinghouse reports or encounter rejection rate review. We would be happy to have a conversation about how we can help.

(Encounter data reporting and quality requirements are described in DHCS All Plan Letters (APLs) APL 14-019 and APL 14-020.)



RISE West: 9/9 - 9/11 in San Diego

QMetrics will be presenting during the roundtable session at RISE West in San Diego, California. Our topic is called "Encounter Data Overlooked: The Ever Increasing Impact of Encounter Data Completeness on Risk Adjusted Payments." You won't want to miss out on this! [>>More Info](#)



ATTN California Mental Health Providers: Are You Prepared for Penalties?

The California Department of Health Care Services (DHCS) recently started penalizing counties for failing to provide enough mental health practitioners to treat patients with serious conditions. The state is taking an aggressive new stance to demand better care across the state. Gov. Gavin Newsom's administration has withheld a total of \$12 million over the past month from 10 rural mental health plans, mainly located in the Central Valley. Officials say the sanctions are part of a larger strategy to improve California's disjointed mental health delivery system.

QMetrics can help you! We can partner with you to identify gaps in care and action plans to stay compliant with contractual obligations. We also provide services in HEDIS & STARS Improvement, Pay for Performance, Quality Reporting. [>>Contact us](#)

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