



Information Systems Capabilities Assessment (ISCA)

Version 8.5.1

California Mental Health Plans

FY17-18

MHP Name: _____

Return an electronic copy of the completed assessment to CalEQRO for review by _____

This document was produced by the California External Quality Review Organization (CalEQRO) in collaboration with the California Department of Health Care Services – Mental Health Services Division and California MHP stakeholders.

Information Systems Capabilities Assessment (ISCA)

Contact Information

Insert MHP identification information below. The contact name should be the person completing or coordinating the completion of this assessment.

<i>ISCA contact name and title:</i>	
<i>Mailing address:</i>	
<i>Phone number:</i>	
<i>Fax number:</i>	
<i>E-mail address:</i>	
<i>Identify primary persons who participated in completion of the ISCA (name, title):</i>	
<i>Date assessment completed:</i>	

PURPOSE of the Information Systems Capabilities Assessment (ISCA)

Knowledge of the information systems (IS) capabilities of a Mental Health Plan (MHP) is essential to evaluate the MHP's capacity to manage the health care of its beneficiaries. The purpose of this assessment is to specify the desired capabilities of the MHP's information systems and to pose standard questions to assess the strength of an MHP with respect to these capabilities. This will assist an External Quality Review Organization (EQRO) to assess the extent to which an MHP's information systems are capable of producing valid encounter data¹, performance measures, and other data necessary to support quality assessment and improvement, as well as managing the care delivered to its beneficiaries.

¹ "For the purposes of this protocol, an encounter refers to the electronic record of a service provided to a Managed Care Organization Pre-Paid Inpatient Health Plan [MHP] enrollee by both institutional and practitioner providers (regardless of how the provider was paid) when the service would traditionally be a billable service under fee-for-service (FFS) reimbursement systems. Encounter data provides substantially the same type of information that is found on a claim form (e.g., UB-04 or CMS 1500), but not necessarily in the same format." – Validating Encounter Data, CMS Protocol, P. 4; September 2012.

OVERVIEW of the Assessment Process

Assessment of the MHP's information systems is a process of four consecutive activities:

Step One involves the collection of standard information about each MHP's information systems. This is accomplished by having the MHP complete an *Information Systems Capabilities Assessment (ISCA) for California Mental Health Plans*. CalEQRO developed the ISCA in cooperation with California stakeholders and the California Department of Health Care Services – Mental Health Services Division. It is provided to the MHP as part of the CalEQRO review notification packet. The California Department of Health Care Services – Mental Health Services Division defined the time frame in which it expects the MHP to complete and return the tool. The MHP will commonly require input from multiple areas of the organization such as IT/IS, Finance, Operations, and Quality Improvement in completing the ISCA. The MHP may also attach additional sheets as needed and clearly identify them as applicable to the numbered item on the tool (e.g., 1.4, or 2.2.3).

Step Two involves a review of the completed ISCA by the EQRO reviewers. Materials submitted by the MHP will be reviewed in advance of a site visit.

Step Three involves a series of onsite and/or telephone interviews, and discussion with key MHP staff members who completed the ISCA, as well as other knowledgeable MHP staff members. The purpose of the interviews is to gather additional information to assess the integrity of the MHP's information systems.

Step Four produces an analysis of the findings from both the ISCA and the follow-up discussions with the MHP staff. A summary report of the interviews, as well as the completed ISCA document, is included in an information systems section of the EQRO report. The report discusses the ability of the MHP to use its information systems and analyze its data to conduct quality assessment and improvement initiatives. Further, the report considers the ability of the MHP's information systems to support the management and delivery of mental health care to its beneficiaries.

INSTRUCTIONS for completing the ISCA:

- Please complete this survey using Microsoft Word. Insert your response after each question.
- Label the ISCA submission with your county name and applicable fiscal year. For example "Alameda ISCA FY16-17.xx/xx/xxxx.doc".
- Be as concise as possible. If information is not available, write "N/A" in your response. If additional space is needed, please continue on a separate page.
- For any ISCA question, you may attach existing documents which provide an answer. For example, if you have current policy and procedure documents that address a particular item, attach and reference these materials.

- Do not create documents expressly for the CalEQRO review.
- Do not submit any documents with protected health information (PHI)
- Do not submit any documents with personally identifiable information (PII)
- This ISCA pertains to the collection and processing of data for Medi-Cal. In many situations, this may be no different from how a MHP collects and processes commercial insurance or Medicare data. However, if your MHP manages Medi-Cal data differently than commercial or other data, please answer the questions only as they relate to Medi-Cal beneficiaries and Medi-Cal data.

For clarification, certain terms used in this ISCA are defined below:

Practice Management — Supports basic data collection and processing activities for common clinic/program operations such as new consumer registrations, consumer look-ups, admissions and discharges, diagnoses, services provided, billing, CSI reporting, and routine reporting for management needs such as caseload lists, productivity reports, and other day-to-day needs.

Medication Tracking — Includes history of medications prescribed by the MHP and/or externally prescribed medications, including over-the-counter drugs.

Managed Care — Supports the processes involved in authorizing services, receipt and adjudication of claims from network (formerly fee-for-service) providers, remittance advices, and related reporting and provider notifications.

Electronic Health Records — Clinical records stored in electronic form as all or part of a consumer's file/chart and referenced by providers and others involved in direct treatment or related activities. This may include documentation such as assessments, treatment plans, progress notes, allergy information, lab results, and prescribed medications. It may also include electronic signatures.

Contract Providers — Typically groups of providers and agencies, many with long-standing contractual relationships with counties, that deliver services on behalf of an MHP and bill for their services through the MHP's Short-Doyle/Medi-Cal system. These are also known as organizational contract providers. They are required to submit cost reports to the MHP and are subject to audits. They are not staffed with county employees, as county-run programs typically are. Contract providers do not include the former Medi-Cal fee-for-service providers (often referred to as network providers) who receive authorizations to provide services and whose claims are paid or denied by the MHP's managed care division/unit.

SECTION A. General Information

A.1. List the top priorities for your MHP’s IS department at the present time:

Priority	Status
	<input type="checkbox"/> Active <input type="checkbox"/> Wait List
	<input type="checkbox"/> Active <input type="checkbox"/> Wait List
	<input type="checkbox"/> Active <input type="checkbox"/> Wait List
	<input type="checkbox"/> Active <input type="checkbox"/> Wait List
	<input type="checkbox"/> Active <input type="checkbox"/> Wait List
	<input type="checkbox"/> Active <input type="checkbox"/> Wait List

A.2. Describe any significant IS-related achievements or initiatives completed since the last CalEQRO review:

A.3. Do you have a current written business strategic plan for IS? If Yes, attach a copy or be prepared to provide it for review during on-site CalEQRO interview.

Yes No

A.4. How are mental health services delivered?

Of the total number of services provided during the **prior calendar or fiscal year**, regardless of payment source, approximately what percentage was provided by:

Type of Provider	Distribution
County-operated/staffed clinics	%
Contract providers	%
Network providers	%
Total	100%

A.5. Of the total number of services provided, approximately what percentage is claimed to Medi-Cal?

%

A.6. Of the total number of services provided, approximately what percentage is claimed to Medi-Cal by the following types of providers:

Type of Provider	Medi-Cal	MHSA & Non-Medi-Cal	Total
County-operated/staffed clinics	%	%	100%
Contract providers	%	%	100%
Network providers	%	%	100%

A.7. Provide approximate total annual MHP budget for the following provider types:

Type of Provider	Medi-Cal	MHSA	Non-Medi-Cal	Total
County-operated/staffed	\$	\$	\$	\$
Contract providers	\$	\$	\$	\$
Network providers	\$	\$	\$	\$
Total	\$	\$	\$	\$

A.8. What percentage of total annual MHP budget is dedicated to support information systems (operations, hardware, network, software license, ASP support, IT Staff)?

%

A.8.1 Who controls the budget determination process for information system operations identified in A.8:

- Under MHP control
- Allocated to or managed by another County department
- Combination of MHP control and another County department or Agency

A.9. Please estimate the number of people that use your current information system:

Type of Staff	Estimated Number of Hands-on Users	Estimated Total Number of FTEs
MHP Administrative and Clerical		
MHP Clinical		
MHP Quality Improvement		
Contract provider Administrative and Clerical		
Contract provider Quality Improvement		
Contract provider Clinical		

Primary Information Systems Used by the MHP

A.10. Describe the primary practice management and clinical systems currently in use:

System/ Application	Function	Version/ Build/ Promotion	Vendor/ Supplier	Years Used	Operated or Hosted By

A.10.1. What functions do these products perform or support?

(Check all that currently are used)

<input type="checkbox"/> Practice Management	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> e-Prescribing	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> Electronic Health Record (EHR)	<input type="checkbox"/> Document Imaging/Storage	<input type="checkbox"/> Laboratory Results
<input type="checkbox"/> Outcomes	<input type="checkbox"/> Personal Health Record (PHR)	<input type="checkbox"/> Registry
<input type="checkbox"/> Referral Management	<input type="checkbox"/> Care Coordination	

A.10.2. Who performs programming changes/upgrades for software application(s)?

(Check all that apply)

<input type="checkbox"/> Vendor IS	<input type="checkbox"/> MHP IS	<input type="checkbox"/> County IS
<input type="checkbox"/> Health Agency IS	<input type="checkbox"/> Contract Staff/Consultant	<input type="checkbox"/> Application Service Provider (ASP)
<input type="checkbox"/> Other (describe):		

A.10.3. Who is responsible for performing daily operation tasks for this system?
(Includes running batch jobs, performing backups, monitoring status, etc.)

Wide Area Network	Local Area Network
<input type="checkbox"/> Fiber Optic Cable	<input type="checkbox"/> Fiber Optic to the desktop
<input type="checkbox"/> Copper Cable	<input type="checkbox"/> CAT 5 or 6
<input type="checkbox"/> Internet Service Provider	<input type="checkbox"/> CAT 4 or prior
<input type="checkbox"/> Microwave	<input type="checkbox"/> Wireless (WiFi)

<input type="checkbox"/> Vendor IS	<input type="checkbox"/> MHP IS	<input type="checkbox"/> County IS
<input type="checkbox"/> Health Agency IS	<input type="checkbox"/> Contract Staff/Consultant	<input type="checkbox"/> ASP
<input type="checkbox"/> Non-vendor ASP	<input type="checkbox"/> Other (describe):	

A.10.4. Where is this system physically housed/sited?

<input type="checkbox"/> MHP site
<input type="checkbox"/> Health Agency IS site
<input type="checkbox"/> County IS site
<input type="checkbox"/> ASP Model — hosted by application service provider
<input type="checkbox"/> ASP Model — hosted by third-party independent hosting service
<input type="checkbox"/> Other (describe):

A.10.5 What departments/agencies, other than the MHP, have access to the system?

(Check all that apply)

<input type="checkbox"/> Mental Health Contract Providers	<input type="checkbox"/> Federal Qualified Health Center (FQHC)
<input type="checkbox"/> Alcohol and Drug	<input type="checkbox"/> Community/Rural Health Center (CHC – RHC)
<input type="checkbox"/> Public Health	<input type="checkbox"/> Primary Care Providers (PCP)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Health Center (IHC)

A.10.6 Identify your connectivity infrastructure to county sites and contract provider sites. (Check all that apply)

A.11. Is your MHP a member/participant in Health Information Exchange?

Yes No

A.11.1. If Yes, provide Health Information Exchange(s) name.

A.11.1.2. If No, does your healthcare professional staff do secure information exchange directly with service partners (e.g.: secure email, care coordination application/module, electronic consult)?

A.12. Are jail mental health services directly entered into the MHP EHR or entered into the MHP EHR electronically through a data exchange process from another EHR system?

- Yes No

A.12.1. If No, identify how jail mental health services are currently provided.

Jail Mental Health System Operated By
<input type="checkbox"/> Another County Department (not the MHP)
<input type="checkbox"/> Correctional Health-Care Service Provider

A.13. Do you monitor EHR system percent of uptime and availability for clinical sites? (If Yes, be prepared to provide information when CalEQRO is onsite.)

- Yes No

A.13.1. Do you have a standard or periodically measure end-user response time?

- Yes No

A.13.2. If Yes, what is your standard and recent user response time test results?

Secondary Information Systems Used by the MHP

A.14. List any other significant information systems used by your MHP in addition to your primary IS:

System/Application	Function	Vendor/Supplier	Years Used	Operated or Hosted By

A.15. Selection and implementation of a new Information System

Mark one box that best describes your status today and respond to the associated questions:

<input type="checkbox"/> A) No plans to replace current system (in place more than 5 years) <input type="checkbox"/> B) Considering a new system, but no formal project plan in place and no project team assigned to accomplish it <input type="checkbox"/> C) Actively searching for a new system, project plan in place and project team assigned and active <input type="checkbox"/> D) New system selected, not yet in implementation phase <input type="checkbox"/> E) Implementation in progress <input type="checkbox"/> F) New system in place (use this for systems installed in past 5 years)

A.16. Implementation of a new Information System
If you marked box D or E in A.15, complete the following questions.

Otherwise skip to A.17.

A.16.1. Details of the new system:

Vendor:
Product(s):
Implementation start date:
Estimated go live date:
Estimated completion date:

A.16.2. Please identify staff directly responsible for system implementation:

Project Responsibility	Name and Title
Executive Sponsor	
Overall Project Director/Manager	
Technology Project Manager	
Clinical Project Manager	

A.16.3. Specify key modules included in the system:

(Check all that you plan to implement)

<input type="checkbox"/> Practice Management	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Medication Tracking
<input type="checkbox"/> Managed Care	<input type="checkbox"/> e-Prescribing	<input type="checkbox"/> Data Warehouse/Mart
<input type="checkbox"/> Electronic Health Record (EHR)	<input type="checkbox"/> Document Imaging/Storage	<input type="checkbox"/> Laboratory Results
<input type="checkbox"/> Outcomes	<input type="checkbox"/> Personal Health Record (PHR)	<input type="checkbox"/> Registry
<input type="checkbox"/> Referral Management	<input type="checkbox"/> Care Coordination	

A.16.4. What departments/agencies, other than the MHP, will have direct access to system.

(Check all that apply)

<input type="checkbox"/> Mental Health Contract Providers	<input type="checkbox"/> Federal Qualified Health Center (FQHC)
<input type="checkbox"/> Alcohol and Drug	<input type="checkbox"/> Community/Rural Health Center (CHC – RHC)
<input type="checkbox"/> Public Health	<input type="checkbox"/> Primary Care Providers (PCP)
<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Health Center (IHC)

A.17. Indicate the status of the MHP’s EHR deployment in the table below?

Function	Application/ Vendor	Go Live Date (mm/yyyy)	Contract Provider Access (None/Look-up only/Full/NA)
Alerts			
Assessments			
Care Coordination			
Document imaging/storage			
Electronic signature-consumer			
Laboratory results (eLab)			
Level of Care/Level of Service			
Outcomes			
Prescriptions (eRx)			
Progress notes			
Referral Management			
Treatment plans			

A.17.1. What is your official Chart of Record for county-operated clinics/programs?

- Paper
 Electronic
 Combination

A.17.1.1 If you checked Paper for A.17.1, what remains on paper?

(Check all that apply)

<input type="checkbox"/> Medical Consent	<input type="checkbox"/> Release of Information
<input type="checkbox"/> Client Action Schedules	<input type="checkbox"/> Crisis Assessments
<input type="checkbox"/> Level of Care	<input type="checkbox"/> Laboratory Results
<input type="checkbox"/> Hospital Release Documents	<input type="checkbox"/> Outcomes

A.17.2. Have you or are you planning to implement within the next year an interface engine or other data exchange technology to facilitate efficient data exchange with contract providers, primary care providers, and other partners?

If so, please provide:

Vendor	
Product Name	
Version installed or to be installed	

A.17.2.1 For contract providers who have their own local EHR system or use ASP model EHR please complete the following information:

EHR Vendor Name/ Trading Partner	EHR Application

A.18. Does your MHP use tele-psychiatry for county-operated clinics/programs?

Yes No

A.18.1. If No, do you have plans to implement within next 12 months?

Yes No

A.18.2. If A.18 Yes, please provide the following information about the system.

Equipment Provider/Vendor:	
Equipment maintained by:	
Have Use Policy & Procedures:	
Number sites currently operational:	
Number of beneficiaries served last year (Total):	
Adult:	
Children/Youth:	
Older Adult:	
Total number of tele-psychiatry encounters provided last year:	
Total number of tele-psychiatry encounters provided in languages other than English during same period as above:	

A.18.3. If A.18 Yes, identify threshold languages directly supported by County or contract healthcare professional staff during the past year. Do not include language line capacity or interpreter services.

(Check all that apply)

<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Cantonese	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Farsi
<input type="checkbox"/> Arabic	<input type="checkbox"/> Russian	<input type="checkbox"/> Hmong
<input type="checkbox"/> Korean	<input type="checkbox"/> Armenian	<input type="checkbox"/> Cambodian
<input type="checkbox"/> Other Chinese		

A.18.4. If A.18, Yes, identify primary reason(s) for using tele-psychiatry as a service extender:

(Check all that apply)

<input type="checkbox"/> Hiring healthcare professional staff locally is difficult
<input type="checkbox"/> For linguistic capacity or expansion
<input type="checkbox"/> To serve outlying areas within the county
<input type="checkbox"/> To serve consumers temporarily residing outside the county
<input type="checkbox"/> Reduce travel time for healthcare professional staff
<input type="checkbox"/> Reduce travel time for consumers
<input type="checkbox"/> Other (Please describe: _____)

A.19. Do any contract providers also use tele-psychiatry services as a service extender?
 Yes No

A.19.1. If A.19, Yes identify contract providers who provide tele-psychiatry services using their own equipment. Complete the following information:

Contract Provider Name	Languages Supported	Number Site Locations	Number Consumers Served Past Year

Consumers Personal Health Record

A.20. Do consumers have on-line access to their health records, either through a personal health record (PHR) feature provided within the EHR, or a consumer portal, or through a third-party PHR such as those available through Network of Care, etc.?

Yes No

If Yes, skip to A.21.

A.20.1. If No: Do you have future plans to implement consumer personal health record?

Yes No

If No, skip to A.22.

A.20.2. If A.20.1 is Yes: Provide the expected implementation timeline.
(Select one timeline)

- Within 6 months
- Within the next year
- Within the next two years
- Longer than 2 years

A.21. What product or application is or will be used?

A.22. How many county-operated or contract provider sites are currently available for consumers to access their personal health record?

A.23. Report the number of consumers with access to their personal health records.

A.24. Are classroom or individual trainings available for consumers to learn how to access and navigate the product or application?

Yes No

A.24.1 If Yes, briefly outline the type of training and support provided.

Public Information Sharing /Communications

A.25. Provide MHP or county public URL (web site) used to inform the community of available services, service locations, and relevant access/engagement information.

A.26. Who is responsible to maintain and update MHP web site?

A.27. Does your MHP have a Social Media policy? If so, please provide a copy.

Yes No

SECTION B. Data Collection and Processing

Data Timeliness, Accuracy and Completeness

B.1. Please specify what the expectation is for timely entry of service/progress notes.

(Select only one that most closely matches the MHP timely policy)

<input type="checkbox"/> Same Day	<input type="checkbox"/> Within 5 Days
<input type="checkbox"/> Within 24 Hours	<input type="checkbox"/> Within 7 Days
<input type="checkbox"/> Within 3 days	<input type="checkbox"/> More than 7 Days

B.1.2. Describe how you audit compliance with this policy. Include an example of any available summary data and the period of time this represents.

B.2. Describe how you ensure that all services provided were entered into your information system?

B.3. Do you review the following data items for accuracy and completeness at specified frequencies?

Item	Yes/No	
Gender	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of birth	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race/ethnicity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Primary language	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dates of services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Procedure codes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnoses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Language service delivered	<input type="checkbox"/> Yes	<input type="checkbox"/> No

B.3.1. Identify the staff or the unit responsible to monitor for accuracy and completeness.

B.4. Describe how data errors discovered during back-end validations/processing are reported out and corrected.

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B.4.1. Written protocols and/or procedures to identify and correct data errors.

Have documented procedures for handling data errors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does protocol/procedures apply to contract providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B.5. Describe any recent audit findings and recommendations. This may include EPSDT audits, Medi-Cal audits, independent county-initiated IS or other audits, OIG audits, and others.

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B.6. Who is responsible for authorizing and implementing the following system activities?

Activity	Who authorizes? (Staff title or committee/ working group)	Who implements? (Staff title or committee/ working group)
Establishes new providers/ reporting units/cost centers		
Determines allowable services for a provider/RU/CC		
Establishes or decides changes to billing rates		
Determines assignments of payer types to services		
Determines staff billing rights/restrictions		
Determines level of access to information system		
Terminates or expires access to information system		

Staff Credentialing

B.7. Describe your process to validate all healthcare provider credentials and NPI?

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B.7.1. Describe how you are alerted when healthcare provider credentials are no longer active?

Training

B.8. List regular EHR training offerings and frequency of trainings for clinical staff, or, provide a list of classes conducted over the past year.

B.9. List regular IS training offerings and frequency of trainings for Business and Billing staff, or, provide a list of classes conducted over the past year.

B.10. Do you routinely administer competency tests for IS users, to evaluate training effectiveness?

Yes No

B.11. Do you maintain a formal record or log of IS/computer training activities?

Yes No

B.12. How frequently are HIPAA Security and Privacy trainings conducted?

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> New Employee Orientation | <input type="checkbox"/> Once Annually |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Available On Demand |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Periodically |

B.12.1. Do you monitor or review your contract providers HIPAA Security and Privacy trainings and attendance log?

Yes No

B.13. How many IS technology full time equivalent (FTE) positions currently authorized and what are the changes since the previous CalEQRO review.

IS FTEs (Include Employees and Contractors)	Number of New FTEs	Number of Employees or Contractors Retired, Transferred, Terminated	Current Number of Unfilled Positions

B13.1. Has the number of authorized/approved FTE positions increased or decreased during the past year?

- Increased
 Decreased
 No Change

B13.2. Do you use an Application Service Provider to maintain and support the EHR?

- Yes
 No

B.14. How many data analytical FTEs do you currently have and what are the changes since the previous CalEQRO review.

(Only report number FTEs that are not already included in the count provided in B.13 above).

Data Analytical FTEs (Include Employees and Contractors)	Number of New FTEs	Number of Employees or Contractors Retired, Transferred, Terminated	Current Number of Unfilled Positions

Staff/Contract Provider Communications

B.15. Does your MHP have User Groups or other forums for the staff to discuss information system issues and share knowledge, tips, and concerns?

Type of Group	Meeting Frequency (Weekly, monthly, quarterly, as needed)	Who chairs meetings? (Name and title)	Meeting minutes? (Yes/No)
Clerical User Group			
Clinical User Group			
Financial User Group			
Contract Providers			
Reports User Group			
IS Vendor Group			

B.16. What types of technology do you utilize to communicate policy, procedures, and information among MHP staff?
(Check all that apply)

<input type="checkbox"/> Web server	<input type="checkbox"/> Intranet server
<input type="checkbox"/> Shared network folders/files	<input type="checkbox"/> Content management software
<input type="checkbox"/> E-mail	<input type="checkbox"/> SharePoint

B.17. How do contract providers submit consumer and service data to the MHP?
(Check all that apply)

Submittal Method	Frequency
<input type="checkbox"/> Direct entry into MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Electronic batch file transfer to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Electronic Data Interchange (EDI) to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Documents/files e-mailed to MHP	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Paper documents faxed to MHP	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Paper documents delivered to MHP	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
<input type="checkbox"/> Health Information Exchange	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch

B.18. Briefly describe how you validate the integrity of claims data transfer from contract providers?

SECTION C. Medi-Cal Claims Processing

C.1. Indicate normal cycle for submitting current fiscal year Medi-Cal claim files to DHCS.

- Monthly More than 1x month Weekly More than 1x weekly

C.2. Do you have an internal operations manual or other documentation that describes activities to prepare SD/MC claims? (Be prepared to present and discuss this during the CalEQRO review.)

- Yes No

C.3. Indicate current method for submitting Medicare Part B claims to fiscal intermediary?

- Clearinghouse Electronic Paper

C.4. What Medi-Cal eligibility sources does your MHP use to determine eligibility?

(Check all that apply)

<input type="checkbox"/> IS Inquiry/retrieval from MEDS	<input type="checkbox"/> Eligibility verification using 270/271
<input type="checkbox"/> MEDS terminal (standalone)	<input type="checkbox"/> AEVS
<input type="checkbox"/> MEDS terminal (integrated with IS)	<input type="checkbox"/> Web-based search
<input type="checkbox"/> MMEF	<input type="checkbox"/> Other

C.4.1. Do you have procedures in place that monitor or review retroactive eligibility?

- Yes No

C.5. Does your system store the Medi-Cal eligibility information listed below?

Item	System stores automatically? (Y/N)	System stores but manually entered? (Y/N)	Able to use/query for reports? (Y/N)
CIN			
Eligibility Verification Confirmation (EVC)			
County of eligibility			
Aid codes			
Group Aid Codes – Katie A or SSI eligible			
Share of cost information			

C.6. Do you have an Operations Manual or other documentation that describes how Medical Remittance Advice (835) are analyzed for accuracy and/or completeness? (Be prepared to present and discuss this during the CalEQRO review.)

Yes No

C.7. Do you have the capability to perform end-to-end (837/835) claims reconciliation to validate the adjudication of submitted claims?

Yes No

C.7.1 If Yes, identify the type of product or application used:

- Local Excel Worksheet or Access Database
- Local SQL Database, supported by MHP/Health/County staff
- Web-based application, supported by MHP staff
- Web-based application, including your Electronic Health Record system, supported by Vendor or ASP Staff
- Outside consultant

C.7.2. What is the name of the product or application?

SECTION D. Incoming Claims Processing (Network Providers)

Note: “Network providers” (commonly known as fee-for-service providers or managed care network providers) may submit claims to the MHP with the expectation of payment. Network providers do not submit a cost report to the MHP.

D.1. Provide the approximate monthly volume of claims received from network providers:

Average number of claims per month	
Average claims in dollars per month	\$

If average claims per month is less than \$10,000 for network providers, skip the rest of Section D.

D.2. Do you have any documentation, such as policies and procedures, for processing the items below for network providers? Be prepared to discuss during the CalEQRO review, if requested.

Item	Yes/No	
Processing incoming claims	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment to network providers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Billing Short-Doyle/Medi-Cal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D.3. What is the average length of time between receipt of an initial claim and payment to network provider, in days?

D.4. Does your MHP maintain network provider profiles in your information system?

Yes No

D.4.1. If Yes, describe what provider information is maintained in the provider profile database. (Check all that apply)

- Languages spoken
- Gender-specific care
- Age-specific care
- Specialty health care
- Specialty therapy
- Accessibility
- After hours or weekend appointments

D.5. Estimate the percentage of your network providers' claims that were disallowed for payment during the prior calendar year.

%

D.6. Estimate what percentage of your network providers claims were denied for the following reasons.

%	No prior authorization found or authorization expired.
%	Number of service (or service time) exceeds prior authorization.
%	Consumer/beneficiary not eligible for services.

SECTION E. Information Systems Security and Controls

E.1. Indicate the frequency of back-ups that are required to protect your primary information systems and data. (Check all that apply)

Back-up Frequency	
<input type="checkbox"/> Daily full back-up	<input type="checkbox"/> Daily incremental back-up
<input type="checkbox"/> Weekly full back-up	<input type="checkbox"/> Weekly incremental back-up
<input type="checkbox"/> Other:	

E.1.1. Where is the back-up media stored? (Check all that apply)

Back-up location	
<input type="checkbox"/> MHP site	<input type="checkbox"/> County site
<input type="checkbox"/> Health Department site	<input type="checkbox"/> IS Vendor site
<input type="checkbox"/> Data Security Vendor	<input type="checkbox"/> Other:

E.1.2. How often do you require passwords to be changed?

Password Change Frequency	
<input type="checkbox"/> ≤ 60 days	<input type="checkbox"/> 61 – 90 days
<input type="checkbox"/> 91 – 180 days	<input type="checkbox"/> 181 – 365 days
<input type="checkbox"/> > 365 days	<input type="checkbox"/> Never

E.1.3. Have you adopted guidelines or a local policy for password management?
 Yes No

E.1.4. Do you require passwords to contain a combination of alphabetic characters, numbers, and/or special characters?
 Yes No

E.2. Do you have policies and procedures that describe the provisions in place for the following? Be prepared to discuss during the CalEQRO interview, if requested.

Item	Yes/No	
Physical security of the computer system(s) and hardcopy files	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Security of laptops and other portable storage devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Management of user access	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Termination of user access	<input type="checkbox"/> Yes	<input type="checkbox"/> No

E.3. Do you require encryption for laptops or other portable storage devices that contain consumers Protected Health Information (PHI)?

Yes No

E.4. Does your network employ intrusion detections methodologies to protect consumer data?

Yes No

E.5. Has your network experienced cyberattack or other data breach attempts within the past year? If so, be prepared to discuss while CalEQRO is onsite.

Yes No

E.6. Does the County or MHP have a Business Continuity Plan for critical business functions that is compiled and maintained in readiness for use in the event of an emergency or disaster? If so, be prepared to discuss while CalEQRO is onsite.

Yes No

E.6.1. Does the County or MHP have an exercise and testing program to ensure staff have good understanding of their roles and responsibilities to effectively implement the business continuity plan?

Yes No

SECTION F. Data Access, Usage and Analysis

F.1. Who are the people most responsible for analyzing data from your information system?

Staff Name/Title	Organization/Department/Division

F.2. Describe two examples of data analyses performed in the last year that were used in quality improvement or business process improvement activities. Be prepared to discuss during the CalEQRO review, if requested.

F.3. Indicate the reporting tools used by your staff to create reports from the IS.

<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Access
<input type="checkbox"/> Crystal Reports	<input type="checkbox"/> SPSS
<input type="checkbox"/> SAS	<input type="checkbox"/> Cognos
<input type="checkbox"/> Dashboard Software	<input type="checkbox"/> Vendor-supplied Report Writer

F.4. Does your information system capture co-occurring mental health and substance abuse diagnoses for active consumers?

Yes No

F.4.1. If Yes, what is the percent of active consumers with co-occurring diagnoses.

--

%

F.5. Which of the below tools or instruments do you use to measure consumer outcomes?

(Check all that apply)

<input type="checkbox"/> ANSA	<input type="checkbox"/> ASQ	<input type="checkbox"/> BASIS 24
<input type="checkbox"/> CAFAS	<input type="checkbox"/> CALOCUS	<input type="checkbox"/> CANS
<input type="checkbox"/> CBCL	<input type="checkbox"/> DERS	<input type="checkbox"/> ECBI
<input type="checkbox"/> FAD	<input type="checkbox"/> GAD-7	<input type="checkbox"/> LOCUS
<input type="checkbox"/> MORS	<input type="checkbox"/> OHIO SCALES	<input type="checkbox"/> PCL-5
<input type="checkbox"/> PDS	<input type="checkbox"/> PHQ	<input type="checkbox"/> PHQ-9
<input type="checkbox"/> PSC-35	<input type="checkbox"/> PTSD-RI	<input type="checkbox"/> RBPC
<input type="checkbox"/> SESBI-R	<input type="checkbox"/> TSYC	<input type="checkbox"/> YOQ

F.5.1. Describe how these outcomes are communicated and used within the organization.

F.6. Do you use standardized Level of Service/Level of Care protocols to “right-size” treatment services? (Example, standardize the number, or type, of services for Full Service Partnership consumers.)

Yes No

F.7. Do you have a direct-service clinical staff productivity standard for county-operated programs?

Yes No

If No, go to F.8.

F.7.1. What is the expected percentage rate?

%

F.7.2. What was the actual rate when last measured?

%

F.7.3. What was the low-high range over the last year?

% to %

F.8. How frequently do you calculate Medi-Cal beneficiary penetration rates? (Note: Please coordinate with QI in responding to this question as this may be separately tracked.)

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Annually	<input type="checkbox"/> Rely on CalEQRO data

F.8.1. What are the data sources for the numerator and denominator of your MHP's penetration rate?

F.8.2. For what specific purposes are the penetration rate data used?

F.9. Do you use prevalence data to measure your potential unmet service needs? (Note: Please coordinate with QI in responding to this question as this may be separately tracked.)

Yes No

F.9.1. If Yes, what are the data sources for estimating the potential unmet service needs?

F.9.2. For what specific purposes are the unmet needs data used?