

Michigan Department of Health and Human Services

**State Fiscal Year 2024
External Quality Review
Encounter Data Validation
Aggregate Report
for Integrated Care Organizations**

March 2025



Table of Contents

| | |
|--|------------|
| 1. Executive Summary | 1-1 |
| Introduction | 1-1 |
| Methodology..... | 1-1 |
| ICOs Included in the Review | 1-2 |
| Key Findings From Service Record and Individual Integrated Care and Support Plan | |
| Document Review | 1-2 |
| Service Record and IICSP Document Procurement..... | 1-2 |
| Encounter Data Completeness and Accuracy | 1-3 |
| Review of IICSP Document | 1-7 |
| Recommendations | 1-9 |
| 2. Overview and Methodology | 2-1 |
| Overview | 2-1 |
| Methodology..... | 2-2 |
| Background | 2-2 |
| Service Record and IICSP Document Review | 2-2 |
| 3. Service Record and IICSP Document Review Results..... | 3-1 |
| Service Record and IICSP Document Procurement Status | 3-1 |
| Encounter Data Completeness..... | 3-5 |
| Date of Service Completeness..... | 3-5 |
| Diagnosis Code Completeness | 3-7 |
| Procedure Code Completeness..... | 3-10 |
| Procedure Code Modifier Completeness..... | 3-15 |
| Encounter Data Accuracy..... | 3-17 |
| Diagnosis Code Accuracy | 3-19 |
| Procedure Code Accuracy | 3-21 |
| Procedure Code Modifier Accuracy | 3-23 |
| All-Element Accuracy | 3-24 |
| IICSP Document Review | 3-26 |
| 4. Discussion | 4-1 |
| Conclusions | 4-1 |
| Service Record and IICSP Document Procurement..... | 4-1 |
| Encounter Data Completeness and Accuracy | 4-2 |
| Review of IICSP Document | 4-6 |
| Recommendations | 4-7 |
| Review Limitations | 4-7 |
| Appendix A. Results for Aetna Better Health Premier Plan | A-1 |
| Appendix B. Results for AmeriHealth Caritas VIP Care Plus | B-1 |
| Appendix C. Results for HAP CareSource..... | C-1 |

| | |
|---|------------|
| Appendix D. Results for MeridianComplete | D-1 |
| Appendix E. Results for Molina Dual Options MI Health Link..... | E-1 |
| Appendix F. Results for Upper Peninsula Health Plan MI Health Link | F-1 |

1. Executive Summary

Introduction

Accurate and complete encounter data are critical to the success of a managed care program. Therefore, the Michigan Department of Health and Human Services (MDHHS) requires its contracted Medicaid managed care entities (MCEs) and waiver agencies to submit high-quality encounter data. During state fiscal year (SFY) 2024, MDHHS contracted with Health Services Advisory Group, Inc. (HSAG), to conduct an encounter data validation (EDV) review.

Methodology

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 Managed Care Plan: An Optional EQR-Related Activity*, February 2023 (CMS EQR Protocol 5),¹ HSAG conducted a medical record review (MRR) activity, which is an analysis of the State's electronic encounter data completeness and accuracy, by comparing the State's electronic encounter data to the information documented in the corresponding members' medical records.

HSAG conducted the EDV for 47 MCEs/waiver agencies. This report, however, presents results and findings for the Integrated Care Organizations (ICOs) under the MI Health Link program.

For the SFY 2024 EDV activity, MDHHS identified specific service categories to ensure the accuracy and completeness of encounter data by comparing provider-documented information for rendered services. These categories included dental, hearing and vision, non-emergency medical transportation (NEMT), and personal care services, each with associated supporting documentation. Evidence supporting delivery of services within the designated categories for members, including medical, dental, personal care services, and transportation records, was referred to as the "service record."

The service record review component of the activity evaluated the completeness and accuracy of encounter data for services rendered between October 1, 2022, and September 30, 2023. For members receiving personal care services, the Individual Integrated Care and Supports Plan (IICSP) documents were also reviewed to ensure that the reported services aligned with the members' plans of care.

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*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: May 30, 2024.

ICOs Included in the Review

Table 1-1 presents the names and abbreviations for the ICOs associated with the MI Health Link program included in the SFY 2024 EDV activity.

Table 1-1—ICOs Included in the Review

| Name | Abbreviation |
|--|--------------|
| Aetna Better Health Premier Plan | AET |
| AmeriHealth Caritas VIP Care Plus | AMI |
| HAP CareSource | HCS |
| MeridianComplete | MER |
| Molina Dual Options MI Health Link | MOL |
| Upper Peninsula Health Plan MI Health Link | UPP |

Key Findings From Service Record and Individual Integrated Care and Supports Plan Document Review

Service Record and IICSP Document Procurement

Table 1-2 summarizes the procurement status for the requested service records and IICSP documents, highlighting the overall rates and variability among ICOs.

Table 1-2—Procurement Summary

| Service Category | Service Record | | IICSP Documents | |
|-------------------------------|----------------|----------------------|-----------------|---------------------|
| | Percent | ICO Range | Percent | ICO Range |
| Dental | 82.3% | 55.8% – 97.5% | — | — |
| Hearing | 88.7% | 68.8% – 100% | — | — |
| Vision | 90.4% | 84.0% – 96.7% | — | — |
| NEMT | 94.9% | 77.8% – 100% | — | — |
| Personal Care Service | 97.7% | 83.3% – 100% | 92.2% | 80.0% – 100% |
| All Service Categories | 87.8% | 77.4% – 97.8% | 92.2% | 80.0% – 100% |

‘—’ Indicates the data element was not applicable for evaluation in the service category.

Findings: The overall service record procurement rate for all ICOs was slightly low, with 87.8 percent of service records being submitted across all service categories. The procurement rates varied across different service categories, ranging from 82.3 percent (i.e., Dental) to 97.7 percent (i.e., Personal Care Service). The variation among ICO procurement rates was the largest in Dental at 41.7 percentage points, while Vision had the smallest variation among ICOs at 12.7 percentage points. The IICSP

document procurement rate for Personal Care Service was 92.2 percent, with ICO rates ranging from 80.0 percent to 100 percent.

These findings underscore the need for MDHHS to enforce its contract requirements and oversight to ensure the ICOs' accountability for record procurement requirements, in addition to addressing inconsistencies in service record procurement across ICOs to achieve more uniform performance.

Encounter Data Completeness and Accuracy

Table 1-3 summarizes the service record and encounter data omission rates for each applicable key data element, including *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units* associated with the corresponding service categories. Omissions identified in the service records (where service information in the encounter data is not supported by the service records) and omissions identified in the encounter data (where services documented in the service records are absent from the encounter data) highlight discrepancies in the completeness of MDHHS' encounter data. Lower omission rates are preferable for both measures, as they indicate consistent and comprehensive documentation across both data sources.

Table 1-3—Encounter Data Completeness Summary

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|----------------------|-------------------------|---------------------|
| | | Percent* | ICO Range | Percent* | ICO Range |
| Date of Service | Dental | 14.0% | 1.9% – 38.0% | 8.2% | 4.7% – 18.5% |
| | Hearing | 9.5% | 0.0% – 31.3% | 18.3% | 0.0% – 26.9% |
| | Vision | 13.0% | 8.3% – 18.2% | 8.7% | 0.0% – 31.3% |
| | NEMT | 8.8% | 0.0% – 22.2% | 8.8% | 0.0% – 50.0% |
| | Personal Care Service ¹ | 23.3% | 1.2% – 75.2% | — | — |
| | All Service Categories | 14.9% | 2.7% – 38.8% | 8.8% | 3.7% – 13.6% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 9.1% | 0.0% – 31.3% | 17.5% | 0.0% – 26.9% |
| | Vision | 17.3% | 11.3% – 22.1% | 7.0% | 1.7% – 27.4% |
| | NEMT | — | — | — | — |
| | Personal Care Service | 24.0% | 1.7% – 77.1% | 0.0% | 0.0% – 0.0% |
| | All Service Categories | 19.7% | 11.9% – 35.6% | 6.1% | 1.9% – 22.2% |
| Procedure Code | Dental | 16.7% | 4.7% – 42.1% | 4.0% | 2.2% – 8.4% |
| | Hearing | 17.6% | 0.0% – 40.6% | 11.1% | 0.0% – 14.3% |
| | Vision | 13.6% | 5.3% – 21.7% | 4.6% | 0.5% – 28.2% |
| | NEMT | 28.1% | 0.0% – 46.2% | 9.9% | 0.0% – 50.0% |
| | Personal Care Service | 41.5% | 0.7% – 82.9% | 0.0% | 0.0% – 0.0% |
| | All Service Categories | 18.8% | 6.2% – 36.9% | 4.2% | 2.0% – 6.3% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|-------------------------------|-------------------------|---------------------|-------------------------|--------------------|
| | | Percent* | ICO Range | Percent* | ICO Range |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 16.0% | 0.0% – 27.3% | 0.0% | 0.0% – 0.0% |
| | Vision | 11.2% | 4.3% – 16.7% | 0.7% | 0.0% – 10.0% |
| | NEMT | 19.2% | 0.0% – 100% | 10.0% | 0.0% – 25.0% |
| | Personal Care Service | 100% | 100% ² | NA | NA |
| | All Service Categories | 12.7% | 7.7% – 16.2% | 1.9% | 0.0% – 8.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 28.1% | 0.0% – 39.1% | 0.0% | 0.0% – 0.0% |
| | Personal Care Service | — | — | — | — |
| | All Service Categories | 28.1% | 0.0% – 39.1% | 0.0% | 0.0% – 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² Only one ICO had *Procedure Code Modifiers* populated; therefore, an ICO range could not be displayed.

Findings: The evaluation of encounter data completeness focused on two key measures: service record omission (data missing in service records but present in encounter data) and encounter data omission (data missing in encounter data but present in the service records). These measures were applied to applicable key data elements, including *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*, across five service categories: Dental, Hearing, Vision, NEMT, and Personal Care Service.

For the *Date of Service* data element, across all service categories, the service record omission rate was 14.9 percent, indicating moderate alignment between the encounter data and the service records. Among service categories, NEMT had the lowest service record omission rate at 8.8 percent, while Personal Care Service exhibited the highest rate at 23.3 percent. Among ICOs, the most variation was observed in the Personal Care Service category at 74.0 percentage points, while Vision demonstrated the least variation at 9.9 percentage points. The overall encounter omission rate across all applicable service categories was 8.8 percent. Notably, three service categories (i.e., Dental, Vision, and NEMT) had encounter data omission rates below 9.0 percent, while Hearing demonstrated the highest gap in data completeness with an 18.3 percent encounter data omission rate.

For the *Diagnosis Code* data element, across all applicable service categories, 19.7 percent of *Diagnosis Codes* in the encounter data were not supported by documentation in service records (i.e., service record omission). Hearing demonstrated the lowest service record omission rate at 9.1 percent, while Personal Care Service exhibited the highest rate at 24.0 percent. Significant variation among ICOs was observed

in the Personal Care Service category at 75.4 percentage points. Encounter data omission rates were generally low, with an overall rate across applicable service categories of 6.1 percent. Personal Care Service showed strong performance at a 0.0 percent encounter data omission rate, while Hearing exhibited notable gaps at 17.5 percent, suggesting the *Diagnosis Codes* in the service records data were only partially supported by the encounter data records.

For the *Procedure Code* data element, 18.8 percent of codes in the encounter data, across all applicable service categories did not have corresponding documentation in service records (i.e., service record omission). Overall, service categories had relatively poor performance with service record omission rates ranging from 13.6 percent for Vision, to 41.5 percent for Personal Care Service. Among ICOs, there was considerable variation in service record omission rates across all service categories. Personal Care Service demonstrated the largest variation, with a range of 82.2 percentage points. Notably, three service categories (i.e., Hearing, NEMT, and Personal Care Service) included ICOs with very low *Procedure Code* service record omission rates, all below 1.0 percent. The overall encounter data omission rate was low at 4.2 percent, indicating strong alignment between service records and encounter data for *Procedure Code* data elements. The best performing categories were Dental at 4.0 percent, Vision at 4.6 percent, and Personal Care Service at 0.0 percent. However, Hearing (11.1 percent) and NEMT (9.9 percent) demonstrated relatively larger gaps in data completeness, reflecting areas for improvement in *Procedure Code* documentation.

For the *Procedure Code Modifier* data element, across all applicable service categories, the overall service record omission rate was 12.7 percent, highlighting incomplete alignment between the encounter data and the service records. Overall, service categories exhibited poor performance with *Procedure Code Modifier* service record omission, particularly Personal Care Service, which had a 100 percent service record omission rate. Notably, for Personal Care Service, only one ICO had any *Procedure Code Modifiers* present in the encounter data. While Hearing (16.0 percent) and NEMT (19.2 percent) had high omission rates across all ICOs, there was significant variation among ICOs within these categories, with some ICOs achieving rates as low as 0.0 percent. The overall encounter data omission rate was low at 1.9 percent, indicating strong performance across applicable service categories. Specifically, Hearing (0.0 percent) and Vision (0.7 percent) demonstrated very low *Procedure Code Modifier* encounter data omission. However, NEMT exhibited some gaps in data completeness with an encounter data omission rate of 10.0 percent.

For the *Units* data element, the service record omission rate was 28.1 percent for NEMT (i.e., service record omission), with ICO variation ranging from 0.0 percent to 39.1 percent. The overall encounter omission rate was 0.0 percent, reflecting strong performance across all ICOs for NEMT.

Table 1-4 highlights the element accuracy rates for each applicable key data element and the all-element accuracy rates associated with the corresponding service categories. HSAG evaluated the accuracy of encounter data for dates of service that were present in both MDHHS' encounter data and the corresponding members' service records. The key data elements *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*, relevant to the service categories, were evaluated for accuracy if the individual data element was present in both MDHHS' encounter data and the service records. Higher accuracy rates for each data element reflect better performance and stronger alignment between the two

data sources. Additionally, HSAG calculated the all-element accuracy rate, which represents the percentage of dates of service where all evaluated data elements (i.e., *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*, relevant to the service categories) were accurate and fully supported by the corresponding medical records.

Table 1-4—Encounter Data Accuracy Summary

| Data Element | Service Category | All ICO Rate | ICO Range | Error Type Percent |
|-------------------------|-----------------------|-----------------|-----------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 100% | 100% – 100% | NA ² |
| | Vision | 99.3% | 95.5% – 100% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | NEMT | — | — | — |
| | Personal Care Service | 99.7% | 95.8% – 100% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| Procedure Code | Dental | 98.9% | 98.1% – 100% | — |
| | Hearing | 100% | 100% – 100% | NA ² |
| | Vision | 99.9% | 99.1% – 100% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | NEMT | 100% | 100% – 100% | NA ² |
| | Personal Care Service | 100% | 100% – 100% | NA ² |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 100% | 100% – 100% | — |
| | Vision | 100% | 100% – 100% | — |
| | NEMT | 98.4% | 96.7% – 100% | — |
| | Personal Care Service | NA ¹ | NA ¹ | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 79.3% | 58.6% – 100% | — |
| | Personal Care Service | — | — | — |
| All-Element Accuracy | Dental | 91.2% | 88.4% – 94.9% | — |
| | Hearing | 88.2% | 0.0% – 100% | — |
| | Vision | 85.9% | 72.7% – 91.4% | — |
| | NEMT | 47.3% | 36.4% – 100% | — |
| | Personal Care Service | 89.9% | 50.0% – 100% | — |

¹— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Finding: Accuracy rates for key data elements were evaluated across service categories, revealing strong overall performance with minor exceptions.

For the *Diagnosis Code* data element, when diagnosis codes were present in both encounter data and service records, performance was strong across all applicable service categories, with accuracy rates of at least 99.3 percent. All observed inaccuracies were attributed to inaccurate code errors.

For the *Procedure Code* data element, accuracy rates across all applicable service categories were at least 98.9 percent, indicating strong performance. All inaccuracies were due to the use of inaccurate codes not supported by the National Correct Coding Initiative (NCCI) coding standards.

For the *Procedure Code Modifier* data element, when procedure code modifiers were present in both encounter data and service records, strong performance was observed in all applicable service categories, with accuracy rates of at least 98.4 percent.

The accuracy of the *Units* data element was notably lower compared to the other data elements, with an overall accuracy rate of 79.3 percent for NEMT. Significant variation was observed among ICOs, with rates ranging from 58.6 percent to 100 percent. For ICOs with lower accuracy rates, this highlights misalignment between the data recorded in the encounter data and the service records, suggesting potential areas where documentation processes could be improved to enhance accuracy and consistency.

All-Element Accuracy, which represents the combined accuracy of all key data elements relevant to their respective service categories (i.e., *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*), varied substantially across service categories. Dental achieved the highest all-element accuracy at 91.2 percent, while NEMT showed the lowest all-element accuracy at 47.3 percent, largely driven by the low accuracy of the *Units* data element.

Review of IICSP Document

Table 1-5 highlights a summary of results from the review of the IICSP documentation.

Table 1-5—IICSP Document Review Summary

| IICSP Document Review Items | All ICO Number | All ICO Rate | ICO Range |
|---|----------------|--------------|--------------|
| Date of service identified in encounter data | 438 | — | — |
| Valid IICSP submission ¹ | 405 | 92.5% | 81.0% – 100% |
| IICSP document was signed ² | 72 | 17.8% | 1.9% – 44.3% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 72 | 100% | 100% – 100% |
| Servicing providers were documented ⁴ | 68 | 94.4% | 66.7% – 100% |
| Documented servicing providers support provider information in the service records ⁵ | 53 | 77.9% | 45.5% – 100% |

| IICSP Document Review Items | All ICO Number | All ICO Rate | ICO Range |
|---|----------------|--------------|--------------|
| Documented procedures support procedures identified in the service records ⁴ | 55 | 76.4% | 44.0% – 100% |
| Documented number of units support the units identified in the service records ⁴ | 54 | 75.0% | 40.0% – 100% |

"—" Indicates that the 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 IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Finding: The IICSP documentation review revealed a combination of high performance in certain areas and significant gaps in others. One area of consistent success was the alignment of IICSP documents with the effective dates for the selected dates of service, where all reviewed documents achieved a 100 percent rate. This indicates that all ICOs consistently adhered to the effective date requirements outlined for these documents. However, challenges were noted in other aspects of IICSP documentation.

In terms of valid IICSP submissions, out of the 438 dates of service identified in the encounter data for which HSAG requested IICSP document, 92.5 percent (405 out of 438) were submitted with valid documentation. However, submission rates varied among ICOs, ranging from 81.0 percent to 100 percent, reflecting some inconsistency in meeting this requirement across ICOs.

The presence of proper signatures on valid IICSP documents, a critical component for ensuring the documents were reviewed, approved, and agreed upon by the appropriate parties, was notably low. The overall rate of properly signed IICSPs was just 17.8 percent, with individual ICO rates ranging from 1.9 percent to 44.3 percent. This widespread deficiency suggests that all ICOs submitted incomplete documentation regarding signature requirements. The absence of proper signatures also significantly limited HSAG's ability to assess subsequent elements requiring signature verification.

Despite these challenges, the identification of valid servicing providers in IICSP documents with valid signatures and effective dates aligning with the selected dates of service was high, with an overall rate of 94.4 percent (68 out of 72).

However, when comparing the information in the IICSP documentation to the members' service records, discrepancies were identified across various ICOs' supporting data. Specifically, 77.9 percent (53 out of 68) of the documented servicing provider information, 76.4 percent (55 out of 72) of the documented procedure codes, and 75.0 percent (54 out of 72) of the documented units of service in the IICSP documents supported the information contained in the service records. These findings highlight gaps in alignment between the IICSP documents and service records across ICOs. It is worth noting that many of the discrepancies in servicing provider information, procedure codes, and units of service were attributed to missing service records, which limited HSAG's ability to validate the encounter data fully.

This limitation underscores the importance of ensuring complete and accurate service record submissions to support effective validation processes.

Recommendations

Based on the service records and IICSP review results, HSAG recommends the following to MDHHS and the ICOs to improve encounter data completeness and accuracy as well as opportunities for improvement in the service plan development.

- Some ICOs' service record submissions were low, which negatively affected the service record omission study indicators for all key data elements evaluated. As such, to ensure accountability for record procurement requirements, the ICOs may consider strengthening and/or enforcing their contract requirements and oversight via the following:
 - Enhance contract requirements: Establish and reinforce accountability measures to ensure the timely submission of complete and accurate records.
 - Enforce contract language: Implement contractual provisions that mandate the submission of records by contracted providers, with an emphasis on timely and responsive communication.
 - Address non-responsive providers: Develop and enforce strategies to mitigate delays caused by non-responsive providers, ensuring timely submission of service records for auditing and other evaluations.
- The overall service record omission rates for all key data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*) were relatively high across all service categories, with significant variation among ICOs. As such, ICOs with high service record omission rates should investigate the root causes of these omissions and consider performing periodic record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to provide targeted education and training for providers regarding encounter data submissions, service record documentation, and coding practices.
- HSAG recommends increased collaboration between MDHHS and ICOs:
 - Conduct regular communication forums and workshops to discuss challenges, and share best practices in data submission, and set performance benchmarks to encourage continuous improvement.
 - Develop improvement plans for ICOs with high service record omission and/or surplus rates, as well as ICOs with lower accuracy rates, for all applicable service categories.
- Since the results of record and IICSP document reviews are dependent on the ICOs' submission of complete and accurate supporting documentation, HSAG recommends MDHHS to:
 - Establish clear submission standards: Develop clear, standardized requirements for service record submissions to enhance ICOs' responsiveness and compliance.
 - Monitor compliance: Actively oversee adherence to submission standards and enforce accountability measures for noncompliant ICOs.

- The analysis of IICSP documentation indicated a moderately high overall procurement rate, but mixed levels of validity in the submitted documentation. Following the above recommendations to reduce service record omissions will help improve the quality of IICSP documentation review items that compare IICSP documentation to service records. Additionally, to improve quality of the IICSP documentation, HSAG recommends ICOs to:
 - Focus on complete documentation: Continue current efforts to ensure IICSP documents are thorough and accurate.
 - Ensure required signatures: Emphasize the importance of obtaining all required signatures on IICSP documents prior to providing or sharing them with relevant stakeholders.
 - Implement internal quality checks: Establish internal processes to verify that documentation is complete, accurate, and compliant with applicable guidelines prior to submission.
- During the process of generating sample cases for the EDV review, HSAG encountered significant challenges with the completeness and accuracy of provider information in MDHHS' encounter data. Specifically, the data often lacked fully populated National Provider Identifiers (NPIs), which are crucial for accurately identifying providers who meet the criteria for a specific service category. Additionally, the encounter data did not include detailed provider taxonomy codes, which are vital for determining the eligibility of providers for specific services relevant to the review. The lack of detailed taxonomy information hindered HSAG's ability to categorize and analyze data based on the provider specialty and service type. To address these challenges and improve the integrity of future data analyses, HSAG proposes the following strategic recommendations. MDHHS should:
 - Mandate the inclusion of complete NPIs and provider taxonomy codes in all encounter data submissions.
 - Introduce robust data verification processes at the point of entry. This step will help in early detection and rectification of incomplete or inaccurate provider data, maintaining the integrity of the database.
 - Develop a centralized, easily accessible repository for provider data that can be referenced and updated regularly. This will facilitate more efficient data linkage and retrieval, improving the ease and reliability of data analysis.
 - Implement a regular review and feedback system to monitor the improvements in data quality post-implementation of these changes. This will not only help in measuring the success of the implemented strategies but also in making continuous improvements.

By adopting these recommendations, MDHHS and the ICOs can enhance the quality and consistency of encounter data and IICSP documentation, reduce discrepancies, and support more accurate analysis and improved care coordination for service members.

2. Overview and Methodology

Overview

Pursuant to Title 42 of the Code of Federal Regulations (42 CFR) §438.242, MDHHS must ensure that each of its contracted Medicaid MCEs/waiver agencies maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments for other than loss of Medicaid eligibility. MDHHS must also review and validate encounter data collected, maintained, and submitted by the MCEs/waiver agencies to ensure that the encounter data are a complete and accurate representation of the services provided to its Medicaid members. Accurate and complete encounter data are critical to the success of a managed care program. Therefore, MDHHS requires its contracted Medicaid MCEs/waiver agencies to submit high-quality encounter data. MDHHS relies on the quality of these 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.

During SFY 2024, MDHHS contracted with HSAG to conduct an EDV activity. In alignment with CMS EQR Protocol 5, HSAG conducted an MRR activity, which is an analysis of the State's electronic encounter data completeness and accuracy, by comparing the State's electronic encounter data to the information documented in the corresponding members' medical records.

HSAG conducted the EDV for 47 MCEs/waiver agencies. Table 2-1 displays the MCE/waiver agency programs, and number of MCEs/waiver agencies included in the EDV review. This report, however, focuses on presenting results and findings for the ICOs under the MI Health Link program. The primary objective is to evaluate completeness and accuracy of the electronic encounter data by comparing MDHHS' encounter data to the information documented in the members' service records and the IICSP documents.

Table 2-1—Michigan Medicaid Managed Care Programs

| Managed Care Program | MCE/Waiver Agency Type | Number of MCEs/ Waiver Agencies |
|--|--|------------------------------------|
| Comprehensive Health Care Program (CHCP) | Medicaid Health Plans (MHPs) | 9 |
| Healthy Kids Dental Program | Dental Health Plans (DHPs) | 2 |
| MI Health Link Program | ICOs | 6 |
| Behavioral Health Managed Care Program | Prepaid Inpatient Health Plans (PIHPs) | 10 |
| MI Choice Waiver Program | Waiver Agencies | 20 |

Methodology

Background

The MI Health Link program is a demonstration project in Michigan that integrates care for individuals who are dually eligible for both Medicare and Medicaid. The MI Health Link program offers integrated service delivery for all covered Medicare and Medicaid services, including care coordination for members ages 21 years and older who reside in one of four geographical regions throughout the state of Michigan. MDHHS contracted with the six ICOs responsible for coordinating and delivering healthcare services to MI Health Link members. Covered services include but are not limited to care coordination, behavioral healthcare, dental care, hearing care, vision care, home- and community-based services, transportation for covered medical services, medical equipment and supplies, and nursing facility care.

Service Record and IICSP Document Review

As outlined in the CMS EQR Protocol 5, MRR is a complex and resource-intensive process. Medical and clinical records are considered the “gold standard” for documenting Medicaid members’ access to and quality of healthcare services. However, due to the resource-intensive nature of an MRR, HSAG recommends that the review of these documents be conducted once there is a sufficient level of quality for MDHHS’ encounters. Following the information systems review and administrative profile analysis conducted during the SFY 2023 EDV activity, HSAG determined that the quality of MDHHS’ encounter data was sufficient to proceed with the record review and IICSP review activity.

Due to the various services covered, MDHHS identified service categories to focus on for the SFY 2024 EDV activity. The goal was to ensure the accuracy and completeness of encounter data by reviewing and comparing provider-documented information for rendered services.

Table 2-2 outlines these service categories along with associated provider-documented information, providing support for the information reported in the encounter data.

Table 2-2—Service Categories and Supporting Documentation

| Supporting Documentation | Dental | Hearing and Vision | NEMT | Personal Care Service |
|--------------------------|--------|--------------------|------|-----------------------|
| Medical record | | ✓ | | |
| Dental record | ✓ | | | |
| Service record | | | | ✓ |
| Transportation record | | | ✓ | |
| IICSP | | | | ✓ |

In the following sections of this report, evidence supporting the delivery of services within the designated categories for members is referred to as the “service record.” The details within these supporting documents, including dental, medical (i.e., hearing and vision), transportation records (i.e.,

NEMT), and personal care services, were reviewed against the information reported in the encounter data.

The service record and IICSP document review activity evaluated encounter data completeness and accuracy through a review of service records for services rendered from October 1, 2022, through September 30, 2023. The service record review component answered the following question:

- *Are the data elements in Table 2-3 found on the encounters complete and accurate when compared to information contained within the service records?*

Table 2-3—Key Data Elements for Service Record Review

| Key Data Element | Dental | Hearing and Vision | NEMT | Personal Care Service |
|---|--------|--------------------|------|-----------------------|
| Date of Service | ✓ | ✓ | ✓ | ✓ |
| Diagnosis Code | | ✓ | | ✓ |
| Current Dental Terminology (CDT)/Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) Code(s) | ✓ | ✓ | ✓ | ✓ |
| Procedure Code Modifier | | ✓ | ✓ | ✓ |
| Units | | | ✓ | |

In the case of members receiving personal care services, the IICSP information maintained by the ICO was required. This plan outlines the specific types of services an individual needs and how these services were provided. It may have included details such as the activities of daily living (ADLs) or instrumental activities of daily living (IADLs) that require assistance, the frequency of services, the expected duration of care, and other relevant information to guide the provision of care. To ensure that the services reported in the encounters were supported by members' plans of care, HSAG reviewed the IICSP documents for alignment with authorization dates, scheduled services, and service providers. As such, the IICSP document review component of the activity answered the following questions:

- *Was there a valid IICSP? If so, was the IICSP document signed?²*
- *Was the selected date of service within the effective dates of the IICSP?*
- *Was there a servicing provider documented in the IICSP? If so, was the servicing provider identified in the service record supported by the IICSP?*
- *Were the procedures documented in the service record supported by the IICSP?*

² The IICSP must be signed by the enrollee, care coordinator, and service providers, as applicable, in accordance with the requirements under the Minimum Operating Standards for the MI Health Link program and MI Health Link HCBS Waiver, and the three-way contract between the ICO, MDHHS, and CMS.

- Were the number of units documented in the service record supported by the IICSP?

To address the review questions from the service record and IICSP document review, HSAG conducted the following steps:

- Identified the eligible population and generated samples from data extracted from MDHHS’ data warehouse.
- Provided technical assistance to the ICOs to support the procurement of service records from their service providers and IICSP documents from the ICOs/providers, as appropriate.
- Reviewed service records against MDHHS’ encounter data.
- Calculated review indicators and submitted review results to MDHHS.

Review Population

To be eligible for the service record and IICSP document review, a member had to be continuously enrolled in the same ICO throughout the review period (i.e., from October 1, 2022, through September 30, 2023) and had to have at least one visit covered by Medicaid during the review period.

In this report, HSAG refers to “service category visits” as those services that meet all criteria outlined in Table 2-4.

Table 2-4—Criteria for Defining Service Category Visits

| Service Category | Criteria ¹ | | |
|------------------|--|--|---|
| | Provider Type Classification | Place of Service | CDT/CPT/HCPCS Codes |
| Dental | <ul style="list-style-type: none"> • Dental Assistant • Dental Hygienist • Dentist • Denturist • Oral & Maxillofacial Surgery | 11–Office 50–Federally Qualified Health Center 71–Public Health Clinic | A procedure code starting with “D.” |
| Hearing | <ul style="list-style-type: none"> • Audiologist • Hearing Aid Specialists | 11–Office 32–Nursing Facility | 92551–92552: Pure tone audiometry, air only and air and bone. 92567–92568: Tympanometry and acoustic reflex testing. 92577: Comprehensive audiometry threshold evaluation and speech recognition. 92601: Evaluation of cochlear implant with programming. V2010–V5364: Hearing aid-related services and supplies. |

| Service Category | Criteria ¹ | | |
|------------------|---|---|--|
| | Provider Type Classification | Place of Service | CDT/CPT/HCPCS Codes |
| Vision | <ul style="list-style-type: none"> Ophthalmology Optometrist | 11–Office 32–Nursing Facility | 65091–68899: Various surgical and nonsurgical procedures. 92002–92014: Comprehensive eye exams. 92015: Determining refractive state. 92310–92325: Contact lens services. 92340: Prescription of spectacle lenses. |
| NEMT | <ul style="list-style-type: none"> Ambulance Home health Case management | 12–Home 41–Ambulance–Land 99–Other Place of Service | A0080–Non-emergency transportation, per mile—vehicle provided by volunteer (individual or organization), with no vested interest. A0090–Non-emergency transportation, per mile—vehicle provided by individual (family member, self, neighbor) with vested interest. A0100–Non-emergency transportation; taxi. A0110: Non-emergency transportation and bus, intra- or inter-state carrier. A0120: Non-emergency transportation: mini-bus, mountain area transports, or other transportation systems. A0130: Non-emergency transportation: wheelchair van. A0140: Non-emergency transportation and air travel (private or commercial) intra- or inter-state. A0160: Non-emergency transportation: per mile—case worker or social worker. A0170: Transportation ancillary: parking fees, tolls, other. A0180: Non-emergency transportation: ancillary: lodging-recipient. A0190: Non-emergency transportation: ancillary: meals-recipient. A0200: Non-emergency transportation: ancillary: lodging-escort. A0210: Non-emergency transportation: ancillary: meals-escort. A0426: Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS1). A0428: Ambulance service, basic life support, non-emergency transport (bls). |

| Service Category | Criteria ¹ | | |
|-----------------------|--|--|--|
| | Provider Type Classification | Place of Service | CDT/CPT/HCPCS Codes |
| | | | T2001: Non-emergency transportation; patient attendant/escort. T2002: Non-emergency transportation; per diem. T2003: Non-emergency transportation; encounter/trip. T2004: Non-emergency transportation; commercial carrier, multi-pass. T2005: Non-emergency transportation; stretcher van. T2007: Non-emergency transport wait time. T2049: Non-emergency transportation; stretcher van, mileage; per mile. S0215: Non-emergency transportation; mileage, per mile. S9960: Ambulance service, conventional air service, non-emergency transport, one way (fixed wing). S9961: Ambulance service, conventional air service, non-emergency transport, one way (rotary wing). |
| Personal Care Service | <ul style="list-style-type: none"> Personal care agency Home health agency | 11–Office 12–Home 13–Assisted Living Facility 14–Group Home | T1019: Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), or institution for mental disease (IMD), part of the individualized plan of treatment. |

¹ The criteria outlined in this table are inclusive but not exhaustive. HSAG collaborated with MDHHS to consider any additional modifications following the review of the encounter data provided by MDHHS for the review.

Sampling Strategy

Encounter data, enrollment data, and provider data extracted from MDHHS' data warehouse were used to select the service record/IICSP review sample cases. HSAG used a two-stage sampling technique to ensure that (1) each member's record was selected only once, and (2) the number of encounters included in the final sample covered the encounters associated with the targeted service categories and were approximately proportional to the distribution of all encounters. HSAG first identified all members who met the review population eligibility criteria, and then used random sampling to select 411 members³

³ The sample size of 411 is based on a 95 percent confidence level and a margin of error of 5 percent.

from the eligible population for each ICO. If an ICO had less than 411 cases that were eligible for the review, all eligible cases were included in the review. For each selected member, HSAG used the SURVEYSELECT procedure in SAS^{®4} to randomly select one service category visit⁵ that occurred in the review period (i.e., between October 1, 2022, and September 30, 2023) that was covered by Medicaid.

Additionally, for all service categories, except for members selected for personal care services, to evaluate whether any dates of service were omitted from MDHHS' data warehouse, HSAG reviewed a second date of service rendered by the same billing or rendering provider (i.e., based on billing or rendering NPI) during the review period. The providers selected the second date of service, which was closest to the sampled date of service, from the service records for each sampled member. If a sampled member had no second visit with the same provider during the review period, HSAG evaluated only one date of service for that member. As such, the final number of cases reviewed were between 411 and 822 for each ICO. For members selected for personal care services, instead of reviewing the second date of service, the IICSP document was assessed as previously discussed.

Service Record and IICSP Document Procurement

Upon receiving the final sample list from HSAG, each ICO was responsible for procuring the sampled members' service records from their contracted providers for services that occurred during the review period. In addition, the ICOs were responsible for submitting the associated IICSP documents to HSAG for members selected for personal care services. To improve the procurement rate, HSAG conducted a one-hour technical assistance session with the ICOs to review the EDV activity and the procurement protocols after distributing the sample list. The ICOs were instructed to submit service records and IICSP documents electronically via HSAG's Secure Access File Exchange (SAFE) site to ensure the safeguard of protected health information. During the procurement process, HSAG worked with the ICOs to answer questions and monitor the number of service records and IICSP documents submitted. For example, HSAG provided an initial submission status update when 40 percent of the records and documents were expected to be submitted and a final submission status update following completion of the procurement period.

All electronic service records and IICSP documents that HSAG received were maintained on a secure HSAG network, which allowed HSAG's trained reviewers to validate the cases from a centralized location under supervision and oversight. As with all MRR and research activities, HSAG has implemented a thorough Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance and protection program in accordance with federal regulations that includes recurring

⁴ 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.

⁵ To ensure that the record review includes 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 purposes.

training as well as policies and procedures that address physical security, electronic security, and day-to-day operations.

Review of Service Records and IICSP Document

In order to successfully complete the review, the project lead worked with the case review team (CRT) beginning with the methodology phase. The CRT was involved in the tool design phase, as well as the tool testing to ensure that the abstracted data are complete and accurate. Based on the review methodology, clinical guidelines, and the tool design/testing results, the CRT drafted an abstraction instruction document specific to the review for training purposes. Concurrent with record procurement activities, the CRT trained its review staff on specific review protocols and conducted interrater reliability and rater-to-standard testing. All reviewers were required to achieve a 95 percent accuracy rate prior to reviewing service records and collecting data for the review. Interrater reliability among reviewers, as well as reviewer accuracy, were evaluated regularly throughout the review. Issues and decisions raised during this evaluation process were documented in the abstraction instruction document and communicated to all reviewers in a timely manner.

During the service record and IICSP document review activity, HSAG's trained reviewers collected and documented findings in an HSAG-designed electronic data collection tool. The tool was designed with edits to assist in the accuracy of data collection. The validation included a review of specific data elements identified in sample cases and compared to corresponding documents in the service record.

HSAG's trained reviewers first verified whether the sampled date of service from MDHHS' encounter data could be found in the member's service record. If found, the reviewers documented whether the date of service was valid; if not found, the reviewers reported the date of service as a *record/documentation omission*. If found, the reviewers then reviewed the services provided on the selected date of service and validated the data elements listed in Table 2-3. All reviewers entered all findings into the electronic tool to ensure data integrity.

After the reviewers evaluated the sampled date of service, they determined if the service record contained documentation for a second date of service in the review period. If the documentation for a second date of service was available, the reviewer evaluated the services rendered on this date and validated the data elements in Table 2-3 associated with the second date of service. If the documentation contained more than one second date of service, the reviewer selected the date closest to the sampled date of service to validate. If the second date of service was missing from MDHHS' data warehouse, it was reported as an *encounter data omission*. The missing values associated with this visit were listed as an omission for each key data element, respectively.

Review Indicators

Once the service and IICSP document review was completed, HSAG analysts exported information collected from the electronic tool, reviewed the data, and conducted the analysis. Table 2-5 displays the review indicators that were used to report the service and IICSP document review results.

Table 2-5—Review Indicators

| Review Indicator | Denominator | Numerator |
|--|---|---|
| Service Record Procurement Rate: Percentage of service records submitted. Additionally, the reasons for missing service records were presented. | Total number of requested sample cases. | Number of requested sample cases with service records submitted for either the sampled date of service or the second date of service. |
| Second Date of Service Submission Rate: Percentage of sample cases with a second date of service submitted in the service records. | Number of sample cases with service records submitted. | Number of sample cases with a second date of service submitted in the service records. |
| Service Record Omission Rate: Percentage of data elements (e.g., <i>Date of Service</i>) identified in MDHHS' data warehouse that are not found in the members' service records. HSAG calculated the review indicator for each data element listed in Table 2-3. | Total number of data elements (e.g., <i>Date of Service</i>) identified in MDHHS' data warehouse (i.e., based on the sample dates of service and the second dates of service that are found in MDHHS' data warehouse). | Number of data elements (e.g., <i>Date of Service</i>) in the denominator but not found in the service records. |
| Encounter Data Omission Rate: Percentage of data elements (e.g., <i>Date of Service</i>) identified in members' service records, but not found in MDHHS' data warehouse. HSAG calculated the review indicator for each data element listed in Table 2-3. | Total number of data elements (e.g., <i>Date of Service</i>) identified in members' service records (i.e., based on the service records procured for the sample dates of service and second dates of service). | Number of data elements (e.g., <i>Date of Service</i>) in the denominator but not found in MDHHS' data warehouse. |
| Diagnosis Code Accuracy: Percentage of diagnosis codes supported by the service records. Additionally, the frequency count of associated reasons for inaccuracy were presented. | Total number of diagnosis codes that met the following two criteria: <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the service records. Diagnosis codes present for both MDHHS' encounter data and the service records. | Number of diagnosis codes supported by the service records. |

| Review Indicator | Denominator | Numerator |
|---|--|--|
| Procedure Code Accuracy: Percentage of procedure codes supported by the service records. Additionally, the frequency count of associated reasons for inaccuracy were presented. | <p>Total number of procedure codes that met the following two criteria:</p> <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the service records. Procedure codes present for both MDHHS' encounter data and the service records. | Number of procedure codes supported by the service records. |
| Procedure Code Modifier Accuracy: Percentage of procedure code modifiers supported by the service records. | <p>Total number of procedure code modifiers that met the following two criteria:</p> <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the service records. Procedure code modifiers present for both MDHHS' encounter data and the service records. | Number of procedure code modifiers supported by the service records. |
| Units Accuracy: Percentage of units supported by the service records. | <p>Total number of units that met the following two criteria:</p> <ul style="list-style-type: none"> For dates of service (i.e., including both the sample dates of service and the second dates of service) that exist in both MDHHS' encounter data and the service records. Units present for both MDHHS' encounter data and the service records. | Number of units supported by the service records. |
| All-Element Accuracy Rate: Percentage of dates of service present in both MDHHS' encounter data and the service records, with the same values for all data elements listed in Table 2-3. | Total number of dates of service (i.e., including both the sample dates of service and second dates of service) that are in both MDHHS' encounter data and the service records. | The number of dates of service in the denominator with the same diagnosis codes, procedure codes, procedure code modifiers, and units for a given date of service. |

In addition to the service-related review indicators, based on reviews of the IICSP documents, findings that include an evaluation of whether the services documented for the selected dates of service were supported by the plans of care were presented.

3. Service Record and IICSP Document Review Results

Service Record and IICSP Document Procurement Status

Table 3-1 displays the service record procurement status for each ICO, detailing the number of service records requested (denominator) and the percentage of service records submitted by each ICO (percent). Of note, the number of service records submitted is based on the ICOs' responses provided in the submitted tracking sheets.

Table 3-1—Service Record Procurement Status: Sampled Date of Service

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|---|
| AET | 64.9% (202) | 100% (5) | 89.9% (188) | 77.8% (9) | 85.7% (7) | 77.4% (411) |
| AMI | 94.6% (111) | 100% (1) | 92.5% (134) | 88.9% (9) | 98.7% (156) | 95.4% (411) |
| HCS | 95.9% (222) | 100% (1) | 95.2% (84) | 100% (22) | 100% (82) | 96.8% (411) |
| MER | 55.8% (120) | 68.8% (16) | 84.9% (152) | 94.4% (18) | 99.0% (105) | 79.8% (411) |
| MOL | 78.3% (336) | 84.2% (19) | 84.0% (25) | 100% (1) | 83.3% (30) | 79.3% (411) |
| UPP | 97.5% (244) | 100% (29) | 96.7% (60) | 100% (20) | 98.3% (58) | 97.8% (411) |
| All ICOs | 82.3% (1,235) | 88.7% (71) | 90.4% (643) | 94.9% (79) | 97.7% (438) | 87.8% (2,466) |

Note: The number of service records submitted was based on the ICOs' responses in the submitted tracking sheets.

Key Findings: Table 3-1

- HSAG requested service records for a total of 2,466 cases to be procured by all participating ICOs. While all ICOs completed and submitted tracking sheets for the requested cases, 87.8 percent of the cases included service record documentation, as indicated in the submitted tracking sheets, while 12.2 percent did not include the necessary documentation as requested.
 - Submission rates for all service categories varied significantly across ICOs, with rates ranging from 77.4 percent (i.e., **AET**) to 97.8 percent (i.e., **UPP**).
 - Aggregated submission rates across all ICOs varied by service categories, with rates ranging from 82.3 percent (i.e., Dental) to 97.7 percent (i.e., Personal Care Service).
- ICOs with lower submission rates are likely to exhibit higher omission rates for service record documentation, as detailed in the “Encounter Data Completeness” section of this report.
 - Missing service records directly contributed to omission rates. For instance, when service records were not submitted for a sampled date of service, all associated data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*) for that date of service were reported as service record omissions. Consequently, ICOs with lower service

record submission rates are expected to demonstrate poorer performance on key data elements due to higher service record omission rates.

Table 3-2 highlights the primary reasons for the non-submission of service record documentation, aggregated across all ICOs and service categories. Detailed ICO-specific non-submission reasons are provided in the respective appendices.

Table 3-2—Reasons for Missing Service Records: Sampled Date of Service

| Non-Submission Reason | All ICOs | |
|---|------------|-------------|
| | Number | Percent |
| Service record was not located at this facility; location unknown. | 2 | 0.7% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 15 | 5.0% |
| Member was not a patient of this practice. | 4 | 1.3% |
| Non-responsive provider or provider did not respond in a timely manner. | 248 | 82.1% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 3 | 1.0% |
| Other. | 30 | 9.9% |
| Total | 302 | 100% |

Key Findings: Table 3-2

- Of the requested 2,466 sample members' service records, 302 records (12.2 percent) were not submitted for various reasons. The most common cited reason was “*Non-responsive provider or provider did not respond in a timely manner*,” accounting for 82.1 of all non-submissions. Other notable reasons included “*Other*” (9.9 percent), “*Member was a patient of this practice; however, no documentation was available for requested date of service*” (5.0 percent).
 - Non-Responsive Providers:** Of the 248 cases attributed to this reason, **MOL** reported the highest number of cases (i.e., 79 cases), followed closely by **MER** and **AET** at 75 and 72 cases, respectively. These findings highlight systemic challenges in provider responsiveness and timely documentation submission.
 - Missing Documentation for Existing Patients:** Of the 15 cases attributed to this reason, **AMI** accounted for the majority (11 cases).
 - Other Reasons:** Among the 30 cases cited under “*Other*,” **AET** accounted for the majority (19 cases).
- The implications of non-submissions may indicate the following:
 - These findings may suggest discrepancies in provider information maintained by ICOs or inconsistencies between provider records and MDHHS encounter data. Such gaps could hinder accurate tracking and validation of services rendered.

- In some instances, it is possible that encounters may have been submitted to MDHHS despite no care being provided, or the service not being rendered.
- ICOs with higher occurrences of non-responsive providers or permanent facility closures may face systemic challenges in ensuring the completeness of service record documentation. Addressing these challenges may require enhanced provider engagement, updates to provider databases, and system-level interventions to improve documentation practices.

Table 3-3 displays the number of records submitted (denominator) and the percentage of those records (percent) that included at least one additional date of service selected and submitted for review. The number of service records submitted is based on the ICOs’ responses provided in the submitted tracking sheets.

Table 3-3—Service Record Submission Status: Second Date of Service

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | All Service Categories Percent (Denominator) ¹ |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|
| AET | 68.7% (131) | 60.0% (5) | 5.3% (169) | 0.0% (7) | 32.7% (312) |
| AMI | 58.1% (105) | 0.0% (1) | 12.1% (124) | 62.5% (8) | 34.0% (238) |
| HCS | 44.1% (213) | 100% (1) | 2.5% (80) | 72.7% (22) | 35.8% (316) |
| MER | 62.7% (67) | 27.3% (11) | 10.1% (129) | 58.8% (17) | 30.4% (224) |
| MOL | 50.6% (263) | 75.0% (16) | 52.4% (21) | 100% (1) | 52.2% (301) |
| UPP | 52.1% (238) | 58.6% (29) | 29.3% (58) | 45.0% (20) | 48.4% (345) |
| All ICOs | 53.5% (1,017) | 57.1% (63) | 11.5% (581) | 54.7% (75) | 39.6% (1,736) |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

Note: The number of service records submitted (i.e., the denominator) was based on the ICOs’ responses in the submitted tracking sheets.

Key Findings: Table 3-3

- Among the 1,736 records received with dates of service from the sample cases, 39.6 percent had a second date of service submitted to HSAG, as indicated in the tracking sheet. It is important to note that a 100 percent submission rate for the second date of service was not expected, as members may not have had a second date of service with the same rendering provider within the study period.
 - The rates of second date of service submissions varied among ICOs, ranging from 30.4 percent (i.e., **MER**) to 52.2 percent (i.e., **MOL**).
 - The rates of second date of service submissions also varied among service categories across all ICOs, ranging from 11.5 percent (i.e., Vision) to 57.1 percent (i.e., Hearing). The variation in submission rates among service categories may be attributed to differences in the nature of the services. For example, services such as vision care inherently involve fewer follow-up visits or recurring services compared to others, like NEMT, which may result in fewer second dates of service being available for submission.

Table 3-4 summarizes the submission status of IICSP documentation for Personal Care Service by each ICO, which includes the number of IICSP documents requested, as well as the number and percent of IICSP documents submitted, as indicated in the submitted tracking sheets.

Table 3-4—IICSP Document Procurement Status: Personal Care Service Only

| ICO | Number of IICSP Documents Requested | Number of IICSP Documents Submitted | Percent of IICSP Documents Submitted |
|-----------------|-------------------------------------|-------------------------------------|--------------------------------------|
| AET | 7 | 7 | 100% |
| AMI | 156 | 155 | 99.4% |
| HCS | 82 | 71 | 86.6% |
| MER | 105 | 84 | 80.0% |
| MOL | 30 | 30 | 100% |
| UPP | 58 | 57 | 98.3% |
| All ICOs | 438 | 404 | 92.2% |

Note: The number of IICSP documents was based on the ICOs' responses in the submitted tracking sheets.

Table 3-5 highlights the primary reasons for IICSP documentation non-submission at the overall ICO level. Detailed ICO-specific non-submission reasons are provided in the respective appendices.

Table 3-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|-----------|-------------|
| Member was enrolled in this plan; however, no IICSP documents available. | 32 | 94.1% |
| Member was not enrolled in this plan. | 0 | 0.0% |
| Other. | 2 | 5.9% |
| Total | 34 | 100% |

Key Findings: Table 3-4 and Table 3-5

- HSAG requested 438 IICSP documents from the participating ICOs; 404 documents were submitted, resulting in an overall submission rate of 92.2 percent. Approximately 7.8 percent (34 cases) of the requested IICSP documents were not submitted.
 - The primary reason for non-submission, cited in 94.1 percent (32 cases) of the non-submissions, was *“Member was enrolled in this plan; however, no IICSP documents available.”*
- AET** and **MOL** achieved a submission rate of 100 percent, demonstrating strong compliance with the documentation request, while **AMI** and **UPP** reported submission rates slightly below 100 percent at 99.4 percent and 98.3 percent, respectively.
- HCS** and **MER** demonstrated lower submission rates of 86.6 percent and 80.0 percent, respectively.
- The leading cause of non-submission was the lack of IICSP documents for members enrolled in the plans, suggesting gaps in documentation processes or provider compliance with care planning requirements.

Encounter Data Completeness

HSAG evaluated encounter data completeness by identifying differences between key data elements from MDHHS' encounters and the corresponding member records submitted for the analysis. These key data elements included *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units* (for NEMT only). Service 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 MDHHS.

A **service record omission** occurred when an encounter data element (e.g., *Date of Service*) was not supported by documentation in the service record or when a service record was not submitted. Service record omissions highlight opportunities for improvement in the provider's internal processes, such as billing and record documentation practices.

An **encounter data omission** occurred when an encounter data element (e.g., *Date of Service*) was documented in the member's service record but not present in the associated electronic encounter data. Encounter data omissions suggest opportunities for improvement in the areas of submission of encounters and/or the transmission of service record data between providers, plans, and MDHHS.

HSAG evaluated both service record omission and encounter data omission rates for each ICO using the HSAG-selected date of service and an additional date of service (except for Personal Care Service) selected by the provider if one was available. **For both measures, lower values indicate better performance.**

Date of Service Completeness

Table 3-6 presents the number (denominator) of dates of service identified in the encounter data and the percentage (percent) that were not supported by the members' service records (i.e., service record omission). HSAG conducted the analysis at the date-of-service level, with lower omission rates indicating better performance.

Table 3-6—Service Record Review: Service Record Omission for Date of Service

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | 28.2% (255) | 0.0% (5) | 10.1% (188) | 22.2% (9) | 14.3% (7) | 20.3% (464) |
| AMI | 6.2% (146) | 0.0% (1) | 14.7% (136) | 9.1% (11) | 9.0% (156) | 9.8% (450) |
| HCS | 3.8% (313) | 0.0% (1) | 8.3% (84) | 5.7% (35) | 1.2% (82) | 4.3% (515) |
| MER | 38.0% (142) | 31.3% (16) | 18.2% (154) | 19.0% (21) | 75.2% (105) | 38.8% (438) |
| MOL | 18.1% (414) | 13.6% (22) | 15.4% (26) | 0.0% (1) | 20.0% (30) | 17.8% (493) |

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|----------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|---|
| UPP | 1.9% (361) | 0.0% (39) | 10.9% (64) | 0.0% (25) | 1.7% (58) | 2.7% (547) |
| All ICOs | 14.0% (1,631) | 9.5% (84) | 13.0% (652) | 8.8% (102) | 23.3% (438) | 14.9% (2,907) |

Note: Lower rates indicate better performance.

Key Findings: Table 3-6

- When aggregating across all service categories and ICOs, 14.9 percent of the *Dates of Service* in the encounter data were not supported by the members' service records (i.e., service record omission), with individual ICO rates ranging from 2.7 percent (**UPP**) to 38.8 percent (**MER**).
 - Dental:** The overall service record omission rate was 14.0 percent, with ICO-specific rates ranging from 1.9 percent (**UPP**) to 38.0 percent (**MER**).
 - Hearing:** The overall service record omission rate was 9.5 percent, with ICO-specific rates ranging from 0.0 percent (**AET**, **AMI**, **HCS**, and **UPP**) to 31.3 percent (**MER**).
 - Vision:** The overall service record omission rate was 13.0 percent, with ICO-specific rates ranging from 8.3 percent (**HCS**) to 18.2 percent (**MER**).
 - NEMT:** The overall service record omission rate was 8.8 percent, with ICO-specific rates ranging from 0.0 percent (**MOL** and **UPP**) to 22.2 percent (**AET**).
 - Personal Care Service:** The overall service record omission rate was 23.3 percent, with ICO-specific rates ranging from 1.2 percent (**HCS**) to 75.2 percent (**MER**).
- UPP** demonstrated the lowest service record omission rate across all service categories at 2.7 percent, followed by **HCS** at 4.3 percent, reflecting strong performance.
- MER** exhibited the highest overall service record omission rate for *Dates of Service* at 38.8 percent, with particularly high rates in Personal Care Service (75.2 percent), Dental (38.0 percent), and Hearing (31.3 percent).
- Personal Care Service showed the highest overall service omission rate (23.3 percent) across all service categories, with **MER** substantially underperforming. Hearing and NEMT exhibited lower service record omission rates overall, suggesting better performance in these service categories.
- ICOs with relatively lower service record submission rates typically demonstrate higher service record omission rates, reflecting poor performance across key data elements.

Table 3-7 presents the number (denominator) of dates of service from the members' service records and the percentage (percent) that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the date-of-service level.

Table 3-7—Service Record Review: Encounter Data Omission for Date of Service

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|----------|------------------------------|-------------------------------|------------------------------|----------------------------|---|--|
| AET | 8.5% (200) | 16.7% (6) | 3.4% (175) | 0.0% (7) | — | 6.2% (388) |
| AMI | 9.3% (151) | 0.0% (1) | 10.1% (129) | 0.0% (10) | — | 9.3% (291) |
| HCS | 4.7% (316) | 0.0% (1) | 0.0% (77) | 2.9% (34) | — | 3.7% (428) |
| MER | 18.5% (108) | 15.4% (13) | 9.4% (139) | 15.0% (20) | — | 13.6% (280) |
| MOL | 10.8% (380) | 26.9% (26) | 31.3% (32) | 50.0% (2) | — | 13.4% (440) |
| UPP | 5.1% (373) | 15.2% (46) | 17.4% (69) | 13.8% (29) | — | 8.1% (517) |
| All ICOs | 8.2% (1,528) | 18.3% (93) | 8.7% (621) | 8.8% (102) | — | 8.8% (2,344) |

‘—’ Indicates that the *Date of Service* data element was not applicable for evaluation in the service category, since a second date of service was not requested for submission.

Note: Lower rates indicate better performance.

Key Findings: Table 3-7

- When aggregating across all applicable service categories and ICOs, 8.8 percent of the *Dates of Service* from members’ service records were not found in MDHHS’ encounter data (i.e., encounter data omission), with individual ICO rates ranging from 3.7 percent (**HCS**) to 13.6 percent (**MER**).
 - Dental:** The overall encounter data omission rate was 8.2 percent, with ICO-specific rates ranging from 4.7 percent (**HCS**) to 18.5 percent (**MER**).
 - Hearing:** The overall encounter data omission rate was 18.3 percent, the highest among all service categories, with ICO-specific rates ranging from 0.0 percent (**AMI** and **HCS**) to 26.9 percent (**MOL**).
 - Vision:** The overall encounter data omission rate was 8.7 percent, with ICO-specific rates ranging from 0.0 percent (**HCS**) to 31.3 percent (**MOL**).
 - NEMT:** The overall encounter data omission rate was 8.8 percent, with ICO-specific rates ranging from 0.0 percent (**AET** and **AMI**) to 50.0 percent (**MOL**).
 - Personal Care Service:** Encounter data omission rates were not applicable as a second date of service was not requested for this service category.
- For encounter data omission, the denominator consists of the total number of dates of service identified in the service records, while the numerator represents dates of service with no evidence of submission in the encounter data. If no second date of service was available in the service records, then it would not contribute to the numerator.
 - HCS** achieved the lowest overall encounter data omission rate (3.7 percent) and consistently demonstrated strong performance across all applicable service categories.
 - MER** exhibited the highest overall encounter data omission rate (13.6 percent), with substantial omissions in Dental (18.5 percent), Hearing (15.4 percent), and NEMT (15.0 percent).

- **MOL** showed high omission rates in Hearing (26.9 percent), Vision (31.3 percent), and NEMT (50.0 percent), indicating challenges in these categories.
- ICOs with higher encounter data omission rates, such as **MER** and **MOL**, should conduct targeted reviews to identify root causes of encounter data omissions, particularly in Hearing, Vision, and NEMT.

Diagnosis Code Completeness

Table 3-8 presents the number (denominator) of diagnosis codes identified in the encounter data and the percentage (percent) that had no supporting documentation in the members' service records (i.e., service record omission). HSAG conducted the analysis at the diagnosis-code level.

Table 3-8—Service Record Review: Service Record Omission for Diagnosis Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | — | 0.0% (9) | 11.3% (382) | — | 14.3% (7) | 11.9% (412) |
| AMI | — | 0.0% (1) | 19.3% (249) | — | 9.0% (156) | 16.9% (420) |
| HCS | — | 0.0% (1) | 22.1% (86) | — | 13.4% (164) | 16.3% (288) |
| MER | — | 31.3% (16) | 21.5% (288) | — | 77.1% (105) | 35.6% (435) |
| MOL | — | 13.6% (22) | 19.7% (66) | — | 20.0% (30) | 18.3% (120) |
| UPP | — | 0.0% (39) | 17.2% (93) | — | 1.7% (58) | 13.5% (223) |
| All ICOs | — | 9.1% (88) | 17.3% (1,164) | — | 24.0% (520) | 19.7% (1,898) |

'—' Indicates that the *Diagnosis Code* data element was not applicable for evaluation in the service category.

Note: Lower rates indicate better performance.

Key Findings: Table 3-8

- When aggregating across all applicable service categories and ICOs, 19.7 percent of the *Diagnosis Codes* in the encounter data had no supporting documentation in the members' service records (i.e., service record omission), with ICO-specific rates ranging from 11.9 percent (**AET**) to 35.6 percent (**MER**). Notably, because Dental and NEMT were not applicable for evaluation, the aggregate rate only included Hearing, Vision, and Personal Care Service. Consequently, the rate cannot be compared to other review indicators that encompass all five service categories. Comparison should be made at the individual service category level only.
 - The service record omission rate for *Diagnosis Codes* was partially influenced by both the non-submission of service records and service record omission for the *Date of Service* data element. In the analysis, when no service records were submitted for a sampled date of service, all *Diagnosis Codes* associated with that *Date of Service* were treated as service record omissions.
 - **Dental:** The service record omission rate for *Diagnosis Code* is not applicable for this service category.

- **Hearing:** The overall service record omission rate for *Diagnosis Code* was 9.1 percent, with ICO-specific rates ranging from 0.0 percent (**AET**, **AMI**, **HCS**, and **UPP**) to 31.3 percent (**MER**). The service record omission was solely due to no service records submitted for the sampled date of service.
- **Vision:** The overall service record omission rate was 17.3 percent, with ICO-specific rates ranging from 11.3 percent (**AET**) to 22.1 percent (**HCS**). Approximately 79.6 percent of service record omissions for *Diagnosis Codes* were due to either HSAG not receiving the service records, or the service records did not support the specified dates of service. Among cases where service records were available to validate the date of service, common unsupported diagnosis codes included:
 - H524: Presbyopia (Frequency = 15)
 - H5213: Myopia, bilateral (Frequency = 8)
 - H52223: Regular astigmatism, bilateral (Frequency = 6)
- **NEMT:** The service record omission rate for *Diagnosis Code* is not applicable for this service category.
- **Personal Care Service:** The overall service record omission rate was 24.0 percent, with ICO-specific rates ranging from 1.7 percent (**UPP**) to 77.1 percent (**MER**). Approximately 82.4 percent of service record omissions for *Diagnosis Codes* were due to either HSAG not receiving the service records, or the service records did not support the specified dates of service. Among cases where service records were available to validate the date of service, the top unsupported diagnosis code was “Z742” (need for assistance at home and no other household member able to render care), which accounted for 81.8 percent of service record omission cases (i.e. 18 cases).
- ICOs with higher service record omission rates for *Dates of Service* generally showed elevated omission rates for *Diagnosis Codes*, highlighting the connection between missing service records and unsupported data elements.
 - HCS was an exception to the previously concluded trend. For *Date of Service*, HCS had a moderately low service record omission rate for Vision (8.3 percent) and a low service record omission rate for Personal Care Service (1.2 percent). However, the service record omission rates for *Diagnosis Codes* were considerably higher, at 22.1 percent for Vision and 13.4 percent for Personal Care Service.
- Factors that could also potentially contribute to service record omission for *Diagnosis Code* include:
 - Documentation issues: Incomplete or inaccurate documentation, coding errors, or lack of sufficient detail.
 - Data submission challenges: Inaccurate coding during data submission or data entry errors.
 - Data processing issues: Errors in data mapping, translation, or transmission.

Table 3-9 presents the number (denominator) of diagnosis codes from members’ service records and the percentage (percent) that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the diagnosis-code level.

Table 3-9—Service Record Review: Encounter Data Omission for Diagnosis Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|----------|------------------------------|-------------------------------|------------------------------|----------------------------|---|--|
| AET | — | 10.0% (10) | 1.7% (345) | — | 0.0% (6) | 1.9% (370) |
| AMI | — | 0.0% (1) | 6.1% (214) | — | 0.0% (142) | 3.6% (362) |
| HCS | — | 0.0% (1) | 6.9% (72) | — | 0.0% (142) | 2.4% (247) |
| MER | — | 15.4% (13) | 7.0% (243) | — | 0.0% (24) | 7.3% (302) |
| MOL | — | 26.9% (26) | 27.4% (73) | — | 0.0% (24) | 22.2% (126) |
| UPP | — | 15.2% (46) | 13.5% (89) | — | 0.0% (57) | 10.6% (216) |
| All ICOs | — | 17.5% (97) | 7.0% (1,036) | — | 0.0% (395) | 6.1% (1,623) |

‘—’ Indicates that the *Diagnosis Code* data element was not applicable for evaluation in the service category.

Note: Lower rates indicate better performance.

Key Findings: Table 3-9

- When aggregating across all applicable service categories and ICOs, 6.1 percent of the *Diagnosis Codes* documented in the service records were not found in MDHHS’ encounter data (i.e., encounter data omission), with ICO-specific rates ranging from 1.9 percent (**AET**) to 22.2 percent (**MOL**). Since Dental and NEMT were not applicable for evaluation, the aggregate rate only included Hearing, Vision, and Personal Care Service. Consequently, the rate cannot be compared to other review indicators that encompass all five service categories. Comparison should be made at the individual service category level only.
 - Dental:** Encounter data omission rates for *Diagnosis Code* were not applicable for this service category.
 - Hearing:** The overall encounter data omission rate for *Diagnosis Code* was 17.5 percent, with ICO-specific rates ranging from 0.0 percent (**AMI** and **HCS**) to 26.9 percent (**MOL**).
 - Vision:** The overall encounter data omission rate for *Diagnosis Code* was 7.0 percent, with ICO-specific rates ranging from 1.7 percent (**AET**) to 27.4 percent (**MOL**).
 - NEMT:** Encounter data omission rates for *Diagnosis Code* were not applicable for this service category.
 - Personal Care Services:** The encounter data omission rate for *Diagnosis Code* was at 0.0 percent across all ICOs, indicating that all *Diagnosis Codes* documented in the service records were also found in the electronic encounter data. This demonstrates complete alignment between service records and encounter data for *Diagnosis Codes*.
- For Hearing and Vision, the encounter data omission rates for the *Diagnosis Code* data element across all ICOs were 17.5 and 7.0 percent, respectively. Both rates were lower than their respective encounter data omission rates for the *Date of Service* data element, which were 18.3 percent and 8.7 percent, respectively. This suggests that omission of *Dates of Service* from the encounter data was

not the primary factor contributing to the *Diagnosis Code* encounter data omissions. Other potential contributing factors included:

- Coding errors from provider billing offices occurred.
- Differences related to Michigan-specific billing and reimbursement guidelines.
- **AET**, **HCS**, and **AMI** performed well regarding *Diagnosis Code* encounter data omission, with omission rates of 1.9 percent, 2.4 percent, 3.6 percent respectively, when aggregated across all applicable service categories. The low omission rates indicate a robust alignment between service records and encounter data.
- **MOL** exhibited the highest *Diagnosis Code* encounter data omission rate (22.2 percent) when aggregated across all applicable service categories. Notably, this rate reached 26.9 percent for Hearing and 27.4 percent for Vision, suggesting potential challenges in coding or data submission processes.

Procedure Code Completeness

Table 3-10 presents the number (denominator) of procedure codes identified in the encounter data and the percentage (percent) that had no supporting documentation in the members' service records (i.e., service record omission). HSAG conducted the analysis at the procedure-code level.

Table 3-10—Service Record Review: Service Record Omission for Procedure Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | 31.3% (549) | 14.3% (7) | 5.3% (456) | 33.3% (9) | 30.0% (10) | 19.7% (1,031) |
| AMI | 4.9% (449) | 0.0% (1) | 13.9% (490) | 46.2% (13) | 8.2% (184) | 9.8% (1,137) |
| HCS | 9.6% (856) | 33.3% (3) | 14.3% (223) | 32.6% (43) | 0.7% (142) | 10.3% (1,267) |
| MER | 42.1% (375) | 40.6% (32) | 21.7% (406) | 39.1% (23) | 75.2% (105) | 36.9% (941) |
| MOL | 22.1% (1,051) | 7.8% (64) | 15.2% (33) | 0.0% (1) | 82.9% (258) | 32.4% (1,407) |
| UPP | 4.7% (976) | 15.5% (58) | 15.2% (132) | 0.0% (25) | 3.4% (58) | 6.2% (1,249) |
| All ICOs | 16.7% (4,256) | 17.6% (165) | 13.6% (1,740) | 28.1% (114) | 41.5% (757) | 18.8% (7,032) |

Note: Lower rates indicate better performance.

Key Findings: Table 3-10

- When aggregating across all service categories and ICOs, 18.8 percent of the *Procedure Codes* in the encounter data had no supporting documentation in the members' service records (i.e., service record omission), with ICO-specific rates ranging from 6.2 percent (**UPP**) to 36.9 percent (**MER**).
 - The service record omission rate for *Procedure Codes* was partially influenced by both service record non-submission and service record omission for the *Date of Service* data element.

- In the analysis, when no service records were submitted for a sampled date of service, all *Procedure Codes* associated with that date of service were treated as service record omissions.
- ICOs with higher service record submission rates generally exhibited lower service record omission rates for *Procedure Codes*. Additionally, ICOs with higher service record omission for *Dates of Service* also tended to have higher service record omission for *Procedure Codes*.
- **Dental:** The overall service record omission rate was 16.7 percent, with ICO-specific rates ranging from 4.7 percent (**UPP**) to 42.1 percent (**MER**). Approximately 82.0 percent of service record omissions for *Procedure Codes* were due to either HSAG not receiving the service records, or the service records did not support the specified dates of service. Among cases where service records were available to validate the date of service, common unsupported procedure codes included:
 - D0220: Intraoral – Periapical first radiographic image (Frequency = 20)
 - D0230: Intraoral – Periapical each additional radiographic image (Frequency = 20)
- **Hearing:** The overall service record omission rate was 17.6 percent, with ICO-specific rates ranging from 0 percent (**AMI**) to 40.6 percent (**MER**). Approximately 55.2 percent of service record omissions for *Procedure Codes* were due to HSAG not receiving the service records. Among cases where service records were available to validate the date of service, common unsupported procedure codes included:
 - V5160: Dispensing fee, binaural (Frequency = 3)
 - V5261: Hearing aid, digital, binaural, BTE (Frequency = 3)
 - V5264: Ear mold/insert, not disposable, any type (Frequency = 2)
- **Vision:** The overall service record omission rate was 13.6 percent, with ICO-specific rates ranging from 5.3 percent (**AET**) to 21.7 percent (**MER**). Approximately 86.9 percent of service record omissions for *Procedure Codes* were due to either HSAG not receiving the service records, or the service records did not support the specified dates of service. Among cases where service records were available to validate the date of service, common unsupported procedure codes included:
 - V2744: Tint, photochromatic, per lens (Frequency = 8)
 - V2784: Lens, polycarbonate or equal, any index, per lens (Frequency = 6)
 - V2020: Frames, purchases (Frequency = 4)
- **NEMT:** The overall service record omission rate was 28.1 percent, with ICO-specific rates ranging from 0 percent (**MOL** and **UPP**) to 46.2 percent (**AMI**). Approximately 31.3 percent of service record omissions for *Procedure Codes* were due to either HSAG not receiving the service records or the service records not supporting the specified date of service. Among cases where service records were available to validate the date of service, common unsupported procedure codes included:
 - T2003: Non-emergency transportation; encounter/trip (Frequency = 10)
 - S0215: Non-emergency transportation; mileage, per mile (Frequency = 7)

- **Personal Care Service:** The overall service record omission rate was 41.5 percent, with ICO-specific rates ranging from 0.7 percent (**HCS**) to 82.9 percent (**MOL**). Approximately 34.1 percent of service record omissions for *Procedure Codes* were due to either HSAG not receiving the service records or the service records not supporting the specified date of service. For all cases where service records were available to validate the date of service, the unsupported procedure code was “T1019” (personal care services, per 15 minutes), which accounted for all 207 cases.
- Other potential contributors for the *Procedure Code* service record omission included:
 - Providers did not document services in the service record, despite submitting the procedure codes to the ICOs.
 - Providers submitted codes to the ICOs for services not actually performed.
- **UPP** demonstrated the lowest overall service record omission rate (6.2 percent), with notably strong performance in Dental, NEMT, and Personal Care Service (4.7 percent, 0.0 percent, and 3.4 percent service record omission rate, respectively). **AMI** also performed well, particularly in Dental and Hearing (4.9 percent and 0.0 percent service record omission rate, respectively). Additionally, **MOL** performed well in NEMT (0.0 percent), while **HCS** performed well in Personal Care Service (0.7 percent).
- **MER** exhibited the highest service record omission rate (36.9 percent), with significant gaps observed across all five service categories. **MOL** exhibited the second highest service record omission rate at 32.4 percent with a particularly high rate in Personal Care Service (82.9 percent). **AET** displayed rates of 30.0 percent or higher in Dental, NEMT, and Personal Care Service. **AMI** had a high service record omission rate of 46.2 percent in NEMT, while **HCS** displayed high rates in Hearing and NEMT at 33.3 percent and 32.6 percent, respectively.
- Personal Care Service had the highest overall service record omission rate across ICOs at 41.5 percent, highlighting significant challenges in this category. Notable rates include 30.0 percent for **AET**, 75.2 percent for **MER**, and 82.9 percent for **MOL**.

Table 3-11 presents the number (denominator) of procedure codes from members’ service records and the percentage (percent) that were not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the procedure-code level.

Table 3-11—Service Record Review: Encounter Data Omission for Procedure Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | 7.6% (408) | 14.3% (7) | 4.2% (451) | 0.0% (6) | 0.0% (7) | 5.8% (879) |
| AMI | 3.4% (442) | 0.0% (1) | 3.2% (436) | 0.0% (7) | 0.0% (169) | 2.7% (1,055) |
| HCS | 2.6% (795) | 0.0% (2) | 0.5% (192) | 3.3% (30) | 0.0% (141) | 2.0% (1,160) |
| MER | 8.4% (237) | 9.5% (21) | 4.5% (333) | 17.6% (17) | 0.0% (26) | 6.3% (634) |
| MOL | 4.8% (860) | 10.6% (66) | 28.2% (39) | 50.0% (2) | 0.0% (44) | 5.9% (1,011) |

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|----------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|---|
| UPP | 2.2% (951) | 12.5% (56) | 10.4% (125) | 13.8% (29) | 0.0% (56) | 3.7% (1,217) |
| All ICOs | 4.0% (3,693) | 11.1% (153) | 4.6% (1,576) | 9.9% (91) | 0.0% (443) | 4.2% (5,956) |

Note: Lower rates indicate better performance.

Key Findings: Table 3-11

- When aggregating across all service categories and ICOs, 4.2 percent of the *Procedure Codes* documented in the service records were not found in MDHHS' encounter data (i.e., encounter data omission), with ICO-specific rates ranging from 2.0 percent (**HCS**) to 6.3 percent (**MER**).
 - Potential contributors for *Procedure Code* encounter data omissions included:
 - Providers made coding errors or did not submit the procedure code, despite performing the services.
 - Differences related to Michigan-specific billing and reimbursement guidelines.
 - Lag occurred between service provision and encounter submission to the ICOs or MDHHS
 - Dental:** The overall encounter data omission rate for *Procedure Code* was 4.0 percent, with ICO-specific rates ranging from 2.2 percent (**UPP**) to 8.4 percent (**MER**).
 - Hearing:** The overall encounter data omission rate for *Procedure Code* was 11.1 percent, with ICO-specific rates ranging from 0 percent (**AMI** and **HCS**) to 14.3 percent (**AET**).
 - Vision:** The overall encounter data omission rate for *Procedure Code* was 4.6 percent, with ICO-specific rates ranging from 0.5 percent (**HCS**) to 28.2 percent (**MOL**).
 - NEMT:** The overall encounter data omission rate for *Procedure Code* was 9.9 percent, with ICO-specific rates ranging from 0 percent (**AET** and **AMI**) to 50.0 percent (**MOL**).
 - Personal Care Service:** The encounter data omission rate for *Procedure Code* was 0.0 percent across all ICOs, indicating that all procedure codes documented in the service records were also found in the electronic encounter data. This demonstrates complete alignment between service records and encounter data for procedure codes.
- HCS** exhibited the lowest overall encounter data omission rate (2.0 percent), demonstrating strong alignment between service records and encounter data across service categories. **AMI** also performed well with a 2.7 percent encounter data omission rate and 0 percent omissions in Hearing, NEMT, and Personal Care Service.
- MOL** exhibited a notably high encounter data omission rate in Vision (28.2 percent) and NEMT (50.0 percent).

Procedure Code Modifier Completeness

Table 3-12 presents the number (denominator) of procedure code modifiers identified in the encounter data and the percentage (percent) that had no supporting documentation in the members' service records (i.e., service record omission). HSAG conducted the analysis at the procedure-code-modifier level.

Table 3-12—Service Record Review: Service Record Omission for Procedure Code Modifier

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | — | NA | 4.3% (138) | 33.3% (18) | NA | 7.7% (156) |
| AMI | — | NA | 14.2% (253) | 100% (6) | NA | 16.2% (259) |
| HCS | — | NA | NA | NA | NA | NA |
| MER | — | 0.0% (2) | 11.4% (70) | 10.0% (20) | 100% (2) | 12.8% (94) |
| MOL | — | 8.3% (12) | 10.0% (10) | 0.0% (3) | NA | 8.0% (25) |
| UPP | — | 27.3% (11) | 16.7% (30) | 3.2% (31) | NA | 12.5% (72) |
| All ICOs | — | 16.0% (25) | 11.2% (501) | 19.2% (78) | 100% (2) | 12.7% (606) |

'—' Indicates the procedure code modifier data element was not applicable for evaluation in the service category.

NA indicates that there were no procedure code modifiers present in the encounter data; therefore, there were no rates to report.

Key Findings: Table 3-12

- When aggregating across all applicable service categories and ICOs, 12.7 percent of the *Procedure Code Modifiers* in the encounter data had no supporting documentation in the members' service records (i.e., service record omission), with ICO-specific rates ranging from 7.7 percent (**AET**) to 16.2 percent (**AMI**). Since Dental was not applicable for evaluation, the aggregate rate only included Hearing, Vision, NEMT, and Personal Care Service. Consequently, the rate cannot be compared to other review indicators that encompass all five service categories. Comparison should be made at the individual service category level only.
 - The moderately high service record omission rate for the *Procedure Code Modifier* data element could have been attributed to several factors:
 - Service record non-submission: When service records were not submitted, associated procedure codes and procedure code modifiers were treated as service record omissions.
 - Omitted procedure codes: When procedure codes were omitted, their associated procedure code modifiers were also omitted.
 - Incomplete documentation: Providers did not document evidence related to the modifiers in the service records, despite submitting the modifiers to the ICOs.
 - There were no *Procedure Code Modifiers* in the encounter data for **HCS** across all service categories.
 - Dental:** Service record omission rates for *Procedure Code Modifier* were not applicable for this service category.

- **Hearing:** The overall service record omission rate was 16.0 percent, with ICO-specific rates ranging from 0.0 percent (**MER**) to 27.3 percent (**UPP**). Among cases where service records were available to validate the date of service, the unsupported procedure code modifiers were:
 - LT: Left side (Used to identify procedures performed on the left side of the body) (Frequency = 2)
 - RT: Right side (Used to identify procedures performed on the left side of the body) (Frequency = 2)
- **Vision:** The overall service record omission rate was 11.2 percent, with ICO-specific rates ranging from 4.3 percent (**AET**) to 16.7 percent (**UPP**). Approximately 96.4 percent of service record omissions for *Procedure Code Modifiers* were due to either HSAG not receiving the service records, or the service records did not support the specified dates of service. Among cases where service records were available to validate the date of service, the unsupported procedure code modifiers were:
 - 25: significant, separately identifiable evaluation and management [E/M] service by the same provider on the same day of the procedure or other service (Frequency = 1)
 - 51: Multiple Procedures (Frequency = 1)
- **NEMT:** The overall service record omission rate was 19.2 percent, with ICO-specific rates ranging from 0.0 percent (**MOL**) to 100 percent (**AMI**). Approximately 26.7 percent of service record omissions for *Procedure Code Modifiers* were due to HSAG not receiving the service records. Among cases where service records were available to validate the date of service, the top unsupported procedure code was “H” (Hospital), which accounted for eight cases.
- **Personal Care Service:** *Procedure Code Modifiers* were not present in the encounter data for nearly all ICOs except for **MER**. The service record omission for *Procedure Code Modifiers* was solely due to no service records submitted for the sampled date of service.
- **AET** exhibited strong performance in Vision with a service record omission rate of 4.3 percent. **MER** excelled in Hearing with a 0.0 percent service record omission rate. **MOL** and **UPP** also performed well in NEMT, with service record omission rates of 0.0 percent and 3.2 percent, respectively.
- **AMI** exhibited the highest overall service record omission rate at 16.2 percent, with significant gaps in NEMT at 100 percent. **AET** showed a high service record omission rate of 33.3 percent in NEMT. **UPP** demonstrated elevated service record omission rates in Hearing and Vision at 27.3 percent and 16.7 percent, respectively.

Table 3-13 presents the number (denominator) of procedure code modifiers from members’ service records and the percentage (percent) that was not found in the encounter data (i.e., encounter data omission). HSAG conducted the analysis at the diagnosis-code level.

Table 3-13—Service Record Review: Encounter Data Omission for Procedure Code Modifier

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|----------|------------------------------|-------------------------------|------------------------------|----------------------------|---|--|
| AET | — | NA | 0.0% (132) | 0.0% (12) | NA | 0.0% (144) |
| AMI | — | NA | 0.0% (217) | NA | NA | 0.0% (217) |
| HCS | — | NA | NA | NA | NA | NA |
| MER | — | 0.0% (2) | 3.1% (64) | 10.0% (20) | NA | 4.7% (86) |
| MOL | — | 0.0% (11) | 10.0% (10) | 25.0% (4) | NA | 8.0% (25) |
| UPP | — | 0.0% (8) | 0.0% (25) | 11.8% (34) | NA | 6.0% (67) |
| All ICOs | — | 0.0% (21) | 0.7% (448) | 10.0% (70) | NA | 1.9% (539) |

— Indicates the *Procedure Code Modifier* data element was not applicable for evaluation in the service category.

NA indicates that there were no procedure code modifiers present in the service record; therefore, there were no rates to report.

Key Findings: Table 3-13

- When aggregating across all applicable service categories and ICOs, 1.9 percent of the *Procedure Code Modifiers* documented in the service records were not found in MDHHS' encounter data (i.e., encounter data omission), with ICO-specific rates ranging from 0.0 percent (**AET** and **AMI**) to 8.0 percent (**MOL**). Since Dental is not applicable for evaluation, the aggregate rate only included Hearing, Vision, NEMT, and Personal Care Service. Consequently, the rate cannot be compared to other review indicators that encompass all five service categories. Comparison should be made at the individual service category level only.
 - There were no *Procedure Code Modifiers* in service records for **HCS** across all service categories, indicating no applicable data for evaluation.
 - Dental**: Encounter data record omission rates for *Procedure Code Modifier* were not applicable for this service category.
 - Hearing**: *Procedure Code Modifiers* were not present in the service records for **AET**, **AMI**, and **HCS**. The encounter data omission rate for *Procedure Code Modifier* was 0.0 percent for **MER**, **MOL**, and **UPP**.
 - Vision**: The overall encounter data omission rate for *Procedure Code Modifier* was 0.7 percent, with ICO-specific rates ranging from 0.0 percent (**AET**, **AMI**, and **UPP**) to 10.0 percent (**MOL**).
 - NEMT**: The overall encounter data omission rate for *Procedure Code Modifier* was 10.0 percent, with ICO-specific rates ranging from 0.0 percent (**AET**) to 25.0 percent (**MOL**).
 - Personal Care Service**: *Procedure Code Modifiers* were not present in the service record across all ICOs.
- AET** and **AMI** demonstrated the strongest overall performance, with 0.0 percent encounter data omission rates across applicable service categories, while **MER**, **MOL**, and **UPP** achieved 0.0 percent encounter data omission rates in Hearing.

- **MOL** exhibited the highest overall encounter data omission rate (8.0 percent), driven by elevated encounter data omission rates in Vision (10.0 percent) and NEMT (25.0 percent).
- NEMT had the highest category-specific encounter data omission rate (10.0 percent), with **MOL** showing significant gaps.

Units Completeness—NEMT Only

Table 3-14 presents the number (denominator) of units identified in the encounter data and the percentage (percent) that had no supporting documentation in the members' transportation records (i.e., service record omission). Table 3-14 also presents the number (denominator) of units from the transportation records and the percentage (percent) that were not found in the encounter data (encounter omission). HSAG conducted the analyses at the units level.

Table 3-14—Service Record Review: Service Record Omission and Encounter Data Omission for Units

| ICO | Service Record Omission | | Encounter Data Omission | |
|-----------------|-------------------------|--------------|-------------------------|-------------|
| | Denominator | Percent | Denominator | Percent |
| AET | 9 | 33.3% | 6 | 0.0% |
| AMI | 13 | 46.2% | 7 | 0.0% |
| HCS | 43 | 32.6% | 29 | 0.0% |
| MER | 23 | 39.1% | 14 | 0.0% |
| MOL | 1 | 0.0% | 1 | 0.0% |
| UPP | 25 | 0.0% | 25 | 0.0% |
| All ICOs | 114 | 28.1% | 82 | 0.0% |

Note: Lower rates indicate better performance.

Key Findings: Table 3-14

- Across all ICOs, 28.1 percent of the *Units* in the encounter data had no supporting documentation in the members' service records (i.e., service record omission) for NEMT, with ICO-specific rates ranging from 0.0 percent (**MOL** and **UPP**) to 46.2 percent (**AMI**).
 - The high service record omission rate for the *Units* data element could have been attributed to several factors:
 - Service record non-submission: When service records were not submitted, associated procedure codes and units were treated as service record omissions.
 - Omitted procedure codes: When procedure codes were omitted, their associated units were also omitted.
 - Incomplete documentation: Providers did not document evidence related to the units in the medical records.
- **MOL** and **UPP** demonstrated exceptional performance with a 0.0 percent service record omission rate for *Units*, while **AMI** exhibited the highest service record omission rate at 46.2 percent, followed by **MER** at 39.1 percent, **AET** at 33.3 percent, and **HCS** at 32.6 percent. ICOs with high

service record omission rates for *Units* should investigate and address the underlying causes of their elevated omission rates.

- The encounter data omission rate for *Units* was at 0.0 percent for each individual ICO, indicating that all units documented in the service records were also found in the electronic encounter data. This demonstrates complete alignment between service records and encounter data for *Units*.

Encounter Data Accuracy

HSAG evaluated encounter data accuracy for dates of service that were present in both MDHHS' encounters and the submitted members' service records, where values existed in both data sources for the evaluated data elements. Encounter data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*—NEMT only) were considered accurate if the documentation in the service records supported the values contained in the electronic encounter data.

Higher accuracy rates for each data element indicate better performance.

Diagnosis Code Accuracy

Table 3-15 presents the total number (denominator) of diagnosis codes associated with validated dates of service from the encounter data and the percentage (percent) that were correctly coded based on members' service records.

Additionally, Table 3-16 outlines the percentage of the type of errors contributing to the inaccuracy of the diagnosis codes. These errors are categorized into two groups: **inaccurate coding** and **specificity errors**.

- **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 service record (e.g., R51 [headache] versus the documentation supporting G43 [migraine]).
- **Specificity error** occurred when the documentation supported a more specific code than was listed in MDHHS' 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 may also include diagnosis codes that do not have the required fourth or fifth digit.

Table 3-15—Service Record Review: Accuracy Results for Diagnosis Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) |
|-----|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|
| AET | — | 100% (9) | 100% (339) | — | 100% (6) |
| AMI | — | 100% (1) | 98.5% (201) | — | 100% (142) |
| HCS | — | 100% (1) | 95.5% (67) | — | 100% (142) |
| MER | — | 100% (11) | 99.6% (226) | — | 100% (24) |

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) |
|-----------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|
| MOL | — | 100% (19) | 100% (53) | — | 95.8% (24) |
| UPP | — | 100% (39) | 100% (77) | — | 100% (57) |
| All ICOs | — | 100% (80) | 99.3% (963) | — | 99.7% (395) |

'—' Indicates that the *Diagnosis Code* data element was not applicable for evaluation in the service category.

Table 3-16—Service Record Review: Error Types for Diagnosis Code

| ICO | Error Type ¹ | Hearing Percent (Denominator) | Vision Percent (Denominator) | Personal Care Service Percent (Denominator) |
|-----------------|--------------------------|----------------------------------|---------------------------------|--|
| AET | Inaccurate coding | NA | NA | NA |
| | Specificity Error | NA | NA | NA |
| AMI | Inaccurate coding | NA | 100% (3) | NA |
| | Specificity Error | NA | 0.0% (3) | NA |
| HCS | Inaccurate coding | NA | 100% (3) | NA |
| | Specificity Error | NA | 0.0% (3) | NA |
| MER | Inaccurate coding | NA | 100% (1) | NA |
| | Specificity Error | NA | 0.0% (1) | NA |
| MOL | Inaccurate coding | NA | NA | 100% (1) |
| | Specificity Error | NA | NA | 0.0% (1) |
| UPP | Inaccurate coding | NA | NA | NA |
| | Specificity Error | NA | NA | NA |
| All ICOs | Inaccurate coding | NA | 100% (7) | 100% (1) |
| | Specificity Error | NA | 0.0% (7) | 0.0% (1) |

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

¹ Error Type for the *Diagnosis Code* data element was not applicable for evaluation in the Dental and NEMT categories.

Note: Inaccurate coding and specificity errors in service records were collectively considered as the denominator for the error type rates.

Key Findings: Table 3-15 and Table 3-16

- **Dental:** *Diagnosis Codes* were not applicable for the service category.
- **Hearing:** All *Diagnosis Codes* were accurate when they were present in both the encounter data and the service records across all ICOs.

- Vision:** Across all ICOs, 99.3 percent of the *Diagnosis Codes* were accurate when they were present in both the encounter data and the service records, with ICO-specific rates ranging from 95.5 percent (**HCS**) to 100 percent for most other ICOs.
 - All inaccuracies were due to inaccurate code errors.
- NEMT:** *Diagnosis Codes* were not applicable for the service category.
- Personal Care Service:** Overall, 99.7 percent of the *Diagnosis Codes* were accurate when they were present in both the encounter data and the service records. **MOL** had the lowest accuracy rate (95.8 percent), while all other ICOs reached 100 percent accuracy rates for diagnosis codes.
 - The inaccuracy for the diagnosis codes for **MOL** was due to inaccurate code errors.
- The overall accuracy for *Diagnosis Codes* was exceptionally high, with most ICOs achieving 100 percent accuracy across all applicable service categories. All reported errors were attributed to inaccurate coding rather than specificity errors.

Procedure Code Accuracy

Table 3-17 presents the total number (denominator) of procedure codes associated with validated dates of service from the encounter data and the percentage (percent) that were correctly coded based on members' service records.

Table 3-17—Service Record Review: Accuracy Results for Procedure Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|
| AET | 98.1% (377) | 100% (6) | 100% (432) | 100% (6) | 100% (7) |
| AMI | 99.1% (427) | 100% (1) | 100% (422) | 100% (7) | 100% (169) |
| HCS | 98.8% (774) | 100% (2) | 100% (191) | 100% (29) | 100% (141) |
| MER | 100% (217) | 100% (19) | 100% (318) | 100% (14) | 100% (26) |
| MOL | 98.2% (819) | 100% (59) | 100% (28) | 100% (1) | 100% (44) |
| UPP | 99.6% (930) | 100% (49) | 99.1% (112) | 100% (25) | 100% (56) |
| All ICOs | 98.9% (3,544) | 100% (136) | 99.9% (1,503) | 100% (82) | 100% (443) |

Table 3-18 outlines the percentage of the type of errors contributing to the inaccuracy of the *Procedure Codes*. These errors are categorized into three groups: inaccurate code as well as higher levels and lower levels of service in service records.

- Higher level of service in the service record: E&M procedure codes documented in the service record reflected a higher level of service performed by the provider than the 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 service 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; for example, 99213 (established patient low-to-moderate severity).

- Lower level of service in the service record: E&M codes documented in the service 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 service record describes lower level of service, or 99212 (established patient self-limited or minor problem).
- Inaccurate coding: The documentation in the service 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.

Table 3-18 highlights inaccurate coding, codes with higher levels of service, and codes with lower levels of service within the service records for the service categories. However, since all procedure codes for Hearing, NEMT, and Personal Care Service were coded correctly, no error types were reported for these service categories. Detailed tables for each ICO are provided in the ICO-specific appendices.

Table 3-18—Service Record Review: Error Types for Procedure Code

| ICO | Error Type ¹ | Vision Percent (Denominator) |
|-----|---|------------------------------|
| AET | Inaccurate Code | NA |
| | Higher Levels of Service in Service Records | NA |
| | Lower Levels of Service in Service Records | NA |
| AMI | Inaccurate Code | NA |
| | Higher Levels of Service in Service Records | NA |
| | Lower Levels of Service in Service Records | NA |
| HCS | Inaccurate Code | NA |
| | Higher Levels of Service in Service Records | NA |
| | Lower Levels of Service in Service Records | NA |
| MER | Inaccurate Code | NA |
| | Higher Levels of Service in Service Records | NA |
| | Lower Levels of Service in Service Records | NA |
| MOL | Inaccurate Code | NA |
| | Higher Levels of Service in Service Records | NA |
| | Lower Levels of Service in Service Records | NA |

| ICO | Error Type ¹ | Vision Percent (Denominator) |
|----------|--|------------------------------|
| UPP | Inaccurate Code | 100% (1) |
| | Higher Levels of Service in Service Records | 0.0% (1) |
| | Lower Levels of Service in Service Records | 0.0% (1) |
| All ICOs | Inaccurate Code | 100% (1) |
| | Higher Levels of Service in Service Records | 0.0% (1) |
| | Lower Levels of Service in Service Records | 0.0% (1) |

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

Key Findings: Table 3-17 and Table 3-18

- Across all applicable service categories and ICOs, at least 98.9 percent of *Procedure Codes* were accurately documented in both encounter data and service records reflecting strong adherence to coding standards.
- Hearing, NEMT, and Personal Care Service showed 100 percent accuracy across all ICOs. Vision followed closely with an overall accuracy of 99.9 percent, while Dental showed 98.9 percent accuracy.
- All individual ICOs achieved *Procedure Code* accuracy rates of at least 98.1 percent, with most reaching 100 percent in multiple service categories.

Procedure Code Modifier Accuracy

Table 3-19 displays the percentage of procedure code modifiers associated with validated dates of service from the encounter data that were correctly coded based on members' service records. No subcategories for errors were assessed for this data element.

Table 3-19—Service Record Review: Accuracy Results for Procedure Code Modifier

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) |
|-----------------|------------------------------|-------------------------------|------------------------------|----------------------------|---|
| AET | — | NA | 100% (132) | 100% (12) | NA |
| AMI | — | NA | 100% (217) | NA | NA |
| HCS | — | NA | NA | NA | NA |
| MER | — | 100% (2) | 100% (62) | 100% (18) | NA |
| MOL | — | 100% (11) | 100% (9) | 100% (3) | NA |
| UPP | — | 100% (8) | 100% (25) | 96.7% (30) | NA |
| All ICOs | — | 100% (21) | 100% (445) | 98.4% (63) | NA |

'—' Indicates the data element was not applicable for evaluation in the service category.

NA indicates that there were no procedure code modifiers present in both sources; therefore, there were no accuracy rates to report.

Key Findings: Table 3-19

- *Procedure Code Modifiers* demonstrated high accuracy across all applicable service categories, with Hearing and Vision achieving 100 percent accuracy across all ICOs.
- While nearly all ICOs demonstrated exceptional accuracy across all applicable service categories, **UPP** exhibited a slightly lower accuracy rate in NEMT at 96.7 percent.

Units Accuracy—NEMT Only

Table 3-20 displays the percentage of units of service associated with validated dates of service from the encounter data that were correctly coded based on members' service records. The analysis focuses exclusively on NEMT.

Table 3-20—Service Record Review: Accuracy Results for Units

| ICO | Denominator | Percent |
|-----------------|-------------|--------------|
| AET | 6 | 100% |
| AMI | 7 | 85.7% |
| HCS | 29 | 58.6% |
| MER | 14 | 71.4% |
| MOL | 1 | 100% |
| UPP | 25 | 100% |
| All ICOs | 82 | 79.3% |

Key Findings: Table 3-20

- Across all ICOs, 79.3 percent of the *Units* were accurate when they were present in both the encounter data and the service records, with ICO-specific rates ranging from 58.6 percent (**HCS**) to 100 percent (**AET**, **MOL**, and **UPP**).
- **AET**, **MOL**, and **UPP** achieved 100 percent accuracy, reflecting strong alignment between encounter data and service records for NEMT units.
- **HCS** demonstrated the lowest accuracy rate (58.6 percent), indicating significant discrepancies between service records and encounter data. **MER** also showed room for improvement, with an accuracy rate of 71.4 percent.

All-Element Accuracy

Table 3-21 displays the percentage of dates of service present in both MDHHS' encounter data and in the service records with each key data element populated with the same values as the values documented in the service records.

Table 3-21—All-Element Accuracy

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|---|
| AET | 88.5% (183) | 80.0% (5) | 89.9% (169) | 85.7% (7) | 100% (6) | 89.2% (370) |
| AMI | 92.0% (137) | 100% (1) | 91.4% (116) | 40.0% (10) | 99.3% (142) | 93.1% (406) |
| HCS | 88.4% (301) | 0.0% (1) | 72.7% (77) | 36.4% (33) | 77.8% (81) | 80.5% (493) |
| MER | 92.0% (88) | 90.9% (11) | 88.1% (126) | 52.9% (17) | 92.3% (26) | 87.7% (268) |
| MOL | 90.6% (339) | 94.7% (19) | 77.3% (22) | 100% (1) | 50.0% (24) | 87.7% (405) |
| UPP | 94.9% (354) | 87.2% (39) | 78.9% (57) | 48.0% (25) | 98.2% (57) | 90.8% (532) |
| All ICOs | 91.2% (1,402) | 88.2% (76) | 85.9% (567) | 47.3% (93) | 89.9% (336) | 88.0% (2,474) |

Note: The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Key Findings: Table 3-21

- **Dental:** Overall, 91.2 percent of the dates of service present in both data sources (i.e., encounter data and service records) were accurate for dental key data element (i.e., *Procedure Code*), with ICO-specific rates ranging from 88.4 percent (**HCS**) to 94.9 percent (**UPP**).
- **Hearing:** Across all ICOs, 88.2 percent of the dates of service present in both data sources were accurate across the three key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*), with ICO-specific rates ranging from 0.0 percent (**HCS**) to 100 percent (**AMI**).
- **Vision:** Overall, 85.9 percent of the dates of service present in both data sources were accurate across the three key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*), with ICO-specific rates ranging from 72.7 percent (**HCS**) to 91.4 percent (**AMI**).
- **NEMT:** Across all ICOs, 47.3 percent of the dates of service present in both data sources were accurate across the three key data elements (i.e., *Procedure Code*, *Procedure Code Modifier*, and *Units*), with ICO-specific rates ranging from 36.4 percent (**HCS**) to 100 percent (**MOL**).
- **Personal Care Service:** Overall, 89.9 percent of the dates of service present in both data sources were accurate across the three key data elements (i.e., *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier*), with ICO-specific rates ranging from 50.0 percent (**MOL**) to 100 percent (**AET**).
- **AMI** demonstrated the highest overall all-element accuracy at 93.1 percent, achieving 100 percent accuracy in Hearing, as well as high accuracy rates in Dental (92.0 percent), Vision (91.4 percent), and Personal Care Service (99.3 percent). **UPP** followed with a second highest overall all-element accuracy at 90.8 percent, with high rates in Dental (94.9 percent) and Personal Care Service (98.2 percent). **AET** achieved 100 percent accuracy in Personal Care Service. **MER** achieved over 90.0 percent all-element accuracy in Dental, Hearing, and Personal Care Service. **MOL** also surpassed 90.0 percent accuracy in Dental, Hearing, and NEMT.

- **HCS** showed the lowest aggregate all-element accuracy (80.5 percent), with significant gaps in Hearing (0.0 percent) and NEMT (36.4 percent).
- NEMT demonstrated the lowest overall accuracy (47.3 percent), with **AMI**, **HCS**, **MER**, and **UPP** performing poorly (40.0 percent, 36.4 percent, 52.9 percent, and 48.0 percent, respectively).
- The all-element inaccuracies were due to a combination of service record omission, encounter data omission, and element inaccuracy associated with each applicable service categories.

IICSP Document Review

For members receiving personal care service, HSAG reviewed the IICSP documents. The review evaluated whether the services reported in the encounters are supported by members' IICSP documents. HSAG reviewed the IICSP documents for alignment with authorization dates, scheduled services, and service providers. Additionally, HSAG reviewed the documentation of procedures and units documented in the service record and their alignment with the IICSP. As such, the IICSP document review component of the activity aimed to address the following questions:

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

Table 3-22 presents findings from HSAG's review of IICSP documentation to assess the presence of a valid IICSP for a selected member. The table also presents findings on whether the IICSP document, if available, was signed, and whether the selected date of service falls within the effective dates of the IICSP.

Table 3-22—Review of IICSP Documentation

| ICO | Date of Service Identified in Encounter Data | Valid IICSP ¹ | | IICSP Document Was Signed ² | | Selected Date of Service Was Within the Effective Dates of the IICSP Document ³ | |
|-----|--|--------------------------|-------|--|-------|--|------|
| | | N | % | N | % | N | % |
| AET | 7 | 7 | 100% | 1 | 14.3% | 1 | 100% |
| AMI | 156 | 156 | 100% | 3 | 1.9% | 3 | 100% |
| HCS | 82 | 70 | 85.4% | 31 | 44.3% | 31 | 100% |
| MER | 105 | 85 | 81.0% | 25 | 29.4% | 25 | 100% |
| MOL | 30 | 30 | 100% | 9 | 30.0% | 9 | 100% |
| UPP | 58 | 57 | 98.3% | 3 | 5.3% | 3 | 100% |

| ICO | Date of Service Identified in Encounter Data | Valid IICSP ¹ | | IICSP Document Was Signed ² | | Selected Date of Service Was Within the Effective Dates of the IICSP Document ³ | |
|----------|--|--------------------------|-------|--|-------|--|------|
| | | N | % | N | % | N | % |
| All ICOS | 438 | 405 | 92.5% | 72 | 17.8% | 72 | 100% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

Key Finding: Table 3-22

- A total of 438 service record encounter dates of service were reviewed, out of which 405 (i.e., 92.5 percent) had valid IICSP documents across all ICOS. Three ICOS (**AET**, **AMI**, and **MOL**) had valid IICSP documents for every date of service identified in the encounter data. **UPP** also demonstrated a high compliance with a 98.3 percent valid IICSP document submission rate. Both **HCS** and **MER** showed a lower percentage of valid IICSP documents at 85.4 percent and 81.0 percent, respectively, when compared to the other ICOS, indicating potential areas of improvement.
- Across all ICOS, only 17.8 percent (72 out of 405) of the valid IICSP documents included an appropriate signature, indicating room for improvement in this area. ICO-specific signature verification rates ranged from 1.9 percent (**AMI**) to 44.3 percent (**HCS**). It is important to highlight that subsequent items requiring signature verification in Table 3-22 and Table 3-23 were not assessed for the IICSP documents without the appropriate signatures.
- All of the 72 IICSP documents with appropriate signatures had reviewed dates of service within the effective dates of the IICSP documents, achieving 100 percent alignment.

Table 3-23 presents findings related to the selected date of service that aligned with the effective dates of the IICSP. The table provides results on whether the servicing provider was documented, and if documented, whether the provider information in the service record was supported. Additionally, the table presents findings regarding the documentation of procedures and units documented in the service record and their alignment with the IICSP.

Table 3-23— IICSP Documentation Compared to Service Record Information

| ICO | Selected Date of Service Was Within the Effective Dates of the IICSP Document | Servicing Provider Was Documented ¹ | | Documented Servicing Provider Supports Provider Information in the Service Record ² | | Documented Procedures Support Procedures Identified in the Service Record ¹ | | Documented Number of Units Support the Units Identified in the Service Record ¹ | |
|-----|---|--|-------|--|-------|--|-------|--|-------|
| | | N | % | N | % | N | % | N | % |
| AET | 1 | 1 | 100% | 1 | 100% | 1 | 100% | 1 | 100% |
| AMI | 3 | 2 | 66.7% | 1 | 50.0% | 2 | 66.7% | 2 | 66.7% |
| HCS | 31 | 31 | 100% | 31 | 100% | 31 | 100% | 31 | 100% |
| MER | 25 | 22 | 88.0% | 10 | 45.5% | 11 | 44.0% | 10 | 40.0% |

| ICO | Selected Date of Service Was Within the Effective Dates of the IICSP Document | Servicing Provider Was Documented ¹ | | Documented Servicing Provider Supports Provider Information in the Service Record ² | | Documented Procedures Support Procedures Identified in the Service Record ¹ | | Documented Number of Units Support the Units Identified in the Service Record ¹ | |
|----------|---|--|-------|--|-------|--|-------|--|-------|
| | | N | % | N | % | N | % | N | % |
| MOL | 9 | 9 | 100% | 7 | 77.8% | 7 | 77.8% | 7 | 77.8% |
| UPP | 3 | 3 | 100% | 3 | 100% | 3 | 100% | 3 | 100% |
| All ICOS | 72 | 68 | 94.4% | 53 | 77.9% | 55 | 76.4% | 54 | 75.0% |

¹ Denominator was based on number of IICSPs where the selected date of service was within the effective dates of the IICSP.

² Denominator was based on whether the servicing provider was documented.

Key Finding: Table 3-23

- For all of the 72 IICSP documents reviewed wherein the selected dates of service were within the effective dates of the IICSP document, the documentation related to servicing provider, procedures, and units of service was subsequently reviewed.
- It is important to highlight that the absence of service records for the study can lead to negative findings when comparing servicing provider information, procedure codes, and units of service in the IICSP document to the corresponding service records for the selected date of service.
- Approximately 94.4 percent (68 out of 72) of the documents contained the servicing provider information. Four ICOs (**AET**, **HCS**, **MOL**, and **UPP**) always documented the servicing provider information in their documents, whereas **AMI** and **MER** had lower rates of documenting the information in their documents at 66.7 percent and 88.0 percent, respectively.
- Only 77.9 percent (53 out of 68) of the documented servicing provider information in the IICSP documents aligned with the provider information contained in the service records. The ICOs' performance ranged from 45.5 percent (**MER**) to 100 percent (**AET**, **HCS**, and **UPP**).
- Approximately 76.4 percent (55 out of 72) of documented procedures in the IICSPs aligned with the procedures included in the service records. The rates varied across the ICOs, ranging from 44.0 percent (**MER**) to 100 percent (**AET**, **HCS**, and **UPP**).
- Out of the IICSP documents for which the selected date of service aligned with the effective dates, approximately 75.0 percent (54 out of 72) of the documented number of units aligned with the units included in the service records. Similar to procedures that were included in the service records, the ICOs' performance ranged from 40.0 percent (**MER**) to 100 percent (**AET**, **HCS**, and **UPP**).

4. Discussion

Conclusions

The service record review activity evaluated the completeness and accuracy of encounter data for ICOs rendered between October 1, 2022, and September 30, 2023. Additionally, IICSP documents were reviewed to ensure alignment with the members' service records.

Four study indicators were developed to assess the service record results:

- *Service record omission rate*: The percentage of dates of service identified in the electronic encounter data that were not found in the members' service records. This rate was also calculated for *Diagnosis Codes*, *Procedure Codes*, *Procedure Code Modifiers*, and *Units*, as applicable to specific service categories.
- *Encounter data omission rate*: The percentage of applicable key data elements (i.e., *Diagnosis Codes*, *Procedure Codes*, *Procedure Code Modifiers*, and *Units*) from members' service records that were not found in the electronic encounter data.
- *Accuracy rate of coding*: The percentage of applicable *Diagnosis Codes*, *Procedure Codes*, and *Procedure Code Modifiers*, and *Units* associated with validated dates of service from the electronic encounter data that were correctly coded based on the members' service records.
- *All-element accuracy rate*: The percentage of dates of service with all relevant data elements coded correctly among all the validated dates of service from the electronic encounter data.

In addition to the service-related indicators, findings included an evaluation of the IICSP documents for alignment using authorization dates, scheduled services, units of service, and service providers.

Service Record and IICSP Document Procurement

Table 4-1 summarizes the procurement status for the requested service records and IICSP documents, highlighting the overall rates and variability among ICOs.

Table 4-1—Service Record and IICSP Document Procurement Summary

| Service Category | Service Record | | IICSP Documents | |
|-------------------------------|----------------|----------------------|-----------------|---------------------|
| | Percent | ICO Range | Percent | ICO Range |
| Dental | 82.3% | 55.8% – 97.5% | — | — |
| Hearing | 88.7% | 68.8% – 100% | — | — |
| Vision | 90.4% | 84.0% – 96.7% | — | — |
| NEMT | 94.9% | 77.8% – 100% | — | — |
| Personal Care Service | 97.7% | 83.3% – 100% | 92.2% | 80.0% – 100% |
| All Service Categories | 87.8% | 77.4% – 97.8% | 92.2% | 80.0% – 100% |

— Indicates the data element was not applicable for evaluation in the service category.

The overall service record procurement rate for all ICOs was slightly low, with 87.8 percent of service records being submitted across all service categories. The procurement rates varied across different service categories, ranging from 82.3 percent (i.e., Dental) to 97.7 percent (i.e., Personal Care Service). The variation among ICO procurement rates was the largest in Dental at 41.7 percentage points, while Vision had the smallest variation among ICOs at 12.7 percentage points.

The IICSP document procurement rate for Personal Care Service was 92.2 percent, with ICO rates ranging from 80.0 percent to 100 percent.

Encounter Data Completeness and Accuracy

Table 4-2 summarizes the service record and encounter data omission rates for each applicable key data element associated with the corresponding service categories.

Table 4-2—Encounter Data Completeness Summary

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|----------------------|-------------------------|---------------------|
| | | Percent* | ICO Range | Percent* | ICO Range |
| Date of Service | Dental | 14.0% | 1.9% – 38.0% | 8.2% | 4.7% – 18.5% |
| | Hearing | 9.5% | 0.0% – 31.3% | 18.3% | 0.0% – 26.9% |
| | Vision | 13.0% | 8.3% – 18.2% | 8.7% | 0.0% – 31.3% |
| | NEMT | 8.8% | 0.0% – 22.2% | 8.8% | 0.0% – 50.0% |
| | Personal Care Service ¹ | 23.3% | 1.2% – 75.2% | — | — |
| | All Service Categories | 14.9% | 2.7% – 38.8% | 8.8% | 3.7% – 13.6% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 9.1% | 0.0% – 31.3% | 17.5% | 0.0% – 26.9% |
| | Vision | 17.3% | 11.3% – 22.1% | 7.0% | 1.7% – 27.4% |
| | NEMT | — | — | — | — |
| | Personal Care Service | 24.0% | 1.7% – 77.1% | 0.0% | 0.0% – 0.0% |
| | All Service Categories | 19.7% | 11.9% – 35.6% | 6.1% | 1.9% – 22.2% |
| Procedure Code | Dental | 16.7% | 4.7% – 42.1% | 4.0% | 2.2% – 8.4% |
| | Hearing | 17.6% | 0.0% – 40.6% | 11.1% | 0.0% – 14.3% |
| | Vision | 13.6% | 5.3% – 21.7% | 4.6% | 0.5% – 28.2% |
| | NEMT | 28.1% | 0.0% – 46.2% | 9.9% | 0.0% – 50.0% |
| | Personal Care Service | 41.5% | 0.7% – 82.9% | 0.0% | 0.0% – 0.0% |
| | All Service Categories | 18.8% | 6.2% – 36.9% | 4.2% | 2.0% – 6.3% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 16.0% | 0.0% – 27.3% | 0.0% | 0.0% – 0.0% |
| | Vision | 11.2% | 4.3% – 16.7% | 0.7% | 0.0% – 10.0% |
| | NEMT | 19.2% | 0.0% – 100% | 10.0% | 0.0% – 25.0% |
| | Personal Care Service | 100% | 100% ² | NA | NA |
| | All Service Categories | 12.7% | 7.7% – 16.2% | 1.9% | 0.0% – 8.0% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|--------------|-------------------------------|-------------------------|---------------------|-------------------------|--------------------|
| | | Percent* | ICO Range | Percent* | ICO Range |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 28.1% | 0.0% – 39.1% | 0.0% | 0.0% – 0.0% |
| | Personal Care Service | — | — | — | — |
| | All Service Categories | 28.1% | 0.0% – 39.1% | 0.0% | 0.0% – 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² Only one ICO had *Procedure Code Modifiers* populated; therefore, an ICO range could not be displayed.

The evaluation of encounter data completeness focused on two key measures: service record omission (data missing in service records but present in encounter data) and encounter data omission (data missing in encounter data but present in the service records). These measures were applied to applicable key data elements, including *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*, across five service categories: Dental, Hearing, Vision, NEMT, and Personal Care Service.

For the *Date of Service* data element, across all service categories, the service record omission rate was 14.9 percent, indicating moderate alignment between the encounter data and the service records. Among service categories NEMT had the lowest service record omission rate at 8.8 percent, while Personal Care Service exhibited the highest rate at 23.3 percent. Among ICOs, the most variation was observed in the Personal Care Service category at 74.0 percentage points, while Vision demonstrated the least variation at 9.9 percentage points. The overall encounter omission rate across all applicable service categories, was 8.8 percent. Notably, three service categories (i.e., Dental, Vision, and NEMT) had encounter data omission rates below 9.0 percent, while Hearing demonstrated the highest gap in data completeness with an 18.3 percent encounter data omission rate.

For the *Diagnosis Code* data element, across all applicable service categories, 19.7 percent of *Diagnosis Codes* in the encounter data were not supported by documentation in service records (i.e., service record omission). Hearing demonstrated the lowest service record omission rate at 9.1 percent, while Personal Care Service exhibited the highest rate at 24.0 percent. Significant variation among ICOs was observed in the Personal Care Service category at 75.4 percentage points. Encounter data omission rates were generally low, with an overall rate across applicable service categories of 6.1 percent. Personal Care Service showed strong performance at a 0.0 percent encounter data omission rate, while Hearing exhibited notable gaps at 17.5 percent, suggesting the *Diagnosis Codes* in the service records data were only partially supported by the encounter data records.

For the *Procedure Code* data element, for 18.8 percent of codes across all applicable service categories, the encounter data did not have corresponding documentation in service records (i.e., service record omission). Overall, service categories had relatively poor performance with service record omission rates ranging from 13.6 percent for Vision, to 41.5 percent for Personal Care Service. Among ICOs, there was considerable variation in service record omission rates across all service categories. Personal Care Service demonstrated the largest variation, with a range of 82.2 percentage points. Notably, three service categories (i.e., Hearing, NEMT, and Personal Care Service) included ICOs with very low *Procedure Code* service record omission rates, all below 1.0 percent. The overall encounter data omission rate was low at 4.2 percent, indicating strong alignment between service records and encounter data for *Procedure Code* data elements. The best performing categories were Dental at 4.0 percent, Vision at 4.6 percent, and Personal Care Service at 0.0 percent. However, Hearing (11.1 percent) and NEMT (9.9 percent) demonstrated relatively larger gaps in data completeness, reflecting areas for improvement in *Procedure Code* documentation.

For the *Procedure Code Modifier* data element, across all applicable service categories, the overall service record omission rate was 12.7 percent, highlighting incomplete alignment between the encounter data and the service records. Overall, service categories exhibited poor performance with *Procedure Code Modifier* service record omission, particularly Personal Care Service, which had a 100 percent service record omission rate. Notably, for Personal Care Service, only one ICO (**MER**) had any *Procedure Code Modifiers* present in the encounter data. While Hearing (16.0 percent) and NEMT (19.2 percent) had high omission rates across all ICOs, there was significant variation among ICOs within these categories, with some ICOs (**MER** and **MOL**) achieving rates as low as 0.0 percent. The overall encounter data omission rate was low at 1.9 percent, indicating strong performance across applicable service categories. Specifically, Hearing (0.0 percent) and Vision (0.7 percent) demonstrated very low *Procedure Code Modifier* encounter data omission. However, NEMT exhibited some gaps in data completeness with an encounter data omission rate of 10.0 percent.

For the *Units* data element, the service record omission rate was 28.1 percent for NEMT (i.e., service record omission), with ICO variation ranging from 0.0 percent to 39.1 percent. The overall encounter omission rate was 0.0 percent, reflecting strong performance across all ICOs for NEMT.

Table 4-3 displays the element accuracy rates for each applicable key data elements and the all-element accuracy rates associated with the corresponding service categories.

Table 4-3—Encounter Data Accuracy Summary

| Data Element | Service Category | All ICO Rate | ICO Range | Error Type Percents |
|----------------|-----------------------|--------------|--------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 100% | 100% – 100% | NA ² |
| | Vision | 99.3% | 95.5% – 100% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | NEMT | — | — | — |
| | Personal Care Service | 99.7% | 95.8% – 100% | Inaccurate Code: (100%) Specificity Error: (0.0%) |

| Data Element | Service Category | All ICO Rate | ICO Range | Error Type Percents |
|-------------------------|-----------------------|-----------------|-----------------|--|
| Procedure Code | Dental | 98.9% | 98.1% – 100% | — |
| | Hearing | 100% | 100% – 100% | NA ² |
| | Vision | 99.9% | 99.1% – 100% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | NEMT | 100% | 100% – 100% | NA ² |
| | Personal Care Service | 100% | 100% – 100% | NA ² |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 100% | 100% – 100% | — |
| | Vision | 100% | 100% – 100% | — |
| | NEMT | 98.4% | 96.7% – 100% | — |
| | Personal Care Service | NA ¹ | NA ¹ | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 79.3% | 58.6% – 100% | — |
| | Personal Care Service | — | — | — |
| All-Element Accuracy | Dental | 91.2% | 88.4% – 94.9% | — |
| | Hearing | 88.2% | 0.0% – 100% | — |
| | Vision | 85.9% | 72.7% – 91.4% | — |
| | NEMT | 47.3% | 36.4% – 100% | — |
| | Personal Care Service | 89.9% | 50.0% – 100% | — |

‘—’ Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Accuracy rates for key data elements were evaluated across service categories, revealing strong overall performance with minor exceptions.

For the *Diagnosis Codes* data element, when diagnosis codes were present in both encounter data and service records, performance was strong across all applicable service categories, with accuracy rates of at least 99.3 percent. All observed inaccuracies were attributed to inaccurate code errors.

For the *Procedure Codes* data element, accuracy rates across all applicable service categories were at least 98.9 percent, indicating strong performance. All inaccuracies were due to the use of inaccurate codes not supported by the NCCI coding standards.

For the *Procedure Code Modifier* data element, when procedure code modifiers were present in both encounter data and service records, strong performance was observed in all applicable service categories, with accuracy rates of at least 98.4 percent.

The accuracy of the *Units* data element was notably lower compared to the other data elements, with an overall accuracy rate of 79.3 percent for NEMT. Significant variation was observed among ICOs, with rates ranging from 58.6 percent (**HCS**) to 100 percent (**AET**, **MOL**, and **UPP**). For ICOs with lower accuracy rates, this highlights misalignment between the data recorded in the encounter data and the service records, suggesting potential areas where documentation processes could be improved to enhance accuracy and consistency.

For *All-Element Accuracy* that represent the combined accuracy of all key data elements relevant to their respective service categories (i.e., *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*) varied substantially across service categories. Dental achieved the highest all-element accuracy at 91.2 percent, while NEMT showed the lowest all-element accuracy at 47.3 percent, largely driven by the low accuracy of *Units* data element.

Review of IICSP Document

Table 4-4 highlights a summary of results from the review of the IICSP documentation.

Table 4-4—IICSP Document Review Summary

| IICSP Document Review Items | All ICO Number | All ICO Rate | ICO Range |
|---|----------------|--------------|--------------|
| Date of service identified in encounter data | 438 | — | — |
| Valid IICSP submission ¹ | 405 | 92.5% | 81.0% – 100% |
| IICSP document was signed ² | 72 | 17.8% | 1.9% – 44.3% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 72 | 100% | 100% – 100% |
| Servicing providers were documented ⁴ | 68 | 94.4% | 66.7% – 100% |
| Documented servicing providers support provider information in the service records ⁵ | 53 | 77.9% | 45.5% – 100% |
| Documented procedures support procedures identified in the service records ⁴ | 55 | 76.4% | 44.0% – 100% |
| Documented number of units support the units identified in the service records ⁴ | 54 | 75.0% | 40.0% – 100% |

"—" Indicates that the 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 IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

The IICSP documentation review revealed a combination of high performance in certain areas and significant gaps in others. One area of consistent success was the alignment of IICSP documents with the effective dates for the selected dates of service, where all reviewed documents achieved a 100 percent rate. This indicates that all ICOs consistently adhered to the effective date requirements outlined for these documents. However, challenges were noted in other aspects of IICSP documentation.

In terms of valid IICSP submissions, out of the 438 dates of service identified in the encounter data for which HSAG requested IICSP document, 92.5 percent (405 out of 438) were submitted with valid documentation. However, submission rates varied among ICOs, ranging from 81.0 percent to 100 percent, reflecting some inconsistency in meeting this requirement across ICOs.

The presence of proper signatures on valid IICSP documents, a critical component for ensuring that the documents were reviewed, approved, and agreed upon by the appropriate parties, was notably low. The overall rate of properly signed IICSP was just 17.8 percent, with individual ICO rates ranging from 1.9 percent (**AMI**) to 44.3 percent (**HCS**). This widespread deficiency suggests that all ICOs submitted incomplete documentation regarding signatures requirements. The absence of proper signatures also significantly limited HSAG's ability to assess subsequent elements requiring signature verification.

Despite these challenges, the identification of valid servicing providers in IICSP documents with valid signatures and effective dates aligned with the selected dates of service was high, with an overall rate of 94.4 percent (68 out of 72).

However, when comparing the information in the IICSP documentation to the members' service records, discrepancies were identified across various ICOs' supporting data. Specifically, 77.9 percent (53 out of 68) of the documented servicing provider information, 76.4 percent (55 out of 72) of the documented procedure codes, and 75.0 percent (54 out of 72) of the documented units of service within the IICSP documents supported the information contained in the service records. These findings highlight gaps in alignment between the IICSP documents and service records across ICOs. It is worth noting that many of the discrepancies in servicing provider information, procedure codes, and units of service were attributed to missing service records, which limited HSAG's ability to validate the encounter data fully. This limitation underscores the importance of ensuring complete and accurate service record submissions to support effective validation processes.

Recommendations

Based on the service records and IICSP review results, HSAG recommends the following to MDHHS and the ICOs to improve encounter data completeness and accuracy as well as opportunities for improvement in the service plan development.

- Some ICOs' service record submissions were low, which negatively impacted the service record omission study indicators for all key data elements evaluated. As such, to ensure accountability for record procurement requirements, the ICOs may consider strengthening and/or enforcing their contract requirements and oversight via the following:

- Enhance contract requirements: Establish and reinforce accountability measures to ensure the timely submission of complete and accurate records.
- Enforce contract language: Implement contractual provisions that mandate the submission of records by contracted providers, with an emphasis on timely and responsive communication.
- Address non-responsive providers: Develop and enforce strategies to mitigate delays caused by non-responsive providers, ensuring timely submission of service records for auditing and other evaluations.
- The overall service record omission rates for all key data elements (i.e., *Date of Service*, *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units*) were relatively high across all service categories, with significant variation among ICOs. As such, ICOs with high service record omission rates should investigate the root causes of these omissions and consider performing periodic record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to provide targeted education and training for providers regarding encounter data submissions, service record documentation, and coding practices.
- HSAG recommends increased collaboration between MDHHS and ICOs:
 - Conduct regular communication forums and workshops to discuss challenges, and share best practices in data submission, and set performance benchmarks to encourage continuous improvement.
 - Develop improvement plans for ICOs with high service record omission and/or surplus rates, as well as ICOs with lower accuracy rates, for all applicable service categories.
- Since the results of record and IICSP document reviews are dependent on the ICOs' submission of complete and accurate supporting documentation, HSAG recommends MDHHS to:
 - Establish clear submission standards: Develop clear, standardized requirements for service record submissions to enhance the ICOs' responsiveness and compliance.
 - Monitor compliance: Actively oversee adherence to submission standards and enforce accountability measures for noncompliant ICOs.
- The analysis of IICSP documentation indicated a moderately high overall procurement rate, but mixed levels of validity in the submitted documentation. Following the above recommendations to reduce service record omissions will help improve the quality of IICSP documentation review items that compare IICSP documentation to service records. Additionally, to improve quality of the IICSP documentation, HSAG recommends ICOs to:
 - Focus on complete documentation: Continue current efforts to ensure IICSP documents are thorough and accurate.
 - Ensure required signatures: Emphasize the importance of obtaining all required signatures on IICSP documents prior to providing or sharing them with relevant stakeholders.
 - Implement internal quality checks: Establish internal processes to verify that documentation is complete, accurate, and compliant with applicable guidelines prior to submission.
- During the process of generating sample cases for the EDV review, HSAG encountered significant challenges with the completeness and accuracy of provider information in MDHHS' encounter data. Specifically, the data often lacked fully populated NPIs, which are crucial for accurately identifying providers who meet the criteria for a specific service category. Additionally, the encounter data did

not include detailed provider taxonomy codes, which are vital for determining the eligibility of providers for specific services relevant to the review. The lack of detailed taxonomy information hindered HSAG's ability to categorize and analyze data based on the provider specialty and service type. To address these challenges and improve the integrity of future data analyses, HSAG proposes the following strategic recommendations. MDHHS should:

- Mandate the inclusion of complete NPIs and provider taxonomy codes in all encounter data submissions.
- Introduce robust data verification processes at the point of entry. This step will help in early detection and rectification of incomplete or inaccurate provider data, maintaining the integrity of the database.
- Develop a centralized, easily accessible repository for provider data that can be referenced and updated regularly. This will facilitate more efficient data linkage and retrieval, improving the ease and reliability of data analysis.
- Implement a regular review and feedback system to monitor the improvements in data quality post-implementation of these changes. This will not only help in measuring the success of the implemented strategies but also in making continuous improvements.

By adopting these recommendations, MDHHS and the ICOs can enhance the quality and consistency of encounter data and IICSP documentation, reduce discrepancies, and support more accurate analysis and improved care coordination for service members.

Review Limitations

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

- Accurate evaluation of the completeness and accuracy of MDHHS' encounter data depends on the ability of the ICOs to procure members' complete and accurate service records. Therefore, validation results may have been affected by:
 - The inability of ICOs to successfully obtain service records from their provider networks (e.g., due to non-responsive providers).
 - The submission of incomplete service records (e.g., submission of a visit summary instead of the complete service record).
- Study findings of the service record review relied solely on the documentation contained in members' service records; therefore, results are dependent on the overall quality of provider service records. For example:
 - If a provider performed a service but had not documented it in the member's service record, HSAG would have counted this occurrence as a negative finding.
 - This study was unable to distinguish cases in which a service was not performed versus those in which a service was performed but not documented in the service record.

- The findings from this study are specific to encounters with dates of service from October 1, 2022, through September 30, 2023. As such, the results may not fully reflect the current quality of MDHHS' encounter data.
- This study focused on specific service categories and key data elements, which may not capture the completeness and accuracy of encounter data for all types of services or data elements included in MDHHS' encounter data system.
- The quality of findings related to IICSP documentation was dependent on the completeness and validity of the submitted documents. Incomplete or unsigned documents limited the ability to perform comprehensive evaluations.

Appendix A. Results for Aetna Better Health Premier Plan

This appendix contains detailed results from the service record review and IICSP document review for **AET**.

Service Record and IICSP Document Review Results

Table A-1—Service Record Procurement Status: Requested Date of Service

| Service Category | Number of Records Requested | Number of Records Submitted ¹ | Percent of Records Submitted |
|-------------------------------|-----------------------------|--|------------------------------|
| Dental | 202 | 131 | 64.9% |
| Hearing | 5 | 5 | 100% |
| Vision | 188 | 169 | 89.9% |
| NEMT | 9 | 7 | 77.8% |
| Personal Care Service | 7 | 6 | 85.7% |
| All Service Categories | 411 | 318 | 77.4% |

¹ The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table A-2—Service Record Non-Submission Reasons: Requested Date of Service

| Non-Submission Reason | Number | Percent |
|---|-----------|-------------|
| Service record was not located at this facility; location unknown. | 0 | 0.0% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 2 | 2.2% |
| Member was not a patient of this practice. | 0 | 0.0% |
| Non-responsive provider or provider did not respond in a timely manner. | 72 | 77.4% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 0 | 0.0% |
| Other. | 19 | 20.4% |
| Total | 93 | 100% |

Table A-3—Service Record Submission Status: Second Date of Service

| Service Category ¹ | Number of Service Records Submitted ² | Number of Records Submitted with a Second Date of Service | Percent of Records with a Second Date of Service |
|-------------------------------|--|---|--|
| Dental | 131 | 90 | 68.7% |
| Hearing | 5 | 3 | 60.0% |
| Vision | 169 | 9 | 5.3% |
| NEMT | 7 | 0 | 0.0% |
| All Service Categories | 312 | 102 | 32.7% |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

² The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table A-4—IICSP Document Procurement Status: Personal Care Service Only

| Number of IICSP Documents Requested | Number of IICSP Documents Submitted ¹ | Percent of IICSP Documents Submitted |
|-------------------------------------|--|--------------------------------------|
| 7 | 7 | 100% |

¹ The number of IICSP documents was based on the ICO's responses in the submitted tracking sheets.

Table A-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|----------|-----------|
| Member was enrolled in this plan; however, no IICSP documents available. | 0 | NA |
| Member was not enrolled in this plan. | 0 | NA |
| Other. | 0 | NA |
| Total | 0 | NA |

NA indicates that all IICSP documents were submitted; therefore, there were no rates to report.

Table A-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 255 | 28.2% | 200 | 8.5% |
| | Hearing | 5 | 0.0% | 6 | 16.7% |
| | Vision | 188 | 10.1% | 175 | 3.4% |
| | NEMT | 9 | 22.2% | 7 | 0.0% |
| | Personal Care Service ¹ | 7 | 14.3% | — | — |
| | All Service Categories | 464 | 20.3% | 388 | 6.2% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 9 | 0.0% | 10 | 10.0% |
| | Vision | 382 | 11.3% | 345 | 1.7% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 7 | 14.3% | 6 | 0.0% |
| | All Service Categories | 412 | 11.9% | 370 | 1.9% |
| Procedure Code | Dental | 549 | 31.3% | 408 | 7.6% |
| | Hearing | 7 | 14.3% | 7 | 14.3% |
| | Vision | 456 | 5.3% | 451 | 4.2% |
| | NEMT | 9 | 33.3% | 6 | 0.0% |
| | Personal Care Service ¹ | 10 | 30.0% | 7 | 0.0% |
| | All Service Categories | 1,031 | 19.7% | 879 | 5.8% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 0 | NA ² | 0 | NA ³ |
| | Vision | 138 | 4.3% | 132 | 0.0% |
| | NEMT | 18 | 33.3% | 12 | 0.0% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 156 | 7.7% | 144 | 0.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 9 | 33.3% | 6 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 9 | 33.3% | 6 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Table A-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------------|-------------------------------|-------------|-----------------|---|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 9 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 339 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 6 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 363 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| Procedure Code | Dental | 377 | 98.1% | — |
| | Hearing | 6 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 432 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 6 | 100% | — |
| | Personal Care Service | 7 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 828 | 99.2% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 0 | NA ¹ | — |
| | Vision | 132 | 100% | — |
| | NEMT | 12 | 100% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 144 | 100% | — |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------|-------------------------------|-------------|--------------|----------------------------------|
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 6 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 6 | 100% | — |
| All-Element Accuracy | Dental | 183 | 88.5% | — |
| | Hearing | 5 | 80.0% | — |
| | Vision | 169 | 89.9% | — |
| | NEMT | 7 | 85.7% | — |
| | Personal Care Service | 6 | 100% | — |
| | All Service Categories | 370 | 89.2% | — |

— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Table A-8—IICSP Document Review Findings: Personal Care Service Only

| IICSP Document Review Items | Number | Percent |
|---|--------|---------|
| Date of service identified in encounter data | 7 | — |
| Valid IICSP submission ¹ | 7 | 100% |
| IICSP document was signed ² | 1 | 14.3% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 1 | 100% |
| Servicing providers were documented ⁴ | 1 | 100% |
| Documented servicing providers support provider information in the service records ⁵ | 1 | 100% |
| Documented procedures support procedures identified in the service records ⁴ | 1 | 100% |
| Documented number of units support the units identified in the service records ⁴ | 1 | 100% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Conclusions

Table A-9 provides a list of the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing members' service records and the IICSP documents for services rendered from October 1, 2022, through September 30, 2023.

Table A-9—Key Findings for AET

| Analysis | Key Findings |
|--|--|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was notably low at 77.4 percent, indicating that more than 20 percent of the requested records were not procured and submitted. Of the service records not submitted, 77.4 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within AET, ranging from 64.9 percent (i.e., Dental) to 100 percent (i.e., Hearing). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 32.7 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within AET, ranging from 0 percent (i.e., NEMT) to 68.7 percent (i.e., Dental). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> All requested IICSP documents (100 percent) were submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was high at 20.3 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 28.2 percent (i.e., Dental). The overall service record omission rate for <i>Diagnosis Code</i> was moderately high at 11.9 percent, with variations across service categories, ranging from 0 percent (i.e., Hearing) to 14.3 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code</i> was high at 19.7 percent. Rate varied by service category, ranging from 5.3 percent (i.e., Vision) to 33.3 percent (i.e., NEMT). The overall service record omission rate for <i>Procedure Code Modifier</i> was 7.7 percent. Rate varied by service category, ranging from 4.3 percent (i.e., Vision) to 33.3 percent (i.e., NEMT). The service record omission rate for <i>Units</i> was high at 33.3 percent for NEMT; however, the denominator for this data |

| Analysis | Key Findings |
|--------------------------------|--|
| | <p>element was small, indicating limited data points that may affect interpretation.</p> <ul style="list-style-type: none"> Higher rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> Across all key data elements, encounter data omission rates were generally low, with the <i>Date of Service</i> having the highest encounter data omission rate at 6.2 percent. |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where <i>Diagnosis Codes</i> were present in both the service records and encounter data. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where <i>Procedure Codes</i> were present in both the service records and encounter data. The accuracy rate for Dental was at 98.1 percent, while all other service categories reached 100 percent accuracy for <i>Procedure Codes</i>. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 100 percent of instances where <i>Procedure Code Modifiers</i> were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where <i>Units</i> were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 89.2 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was very low at 14.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Strengths, Weaknesses, and Recommendations

Based on the results from the service record and IICSP document review, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: When the *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units* data elements were present in both the encounter data and the members' service records and were evaluated independently across all service categories, the data element values demonstrated high accuracy, with rates of at least 99.2 percent.

Strength #2: The *Diagnosis Codes*, *Procedure Codes*, *Procedure Code Modifiers*, and *Units* documented in the service records were mostly reflected in the encounter data, as evidenced by the relatively low encounter data omission rates.

Weaknesses and Recommendations

Weakness #1: AET was unable to procure all the requested service records from its contracted providers primarily due to the providers being non-responsive or providers not responding in a timely manner.

Why the weakness exists: The non-submission reason for non-responsive providers or providers who did not respond in a timely manner may indicate that the contracted providers were unaware of the submission requirements or the deadline.

Recommendation: AET should ensure that its contracted providers are held accountable for responding to service record requests in a timely manner to support auditing, inspection, and oversight activities. HSAG recommends that AET strengthen and/or enforce its contractual requirements with its providers to promote timely submission of requested documentation. This may include implementing clear expectations, regular communication about submission requirements and deadlines, and consequences for non-compliance.

Weakness #2: Approximately 20.3 percent of the dates of service in the encounter data were not supported by the members' service records. Furthermore, around 11.9 percent and 19.7 percent of *Diagnosis Codes* and *Procedure Codes*, respectively, in the encounter data were not supported by the members' service records (i.e. service record omission).

Why the weakness exists: The findings where encounter data are not supported by the members' service records can stem from several potential reasons, which can involve provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, insufficient detail in the service records), data submission (e.g., incorrect coding during data submission, data entry errors, or inconsistencies in submitted claims), or processing issues (e.g., data mapping, translation issues, or transmission that result in discrepancies between encounter data and service records).

Recommendation: AET should investigate the root causes of these omissions and consider performing periodic service record reviews of submitted claims to verify appropriate coding and data

completeness, where appropriate. Findings from these reviews should be used to inform targeted education and training initiatives for providers. These initiatives should focus on encounter data submission practices, comprehensive and accurate documentation of members' service record, and adherence to accurate coding practices to reduce future discrepancies.

Weakness #3: The submitted documentation for the members' IICSP were incomplete, with required signatures missing for approximately 85.7 percent of the requested cases. Signatures are essential to validate that the IICSP has been reviewed, approved, and agreed upon by the appropriate parties, in accordance with regulatory and contractual requirements.

Why the weakness exists: The absence of signatures highlights potential gaps in compliance with documentation standards and raises concerns about validating care coordination efforts. It may also impact the ability to demonstrate member or provider agreement with the outlined care plan, which is essential for ensuring accountability and alignment with care objectives.

Recommendation: AET should take proactive steps to ensure that all IICSP documentation includes the required signatures prior to providing or sharing the members' documentation with the relevant stakeholders. To achieve this, AET should implement robust internal quality assurance processes to review and verify that all documentation is complete and compliant with applicable guidelines prior to submission. Additionally, AET should provide targeted education and training for providers to emphasize the importance of obtaining signatures and maintaining accurate, complete documentation. These efforts will enhance compliance with regulatory and contractual requirements while improving the overall integrity and accountability of care coordination documentation.

Appendix B. Results for AmeriHealth Caritas VIP Care Plus

This appendix contains detailed results from the service record review and IICSP document review for [AMI](#).

Service Record and IICSP Document Review Results

Table B-1—Service Record Procurement Status: Requested Date of Service

| Service Category | Number of Records Requested | Number of Records Submitted ¹ | Percent of Records Submitted |
|-------------------------------|-----------------------------|--|------------------------------|
| Dental | 111 | 105 | 94.6% |
| Hearing | 1 | 1 | 100% |
| Vision | 134 | 124 | 92.5% |
| NEMT | 9 | 8 | 88.9% |
| Personal Care Service | 156 | 154 | 98.7% |
| All Service Categories | 411 | 392 | 95.4% |

¹ The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table B-2—Service Record Non-Submission Reasons: Requested Date of Service

| Non-Submission Reason | Number | Percent |
|---|-----------|-------------|
| Service record was not located at this facility; location unknown. | 1 | 5.3% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 11 | 57.9% |
| Member was not a patient of this practice. | 0 | 0.0% |
| Non-responsive provider or provider did not respond in a timely manner. | 4 | 21.1% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 2 | 10.5% |
| Other. | 1 | 5.3% |
| Total | 19 | 100% |

Table B-3—Service Record Submission Status: Second Date of Service

| Service Category ¹ | Number of Service Records Submitted ² | Number of Records Submitted with a Second Date of Service | Percent of Records with a Second Date of Service |
|-------------------------------|--|---|--|
| Dental | 105 | 61 | 58.1% |
| Hearing | 1 | 0 | 0.0% |
| Vision | 124 | 15 | 12.1% |
| NEMT | 8 | 5 | 62.5% |
| All Service Categories | 238 | 81 | 34.0% |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

² The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table B-4—IICSP Document Procurement Status: Personal Care Service Only

| Number of IICSP Documents Requested | Number of IICSP Documents Submitted ¹ | Percent of IICSP Documents Submitted |
|-------------------------------------|--|--------------------------------------|
| 156 | 155 | 99.4% |

¹ The number of IICSP documents was based on the ICO's responses in the submitted tracking sheets.

Table B-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|----------|-------------|
| Member was enrolled in this plan; however, no IICSP documents available. | 1 | 100% |
| Member was not enrolled in this plan. | 0 | 0.0% |
| Other. | 0 | 0.0% |
| Total | 1 | 100% |

Table B-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|-------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 146 | 6.2% | 151 | 9.3% |
| | Hearing | 1 | 0.0% | 1 | 0.0% |
| | Vision | 136 | 14.7% | 129 | 10.1% |
| | NEMT | 11 | 9.1% | 10 | 0.0% |
| | Personal Care Service ¹ | 156 | 9.0% | — | — |
| | All Service Categories | 450 | 9.8% | 291 | 9.3% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 1 | 0.0% | 1 | 0.0% |
| | Vision | 249 | 19.3% | 214 | 6.1% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 156 | 9.0% | 142 | 0.0% |
| | All Service Categories | 420 | 16.9% | 362 | 3.6% |
| Procedure Code | Dental | 449 | 4.9% | 442 | 3.4% |
| | Hearing | 1 | 0.0% | 1 | 0.0% |
| | Vision | 490 | 13.9% | 436 | 3.2% |
| | NEMT | 13 | 46.2% | 7 | 0.0% |
| | Personal Care Service ¹ | 184 | 8.2% | 169 | 0.0% |
| | All Service Categories | 1,137 | 9.8% | 1,055 | 2.7% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 0 | NA ² | 0 | NA ³ |
| | Vision | 253 | 14.2% | 217 | 0.0% |
| | NEMT | 6 | 100% | 0 | . |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 259 | 16.2% | 217 | 0.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 13 | 46.2% | 7 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 13 | 46.2% | 7 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Table B-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------------|-------------------------------|--------------|-----------------|---|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 1 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 201 | 98.5% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | NEMT | — | — | — |
| | Personal Care Service | 142 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 349 | 99.1% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| Procedure Code | Dental | 427 | 99.1% | — |
| | Hearing | 1 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 422 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 7 | 100% | — |
| | Personal Care Service | 169 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 1,026 | 99.6% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 0 | NA ¹ | — |
| | Vision | 217 | 100% | — |
| | NEMT | 0 | NA ¹ | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 217 | 100% | — |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------|-------------------------------|-------------|--------------|----------------------------------|
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 7 | 85.7% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 7 | 85.7% | — |
| All-Element Accuracy | Dental | 137 | 92.0% | — |
| | Hearing | 1 | 100% | — |
| | Vision | 116 | 91.4% | — |
| | NEMT | 10 | 40.0% | — |
| | Personal Care Service | 142 | 99.3% | — |
| | All Service Categories | 406 | 93.1% | — |

— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Table B-8—IICSP Document Review Findings: Personal Care Service Only

| IICSP Document Review Items | Number | Percent |
|---|--------|---------|
| Date of service identified in encounter data | 156 | — |
| Valid IICSP submission ¹ | 156 | 100% |
| IICSP document was signed ² | 3 | 1.9% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 3 | 100% |
| Servicing providers were documented ⁴ | 2 | 66.7% |
| Documented servicing providers support provider information in the service records ⁵ | 1 | 50.0% |
| Documented procedures support procedures identified in the service records ⁴ | 2 | 66.7% |
| Documented number of units support the units identified in the service records ⁴ | 2 | 66.7% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Conclusions

Table B-9 provides a list of the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing members' service records and the IICSP documents for services rendered from October 1, 2022, through September 30, 2023.

Table B-9—Key Findings for AMI

| Analysis | Key Findings |
|--|--|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was at 95.4 percent, indicating that most of the requested records were procured and submitted. Of the service records not submitted, 57.9 percent were not submitted due to documentation not available for the requested date of service, despite member was a patient at the practice. Submission rates varied across different service categories within AMI, ranging from 88.9 percent (i.e., NEMT) to 100 percent (i.e., Hearing). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 34.0 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within AMI, ranging from 0 percent (i.e., Hearing) to 62.5 percent (i.e., NEMT). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> A total of 99.4 percent of the requested IICSP documents were successfully submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was at 9.8 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 14.7 percent (i.e., Vision). The overall service record omission rate for <i>Diagnosis Code</i> was high at 16.9 percent, with variations across service categories, ranging from 0 percent (i.e., Hearing) to 19.3 percent (i.e., Vision). The overall service record omission rate for <i>Procedure Code</i> was at 9.8 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 46.2 percent (i.e., NEMT). The overall service record omission rate for <i>Procedure Code Modifier</i> was high at 16.2 percent. Rates varied by service category, ranging from 14.2 percent (i.e., Vision) to 100 percent (i.e., NEMT). The service record omission rate for <i>Units</i> was high at 46.2 percent for NEMT; however, the denominator for this data |

| Analysis | Key Findings |
|--------------------------------|--|
| | <p>element was small, indicating limited data points that may affect interpretation.</p> <ul style="list-style-type: none"> Higher rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> Across all key data elements, encounter data omission rates were relatively low, with the <i>Date of Service</i> having the highest encounter data omission rate at 9.3 percent. |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.1 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. The accuracy rate for Vision was at 98.5 percent, while Hearing and Personal Care Service reached 100 percent accuracy for diagnosis codes. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where procedure codes were present in both the service records and encounter data. The accuracy rate for Dental was at 99.1 percent, while all other service categories reached 100 percent accuracy for procedure codes. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 100 percent of instances where procedure code modifiers were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 85.7 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 93.1 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was very low at 1.9 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Strengths, Weaknesses, and Recommendations

Based on the results from the service record and IICSP document review, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: When the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements were present in both the encounter data and the members' service records and were evaluated independently across all service categories, the data element values demonstrated high accuracy with rates of at least 99.1 percent.

Strength #2: The *Diagnosis Codes*, *Procedure Codes*, *Procedure Code Modifiers*, and *Units* documented in the service records were mostly reflected in the encounter data, as evidenced by the relatively low encounter data omission rates.

Weaknesses and Recommendations

Weakness #1: Approximately 16.9 percent and 16.2 percent of *Diagnosis Codes* and *Procedure Code Modifiers*, respectively, in the encounter data were not supported by the members' service records (i.e. service record omission).

Why the weakness exists: The findings where encounter data are not supported by the members' service records can stem from several potential reasons, which can involve provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, insufficient detail in the service records), data submission (e.g., incorrect coding during data submission, data entry errors, or inconsistencies in submitted claims), or processing issues (e.g., data mapping, translation issues, or transmission that result in discrepancies between encounter data and service records).

Recommendation: AMI should investigate the root causes of these omissions and consider performing periodic service record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to inform targeted education and training initiatives for providers. These initiatives should focus on encounter data submission practices, comprehensive and accurate documentation of members' service records, and adherence to accurate coding practices to reduce future discrepancies.

Weakness #2: The submitted documentation for the members' IICSP was incomplete, with required signatures missing for approximately 98.1 percent of the requested cases. Signatures are essential to validate that the IICSP has been reviewed, approved, and agreed upon by the appropriate parties, in accordance with regulatory and contractual requirements.

Why the weakness exists: The absence of signatures highlights potential gaps in compliance with documentation standards and raises concerns about validating care coordination efforts. It may also impact the ability to demonstrate member or provider agreement with the outlined care plan, which is essential in ensuring accountability and alignment with care objectives.

Recommendation: AMI should take proactive steps to ensure that all IICSP documentation includes the required signatures prior to providing or sharing the members' documentation with the relevant stakeholders. To achieve this, AMI should implement robust internal quality assurance processes to review and verify that all documentation is complete and compliant with applicable guidelines prior to submission. Additionally, AMI should provide targeted education and training for providers to emphasize the importance of obtaining signatures and maintaining accurate, complete documentation. These efforts will enhance compliance with regulatory and contractual requirements while improving the overall integrity and accountability of care coordination documentation.

Appendix C. Results for HAP CareSource

This appendix contains detailed results from the service record review and IICSP document review for HCS.

Service Record and IICSP Document Review Results

Table C-1—Service Record Procurement Status: Requested Date of Service

| Service Category | Number of Records Requested | Number of Records Submitted ¹ | Percent of Records Submitted |
|-------------------------------|-----------------------------|--|------------------------------|
| Dental | 222 | 213 | 95.9% |
| Hearing | 1 | 1 | 100% |
| Vision | 84 | 80 | 95.2% |
| NEMT | 22 | 22 | 100% |
| Personal Care Service | 82 | 82 | 100% |
| All Service Categories | 411 | 398 | 96.8% |

¹ The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table C-2—Service Record Non-Submission Reasons: Requested Date of Service

| Non-Submission Reason | Number | Percent |
|---|-----------|-------------|
| Service record was not located at this facility; location unknown. | 0 | 0.0% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 1 | 7.7% |
| Member was not a patient of this practice. | 0 | 0.0% |
| Non-responsive provider or provider did not respond in a timely manner. | 12 | 92.3% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 0 | 0.0% |
| Other. | 0 | 0.0% |
| Total | 13 | 100% |

Table C-3—Service Record Submission Status: Second Date of Service

| Service Category ¹ | Number of Service Records Submitted ² | Number of Records Submitted with a Second Date of Service | Percent of Records with a Second Date of Service |
|-------------------------------|--|---|--|
| Dental | 213 | 94 | 44.1% |
| Hearing | 1 | 1 | 100% |
| Vision | 80 | 2 | 2.5% |
| NEMT | 22 | 16 | 72.7% |
| All Service Categories | 316 | 113 | 35.8% |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

² The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table C-4—IICSP Document Procurement Status: Personal Care Service Only

| Number of IICSP Documents Requested | Number of IICSP Documents Submitted ¹ | Percent of IICSP Documents Submitted |
|-------------------------------------|--|--------------------------------------|
| 82 | 71 | 86.6% |

¹ The number of IICSP documents was based on the ICO's responses in the submitted tracking sheets.

Table C-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|-----------|-------------|
| Member was enrolled in this plan; however, no IICSP documents available. | 11 | 100% |
| Member was not enrolled in this plan. | 0 | 0.0% |
| Other. | 0 | 0.0% |
| Total | 11 | 100% |

Table C-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|-------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 313 | 3.8% | 316 | 4.7% |
| | Hearing | 1 | 0.0% | 1 | 0.0% |
| | Vision | 84 | 8.3% | 77 | 0.0% |
| | NEMT | 35 | 5.7% | 34 | 2.9% |
| | Personal Care Service ¹ | 82 | 1.2% | — | — |
| | All Service Categories | 515 | 4.3% | 428 | 3.7% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------------|-------------------------|-----------------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 1 | 0.0% | 1 | 0.0% |
| | Vision | 86 | 22.1% | 72 | 6.9% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 164 | 13.4% | 142 | 0.0% |
| | All Service Categories | 288 | 16.3% | 247 | 2.4% |
| Procedure Code | Dental | 856 | 9.6% | 795 | 2.6% |
| | Hearing | 3 | 33.3% | 2 | 0.0% |
| | Vision | 223 | 14.3% | 192 | 0.5% |
| | NEMT | 43 | 32.6% | 30 | 3.3% |
| | Personal Care Service ¹ | 142 | 0.7% | 141 | 0.0% |
| | All Service Categories | 1,267 | 10.3% | 1,160 | 2.0% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 0 | NA ² | 0 | NA ³ |
| | Vision | 0 | NA ² | 0 | NA ³ |
| | NEMT | 0 | NA ² | 0 | NA ³ |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 0 | NA² | 0 | NA³ |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 43 | 32.6% | 29 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 43 | 32.6% | 29 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Table C-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------------|-------------------------------|--------------|-----------------------|---|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 1 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 67 | 95.5% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | NEMT | — | — | — |
| | Personal Care Service | 142 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 241 | 98.8% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| Procedure Code | Dental | 774 | 98.8% | — |
| | Hearing | 2 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 191 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 29 | 100% | — |
| | Personal Care Service | 141 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 1,137 | 99.2% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 0 | NA ¹ | — |
| | Vision | 0 | NA ¹ | — |
| | NEMT | 0 | NA ¹ | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 0 | NA¹ | — |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------|-------------------------------|-------------|--------------|----------------------------------|
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 29 | 58.6% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 29 | 58.6% | — |
| All-Element Accuracy | Dental | 301 | 88.4% | — |
| | Hearing | 1 | 0.0% | — |
| | Vision | 77 | 72.7% | — |
| | NEMT | 33 | 36.4% | — |
| | Personal Care Service | 81 | 77.8% | — |
| | All Service Categories | 493 | 80.5% | — |

— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Table C-8—IICSP Document Review Findings: Personal Care Service Only

| IICSP Document Review Items | Number | Percent |
|---|--------|---------|
| Date of service identified in encounter data | 82 | — |
| Valid IICSP submission ¹ | 70 | 85.4% |
| IICSP document was signed ² | 31 | 44.3% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 31 | 100% |
| Servicing providers were documented ⁴ | 31 | 100% |
| Documented servicing providers support provider information in the service records ⁵ | 31 | 100% |
| Documented procedures support procedures identified in the service records ⁴ | 31 | 100% |
| Documented number of units support the units identified in the service records ⁴ | 31 | 100% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Conclusions

Table C-9 provides a list of the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing members' service records and the IICSP documents for services rendered from October 1, 2022, through September 30, 2023.

Table C-9—Key Findings for HCS

| Analysis | Key Findings |
|--|---|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was at 96.8 percent, indicating that most of the requested records were procured and submitted. Of the service records not submitted, 92.3 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within HCS, ranging from 95.2 percent (i.e., Vision) to 100 percent (i.e., Hearing, NEMT, and Personal Care Service). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 35.8 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within HCS, ranging from 2.5 percent (i.e., Vision) to 100 percent (i.e., Hearing). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> Only 86.6 percent of the requested IICSP documents were successfully submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was at 4.3 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 8.3 percent (i.e., Vision). The overall service record omission rate for <i>Diagnosis Code</i> was high at 16.3 percent. with variations across service categories, ranging from 0 percent (i.e., Hearing) to 22.1 percent (i.e., Vision). The overall service record omission rate for <i>Procedure Code</i> was relatively high at 10.3 percent. Rates varied by service category, ranging from 0.7 percent (i.e., Personal Care Service) to 33.3 percent (i.e., Hearing). There were no procedure code modifiers present in the encounter data; therefore, there were no service record omission rates to report for the <i>Procedure Code Modifier</i> data element. The service record omission rate for <i>Units</i> was high at 32.6 percent for NEMT. |

| Analysis | Key Findings |
|--------------------------------|--|
| | <ul style="list-style-type: none"> Higher rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> Across all key data elements, encounter data omission rates were low, with the <i>Date of Service</i> having the highest encounter data omission rate at 3.7 percent. |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 98.8 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. The accuracy rate for Vision was at 95.5 percent, while Hearing and Personal Care Service reached 100 percent accuracy for diagnosis codes. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where procedure codes were present in both the service records and encounter data. The accuracy rate for Dental was at 98.8 percent, while all other service categories reached 100 percent accuracy for procedure codes. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> There were no procedure code modifiers present in both the encounter data and the service record; therefore, there were no accuracy rate to report for the <i>Procedure Code Modifier</i> data element. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 58.6 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 80.5 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents submission was low at 85.4 percent. The percentage of valid IICSP documents with proper signatures was low at 44.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. IICSPs with proper signatures, consistently demonstrated strong alignment with the service records. |

Strengths, Weaknesses, and Recommendations

Based on the results from the service record and IICSP document review, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: When the *Diagnosis Code* and *Procedure Code* data elements were present in both the encounter data and the members' service records and were evaluated independently across all service categories, the data element values demonstrated high accuracy with rates of at least 98.8 percent.

Strength #2: The *Diagnosis Codes*, *Procedure Codes*, and *Units* documented in the service records were mostly reflected in the encounter data, as evidenced by the relatively low encounter data omission rates.

Weaknesses and Recommendations

Weakness #1: Approximately 16.3 percent, 10.3 percent, and 32.6 percent of *Diagnosis Codes*, *Procedure Codes*, and *Units*, respectively, in the encounter data were not supported by the members' service records (i.e. service record omission). For NEMT, the accuracy rate for *Units* was particularly low, at 58.6 percent.

Why the weakness exists: The findings where encounter data are not supported by the members' service records can stem from several potential reasons, which can involve provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, insufficient detail in the service records), data submission (e.g., incorrect coding during data submission, data entry errors, or inconsistencies in submitted claims), or processing issues (e.g., data mapping, translation issues, or transmission that result in discrepancies between encounter data and service records).

Recommendation: HCS should investigate the root causes of these omissions and consider performing periodic service record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to inform targeted education and training initiatives for providers. These initiatives should focus on encounter data submission practices, comprehensive and accurate documentation of members' service records, and adherence to accurate coding practices to reduce future discrepancies.

Weakness #2: The submitted documentation for the members' IICSP was incomplete, with only 85.4 percent of valid IICSP document submissions. Furthermore, required signatures were missing from approximately 55.7 percent of those valid IICSP documents. Signatures are essential to validate that the IICSP has been reviewed, approved, and agreed upon by the appropriate parties, in accordance with regulatory and contractual requirements.

Why the weakness exists: The low submission rate of valid IICSP documents and absence of signatures highlights potential gaps in compliance with documentation standards and raises concerns about validating care coordination efforts. It may also impact the ability to demonstrate member or

provider agreement with the outlined care plan, which is essential for ensuring accountability and alignment with care objectives.

Recommendation: HCS should take proactive steps to enhance its oversight and management of the IICSP document submission process to improve both the validity and the completion rates of submitted documents. This involves clearly defining and communicating the criteria for valid IICSP documents to all providers and ensuring that these guidelines are easily accessible and understood. HCS should also ensure that all IICSP documentation includes the required signatures prior to providing or sharing the members' documentation with the relevant stakeholders. To achieve this, HCS should implement robust internal quality assurance processes to review and verify that all documentation is complete and compliant with applicable guidelines prior to submission. Additionally, HCS should provide targeted education and training for providers to emphasize the importance of obtaining signatures and maintaining accurate, complete documentation. These efforts will enhance compliance with regulatory and contractual requirements while improving the overall integrity and accountability of care coordination documentation.

Appendix D. Results for MeridianComplete

This appendix contains detailed results from the service record review and IICSP document review for **MER**.

Service Record and IICSP Document Review Results

Table D-1—Service Record Procurement Status: Requested Date of Service

| Service Category | Number of Records Requested | Number of Records Submitted ¹ | Percent of Records Submitted |
|-------------------------------|-----------------------------|--|------------------------------|
| Dental | 120 | 67 | 55.8% |
| Hearing | 16 | 11 | 68.8% |
| Vision | 152 | 129 | 84.9% |
| NEMT | 18 | 17 | 94.4% |
| Personal Care Service | 105 | 104 | 99.0% |
| All Service Categories | 411 | 328 | 79.8% |

¹ The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table D-2—Service Record Non-Submission Reasons: Requested Date of Service

| Non-Submission Reason | Number | Percent |
|---|-----------|-------------|
| Service record was not located at this facility; location unknown. | 0 | 0.0% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 0 | 0.0% |
| Member was not a patient of this practice. | 3 | 3.6% |
| Non-responsive provider or provider did not respond in a timely manner. | 75 | 90.4% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 1 | 1.2% |
| Other. | 4 | 4.8% |
| Total | 83 | 100% |

Table D-3—Service Record Submission Status: Second Date of Service

| Service Category ¹ | Number of Service Records Submitted ² | Number of Records Submitted with a Second Date of Service | Percent of Records with a Second Date of Service |
|-------------------------------|--|---|--|
| Dental | 67 | 42 | 62.7% |
| Hearing | 11 | 3 | 27.3% |
| Vision | 129 | 13 | 10.1% |
| NEMT | 17 | 10 | 58.8% |
| All Service Categories | 224 | 68 | 30.4% |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

² The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table D-4—IICSP Document Procurement Status: Personal Care Service Only

| Number of IICSP Documents Requested | Number of IICSP Documents Submitted ¹ | Percent of IICSP Documents Submitted |
|-------------------------------------|--|--------------------------------------|
| 105 | 84 | 80.0% |

¹ The number of IICSP documents was based on the ICO's responses in the submitted tracking sheets.

Table D-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|-----------|-------------|
| Member was enrolled in this plan; however, no IICSP documents available. | 19 | 90.5% |
| Member was not enrolled in this plan. | 0 | 0.0% |
| Other. | 2 | 9.5% |
| Total | 21 | 100% |

Table D-0-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|--------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 142 | 38.0% | 108 | 18.5% |
| | Hearing | 16 | 31.3% | 13 | 15.4% |
| | Vision | 154 | 18.2% | 139 | 9.4% |
| | NEMT | 21 | 19.0% | 20 | 15.0% |
| | Personal Care Service ¹ | 105 | 75.2% | — | — |
| | All Service Categories | 438 | 38.8% | 280 | 13.6% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|--------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 16 | 31.3% | 13 | 15.4% |
| | Vision | 288 | 21.5% | 243 | 7.0% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 105 | 77.1% | 24 | 0.0% |
| | All Service Categories | 435 | 35.6% | 302 | 7.3% |
| Procedure Code | Dental | 375 | 42.1% | 237 | 8.4% |
| | Hearing | 32 | 40.6% | 21 | 9.5% |
| | Vision | 406 | 21.7% | 333 | 4.5% |
| | NEMT | 23 | 39.1% | 17 | 17.6% |
| | Personal Care Service ¹ | 105 | 75.2% | 26 | 0.0% |
| | All Service Categories | 941 | 36.9% | 634 | 6.3% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 2 | 0.0% | 2 | 0.0% |
| | Vision | 70 | 11.4% | 64 | 3.1% |
| | NEMT | 20 | 10.0% | 20 | 10.0% |
| | Personal Care Service ¹ | 2 | 100% | 0 | . |
| | All Service Categories | 94 | 12.8% | 86 | 4.7% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 23 | 39.1% | 14 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 23 | 39.1% | 14 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Table D-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------------|-------------------------------|-------------|-----------------|---|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 11 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 226 | 99.6% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | NEMT | — | — | — |
| | Personal Care Service | 24 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 280 | 99.6% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| Procedure Code | Dental | 217 | 100% | — |
| | Hearing | 19 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 318 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 14 | 100% | — |
| | Personal Care Service | 26 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 594 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 2 | 100% | — |
| | Vision | 62 | 100% | — |
| | NEMT | 18 | 100% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 82 | 100% | — |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------|-------------------------------|-------------|--------------|----------------------------------|
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 14 | 71.4% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 14 | 71.4% | — |
| All-Element Accuracy | Dental | 88 | 92.0% | — |
| | Hearing | 11 | 90.9% | — |
| | Vision | 126 | 88.1% | — |
| | NEMT | 17 | 52.9% | — |
| | Personal Care Service | 26 | 92.3% | — |
| | All Service Categories | 268 | 87.7% | — |

— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Table D-8—IICSP Document Review Findings: Personal Care Service Only

| IICSP Document Review Items | Number | Percent |
|---|--------|---------|
| Date of service identified in encounter data | 105 | — |
| Valid IICSP submission ¹ | 85 | 81.0% |
| IICSP document was signed ² | 25 | 29.4% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 25 | 100% |
| Servicing providers were documented ⁴ | 22 | 88.0% |
| Documented servicing providers support provider information in the service records ⁵ | 10 | 45.5% |
| Documented procedures support procedures identified in the service records ⁴ | 11 | 44.0% |
| Documented number of units support the units identified in the service records ⁴ | 10 | 40.0% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Conclusions

Table D-9 provides a list of the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing members' service records and the IICSP documents for services rendered from October 1, 2022, through September 30, 2023.

Table D-9—Key Findings for MER

| Analysis | Key Findings |
|--|---|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was notably low at 79.8 percent, indicating that more than 20 percent of the requested records were not procured and submitted. Of the service records not submitted, 90.4 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within MER, ranging from 55.8 percent (i.e., Dental) to 99.0 percent (i.e., Personal Care Service). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 30.4 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within MER, ranging from 10.1 percent (i.e., Vision) to 62.7 percent (i.e., Dental). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> Only 80.0 percent of the requested IICSP documents were successfully submitted for reviewed. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was high at 38.8 percent. Rates varied by service category, ranging from 18.2 percent (i.e., Vision) to 75.2 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Diagnosis Code</i> was high at 35.6 percent, with variations across service categories, ranging from 21.5 percent (i.e., Vision) to 77.1 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code</i> was high at 36.9 percent. Rates varied by service category, ranging from 21.7 percent (i.e., Vision) to 75.2 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code Modifier</i> was moderately high at 12.8 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 100 percent (i.e., Personal Care Service). |

| Analysis | Key Findings |
|--------------------------------|---|
| | <ul style="list-style-type: none"> The service record omission rate for <i>Units</i> was high at 39.1 percent for NEMT. Higher rates of service record omission rate suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> The overall encounter data omission rates were relatively low for most key data elements, with the <i>Date of Service</i> having the highest encounter data omission rate at 13.6 percent. |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.6 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. The accuracy rate for Vision was at 99.6 percent, while Hearing and Personal Care Service reached 100 percent accuracy for diagnosis codes. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 100 percent of instances where procedure codes were present in both the service records and encounter data. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 100 percent of instances where procedure code modifiers were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 71.4 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 87.7 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents submission was low at 81.0 percent. The percentage of valid IICSP documents with proper signatures was low at 29.4 percent, which largely prevented the assessment of subsequent items requiring signature verification. The alignment of documented servicing providers, procedure codes, and number of units within the IICSP documents with the service records was minimal, with rates not exceeding 45.5 percent. |

Strengths, Weaknesses, and Recommendations

Based on the results from the service record and IICSP document review, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: When the *Diagnosis Code*, *Procedure Code*, and *Procedure Code Modifier* data elements were present in both the encounter data and the members' service records and were evaluated independently across all service categories, the data element values demonstrated high accuracy with rates of at least 99.6 percent.

Weaknesses and Recommendations

Weakness #1: **MER** was unable to procure all the requested service records from its contracted providers primarily due to the providers being non-responsive or providers not responding in a timely manner.

Why the weakness exists: The non-submission reason for non-responsive providers or providers who did not respond in a timely manner may indicate that the contracted providers were unaware of the submission requirements or the deadline.

Recommendation: **MER** should ensure that its contracted providers are held accountable for responding to service record requests in a timely manner to support auditing, inspection, and oversight activities. HSAG recommends that **MER** strengthen and/or enforce its contractual requirements with its providers to promote timely submission of requested documentation. This may include implementing clear expectations, regular communication about submission requirements and deadlines, and consequences for non-compliance.

Weakness #2: Approximately 38.8 percent of the dates of service in the encounter data were not supported by the members' service records. Furthermore, around 35.6 percent, 36.9 percent, 12.8 percent, and 39.1 percent of *Diagnosis Codes*, *Procedure Codes*, *Procedure Code Modifiers*, and *Units* respectively, in the encounter data were not supported by the members' service records (i.e. service record omission). For NEMT, the accuracy rate for *Units* was notably low, at 71.4 percent.

Why the weakness exists: The findings where encounter data are not supported by the members' service records can stem from several potential reasons, which can involve provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, insufficient detail in the service records), data submission (e.g., incorrect coding during data submission, data entry errors, or inconsistencies in submitted claims), or processing issues (e.g., data mapping, translation issues, or transmission that result in discrepancies between encounter data and service records).

Recommendation: **MER** should investigate the root causes of these omissions and consider performing periodic service record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to inform targeted education and training initiatives for providers. These initiatives should focus on encounter data

submission practices, comprehensive and accurate documentation of members' service records, and adherence to accurate coding practices to reduce future discrepancies. Given the notably low accuracy rate for *Units* in NEMT, special attention should be given to this area through targeted training and specific guidelines, aiming to enhance accuracy and reduce omissions significantly. These strategies will enhance the reliability of **MER**'s encounter data, improve compliance with regulatory standards, and ultimately elevate the quality of healthcare data reporting.

Weakness #3: The submitted documentation for the members' IICSP was incomplete, with only 81.0 percent of valid IICSP document submissions. Furthermore, required signatures were missing from approximately 70.6 percent of those valid IICSP documents. Signatures are essential to validate that the IICSP has been reviewed, approved, and agreed upon by the appropriate parties, in accordance with regulatory and contractual requirements.

Why the weakness exists:

The low submission rate of valid IICSP documents and absence of signatures highlights potential gaps in compliance with documentation standards and raises concerns about validating care coordination efforts. It may also impact the ability to demonstrate member or provider agreement with the outlined care plan, which is essential for ensuring accountability and alignment with care objectives.

Recommendation: **MER** should take proactive steps to enhance its oversight and management of the IICSP document submission process to improve both the validity and the completion rates of submitted documents. This involves clearly defining and communicating the criteria for valid IICSP documents to all providers and ensuring that these guidelines are easily accessible and understood. **MER** should also ensure that all IICSP documentation includes the required signatures prior to providing or sharing the members' documentation with the relevant stakeholders. To achieve this, **MER** should implement robust internal quality assurance processes to review and verify that all documentation is complete and compliant with applicable guidelines prior to submission. Additionally, HCS should provide targeted education and training for providers to emphasize the importance of obtaining signatures and maintaining accurate, complete documentation. These efforts will enhance compliance with regulatory and contractual requirements while improving the overall integrity and accountability of care coordination documentation.

Appendix E. Results for Molina Dual Options MI Health Link

This appendix contains detailed results from the service record review and IICSP document review for **MOL**.

Service Record and IICSP Document Review Results

Table E-1—Service Record Procurement Status: Requested Date of Service

| Service Category | Number of Records Requested | Number of Records Submitted ¹ | Percent of Records Submitted |
|-------------------------------|-----------------------------|--|------------------------------|
| Dental | 336 | 263 | 78.3% |
| Hearing | 19 | 16 | 84.2% |
| Vision | 25 | 21 | 84.0% |
| NEMT | 1 | 1 | 100% |
| Personal Care Service | 30 | 25 | 83.3% |
| All Service Categories | 411 | 326 | 79.3% |

¹ The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table E-2—Service Record Non-Submission Reasons: Requested Date of Service

| Non-Submission Reason | Number | Percent |
|---|-----------|-------------|
| Service record was not located at this facility; location unknown. | 0 | 0.0% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 1 | 1.2% |
| Member was not a patient of this practice. | 0 | 0.0% |
| Non-responsive provider or provider did not respond in a timely manner. | 79 | 92.9% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 0 | 0.0% |
| Other. | 5 | 5.9% |
| Total | 85 | 100% |

Table E-3—Service Record Submission Status: Second Date of Service

| Service Category ¹ | Number of Service Records Submitted ² | Number of Records Submitted with a Second Date of Service | Percent of Records with a Second Date of Service |
|-------------------------------|--|---|--|
| Dental | 263 | 133 | 50.6% |
| Hearing | 16 | 12 | 75.0% |
| Vision | 21 | 11 | 52.4% |
| NEMT | 1 | 1 | 100% |
| All Service Categories | 301 | 157 | 52.2% |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

² The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table E-4—IICSP Document Procurement Status: Personal Care Service Only

| Number of IICSP Documents Requested | Number of IICSP Documents Submitted ¹ | Percent of IICSP Documents Submitted |
|-------------------------------------|--|--------------------------------------|
| 30 | 30 | 100% |

¹ The number of IICSP documents was based on the ICO's responses in the submitted tracking sheets.

Table E-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|----------|-----------|
| Member was enrolled in this plan; however, no IICSP documents available. | 0 | NA |
| Member was not enrolled in this plan. | 0 | NA |
| Other. | 0 | NA |
| Total | 0 | NA |

NA indicates that all IICSP documents were submitted; therefore, there were no rates to report.

Table E-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|--------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 414 | 18.1% | 380 | 10.8% |
| | Hearing | 22 | 13.6% | 26 | 26.9% |
| | Vision | 26 | 15.4% | 32 | 31.3% |
| | NEMT | 1 | 0.0% | 2 | 50.0% |
| | Personal Care Service ¹ | 30 | 20.0% | — | — |
| | All Service Categories | 493 | 17.8% | 440 | 13.4% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 22 | 13.6% | 26 | 26.9% |
| | Vision | 66 | 19.7% | 73 | 27.4% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 30 | 20.0% | 24 | 0.0% |
| | All Service Categories | 120 | 18.3% | 126 | 22.2% |
| Procedure Code | Dental | 1,051 | 22.1% | 860 | 4.8% |
| | Hearing | 64 | 7.8% | 66 | 10.6% |
| | Vision | 33 | 15.2% | 39 | 28.2% |
| | NEMT | 1 | 0.0% | 2 | 50.0% |
| | Personal Care Service ¹ | 258 | 82.9% | 44 | 0.0% |
| | All Service Categories | 1,407 | 32.4% | 1,011 | 5.9% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 12 | 8.3% | 11 | 0.0% |
| | Vision | 10 | 10.0% | 10 | 10.0% |
| | NEMT | 3 | 0.0% | 4 | 25.0% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 25 | 8.0% | 25 | 8.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 1 | 0.0% | 1 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 1 | 0.0% | 1 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Table E-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------------|-------------------------------|-------------|-----------------|---|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 19 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 53 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 24 | 95.8% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | All Service Categories | 98 | 99.0% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| Procedure Code | Dental | 819 | 98.2% | — |
| | Hearing | 59 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 28 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 1 | 100% | — |
| | Personal Care Service | 44 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 951 | 98.4% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 11 | 100% | — |
| | Vision | 9 | 100% | — |
| | NEMT | 3 | 100% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 23 | 100% | — |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------|-------------------------------|-------------|--------------|----------------------------------|
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 1 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 1 | 100% | — |
| All-Element Accuracy | Dental | 339 | 90.6% | — |
| | Hearing | 19 | 94.7% | — |
| | Vision | 22 | 77.3% | — |
| | NEMT | 1 | 100% | — |
| | Personal Care Service | 24 | 50.0% | — |
| | All Service Categories | 405 | 87.7% | — |

— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Table E-8—IICSP Document Review Findings: Personal Care Service Only

| IICSP Document Review Items | Number | Percent |
|---|--------|---------|
| Date of service identified in encounter data | 30 | — |
| Valid IICSP submission ¹ | 30 | 100% |
| IICSP document was signed ² | 9 | 30.0% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 9 | 100% |
| Servicing providers were documented ⁴ | 9 | 100% |
| Documented servicing providers support provider information in the service records ⁵ | 7 | 77.8% |
| Documented procedures support procedures identified in the service records ⁴ | 7 | 77.8% |
| Documented number of units support the units identified in the service records ⁴ | 7 | 77.8% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Conclusions

Table E-9 provides a list of the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing members' service records and the IICSP documents for services rendered from October 1, 2022, through September 30, 2023.

Table E-9—Key Findings for MOL

| Analysis | Key Findings |
|--|--|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was notably low at 79.3 percent, indicating that more than 20 percent of the requested records were not procured and submitted. Of the service records not submitted, 92.9 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within MOL, ranging from 78.3 percent (i.e., Dental) to 100 percent (i.e., NEMT). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 52.2 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within MOL, ranging from 50.6 percent (i.e., Dental) to 100 percent (i.e., NEMT). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> All requested IICSP documents (100 percent) were submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was high at 17.8 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 20.0 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Diagnosis Code</i> was high at 18.3 percent, with variations across service categories, ranging from 13.6 percent (i.e., Hearing) to 20.0 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code</i> was high at 32.4 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 82.9 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code Modifier</i> was at 8.0 percent. Rates varied by service category, ranging from 0 percent (i.e., NEMT) to 10.0 percent (i.e., Vision). |

| Analysis | Key Findings |
|--------------------------------|---|
| | <ul style="list-style-type: none"> The service record omission rate for <i>Units</i> was at 0.0 percent for NEMT. Higher rates of service record omission rate suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> Although the overall encounter data omission rates for <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i> data elements were relatively low, there was significant variation by service category. Notably, NEMT exhibited high omission rates for both <i>Procedure Code</i> and <i>Procedure Code Modifier</i> at 50.0 percent and 25.0 percent, respectively. The overall encounter data omission rate for <i>Date of Service</i> was moderately high at 13.4 percent. Rates varied by service category, ranging from 10.8 percent (i.e., Dental) to 50.0 percent (i.e., NEMT). The overall encounter data omission rate for <i>Diagnosis Code</i> was high at 22.2 percent, with variations across service categories, ranging from 0.0 percent (i.e., Personal Care Service) to 27.4 percent (i.e., Vision). |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 99.0 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. The accuracy rate for Personal Care Service was at 95.8 percent, while Hearing and Vision reached 100 percent accuracy for diagnosis codes. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 98.4 percent of instances where procedure codes were present in both the service records and encounter data. The accuracy rate for Dental was at 98.2 percent, while all other service categories reached 100 percent accuracy for procedure codes. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 100 percent of instances where procedure code modifiers were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 87.7 percent of the dates of service present in both data sources (i.e., encounter data and service records). |

| Analysis | Key Findings |
|---------------------|---|
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was low at 30.0 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Strengths, Weaknesses, and Recommendations

Based on the results from the service record and IICSP document review, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: When the *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units* data elements were present in both the encounter data and the members' service records and were evaluated independently across all service categories, the data element values demonstrated high accuracy with rates of at least 98.4 percent each.

Weaknesses and Recommendations

Weakness #1: **MOL** was unable to procure all the requested service records from its contracted providers primarily due to the providers being non-responsive or providers not responding in a timely manner.

Why the weakness exists: The non-submission reason for non-responsive providers or providers who did not respond in a timely manner may indicate that the contracted providers were unaware of the submission requirements or the deadline.

Recommendation: **MOL** should ensure that its contracted providers are held accountable for responding to service record requests in a timely manner to support auditing, inspection, and oversight activities. HSAG recommends that **MOL** strengthen and/or enforce its contractual requirements with its providers to promote timely submission of requested documentation. This may include implementing clear expectations, regular communication about submission requirements and deadlines, and consequences for non-compliance.

Weakness #2: Approximately 17.8 percent of the dates of service in the encounter data were not supported by the members' service records. Furthermore, around 18.3 percent and 32.4 percent of *Diagnosis Codes* and *Procedure Codes*, respectively, in the encounter data were not supported by the members' service records (i.e. service record omission).

Why the weakness exists: The findings where encounter data are not supported by the members' service records can stem from several potential reasons, which can involve provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, insufficient detail in the service records), data submission (e.g., incorrect coding during data submission, data entry errors, or

inconsistencies in submitted claims), or processing issues (e.g., data mapping, translation issues, or transmission that result in discrepancies between encounter data and service records).

Recommendation: **MOL** should investigate the root causes of these omissions and consider performing periodic service record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to inform targeted education and training initiatives for providers. These initiatives should focus on encounter data submission practices, comprehensive and accurate documentation of members' service record, and adherence to accurate coding practices to reduce future discrepancies.

Weakness #3: Approximately 13.4 percent of the dates of service from members' service records were not found in MDHHS' encounter data. Furthermore, around 22.2 percent of *Diagnosis Codes* in the members' service records were not found in MDHHS' encounter data.

Why the weakness exists: The presence of *Dates of Service* and *Diagnosis Codes* data elements in members' service records that are not reflected in MDHHS' encounter data could suggest issues with data integration between the providers' systems and the State's reporting system. Additionally, the discrepancy could also stem from inconsistent reporting standards or practices among providers. If providers interpret or apply the reporting requirements differently, this could lead to incomplete or incorrect data being sent to MDHHS.

Recommendation: To address these issues, **MOL** should work with MDHHS to enhance the integration and synchronization of data transfer mechanisms. It is crucial to develop and implement standardized reporting procedures and conduct regular training sessions for all providers to ensure consistent and compliant data reporting. Additionally, regular audits of submitted data against members' service records can help identify discrepancies early, and establishing feedback loops will allow for timely corrective actions. Hosting workshops and pilot initiatives, such as automated validations, can further promote accurate and complete reporting of *Diagnosis Codes*.

Weakness #4: The submitted documentation for the members' IICSPs was incomplete, with required signatures missing for approximately 70.0 percent of the requested cases. Signatures are essential to validate that the IICSP has been reviewed, approved, and agreed upon by the appropriate parties, in accordance with regulatory and contractual requirements.

Why the weakness exists: The absence of signatures highlights potential gaps in compliance with documentation standards and raises concerns about validating care coordination efforts. It may also impact the ability to demonstrate member or provider agreement with the outlined care plan, which is essential for ensuring accountability and alignment with care objectives.

Recommendation: **MOL** should take proactive steps to ensure that all IICSP documentation includes the required signatures prior to providing or sharing the members' documentation with the relevant stakeholders. To achieve this, **MOL** should implement robust internal quality assurance processes to review and verify that all documentation is complete and compliant with applicable guidelines prior to submission. Additionally, **MOL** should provide targeted education and training for providers to emphasize the importance of obtaining signatures and maintaining accurate, complete documentation. These efforts will enhance compliance with regulatory and contractual requirements while improving the overall integrity and accountability of care coordination documentation.

Appendix F. Results for Upper Peninsula Health Plan MI Health Link

This appendix contains detailed results from the service record review and IICSP document review for UPP.

Service Record and IICSP Document Review Results

Table F-1—Service Record Procurement Status: Requested Date of Service

| Service Category | Number of Records Requested | Number of Records Submitted ¹ | Percent of Records Submitted |
|-------------------------------|-----------------------------|--|------------------------------|
| Dental | 244 | 238 | 97.5% |
| Hearing | 29 | 29 | 100% |
| Vision | 60 | 58 | 96.7% |
| NEMT | 20 | 20 | 100% |
| Personal Care Service | 58 | 57 | 98.3% |
| All Service Categories | 411 | 402 | 97.8% |

¹ The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table F-2—Service Record Non-Submission Reasons: Requested Date of Service

| Non-Submission Reason | Number | Percent |
|---|----------|-------------|
| Service record was not located at this facility; location unknown. | 1 | 11.1% |
| Member was a patient of this practice; however, no documentation was available for requested date of service. | 0 | 0.0% |
| Member was not a patient of this practice. | 1 | 11.1% |
| Non-responsive provider or provider did not respond in a timely manner. | 6 | 66.7% |
| Provider refused to release service record documentation. | 0 | 0.0% |
| Facility was permanently closed; unable to procure service record documentation. | 0 | 0.0% |
| Other. | 1 | 11.1% |
| Total | 9 | 100% |

Table F-3—Service Record Submission Status: Second Date of Service

| Service Category ¹ | Number of Service Records Submitted ² | Number of Records Submitted with a Second Date of Service | Percent of Records with a Second Date of Service |
|-------------------------------|--|---|--|
| Dental | 238 | 124 | 52.1% |
| Hearing | 29 | 17 | 58.6% |
| Vision | 58 | 17 | 29.3% |
| NEMT | 20 | 9 | 45.0% |
| All Service Categories | 345 | 167 | 48.4% |

¹ Service records for the second date of service were not requested to be submitted for Personal Care Service.

² The number of service records submitted was based on the ICO's responses in the submitted tracking sheets.

Table F-4—IICSP Document Procurement Status: Personal Care Service Only

| Number of IICSP Documents Requested | Number of IICSP Documents Submitted ¹ | Percent of IICSP Documents Submitted |
|-------------------------------------|--|--------------------------------------|
| 58 | 57 | 98.3% |

¹ The number of IICSP documents was based on the ICO's responses in the submitted tracking sheets.

Table F-5—IICSP Document Non-Submission Reasons: Personal Care Service Only

| Non-Submission Reason | Number | Percent |
|--|----------|-------------|
| Member was enrolled in this plan; however, no IICSP documents available. | 1 | 100% |
| Member was not enrolled in this plan. | 0 | 0.0% |
| Other. | 0 | 0.0% |
| Total | 1 | 100% |

Table F-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|-------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 361 | 1.9% | 373 | 5.1% |
| | Hearing | 39 | 0.0% | 46 | 15.2% |
| | Vision | 64 | 10.9% | 69 | 17.4% |
| | NEMT | 25 | 0.0% | 29 | 13.8% |
| | Personal Care Service ¹ | 58 | 1.7% | — | — |
| | All Service Categories | 547 | 2.7% | 517 | 8.1% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 39 | 0.0% | 46 | 15.2% |
| | Vision | 93 | 17.2% | 89 | 13.5% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 58 | 1.7% | 57 | 0.0% |
| | All Service Categories | 223 | 13.5% | 216 | 10.6% |
| Procedure Code | Dental | 976 | 4.7% | 951 | 2.2% |
| | Hearing | 58 | 15.5% | 56 | 12.5% |
| | Vision | 132 | 15.2% | 125 | 10.4% |
| | NEMT | 25 | 0.0% | 29 | 13.8% |
| | Personal Care Service ¹ | 58 | 3.4% | 56 | 0.0% |
| | All Service Categories | 1,249 | 6.2% | 1,217 | 3.7% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 11 | 27.3% | 8 | 0.0% |
| | Vision | 30 | 16.7% | 25 | 0.0% |
| | NEMT | 31 | 3.2% | 34 | 11.8% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 72 | 12.5% | 67 | 6.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 25 | 0.0% | 25 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 25 | 0.0% | 25 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Table F-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------------|-------------------------------|--------------|-----------------|---|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 39 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 77 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 57 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 193 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| Procedure Code | Dental | 930 | 99.6% | — |
| | Hearing | 49 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 112 | 99.1% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | NEMT | 25 | 100% | — |
| | Personal Care Service | 56 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 1,172 | 99.6% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 8 | 100% | — |
| | Vision | 25 | 100% | — |
| | NEMT | 30 | 96.7% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 63 | 98.4% | — |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------------|-------------------------------|-------------|--------------|----------------------------------|
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 25 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 25 | 100% | — |
| All-Element Accuracy | Dental | 354 | 94.9% | — |
| | Hearing | 39 | 87.2% | — |
| | Vision | 57 | 78.9% | — |
| | NEMT | 25 | 48.0% | — |
| | Personal Care Service | 57 | 98.2% | — |
| | All Service Categories | 532 | 90.8% | — |

— Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Table F-8—IICSP Document Review Findings: Personal Care Service Only

| IICSP Document Review Items | Number | Percent |
|---|--------|---------|
| Date of service identified in encounter data | 58 | — |
| Valid IICSP submission ¹ | 57 | 98.3% |
| IICSP document was signed ² | 3 | 5.3% |
| Selected dates of service were within the effective dates of the IICSP document ³ | 3 | 100% |
| Servicing providers were documented ⁴ | 3 | 100% |
| Documented servicing providers support provider information in the service records ⁵ | 3 | 100% |
| Documented procedures support procedures identified in the service records ⁴ | 3 | 100% |
| Documented number of units support the units identified in the service records ⁴ | 3 | 100% |

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

² Denominator was based on the number of valid IICSPs.

³ Denominator was based on the number of IICSPs with an appropriate signature.

⁴ Denominator was based on the number of IICSPs wherein the selected date of service was within the effective dates of the IICSP.

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

Conclusions

Table F-9 provides a list of the key findings based on the assessment of encounter data completeness and accuracy conducted by reviewing members' service records and the IICSP documents for services rendered from October 1, 2022, through September 30, 2023.

Table F-9—Key Findings for UPP

| Analysis | Key Findings |
|--|--|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was at 97.8 percent, indicating that most of the requested records were procured and submitted. Of the service records not submitted, 66.7 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within UPP, ranging from 96.7 percent (i.e., Vision) to 100 percent (i.e., Hearing and NEMT). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 48.4 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within UPP, ranging from 29.3 percent (i.e., Vision) to 58.6 percent (i.e., Hearing). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> A total of 98.3 percent of the requested IICSP documents were successfully submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was low at 2.7 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 10.9 percent (i.e., Vision). The overall service record omission rate for <i>Diagnosis Code</i> was moderately high at 13.5 percent, with variations across service categories, ranging from 0.0 percent (i.e., Hearing) to 17.2 percent (i.e., Vision). The overall service record omission rate for <i>Procedure Code</i> was at 6.2 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 15.5 percent (i.e., Hearing). The overall service record omission rate for <i>Procedure Code Modifier</i> was moderately high at 12.5 percent. Rates varied by service category, ranging from 3.2 percent (i.e., NEMT) to 27.3 percent (i.e., Hearing). |

| Analysis | Key Findings |
|--------------------------------|---|
| | <ul style="list-style-type: none"> The service record omission rate for <i>Units</i> was at 0.0 percent for NEMT. High rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> The overall encounter data omission rates for <i>Date of Service</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i> data elements were relatively low with rates at or below 8.1 percent. The overall encounter data omission rate for <i>Diagnosis Code</i> was slightly elevated at 10.6 percent, with variations across service categories ranging from 0.0 percent (i.e., Personal Care Service) to 15.2 percent (i.e., Hearing). |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where procedure codes were present in both the service records and encounter data. The accuracy rates for Dental and Vision were at 99.6 percent, and 99.1 percent, respectively, while all other service categories reached 100 percent accuracy for procedure codes. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.4 percent of instances where procedure code modifiers were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 90.8 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was low at 5.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Strengths, Weaknesses, and Recommendations

Based on the results from the service record and IICSP document review, HSAG identified the following areas of strength and opportunities for improvement. Along with each opportunity for improvement, HSAG has also provided a recommendation to help target improvement efforts.

Strengths

Strength #1: A high percentage of *Dates of Service* in the encounter data were supported by the members' service records, as evidenced by the overall low service record omission rate of 2.7.

Strength #2: When the *Diagnosis Code*, *Procedure Code*, *Procedure Code Modifier*, and *Units* data elements were present in both the encounter data and the members' service records and evaluated independently across all service categories, the data element values demonstrated high accuracy, with rates of at least 98.4 percent.

Weaknesses and Recommendations

Weakness #1: Approximately 13.5 percent and 12.5 percent of *Diagnosis Codes* and *Procedure Code Modifiers*, respectively, in the encounter data were not supported by the members' service records (i.e. service record omission).

Why the weakness exists: The findings where encounter data are not supported by the members' service records can stem from several potential reasons, which can involve provider documentation practices (e.g., incomplete or inaccurate documentation, coding errors, insufficient detail in the service records), data submission (e.g., incorrect coding during data submission, data entry errors, or inconsistencies in submitted claims), or processing issues (e.g., data mapping, translation issues, or transmission that result in discrepancies between encounter data and service records).

Recommendation: UPP should investigate the root causes of these omissions and consider performing periodic service record reviews of submitted claims to verify appropriate coding and data completeness, where appropriate. Findings from these reviews should be used to inform targeted education and training initiatives for providers. These initiatives should focus on encounter data submission practices, comprehensive and accurate documentation of members' service record, and adherence to accurate coding practices to reduce future discrepancies.

Weakness #2: The submitted documentation for the members' IICSPs was incomplete, with required signatures missing for approximately 94.7 percent of the valid IICSP documents. Signatures are essential to validate that the IICSP has been reviewed, approved, and agreed upon by the appropriate parties, in accordance with regulatory and contractual requirements.

Why the weakness exists: The absence of signatures highlights potential gaps in compliance with documentation standards and raises concerns about validating care coordination efforts. It may also impact the ability to demonstrate member or provider agreement with the outlined care plan, which is essential for ensuring accountability and alignment with care objectives.

Recommendation: UPP should take proactive steps to ensure that all IICSP documentation includes the required signatures prior to providing or sharing the members' documentation with the relevant

stakeholders. To achieve this, **UPP** should implement robust internal quality assurance processes to review and verify that all documentation is complete and compliant with applicable guidelines prior to submission. Additionally, **UPP** should provide targeted education and training for providers to emphasize the importance of obtaining signatures and maintaining accurate, complete documentation. These efforts will enhance compliance with regulatory and contractual requirements while improving the overall integrity and accountability of care coordination documentation.

MI SFY 2024 EDV Aggregate Report: Erratum Notice Integrated Care Organizations (ICOs)

Erratum Notice

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how certain cases were reviewed, which affected the results presented in the originally published report. The tables impacted by this issue are listed below:

- **Executive Summary**
 - Table 1-3 (Encounter Data Completeness Summary)
 - Table 1-4 (Encounter Data Accuracy)
- **Section 3: Medical Record Review Results**
 - Table 3-10 (Service Record Review: Service Record Omission for Procedure Code)
 - Table 3-11 (Service Record Review: Encounter Data Omission for Procedure Code)
 - Table 3-12 (Service Record Review: Service Record Omission for Procedure Code Modifier)
 - Table 3-13 (Service Record Review: Encounter Data Omission for Procedure Code Modifier)
 - Table 3-21 (All-Element Accuracy)
- **Discussion**
 - Table 4-2 and Table 4-3 (these are identical to Table 1-3 and Table 1-4, respectively, and will not be presented)

The following replacement tables reflect updated values based on a revised review of the service record and corresponding encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table 1-3—Encounter Data Completeness Summary

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|----------------------|-------------------------|---------------------|
| | | Percent* | ICO Range | Percent* | ICO Range |
| Date of Service | Dental | 14.0% | 1.9% – 38.0% | 8.2% | 4.7% – 18.5% |
| | Hearing | 9.5% | 0.0% – 31.3% | 18.3% | 0.0% – 26.9% |
| | Vision | 13.0% | 8.3% – 18.2% | 8.7% | 0.0% – 31.3% |
| | NEMT | 8.8% | 0.0% – 22.2% | 8.8% | 0.0% – 50.0% |
| | Personal Care Service ¹ | 23.3% | 1.2% – 75.2% | — | — |
| | All Service Categories | 14.9% | 2.7% – 38.8% | 8.8% | 3.7% – 13.6% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 9.1% | 0.0% – 31.3% | 17.5% | 0.0% – 26.9% |
| | Vision | 17.3% | 11.3% – 22.1% | 7.0% | 1.7% – 27.4% |
| | NEMT | — | — | — | — |
| | Personal Care Service | 24.0% | 1.7% – 77.1% | 0.0% | 0.0% – 0.0% |
| | All Service Categories | 19.7% | 11.9% – 35.6% | 6.1% | 1.9% – 22.2% |
| Procedure Code | Dental | 16.7% | 4.7% – 42.1% | 4.0% | 2.2% – 8.4% |
| | Hearing | 17.6% | 0.0% – 40.6% | 11.1% | 0.0% – 14.3% |
| | Vision | 13.4% | 5.3% – 21.7% | 4.6% | 0.5% – 28.2% |
| | NEMT | 27.2% | 0.0% – 46.2% | 9.8% | 0.0% – 50.0% |
| | Personal Care Service | 41.5% | 0.7% – 82.9% | 0.0% | 0.0% – 0.0% |
| | All Service Categories | 18.8% | 5.9% – 36.9% | 4.2% | 2.0% – 6.3% |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 16.0% | 0.0% – 27.3% | 0.0% | 0.0% – 0.0% |
| | Vision | 11.2% | 4.3% – 16.7% | 0.7% | 0.0% – 10.0% |
| | NEMT | 16.7% | 0.0% – 100% | 9.7% | 0.0% – 25.0% |
| | Personal Care Service | 100% | 100% ² | NA | NA |
| | All Service Categories | 12.4% | 6.4% – 16.2% | 1.8% | 0.0% – 8.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 28.1% | 0.0% – 39.1% | 0.0% | 0.0% – 0.0% |
| | Personal Care Service | — | — | — | — |
| | All Service Categories | 28.1% | 0.0% – 39.1% | 0.0% | 0.0% – 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² Only one ICO had *Procedure Code Modifiers* populated; therefore, an ICO range could not be displayed.

Note: Rates in green font indicate a change in the encounter data completeness rate.

Please disregard the originally published version of this table.

Replacement Table 1-4—Encounter Data Accuracy

| Data Element | Service Category | All ICO Rate | ICO Range | Error Type Percent |
|----------------------------|-----------------------|-----------------|-----------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 100% | 100% – 100% | NA ² |
| | Vision | 99.3% | 95.5% – 100% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| | NEMT | — | — | — |
| | Personal Care Service | 99.7% | 95.8% – 100% | Inaccurate Code: (100%) Specificity Error: (0.0%) |
| Procedure Code | Dental | 98.9% | 98.1% – 100% | — |
| | Hearing | 100% | 100% – 100% | NA ² |
| | Vision | 99.9% | 99.1% – 100% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | NEMT | 100% | 100% – 100% | NA ² |
| | Personal Care Service | 100% | 100% – 100% | NA ² |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 100% | 100% – 100% | — |
| | Vision | 100% | 100% – 100% | — |
| | NEMT | 98.4% | 96.7% – 100% | — |
| | Personal Care Service | NA ¹ | NA ¹ | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 79.3% | 58.6% – 100% | — |
| | Personal Care Service | — | — | — |
| All-Element Accuracy | Dental | 91.2% | 88.4% – 94.9% | — |
| | Hearing | 88.2% | 0.0% – 100% | — |
| | Vision | 86.1% | 72.7% – 91.4% | — |
| | NEMT | 48.4% | 36.4% – 100% | — |
| | Personal Care Service | 89.9% | 50.0% – 100% | — |

‘—’ Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Note: Rates in green font indicate a change in the encounter data accuracy rate.

Please disregard the originally published version of this table.

Replacement Table 3-10—Service Record Review: Service Record Omission for Procedure Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | 31.3% (549) | 14.3% (7) | 5.3% (456) | 22.2% (9) | 30.0% (10) | 19.6% (1,031) |
| AMI | 4.9% (449) | 0.0% (1) | 13.9% (490) | 46.2% (13) | 8.2% (184) | 9.8% (1,137) |
| HCS | 9.6% (856) | 33.3% (3) | 14.3% (223) | 32.6% (43) | 0.7% (142) | 10.3% (1,267) |
| MER | 42.1% (375) | 40.6% (32) | 21.7% (406) | 39.1% (23) | 75.2% (105) | 36.9% (941) |
| MOL | 22.1% (1,051) | 7.8% (64) | 15.2% (33) | 0.0% (1) | 82.9% (258) | 32.4% (1,407) |
| UPP | 4.7% (976) | 15.5% (58) | 12.9% (132) | 0.0% (25) | 3.4% (58) | 5.9% (1,249) |
| All ICOs | 16.7% (4,256) | 17.6% (165) | 13.4% (1,740) | 27.2% (114) | 41.5% (757) | 18.8% (7,032) |

* Lower rates indicate better performance.

Note: Rates in green font indicate a change in the service record omission rate.

Please disregard the originally published version of this table.

Replacement Table 3-11—Service Record Review: Encounter Data Omission for Procedure Code

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | 7.6% (408) | 14.3% (7) | 4.2% (451) | 0.0% (7) | 0.0% (7) | 5.8% (880) |
| AMI | 3.4% (442) | 0.0% (1) | 3.2% (436) | 0.0% (7) | 0.0% (169) | 2.7% (1,055) |
| HCS | 2.6% (795) | 0.0% (2) | 0.5% (192) | 3.3% (30) | 0.0% (141) | 2.0% (1,160) |
| MER | 8.4% (237) | 9.5% (21) | 4.5% (333) | 17.6% (17) | 0.0% (26) | 6.3% (634) |
| MOL | 4.8% (860) | 10.6% (66) | 28.2% (39) | 50.0% (2) | 0.0% (44) | 5.9% (1,011) |
| UPP | 2.2% (951) | 12.5% (56) | 10.2% (128) | 13.8% (29) | 0.0% (56) | 3.7% (1,220) |
| All ICOs | 4.0% (3,693) | 11.1% (153) | 4.6% (1,579) | 9.8% (92) | 0.0% (443) | 4.2% (5,960) |

Note: Lower rates indicate better performance.

Note: Rates in green font indicate a change in the encounter data omission rate.

Please disregard the originally published version of this table.

Replacement Table 3-12—Service Record Review: Service Record Omission for Procedure Code Modifier

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|---|
| AET | — | NA | 4.3% (138) | 22.2% (18) | NA | 6.4% (156) |
| AMI | — | NA | 14.2% (253) | 100% (6) | NA | 16.2% (259) |
| HCS | — | NA | NA | NA | NA | NA |
| MER | — | 0.0% (2) | 11.4% (70) | 10.0% (20) | 100% (2) | 12.8% (94) |
| MOL | — | 8.3% (12) | 10.0% (10) | 0.0% (3) | NA | 8.0% (25) |
| UPP | — | 27.3% (11) | 16.7% (30) | 3.2% (31) | NA | 12.5% (72) |
| All ICOs | — | 16.0% (25) | 11.2% (501) | 16.7% (78) | 100% (2) | 12.4% (606) |

‘—’ Indicates the procedure code modifier data element was not applicable for evaluation in the service category.

NA indicates that there was no procedure code modifiers present in the encounter data; therefore, there were no rates to report.

Note: Rates in green font indicate a change in the service record omission rate.

Please disregard the originally published version of this table.

Replacement Table 3-13—Service Record Review: Encounter Data Omission for Procedure Code Modifier

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|-----------------|---------------------------------|----------------------------------|---------------------------------|-------------------------------|--|---|
| AET | — | NA | 0.0% (132) | 0.0% (14) | NA | 0.0% (146) |
| AMI | — | NA | 0.0% (217) | NA | NA | 0.0% (217) |
| HCS | — | NA | NA | NA | NA | NA |
| MER | — | 0.0% (2) | 3.1% (64) | 10.0% (20) | NA | 4.7% (86) |
| MOL | — | 0.0% (11) | 10.0% (10) | 25.0% (4) | NA | 8.0% (25) |
| UPP | — | 0.0% (8) | 0.0% (25) | 11.8% (34) | NA | 6.0% (67) |
| All ICOs | — | 0.0% (21) | 0.7% (448) | 9.7% (72) | NA | 1.8% (541) |

‘—’ Indicates the *Procedure Code Modifier* data element was not applicable for evaluation in the service category.

NA indicates that there was no procedure code modifiers present in the service record; therefore, there were no rates to report.

Note: Rates in green font indicate a change in the encounter data omission rate.

Please disregard the originally published version of this table.

Replacement Table 3-21—All-Element Accuracy

| ICO | Dental Percent (Denominator) | Hearing Percent (Denominator) | Vision Percent (Denominator) | NEMT Percent (Denominator) | Personal Care Service Percent (Denominator) | All Service Categories Percent (Denominator) |
|----------|------------------------------------|-------------------------------------|------------------------------------|----------------------------------|--|---|
| AET | 88.5% (183) | 80.0% (5) | 89.9% (169) | 100% (7) | 100% (6) | 89.5% (370) |
| AMI | 92.0% (137) | 100% (1) | 91.4% (116) | 40.0% (10) | 99.3% (142) | 93.1% (406) |
| HCS | 88.4% (301) | 0.0% (1) | 72.7% (77) | 36.4% (33) | 77.8% (81) | 80.5% (493) |
| MER | 92.0% (88) | 90.9% (11) | 88.1% (126) | 52.9% (17) | 92.3% (26) | 87.7% (268) |
| MOL | 90.6% (339) | 94.7% (19) | 77.3% (22) | 100% (1) | 50.0% (24) | 87.7% (405) |
| UPP | 94.9% (354) | 87.2% (39) | 80.7% (57) | 48.0% (25) | 98.2% (57) | 91.0% (532) |
| All ICOs | 91.2% (1,402) | 88.2% (76) | 86.1% (567) | 48.4% (93) | 89.9% (336) | 88.1% (2,474) |

Note: The denominator for the element accuracy rate for each data element was defined differently from the denominator for the all-element accuracy rate. Therefore, the all-element accuracy rate could not be derived from the accuracy rate for each data element.

Note: Rates in green font indicate a change in the all-element accuracy rate.

Please disregard the originally published version of this table.

Appendix A. Erratum Notice for Aetna Better Health Premier Plan

Erratum Notice

This appendix contains corrections for **Aetna Better Health Premier Plan (AET)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table A-6 (Service Record Review: Encounter Data Completeness), Table A-7 (Service Record Review: Encounter Data Accuracy), and Table A-9 (Key Findings for **AET**). The following replacement tables reflect updated values based on a revised review of the service record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table A-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 255 | 28.2% | 200 | 8.5% |
| | Hearing | 5 | 0.0% | 6 | 16.7% |
| | Vision | 188 | 10.1% | 175 | 3.4% |
| | NEMT | 9 | 22.2% | 7 | 0.0% |
| | Personal Care Service ¹ | 7 | 14.3% | — | — |
| | All Service Categories | 464 | 20.3% | 388 | 6.2% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 9 | 0.0% | 10 | 10.0% |
| | Vision | 382 | 11.3% | 345 | 1.7% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 7 | 14.3% | 6 | 0.0% |
| | All Service Categories | 412 | 11.9% | 370 | 1.9% |
| Procedure Code | Dental | 549 | 31.3% | 408 | 7.6% |
| | Hearing | 7 | 14.3% | 7 | 14.3% |
| | Vision | 456 | 5.3% | 451 | 4.2% |
| | NEMT | 9 | 22.2% | 7 | 0.0% |
| | Personal Care Service ¹ | 10 | 30.0% | 7 | 0.0% |
| | All Service Categories | 1,031 | 19.6% | 880 | 5.8% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 0 | NA ² | 0 | NA ³ |
| | Vision | 138 | 4.3% | 132 | 0.0% |
| | NEMT | 18 | 33.3% | 14 | 0.0% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 156 | 6.4% | 146 | 0.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 9 | 33.3% | 6 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 9 | 33.3% | 6 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Note: Rates in green font indicate a change in the encounter data completeness rate.

Please disregard the originally published version of this table.

Replacement Table A-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------|-------------------------------|-------------|-------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 9 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 339 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 6 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 363 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|-------------------------|-------------------------------|-------------|-----------------|---|
| Procedure Code | Dental | 377 | 98.1% | — |
| | Hearing | 6 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 432 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 6 | 100% | — |
| | Personal Care Service | 7 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 828 | 99.2% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | | | | |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 0 | NA ¹ | — |
| | Vision | 132 | 100% | — |
| | NEMT | 12 | 100% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 144 | 100% | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 6 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 6 | 100% | — |
| All-Element Accuracy | Dental | 183 | 88.5% | — |
| | Hearing | 5 | 80.0% | — |
| | Vision | 169 | 89.9% | — |
| | NEMT | 7 | 100% | — |
| | Personal Care Service | 6 | 100% | — |
| | All Service Categories | 370 | 89.5% | — |

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Note: Rates in green font indicate a change in the encounter data accuracy rate.

Please disregard the originally published version of this table.

Replacement Table A-9—Key Findings for AET

| Analysis | Key Findings |
|--|--|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was notably low at 77.4 percent, indicating that more than 20 percent of the requested records were not procured and submitted. Of the service records not submitted, 77.4 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within AET, ranging from 64.9 percent (i.e., Dental) to 100 percent (i.e., Hearing). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 32.7 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within AET, ranging from 0 percent (i.e., NEMT) to 68.7 percent (i.e., Dental). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> All requested IICSP documents (100 percent) were submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was high at 20.3 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 28.2 percent (i.e., Dental). The overall service record omission rate for <i>Diagnosis Code</i> was moderately high at 11.9 percent, with variations across service categories, ranging from 0 percent (i.e., Hearing) to 14.3 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code</i> was high at 19.6 percent. Rate varied by service category, ranging from 5.3 percent (i.e., Vision) to 33.3 percent (i.e., NEMT). The overall service record omission rate for <i>Procedure Code Modifier</i> was 7.7 percent. Rate varied by service category, ranging from 4.3 percent (i.e., Vision) to 33.3 percent (i.e., NEMT). The service record omission rate for <i>Units</i> was high at 33.3 percent for NEMT; however, the denominator for this data |

| Analysis | Key Findings |
|--------------------------------|--|
| | <p>element was small, indicating limited data points that may affect interpretation.</p> <ul style="list-style-type: none"> Higher rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> Across all key data elements, encounter data omission rates were generally low, with the <i>Date of Service</i> having the highest encounter data omission rate at 6.2 percent. |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where <i>Diagnosis Codes</i> were present in both the service records and encounter data. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where <i>Procedure Codes</i> were present in both the service records and encounter data. The accuracy rate for Dental was at 98.1 percent, while all other service categories reached 100 percent accuracy for <i>Procedure Codes</i>. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 100 percent of instances where <i>Procedure Code Modifiers</i> were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where <i>Units</i> were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 89.5 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was very low at 14.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Note: Rates in green font indicate a change in the calculated rate.

Appendix F. Erratum Notice for Upper Peninsula Health Plan MI Health Link

Erratum Notice

This appendix contains corrections for **Upper Peninsula Health Plan MI Health Link (UPP)**.

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table F-6 (Service Record Review: Encounter Data Completeness), Table F-7 (Service Record Review: Encounter Data Accuracy), and Table F-9 (Key Findings for **UPP**). The following replacement tables reflect updated values based on a revised review of the service record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table F-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|--------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 361 | 1.9% | 373 | 5.1% |
| | Hearing | 39 | 0.0% | 46 | 15.2% |
| | Vision | 64 | 10.9% | 69 | 17.4% |
| | NEMT | 25 | 0.0% | 29 | 13.8% |
| | Personal Care Service ¹ | 58 | 1.7% | — | — |
| | All Service Categories | 547 | 2.7% | 517 | 8.1% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 39 | 0.0% | 46 | 15.2% |
| | Vision | 93 | 17.2% | 89 | 13.5% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 58 | 1.7% | 57 | 0.0% |
| | All Service Categories | 223 | 13.5% | 216 | 10.6% |
| Procedure Code | Dental | 976 | 4.7% | 951 | 2.2% |
| | Hearing | 58 | 15.5% | 56 | 12.5% |
| | Vision | 132 | 12.9% | 128 | 10.2% |
| | NEMT | 25 | 0.0% | 29 | 13.8% |
| | Personal Care Service ¹ | 58 | 3.4% | 56 | 0.0% |
| | All Service Categories | 1,249 | 5.9% | 1,220 | 3.7% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 11 | 27.3% | 8 | 0.0% |
| | Vision | 30 | 16.7% | 25 | 0.0% |
| | NEMT | 31 | 3.2% | 34 | 11.8% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 72 | 12.5% | 67 | 6.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 25 | 0.0% | 25 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 25 | 0.0% | 25 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Note: Rates in green font indicate a change in the encounter data completeness rate.

Please disregard the originally published version of this table.

Replacement Table F-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------|-------------------------------|-------------|-------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 39 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 77 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 57 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 193 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|-------------------------|-------------------------------|--------------|-----------------|---|
| Procedure Code | Dental | 930 | 99.6% | — |
| | Hearing | 49 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 112 | 99.1% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | NEMT | 25 | 100% | — |
| | Personal Care Service | 56 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 1,172 | 99.6% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | | | | |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 8 | 100% | — |
| | Vision | 25 | 100% | — |
| | NEMT | 30 | 96.7% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 63 | 98.4% | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 25 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 25 | 100% | — |
| All-Element Accuracy | Dental | 354 | 94.9% | — |
| | Hearing | 39 | 87.2% | — |
| | Vision | 57 | 80.7% | — |
| | NEMT | 25 | 48.0% | — |
| | Personal Care Service | 57 | 98.2% | — |
| | All Service Categories | 532 | 91.0% | — |

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record; therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Note: Rates in green font indicate a change in the encounter data accuracy rate.

Please disregard the originally published version of this table.

Replacement Table F-9—Key Findings for UPP

| Analysis | Key Findings |
|--|---|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was at 97.8 percent, indicating that most of the requested records were procured and submitted. Of the service records not submitted, 66.7 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within UPP, ranging from 96.7 percent (i.e., Vision) to 100 percent (i.e., Hearing and NEMT). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 48.4 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within UPP, ranging from 29.3 percent (i.e., Vision) to 58.6 percent (i.e., Hearing). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> A total of 98.3 percent of the requested IICSP documents were successfully submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was low at 2.7 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 10.9 percent (i.e., Vision). The overall service record omission rate for <i>Diagnosis Code</i> was moderately high at 13.5 percent, with variations across service categories, ranging from 0.0 percent (i.e., Hearing) to 17.2 percent (i.e., Vision). The overall service record omission rate for <i>Procedure Code</i> was at 5.9 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 15.5 percent (i.e., Hearing). The overall service record omission rate for <i>Procedure Code Modifier</i> was moderately high at 12.5 percent. Rates varied by service category, ranging from 3.2 percent (i.e., NEMT) to 27.3 percent (i.e., Hearing). The service record omission rate for <i>Units</i> was at 0.0 percent for NEMT. |

| Analysis | Key Findings |
|--------------------------------|---|
| | <ul style="list-style-type: none"> High rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> The overall encounter data omission rates for <i>Date of Service</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i> data elements were relatively low with rates at or below 8.1 percent. The overall encounter data omission rate for <i>Diagnosis Code</i> was slightly elevated at 10.6 percent, with variations across service categories ranging from 0.0 percent (i.e., Personal Care Service) to 15.2 percent (i.e., Hearing). |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where procedure codes were present in both the service records and encounter data. The accuracy rates for Dental and Vision were at 99.6 percent, and 99.1 percent, respectively, while all other service categories reached 100 percent accuracy for procedure codes. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.4 percent of instances where procedure code modifiers were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 91.0 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was low at 5.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Note: Rates in green font indicate a change in the calculated rate.

MI SFY 2024 EDV Aggregate Report: Erratum Notice for Aetna Better Health Premier Plan (AET)

Erratum Notice

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table A-6 (Service Record Review: Encounter Data Completeness), Table A-7 (Service Record Review: Encounter Data Accuracy), and Table F-9 (Key Findings for AET). The following replacement tables reflect updated values based on a revised review of the service record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table A-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|-------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 255 | 28.2% | 200 | 8.5% |
| | Hearing | 5 | 0.0% | 6 | 16.7% |
| | Vision | 188 | 10.1% | 175 | 3.4% |
| | NEMT | 9 | 22.2% | 7 | 0.0% |
| | Personal Care Service ¹ | 7 | 14.3% | — | — |
| | All Service Categories | 464 | 20.3% | 388 | 6.2% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 9 | 0.0% | 10 | 10.0% |
| | Vision | 382 | 11.3% | 345 | 1.7% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 7 | 14.3% | 6 | 0.0% |
| | All Service Categories | 412 | 11.9% | 370 | 1.9% |
| Procedure Code | Dental | 549 | 31.3% | 408 | 7.6% |
| | Hearing | 7 | 14.3% | 7 | 14.3% |
| | Vision | 456 | 5.3% | 451 | 4.2% |
| | NEMT | 9 | 22.2% | 7 | 0.0% |
| | Personal Care Service ¹ | 10 | 30.0% | 7 | 0.0% |
| | All Service Categories | 1,031 | 19.6% | 880 | 5.8% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 0 | NA ² | 0 | NA ³ |
| | Vision | 138 | 4.3% | 132 | 0.0% |
| | NEMT | 18 | 33.3% | 14 | 0.0% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 156 | 6.4% | 146 | 0.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 9 | 33.3% | 6 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 9 | 33.3% | 6 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Note: Rates in green font indicate a change in the encounter data completeness rate.

Please disregard the originally published version of this table.

Replacement Table A-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------|-------------------------------|-------------|-------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 9 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 339 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 6 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 363 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|-------------------------|-------------------------------|-------------|-----------------|---|
| Procedure Code | Dental | 377 | 98.1% | — |
| | Hearing | 6 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 432 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | NEMT | 6 | 100% | — |
| | Personal Care Service | 7 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 828 | 99.2% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | | | | |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 0 | NA ¹ | — |
| | Vision | 132 | 100% | — |
| | NEMT | 12 | 100% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 144 | 100% | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 6 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 6 | 100% | — |
| All-Element Accuracy | Dental | 183 | 88.5% | — |
| | Hearing | 5 | 80.0% | — |
| | Vision | 169 | 89.9% | — |
| | NEMT | 7 | 100% | — |
| | Personal Care Service | 6 | 100% | — |
| | All Service Categories | 370 | 89.5% | — |

—¹ Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record;

therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Note: Rates in green font indicate a change in the encounter data accuracy rate.

Please disregard the originally published version of this table.

Replacement Table A-9—Key Findings for AET

| Analysis | Key Findings |
|--|--|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was notably low at 77.4 percent, indicating that more than 20 percent of the requested records were not procured and submitted. Of the service records not submitted, 77.4 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within AET, ranging from 64.9 percent (i.e., Dental) to 100 percent (i.e., Hearing). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 32.7 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within AET, ranging from 0 percent (i.e., NEMT) to 68.7 percent (i.e., Dental). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> All requested IICSP documents (100 percent) were submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was high at 20.3 percent. Rates varied by service category, ranging from 0 percent (i.e., Hearing) to 28.2 percent (i.e., Dental). The overall service record omission rate for <i>Diagnosis Code</i> was moderately high at 11.9 percent, with variations across service categories, ranging from 0 percent (i.e., Hearing) to 14.3 percent (i.e., Personal Care Service). The overall service record omission rate for <i>Procedure Code</i> was high at 19.6 percent. Rate varied by service category, ranging from 5.3 percent (i.e., Vision) to 33.3 percent (i.e., NEMT). The overall service record omission rate for <i>Procedure Code Modifier</i> was 7.7 percent. Rate varied by service category, ranging from 4.3 percent (i.e., Vision) to 33.3 percent (i.e., NEMT). The service record omission rate for <i>Units</i> was high at 33.3 percent for NEMT; however, the denominator for this data element was small, indicating limited data points that may affect interpretation. |

| Analysis | Key Findings |
|--------------------------------|--|
| | <ul style="list-style-type: none"> Higher rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> Across all key data elements, encounter data omission rates were generally low, with the <i>Date of Service</i> having the highest encounter data omission rate at 6.2 percent. |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where <i>Diagnosis Codes</i> were present in both the service records and encounter data. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.2 percent of instances where <i>Procedure Codes</i> were present in both the service records and encounter data. The accuracy rate for Dental was at 98.1 percent, while all other service categories reached 100 percent accuracy for <i>Procedure Codes</i>. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 100 percent of instances where <i>Procedure Code Modifiers</i> were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where <i>Units</i> were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 89.5 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was very low at 14.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Note: Rates in green font indicate a change in the calculated rate.

MI SFY 2024 EDV Aggregate Report: Erratum Notice for Upper Peninsula Health Plan MI Health Link (UPP)

Erratum Notice

Original report date: March 14, 2025

Correction issued: June 18, 2025

Summary

HSAG identified inconsistencies in how cases were reviewed, which affected the results presented in the originally published Table F-6 (Service Record Review: Encounter Data Completeness), Table F-7 (Service Record Review: Encounter Data Accuracy), and Table F-9 (Key Findings for UPP). The following replacement tables reflect updated values based on a revised review of the service record and encounter data. The corrections do not impact the overall conclusions of the report.

Replacement Table F-6—Service Record Review: Encounter Data Completeness

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-----------------|------------------------------------|-------------------------|--------------|-------------------------|--------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Date of Service | Dental | 361 | 1.9% | 373 | 5.1% |
| | Hearing | 39 | 0.0% | 46 | 15.2% |
| | Vision | 64 | 10.9% | 69 | 17.4% |
| | NEMT | 25 | 0.0% | 29 | 13.8% |
| | Personal Care Service ¹ | 58 | 1.7% | — | — |
| | All Service Categories | 547 | 2.7% | 517 | 8.1% |
| Diagnosis Code | Dental | — | — | — | — |
| | Hearing | 39 | 0.0% | 46 | 15.2% |
| | Vision | 93 | 17.2% | 89 | 13.5% |
| | NEMT | — | — | — | — |
| | Personal Care Service ¹ | 58 | 1.7% | 57 | 0.0% |
| | All Service Categories | 223 | 13.5% | 216 | 10.6% |
| Procedure Code | Dental | 976 | 4.7% | 951 | 2.2% |
| | Hearing | 58 | 15.5% | 56 | 12.5% |
| | Vision | 132 | 12.9% | 128 | 10.2% |
| | NEMT | 25 | 0.0% | 29 | 13.8% |
| | Personal Care Service ¹ | 58 | 3.4% | 56 | 0.0% |
| | All Service Categories | 1,249 | 5.9% | 1,220 | 3.7% |

| Data Element | Service Category | Service Record Omission | | Encounter Data Omission | |
|-------------------------|------------------------------------|-------------------------|-----------------|-------------------------|-----------------|
| | | Denominator | Percent* | Denominator | Percent* |
| Procedure Code Modifier | Dental | — | — | — | — |
| | Hearing | 11 | 27.3% | 8 | 0.0% |
| | Vision | 30 | 16.7% | 25 | 0.0% |
| | NEMT | 31 | 3.2% | 34 | 11.8% |
| | Personal Care Service ¹ | 0 | NA ² | 0 | NA ³ |
| | All Service Categories | 72 | 12.5% | 67 | 6.0% |
| Units | Dental | — | — | — | — |
| | Hearing | — | — | — | — |
| | Vision | — | — | — | — |
| | NEMT | 25 | 0.0% | 25 | 0.0% |
| | Personal Care Service ¹ | — | — | — | — |
| | All Service Categories | 25 | 0.0% | 25 | 0.0% |

* Lower rates indicate better performance.

'—' Indicates the data element was not applicable for evaluation in the service category.

¹ Encounter data omission for *Date of Service* was not evaluated since a second date of service was not requested for submission.

² NA indicates that there were no data element values present in the encounter data; therefore, there were no service record omission rates to report.

³ NA indicates that there were no data element values present in the service record; therefore, there were no encounter data omission rates to report.

Note: Rates in green font indicate a change in the encounter data completeness rate.

Please disregard the originally published version of this table.

Replacement Table F-7—Service Record Review: Encounter Data Accuracy

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|----------------|-------------------------------|-------------|-------------|--|
| Diagnosis Code | Dental | — | — | — |
| | Hearing | 39 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | Vision | 77 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | NEMT | — | — | — |
| | Personal Care Service | 57 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |
| | All Service Categories | 193 | 100% | Inaccurate Code: (NA) Specificity Error: (NA) |

| Data Element | Service Category | Denominator | Percent | Error Type Percents ² |
|-------------------------|------------------------|-------------|-----------------|---|
| Procedure Code | Dental | 930 | 99.6% | — |
| | Hearing | 49 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | Vision | 112 | 99.1% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | NEMT | 25 | 100% | — |
| | Personal Care Service | 56 | 100% | Inaccurate Code: (NA) Higher Levels of Service in Service Records: (NA) Lower Levels of Service in Service Records: (NA) |
| | All Service Categories | 1,172 | 99.6% | Inaccurate Code: (100%) Higher Levels of Service in Service Records: (0.0%) Lower Levels of Service in Service Records: (0.0%) |
| | | | | |
| Procedure Code Modifier | Dental | — | — | — |
| | Hearing | 8 | 100% | — |
| | Vision | 25 | 100% | — |
| | NEMT | 30 | 96.7% | — |
| | Personal Care Service | 0 | NA ¹ | — |
| | All Service Categories | 63 | 98.4% | — |
| Units | Dental | — | — | — |
| | Hearing | — | — | — |
| | Vision | — | — | — |
| | NEMT | 25 | 100% | — |
| | Personal Care Service | — | — | — |
| | All Service Categories | 25 | 100% | — |
| All-Element Accuracy | Dental | 354 | 94.9% | — |
| | Hearing | 39 | 87.2% | — |
| | Vision | 57 | 80.7% | — |
| | NEMT | 25 | 48.0% | — |
| | Personal Care Service | 57 | 98.2% | — |
| | All Service Categories | 532 | 91.0% | — |

—¹ Indicates the data element was not applicable for evaluation in the service category.

¹ NA indicates that there were no data element values present in both the encounter data and the service record;

therefore, there were no accuracy rates to report.

² NA indicates that all codes were coded accurately; therefore, there were no error types to report.

Note: Rates in green font indicate a change in the encounter data accuracy rate.

Please disregard the originally published version of this table.

Replacement Table F-9—Key Findings for UPP

| Analysis | Key Findings |
|--|---|
| Record Procurement Status | |
| Service Record Procurement Rate | <ul style="list-style-type: none"> The overall service record procurement rate was at 97.8 percent, indicating that most of the requested records were procured and submitted. Of the service records not submitted, 66.7 percent were not submitted due to non-responsive providers or provider did not respond in a timely manner. Submission rates varied across different service categories within UPP, ranging from 96.7 percent (i.e., Vision) to 100 percent (i.e., Hearing and NEMT). |
| Second Date of Service Submission Rate | <ul style="list-style-type: none"> Among the procured service records, 48.4 percent included a corresponding second date of service. The submission rates for a second date of service varied across different service categories within UPP, ranging from 29.3 percent (i.e., Vision) to 58.6 percent (i.e., Hearing). |
| IICSP Document Procurement Rate | <ul style="list-style-type: none"> A total of 98.3 percent of the requested IICSP documents were successfully submitted for review. |
| Encounter Data Completeness | |
| Service Record Omission Rate | <ul style="list-style-type: none"> The overall service record omission rate for <i>Date of Service</i> was low at 2.7 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 10.9 percent (i.e., Vision). The overall service record omission rate for <i>Diagnosis Code</i> was moderately high at 13.5 percent, with variations across service categories, ranging from 0.0 percent (i.e., Hearing) to 17.2 percent (i.e., Vision). The overall service record omission rate for <i>Procedure Code</i> was at 5.9 percent. Rates varied by service category, ranging from 0.0 percent (i.e., NEMT) to 15.5 percent (i.e., Hearing). The overall service record omission rate for <i>Procedure Code Modifier</i> was moderately high at 12.5 percent. Rates varied by service category, ranging from 3.2 percent (i.e., NEMT) to 27.3 percent (i.e., Hearing). The service record omission rate for <i>Units</i> was at 0.0 percent for NEMT. |

| Analysis | Key Findings |
|--------------------------------|---|
| | <ul style="list-style-type: none"> High rates of service record omission suggest that the data elements in the encounter data were not adequately supported by the members' service records. |
| Encounter Data Omission Rate | <ul style="list-style-type: none"> The overall encounter data omission rates for <i>Date of Service</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i> data elements were relatively low with rates at or below 8.1 percent. The overall encounter data omission rate for <i>Diagnosis Code</i> was slightly elevated at 10.6 percent, with variations across service categories ranging from 0.0 percent (i.e., Personal Care Service) to 15.2 percent (i.e., Hearing). |
| Encounter Data Accuracy | |
| Diagnosis Code Rate | <ul style="list-style-type: none"> The <i>Diagnosis Codes</i> were accurate in 100 percent of instances where diagnosis codes were present in both the service records and encounter data, with all errors attributed to inaccurate coding. |
| Procedure Code Rate | <ul style="list-style-type: none"> The <i>Procedure Codes</i> were accurate in 99.6 percent of instances where procedure codes were present in both the service records and encounter data. The accuracy rates for Dental and Vision were at 99.6 percent, and 99.1 percent, respectively, while all other service categories reached 100 percent accuracy for procedure codes. |
| Procedure Code Modifier Rate | <ul style="list-style-type: none"> The <i>Procedure Code Modifiers</i> were accurate in 98.4 percent of instances where procedure code modifiers were present in both the service records and encounter data. |
| Units Rate | <ul style="list-style-type: none"> The <i>Units</i> were accurate in 100 percent of instances where units were present in both the service records and encounter data. |
| All-Element Rate | <ul style="list-style-type: none"> Dates of service with accurate values for all key data elements relevant to their respective service categories (i.e., <i>Diagnosis Code</i>, <i>Procedure Code</i>, <i>Procedure Code Modifier</i>, and <i>Units</i>) were observed in 91.0 percent of the dates of service present in both data sources (i.e., encounter data and service records). |
| IICSP Review | |
| Document Review | <ul style="list-style-type: none"> The percentage of valid IICSP documents with proper signatures was low at 5.3 percent, which largely prevented the assessment of subsequent items requiring signature verification. |

Note: Rates in green font indicate a change in the calculated rate.