

MY 2020 Align. Measure. Perform. (AMP) Quarterly Health Plan Data Submission to Onpoint Health Data *Frequently Asked Questions (FAQs)*

Benefits of Quarterly Data Submission

How does quarterly data submission benefit plan submitters?

Moving to a quarterly cycle will ultimately improve the data submission process for everyone. Plans will benefit from:

- **Faster turnaround times for transmission, processing, and quality assurance**, since smaller volumes of data are handled at a time. Quarterly data submission also allows for earlier feedback to plans and corrections on any data quality or completeness issues.
- **More efficient data submission**. Plan submitters can productionize quarterly data submission rather than having to re-familiarize themselves with the methodology a year later. In addition, early discovery of data issues supports earlier resolution and allows for plans to implement process improvements in subsequent quarters, which in turn enhances data quality over time.
- **Easier annual resource planning**. As plan submissions become routinized, required resources and level of effort become more evenly distributed throughout the year. This will be especially helpful to plans during crunch time for HEDIS and IHA's audited quality submissions.
- **Preparing for the future of healthcare data submission under AB1810**. As mandated in AB1810, California's Office of Statewide Health Planning and Development is currently overseeing the development and implementation of the statewide Health Care Payments Database by calendar year 2023. The Health Care Payments Database, also known as an all payers claims database (APCD), calls for public and private payers to provide healthcare claims and administrative data on a monthly basis. Transitioning to quarterly data submission will help you achieve this future APCD requirement.

How does quarterly data submission benefit AMP participants?

Plan adherence to the quarterly data submission timeline helps ensure the **timely delivery of results** to AMP participants and **distribution of incentive payments** using AMP results within the calendar year. With quarterly data intake, IHA will also have the capability to generate more up-to-date, timely reporting and support strategic initiatives that advance California's healthcare industry.

Why are we moving to a quarterly rather than a bi-annual cadence?

At the August 2019 Governance Committee meeting, IHA staff proposed a plan for monthly data intake starting in measurement year (MY) 2020. However, committee representatives recommended instituting a more gradual ramp-up process towards monthly data submission. The Governance Committee ultimately decided upon a quarterly data submission cadence, beginning with MY 2020.

MY 2020 Quarterly Data Submission Timeline

What is the MY 2020 submission timeline for each file type?

Please refer to the following table, which outlines the MY 2020 submission due dates for each file type.

ACTIVITY	ELIGIBILITY	MEDICAL CLAIMS	PHARMACY CLAIMS	MEMBER IDENTIFIER	COST	LAB RESULTS
Q1 MY 2020 Data Submission: Monthly eligibility and all claims paid or changed between 1/1/20 - 3/31/20	4/30/20	4/30/20	4/30/20			
Q2 MY 2020 Data Submission: Monthly eligibility and all claims paid or changed between 4/1/20 - 6/30/20	7/31/20	7/31/20	7/31/20			
Q3 MY 2020 Data Submission: Monthly eligibility and all claims paid or changed between 7/1/20 - 9/30/20	10/31/20	10/31/20	10/31/20			
Q4 MY 2020 Data Submission: Monthly eligibility and all claims paid or changed between 10/1/20 - 12/31/20	1/31/21	1/31/21	1/31/21			
MY 2020 Annual File Submission: All 2020 organizational and lab results and service dates paid through 3/31/21				4/30/21	5/14/21	4/30/21
MY 2020 Annual Validation: Files in Validation PASS in CDM	2/15/21	5/14/21	2/15/21	5/14/21	5/28/21	
MY 2020 Annual Validation: Validation Report to Plan	2/22/21	5/21/21	2/22/21	5/21/21	6/4/21	
MY 2020 Annual Validation: Plan Validation & Sign-Off	3/1/21	5/28/21	3/1/21	5/28/21	6/11/21	
Q1 MY 2021 Data Submission: Monthly eligibility and all claims paid or changed between 1/1/21 - 3/31/21	4/30/21	4/30/21	4/30/21			

Note: IHA is working on the technical requirements for quarterly cost file submission, with a goal of requesting quarterly cost files starting in MY 2021.

Best Practices & Technical Considerations

What are some best practices for submitting data on a quarterly basis?

Best practices for quarterly data submission include but are not limited to the following:

- **Check that your data is comprehensive.** Include all member claims paid in the appropriate quarter without limiting on service dates, as well as all members who were eligible anytime during that quarter.
- **Pay attention to the header and footer** that informs the Onpoint system what dates are included in your files. Confirm the dates that are required for each quarterly submission.
- **Compare your quarter-over-quarter counts** for your file submission with your internal sources before submitting to Onpoint. Thorough review of your files will help you avoid resubmissions. Please note that some fluctuations in member and claim counts from quarter to quarter are to be expected.
- **Inform Onpoint as soon as possible if there are any changes to your submitter-specific unique member ID (ME208)**, which is used to map members and generate year-over-year member trending. Please reach out to the Onpoint team at iha-support@onpointhealthdata.org to determine the best course of action for reconciling the legacy and new member IDs.
- If replacements are needed for some reason – either you or Onpoint identifies the need for new file submissions – be reassured that **Onpoint’s system can accept file replacements**. Your IHA Client Success Manager (CSM) is the recommended contact at IHA to support you with your resubmissions.
- For more details, please refer to the [Onpoint Data Submission Guide Introduction and Specifications](#).

How does Onpoint reconcile all file submissions at the end of the year? More specifically, how does Onpoint determine which members are included in results generation, and what claims are used?

Onpoint generates measure results by identifying which members are to be included per the measure specifications and requirements. Next, Onpoint pulls all of the members’ associated claims and encounters that pertain to the measure. Results are then rolled up to the organization (e.g. PO, ACO) and plan-levels using the Member Identifier file to determine each member’s final attribution to PO, ACO, and/or plan.

What checks and balances has Onpoint implemented to validate quarterly data and ensure year-over-year, quarter-by-quarter reasonability?

The Onpoint Client Data Manager (CDM) automatically applies a standard suite of file validations and data checks during the intake process. Year-over-year, quarter-over-quarter comparisons are performed downstream by Onpoint’s analysts. Onpoint will also continue to generate annual validation reports for your review. Thorough inspection of your plan’s validation reports helps ensure that the data fields which are critical to measure results generation are as accurate as possible.

Can we submit files monthly instead of quarterly?

Yes, we welcome plans to submit data on a monthly basis. Please reach out to your designated CSM to devise a plan to accommodate monthly submission.

Other Questions?

Please reach out to Marci Scott, Client Success Manager, at mscott@iha.org,