DEPARTMENT OF Managed Health Care

Health Equity and Quality Program Submission Instructions

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Introduction

California Health and Safety Code (HSC) section 1399.872 requires health care service plans (health plans) to annually submit Health Equity and Quality (HEQ) data and information to the Department of Managed Health Care (DMHC). The purpose of these instructions is to inform health plans of the DMHC's procedures for submitting HEQ data and information, including the Health Equity and Quality Measure Set (HEQMS) established by the DMHC in consultation with the HEQ Committee (HSC section 1399.870 et seq.) through the DMHC e-Filing Web Portal.

e-Filing Web Portal Overview and Submission Process

To begin the reporting process, go to the e-Filing Web Portal and select the name of your health plan from the drop-down menu, then enter your Login and Password. Click the Login Button and a window will appear for a two-step authentication. Click the "Send me the code" or "Send code" button to have a verification code sent to your preferred method of authentication. Type the verification code into the text box, then click "Verify."

After logging into the e-Filing Web Portal, select application: "e-Filing" and then click the "Downloads" link on the top menu to download the Health Equity and Quality Program – e-Filing User Guide which can be found under the "Compliance" section and "Assembly Bill 133 – Health Equity and Quality" subsection. The Health Equity and Quality Program – e-Filing User Guide provides detailed e-Filing instructions for submitting HEQ data and information to the DMHC.

I. Exhibit E-1

Each e-Filing must include an Exhibit E-1, Summary of e-Filing Information, providing a summary description of the filing. PDF and Word are the preferred formats for an Exhibit E-1. Within the Exhibit E-1, include the following:

1. The purpose of the filing.

   Examples:

   - The purpose of this filing is to submit the HEQ Pre-Filing Form for measurement year (MY) ____ data submitted in reporting year (RY) ____.
   - The purpose of this filing is to report HEQMS data and the Health Plan Demographic Data Metric (HPDDM) Template(s) for MY _____ data submitted in RY _____.

2. A list of all documents submitted as part of the filing, identified by name and exhibit type.[1]

3. Any other information the health plan believes would help the DMHC review this filing.

II. Pre-Filing Form Submission

The Pre-Filing Form is available on the "Downloads" page of the e-Filing Web Portal under the "Compliance" section and "Assembly Bill 133 – Health Equity and Quality" subsection. Health plans must download, complete, and save the Pre-Filing Form as instructed. Health plans must then submit the Pre-Filing Form to the DMHC via the e-Filing Web Portal as an Exhibit E-10 Health Equity and Quality – Miscellaneous.

Health plans must submit the Pre-Filing Form by the first Friday of May of the RY. The Pre-Filing Form is separate from the other submissions detailed herein.

III. HEQMS Reporting

To report HEQMS data to the DMHC, access applicable files available for download from the NCQA Interactive Data Submission System (IDSS). General steps for accessing files from IDSS are provided below, but health plans should go to the NCQA's Data Submission website or contact the NCQA directly for detailed instructions or to ask specific questions regarding IDSS file downloads.

Health plans must submit their NCQA summary level aggregate and stratified measure results file(s) received from the NCQA to the DMHC via the DMHC e-Filing Web Portal by the first Friday of August of each RY.

A. HEDIS® Measure Indicators Collection and Submission Process

Applicable HEDIS® measures and applicable measure indicators must be collected from the NCQA results files. From "Bulk Downloads" on the left side of the IDSS interface, choose HEDIS®. Select the health plan's organization ID, click NEXT, select all applicable Commercial, Medicaid, and Exchange submissions, then click NEXT. Select both the Result File (XML) and Data-filled Excel Workbook (EXCEL), and then click DOWNLOAD SUBMISSIONS. The files will be saved to the computer's Downloads folders. Health plans will need to save all the files in a format that will then allow the files to be submitted via the DMHC's e-Filing Web Portal.

The HEDIS® files downloaded from IDSS must then be uploaded to the DMHC via the e-Filing Web Portal in the following formats:

[1] Any additional exhibits that do not fall within the exhibit types identified elsewhere in these instructions must be filed as "Exhibit E-10 Health Equity and Quality – Miscellaneous." An Exhibit E-10 may be filed in any format accepted by the e-Filing Web Portal.

HEQ Document Type	Source	Accepted Format
Exhibit HEQ-A-1 NCQA HEDIS® Results File – Commercial	IDSS download	XML
Exhibit HEQ-A-2 NCQA HEDIS® Results File – Medicaid	IDSS download	XML
Exhibit HEQ-A-3 NCQA HEDIS® Results File – Exchange	IDSS download	XML
Exhibit HEQ-F-1 NCQA HEDIS® Data Workbook – Commercial	IDSS download	XLS (Excel)
Exhibit HEQ-F-2 NCQA HEDIS® Data Workbook – Medicaid	IDSS download	XLS (Excel)
Exhibit HEQ-F-3 NCQA HEDIS® Data Workbook – Exchange	IDSS download	XLS (Excel)

B. CAHPS® Measure Indicators Collection and Submission Process

Applicable CAHPS® measure indicators must be collected from the NCQA results files. From "Bulk Downloads" on the left side of the IDSS interface, choose CAHPS®. Select the health plan's organization ID, click NEXT, then select all applicable Commercial and Medicaid submissions, then click NEXT. Select EXCEL, then click DOWNLOAD SUBMISSIONS. The files will be saved to the computer's Downloads folders. Health plans will need to save all the files in a format that will then allow the files to be submitted via the DMHC's e-Filing Web Portal.

The CAHPS® files downloaded from IDSS must then be uploaded to the DMHC via the e-Filing Web Portal in the following format(s):

HEQ Document Type	Source	Accepted Format(s)
Exhibit HEQ-B-1 CAHPS® Health Plan Survey Results – Commercial	IDSS download	XLS (Excel)[2]
Exhibit HEQ-B-2 CAHPS® Health Plan Survey Results – Medicaid	IDSS download	XLS (Excel)[3]

IV. Health Plan Demographic Data Submission

The Health Plan Demographic Data Metric (HPDDM) template is available on the "Downloads" page of the e-Filing Web Portal under the "Compliance" section and

[2] Although the e-Filing Web Portal accepts other file formats for this document type, the DMHC requires the submission of CAHPS® Health Plan Survey Results in Excel format only, for consistency and to expedite the processing of health plan submissions.
[3] Although the e-Filing Web Portal accepts other file formats for this document type, the DMHC requires the submission of CAHPS® Health Plan Survey Results in Excel format only, for consistency and to expedite the processing of health plan submissions.

"Assembly Bill 133 – Health Equity and Quality" subsection. Health plans will download the HPDDM template and complete it, according to the Template Instructions tab, for each applicable line of business (i.e., Commercial, Medicaid, and/or Exchange).[4] Health plans must submit completed HPDDM template(s), in the same filing as the HEQMS data, to the DMHC via the DMHC e-Filing Web Portal using the document types and format referenced in the table below by the first Friday of August each RY.

In order to assist the DMHC with identifying areas for improvement in future demographic data collection efforts, health plans can supplement their HPDDM reporting by submitting a demographic data narrative document. Health plans may use the narrative to address barriers or challenges encountered in the collection or reporting of enrollee demographic data and provide information regarding additional or alternative categories used when collecting enrollee demographic data. The health plan demographic data narrative document should be submitted to the DMHC via the DMHC e-Filing Web Portal as an Exhibit E-10 Health Equity and Quality – Miscellaneous.

HEQ Document Type	Accepted Format
Exhibit HEQ-C-1 Health Plan Demographic Data Metric – Commercial	XLS (Excel)
Exhibit HEQ-C-2 Health Plan Demographic Data Metric – Medicaid	XLS (Excel)
Exhibit HEQ-C-3 Health Plan Demographic Data Metric – Exchange	XLS (Excel)
Exhibit E-10 Health Equity and Quality – Miscellaneous	No Restrictions[5]

V. Performance Findings Report Response Submission

Within ten (10) business days of issuance of the Performance Findings Report (Report), health plans are required to notify the DMHC in writing of any factual error(s) in the Report (Response). A health plan's Response shall include all of the following:

- A detailed explanation of the health plan's perceived factual error(s).
- Documentation necessary to demonstrate the factual error(s) and the health plan's asserted corrected fact(s). Highlight relevant corrected information in the documentation submitted to ensure the DMHC is able to identify and confirm the corrected facts.

Information in the health plan's Response that goes beyond the identification of factual errors will not be considered for the purposes of the Report.

The health plan must submit its Response to the Report as an amendment to its original data submission filing, using the Exhibit E-10 Health Equity and Quality – Miscellaneous document type. Supporting documents demonstrating the errors identified in the Response must also be submitted as an Exhibit E-10 Health Equity and Quality –

[4] The NCQA refers to Commercial, Medicaid, and Exchange as "product lines."
[5] PDF and Word are the preferred formats for the demographic data narrative document.

Miscellaneous.[6] Include in the Plan's Exhibit E-1 reference to the amendment as a "Response to Performance Findings Report," and ensure accurate entry of the Primary Filing Number.

VI. Corrective Action Plan Submission

For all deficiencies identified in the Report, the health plan is required to submit a corrective action plan (CAP), within ninety (90) calendar days of receipt of the Report. Health plans must use the HEQ CAP Form when developing a CAP in response to the Report. The HEQ CAP Form and optional tools (the RCA Fishbone Tool and the Action & Monitoring Tool) are available in the "Downloads" page of the e-Filing Web Portal under the "Compliance" section and "Assembly Bill 133 – Health Equity and Quality" subsection. The health plan must download and complete the Form according to the instructions.

The health plan may address all lines of business in a single HEQ CAP Form. Use Section 1 of the HEQ CAP Form to identify the line(s) of the business to which the CAP applies.

The completed HEQ CAP Form(s) must be submitted to the DMHC as an amendment to the health plan's original data submission filing and as an Exhibit HEQ-D Corrective Action Plan. All supporting documents, including optional tools, demonstrating the corrective actions proposed and/or undertaken must be submitted as an Exhibit E-10 Health Equity and Quality – Miscellaneous. The name of each file submitted in support of the health plan's CAP should match the name(s) of the document(s) listed in the "Supporting Documentation" section of the HEQ CAP Form.

CAPs, optional tools, and supporting documents must not include any of the following: (1) individual member data; (2) personal identifying information; nor (3) protected health information.

Include in the health plan's Exhibit E-1 reference to the amendment as a "Corrective Action Plan," and ensure accurate entry of the Primary Filing Number.

Refer to the table below for CAP document types and accepted formats.

HEQ Document Type	Accepted Format(s)
Exhibit HEQ-D Corrective Action Plan	Word or PDF
Exhibit E-10 Health Equity and Quality – Miscellaneous	No Restrictions[7]

[6] PDF and Word are the preferred formats for the Response and supporting documentation.
[7] PDF and Word are the preferred formats for the CAP supporting documentation.

VII. NCQA Accreditation Compliance Filing

Health plans must submit an NCQA Accreditation Compliance Filing by the first Friday of May of each calendar year. The NCQA Accreditation Compliance Filing requirement applies to all HEQ reporting primary health plans with Commercial and/or Exchange lines of business and all subcontracted health plans that contract with a primary health plan to provide services for Commercial and/or Exchange enrollees.[8] The NCQA Accreditation Compliance Filing is separate from the other submissions detailed herein and must be submitted as a separate **"Health Equity and Quality" Filing Type**, consisting of the following.

A. Exhibit E-1

In addition to the Exhibit E-1 contents described above in Section I, the Exhibit E-1 submitted with the NCQA Accreditation Compliance Filing must:

1. Provide the following affirmations:
    a. **For Primary Health Plans that deliver hospital, medical, or surgical services:** Affirm the health plan has NCQA Health Plan Accreditation (HPA) for all of its DMHC-licensed products (Commercial and Exchange). If not, identify the DMHC-licensed products (Commercial and Exchange) that are not HPA accredited, and for each one explain why.
    b. **For Primary Behavioral Health Plans:** Affirm the health plan has NCQA Behavioral Health Accreditation (BHA) for all of its DMHC-licensed products (Commercial and Exchange). If not, identify the DMHC-licensed products (Commercial and Exchange) that are not BHA accredited, and for each one explain why.
    c. **For Subcontracted Health Plans that do not have HPA or BHA:** Affirm the health plan is NCQA-accredited for all of the functions it is delegated to perform on behalf of a DMHC-licensed primary health plan (Commercial and Exchange) and for which the NCQA offers accreditation. If not, identify the functions for which the health plan is not accredited, and for each one explain why.
2. If the health plan renewed a required NCQA accreditation after its expiration or if the health plan earned a required NCQA accreditation(s) after its DMHC accreditation deadline, explain why.[9]
3. Where the health plan has any status **other than** the following, provide: (1) an explanation for not yet having full accreditation status, and (2) an approximate date when the health plan expects to be fully accredited:

[8] Health plans that have a current active accreditation exemption as of the filing due date (i.e., the first Friday of May of the calendar year) are not required to submit an Accreditation Compliance Filing in that year.
[9] Refer to APL 26-016 at Section II.D.ii for the DMHC's accreditation deadlines.

- Accredited
- Accredited – 2 Years
- Accredited – 3 Years
- Full

B. NCQA Accreditation Compliance Form

Each NCQA Accreditation Compliance Filing must include a completed NCQA Accreditation Compliance Form. The Form, which collects information on health plan compliance with section 1399.871(d)'s accreditation requirement, is available on the "Downloads" page of the e-Filing Web Portal under the "Compliance" section and "Assembly Bill 133 – Health Equity and Quality" subsection. Health plans must download, complete, and save the Form as instructed. Health plans must then submit the Form to the DMHC via the e-Filing Web Portal as an Exhibit E-10 Health Equity and Quality – Miscellaneous.

C. Supporting Documentation

For each NCQA accreditation type a health plan identifies in the NCQA Accreditation Compliance Form, the health plan must submit an NCQA Decision Letter related to the health plan's accreditation status. If a health plan asserts that it does not meet eligibility requirements for an NCQA accreditation required by the DMHC, the health plan must submit official correspondence from the NCQA related to the health plan's ineligibility. All supporting documents must be submitted as an Exhibit E-10 Health Equity and Quality – Miscellaneous.

If the NCQA Decision Letter or NCQA official proof of ineligibility is the same as that submitted in a prior NCQA Accreditation Compliance Filing, the health plan does not need to resubmit the document. However, the health plan must still name the document in its Exhibit E-1 and provide the e-Filing number in which the document was last submitted.

VIII. Amendments and Late Filings

Health plans may amend a filing at any time before the deadline. To amend a filing, select "Amendment to Prior Filing" as the Filing Type on the "File Documents" page, and then select the original filing number from the drop-down menu under "Original Filing." Note that closed prior filings cannot be amended. If the health plan is attempting to file an amendment to a prior filing but the file number does not appear in the drop-down menu, send an email to wpso@dmhc.ca.gov.

Health plans must submit all required filings, even if they fail to meet the deadline. Health plans must also amend a filing if they discover that they previously filed information that was incomplete or materially inaccurate. Health plans must file an amendment within thirty (30) calendar days of discovering the material inaccuracy or

omission, even if the filing deadline has passed. Health plans must include their reasons for submitting a late filing or amended filing in an Exhibit E-1.

Data from late filings or from amendments to a filing based on discovery of incomplete or materially inaccurate information may not be included in public reporting if operationally infeasible.

If you have any questions or concerns regarding your Health Equity and Quality e-Filing submission, contact HEQ@dmhc.ca.gov.