CHAPTER 7: Information System Components

Policy: The MSSP information system is dependent upon timely entering of accurate and complete data. Sites must establish and maintain policies and procedures that provide for quality control of data entry and ensure security of all elements of the system.

Purpose: Information regarding demographics, services, and fiscal data are critical to the successful administration, quality assurance, and oversight of the program. These data are used to establish and adjust standards, and to provide assurance to the State and federal oversight agencies that the Waiver is being implemented as approved.

References:

- CDA Standard Agreement (Site Contract)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191

7.000 MSSP Information System

7.010 Background

Sites are required to make their own arrangements to procure and maintain software for purposes of billing.

Sites must collect and transmit required participant and services data to CDA.

7.020 Components of the CDA MSSP Information System

The basic components of the CDA MSSP information system are:

- Case management documentation
- Billing
- Participant and services data

Automating the case management documentation component is optional from CDA's perspective, although many sites utilize software that can support all three functions.

The ability to bill and continue to report accurate and timely data is imperative. All sites must be able to bill and transmit data electronically. Billing and data submissions must comply with processes and procedures specified by CDA and the State's Medi-Cal Fiscal Intermediary.

Care management software, if utilized, must yield products such as forms and reports that comply with this MSSP Site Manual or as approved by CDA. While a site may decide to utilize any available vendor based on their needs, the vendor they select must be able to maintain the integrity of data collection at a statewide level in order to appropriately administer the program.

Software systems meet program requirements:

Software specifications:

- Products of a software system must comply with CDA policies as stated in this Site Manual. Changes to software specifications by CDA will be documented through CDA's MSSP Advisory Guidance Letter (MAGL) process.

The requirements in this manual regarding information systems and data reflect the minimum standards and formats that must be met and do not prohibit the collection of additional data or information deemed necessary for site operations. Sites must establish and maintain policies and procedures that provide for quality control of data entry and ensure security of all elements of the system. All data must be backed-up regularly.

A users' manual for a site's information system must be available.

Timelines, requirements, and information on billing procedures are found in the Medi-Cal Provider Manual.

7.100 Confidentiality and Information Systems

Each MSSP site is responsible for complying with all privacy, confidentiality and security requirements as outlined in the CDA Standard Agreement and must have policies and procedures in place to ensure that privacy is maintained for all records containing participant-specific information.

7.110 CDA Privacy & Information Security Awareness Training

All MSSP site staff, volunteers, and vendors handling confidential, sensitive and/or personal identifying information must complete the required CDA Privacy and Information Security Awareness Training module within thirty (30) days of the start date of the Contract/Agreement or the start date of any new employee/volunteer's employment and annually thereafter.

The MSSP site must maintain certificates of completion on file for all staff, volunteers, and vendors and provide them to CDA upon request.

7.200 Participant Data Forms

The Participant Enrollment/Termination Information Form (PETIF, Appendix 22) records participant demographic information.

The Service Planning and Utilization Summary (SPUS, Appendix 40), records data on all services purchased with MSSP Waiver Service funds and is a part of the participant's care plan.

7.210 Participant Enrollment/Termination Information Form (PETIF)

The top section of this form (above the double lines) is completed at the time a person is enrolled as a participant in MSSP. Once the data has been entered into the computer system, a hard copy of the form is printed out and retained in the participant's case record. As data is changed or updated, a new hard copy must be printed and filed.

The bottom section of the form (below the double lines) is completed at the time a participant is terminated from MSSP. Once the data has been entered into the computer system, a hard copy of the form is printed out and filed in the participant's case record.

7.220 Service Planning and Utilization Summary (SPUS)

The SPUS (Appendix 39) is an element of the participant's care plan. The SPUS sets forth specific service information: the source of payment; the provider; the cost; the service code; and the description (Notes) of the service/items provided if not included by linkage to service code.

The form is to be completed for each participant for each month they are on the program. The services tracked via the SPUS are those purchased with Waiver Services funds.

Purchased: Waiver Services (Fund Code 10)

Referred: Title XX (Fund Code 3)
Title III (Fund Code 4)
Personal Care Services Program (PCSP) and the IHSS received through the State Plan (Fund Code 6).

Referred services do not need to be tracked on the SPUS.

Waiver Services must be verified monthly and must include the following information:

- Provider/Vendor
- Service Type
- Units Delivered
- Costs
- Service Description/Notes (if applicable)

A question mark (?) in the right-hand column titled "CV" indicates a discrepancy between what was authorized and what was reported as delivered. An asterisk (*) in the far-right column titled "V" indicates that a service has been verified.

7.300 Participant and Services Data

Data on MSSP participants and services is collected via forms described in this chapter and submitted in electronic file format to CDA monthly. Site data systems must accommodate the minimum data set and file specifications described in Appendix 43.

7.310 Transmission of Data to CDA

Verified data on participant services, monthly enrollment, and termination information is regularly transmitted by each site to CDA. This information is to be formatted as .json files, to be correctly read by and updated to the CDA participant master file. These files are submitted to CDA via Unfoxer or the Secure File Transfer (SFT) site.

All data for purchased services must be (100%) verified within ninety (90) calendar days of the date the service was delivered. The data is then submitted to CDA by the required due date.

Transmission of Data Protocol:

- Each year CDA provides sites with the **Reporting Due Dates** schedule identifying each calendar date for the deadline for submission of the data.

- Reports that **do not** contain participant identifiers should be submitted to the MSSP Service Box at: MSSPService@aging.ca.gov

7.400 Coding Systems

7.410 Service Codes

The specific participant services utilized by MSSP are defined in Section 3.1430, Purchased Waiver Services, of this Manual.

All services have been assigned a numeric code, an abbreviated listing of which follows:

Waiver Services Codes

Code	Title
1.1	Adult Day Care
2.2	Minor Home Repairs and Maintenance
2.3	Specialized Non-Medical Home Equipment
2.4	Community Transition Services
2.6	Assistive Technology
3.1	Supplemental Homemaker Services
3.2	Supplemental Personal Care
3.3	Therapeutic Services
3.7	Supplemental Protective Supervision
4.3	Consultative Clinical Services
4.6	Deinstitutional Care Management
5.1	Respite- In-Home
5.2	Respite- Out-of-Home
6.3	Transportation- Hour
6.4	Transportation- OWT
7.1	Congregate Meals
7.2	Home-Delivered Meals
7.3	Oral Nutritional Supplements
8.3	Social Support
8.4	Therapeutic Counseling
8.5	Money Management
9.1	Communication- Translation
9.2	Communication- Device

7.410.1 Healthcare Common Procedure Coding System (HCPCS) Codes

As required by the Health Insurance Portability and Accountability Act (HIPAA) Public Law 104-19 of 1996, MSSP must use nationally recognized Healthcare Common Procedure Coding System (HCPCS) codes. A list of all HCPCS billing codes is included in Appendix 45.

7.410.2 Modifiers and Revenue Codes

The use of modifiers and revenue codes is an integral part of billing for health care services. Modifiers and revenue codes give additional information for claims processing. All MSSP procedure codes require modifiers and revenue codes for tracking and reporting purposes. Failure to submit claims with modifiers and revenue codes will result in claim denial.

All MSSP HCPCS Codes require the use of the HC modifier. It stands for Adult program, geriatric. If the HC modifier is not applied to all HCPCS codes, claims will be denied. Several services also require the use of a second modifier.

To allow for billing accuracy as it relates to Electronic Visit Verification (EVV) requirements, new revenue codes were added to distinguish the place a MSSP service was provided. For all non-EVV impacted MSSP services, MSSP sites will use the revenue code 3109. For all EVV-impacted MSSP services, MSSP sites will need to select the appropriate revenue code, depending on whether the service was provided in the participant's home, via telehealth, or neither. Please note that only an in-home visit would need to have an associated EVV visit record.

A list of all modifiers and revenue codes is included in Appendix 45.

7.410.3 Unit Type

Consistent terminology for units of service has been devised to facilitate collection of the data. Each service (personal care, transportation, respite) is associated with a specific unit or set of units: 15 minutes, hour, diem, visit, event, service, purchase, each, meal, and month. The number of units is recorded as well.

Most of the unit type designations are self-explanatory. Those that require some clarification are:

- "Visit" refers to an event rather than a particular thing.
- "Diem" is used in place of "Day".

7.420 Fund Codes

Each service provided for a participant is defined in terms of the source of funding. The codes used to differentiate the funding sources are:

3 (REFERRED): Title XX (Social Services Block Grant)
4 (REFERRED): Title III (Older Americans Act)
6 (REFERRED): Personal Care Services Program (PCSP) and the IHSS received through the State Plan
10 (PURCHASED): Waiver Services (Title XIX)

Referred services do not need to be tracked on the SPUS.

7.430 Vendor Codes

Sites are required to identify resources for the full array of services to the extent they exist within the community.

Sites may contract with vendors or access services/items through the Purchase of Service (POS) process. In either instance, it is the site's responsibility to ensure that all providers meet the minimum qualifications and are able to deliver the services appropriate to meet the needs of the participants (CDA Standard Agreement; Chapter 8 MSSP Site Manual).

Most participant services are arranged through specific vendors under contract or another formal agreement (Memo of Understanding). For purchases of goods, a generic provider may be used. In the absence of a contract, an abbreviated agreement or purchase order is used to authorize the provision of participant services.

All vendors, including those accessed through the POS process should be assigned a vendor number.

7.440 Site Codes

Each site is identified by a numeric code as follows:

#	Name	#	Name
1	City of Oakland	32	Area 12 AAA
2	Not in use	33	Kings-Tulare
3	Not in use	34	Not in use
4	Jewish Family Services of LA	35	Not in use
5	SCAN Health Plan, Inc.	36	Not in use
6	Not in use	37	City of Fremont
7	San Diego County	38	Not in use
8	Community Care Mgt. Corp.	39	Human Services Association (HSA)
9	Humboldt Senior Resource Center	40	Partners in Care Foundation (PIC)
10	California State University- Chico	41	CalOptima
11	Sonoma County	42	Not in use
12	Not in use	43	Partners in Care – South
13	Not in use	44	Not in use
14	Stanislaus County	45	Not in use
15	Not in use	46	Not in use
16	Huntington Hospital	47	Not in use
17	County of San Bernardino	48	Health Projects Center (HPC)
18	Not in use	49	Catholic Charities – Stockton
19	Not in use	50	Not in use
20	Sourcewise	51	Partners in Care – Kern
21	Fresno-Madera AAA	52	Not in use
22	Not in use	53	California Health Collaborative (CHC)

23	Imperial Work Training Center	54	PIC – Santa Barbara
24	County of Riverside	55	Not in use
25	Dignity Health Connected Living	56	Choice in Aging (CIA)
26	Jewish Family & Children's Services	57	Not in use
27	Not in use	58	Self-Help for the Elderly (SHE)
28	Merced County	59	Not in use
29	Not in use	60	Not in use
30	Not in use	61	OneGeneration
31	Not in use	**Total**	**33 Sites in Operation**

7.450 Site Staff Codes

A number of no more than three digits will be assigned to each staff person who has a direct role in the delivery of care management.

The code is unique to each individual regardless of position title. The specific positions for which codes must be assigned are: Supervising Care Manager (SCM), Social Work Care Manager (SWCM), Nurse Care Manager (NCM) and Care Manager Aide (CMA). The code for the primary care manager must be entered on the PETIF. All care management staff codes also need to be included on the MSSP Quarterly Report.

7.460 MSSP Participant Codes

Each site assigns a unique code number to each new participant. If a person terminates their participation in MSSP and then subsequently re-enrolls, their original MSSP number is reactivated and reassigned to them.

7.500 E-mail

CDA uses e-mail to quickly disseminate information to sites. Sites must maintain an effective system to monitor and respond to e-mail communications.

All communication that contains identifiable participant data must be transmitted via the Secure File Transfer (SFT) site.