**Private Hospital-Directed Payment Encounter Files Guidance**

**Calendar Year (CY) 2024 Phase 1 (Jan. 1, 2024 – June 30, 2024, service dates)**

The final due date for any new encounter data to be submitted to the Department of Health Care Services (DHCS) for consideration within the CY 2024 Phase 1 calculations is June 30, 2025. Please note that plans may set earlier due dates for receiving the data in order to process and submit it to DHCS by the deadline.

**Calendar Year 2024 Phase 2 (July 1, 2024 – Dec. 31, 2024, service dates)**

The final due date for any new encounter data to be submitted to DHCS for consideration within the CY 2024 Phase 2 calculations is Dec. 31, 2025. Please note that plans may set earlier due dates for receiving the data in order to process and submit it to DHCS by the deadline.

For both Phase 1 and Phase 2, DHCS expects plans and participating hospitals to work together to identify and address deficiencies in the accuracy and/or completeness of the encounter data.

To assist the DHCS' provider data quality improvement initiative, Managed Care Provider Network 274 data, as outlined in All Plan Letter (APL) 16-019, has been added to these data sets.

Medi-Cal managed care health plans submit their provider network to DHCS broken out by each county on a monthly basis. The managed care plan's (MCP) submission is mapped to DHCS network adequacy standards as described in **APL 19-002**. The PROV_274 data column is included in all hospital directed payment data sets. This column contains:

- a **Y** if the NPI, REND_OPERATING_NPI, or REF_PRESC_NPI is a network provider identified in the network provider file from the month of service
- an **N** if the NPI, REND_OPERATING_NPI, or REF_PRESC_NPI is not on that month's network provider file.

If you identify an error, please submit a corrected network provider file for that time period; please do not change the column when returning the contracting data file to DHCS.

**Process Instructions**

For additional details on this process, including step-by-step instructions, review the **Contract Data Instructional Webinar** held on Dec. 12, 2018. Please follow the directions in the slide deck, and note the following additional instructions/guidance:

- The FQ_Check column is included in this file. This column will be populated with an X for private hospitals with encounters being removed by having an FQ/RHC NPI and reporting both FQ/RHC and non-FQ/RHC outpatient utilization. The impacted hospitals should have already received communication on this issue. Hospitals do not update this column, it is up to the plans to make all adjustments. If you have encounters in your file with this X, please reach out to **PrivateDP@dhcs.ca.gov** for any questions.

- Do not modify the structure of the data file in any way, including but not limited to:
  - Do not add or delete any columns or rows.
  - Do not alter or rename any column headers.
  - Do not add additional tabs, or split the data across multiple tabs.
  - Do not modify the formatting of any data fields.
- Do not add additional encounter records to the data file.
- Do not modify data in any columns other than *Hospital_Contract_Status*.
  - In particular, *RECORD_ID* is a 15-digit numeric string. Ensure you do not truncate, round, reformat, or otherwise change this string.
- Populate the *Hospital_Contract_Status* column only. Use "C" to indicate contracted, "N" to indicate non-contracted, or "H" to indicate a hospital-to-hospital contract. Do not use any other characters in this field.
- Submit your data to the appropriate health plan(s) with enough time so that the health plan(s) can in turn submit the data to DHCS by Feb. 7, 2025.