

# Encounter Data Summit 2019

## Summary of Proceedings

On August 29, 2019, nearly 100 representatives from across California gathered to discuss the most pressing and intractable challenges facing encounter data reporting and priorities for solution development. The Summit marked the latest phase in Health Net’s Encounter Data Improvement Program, where stakeholders from across the State will be engaged in a yearlong effort to develop targeted and actionable strategies and tactics to improve encounter data reporting for Medi-Cal managed care providers.

California’s delegated model creates an encounter data ecosystem that is complex and interconnected across business lines. The landscape assessment and reactor panel considered the challenges that each face in delivering complete, accurate and timely encounter information. (see Figure 1).

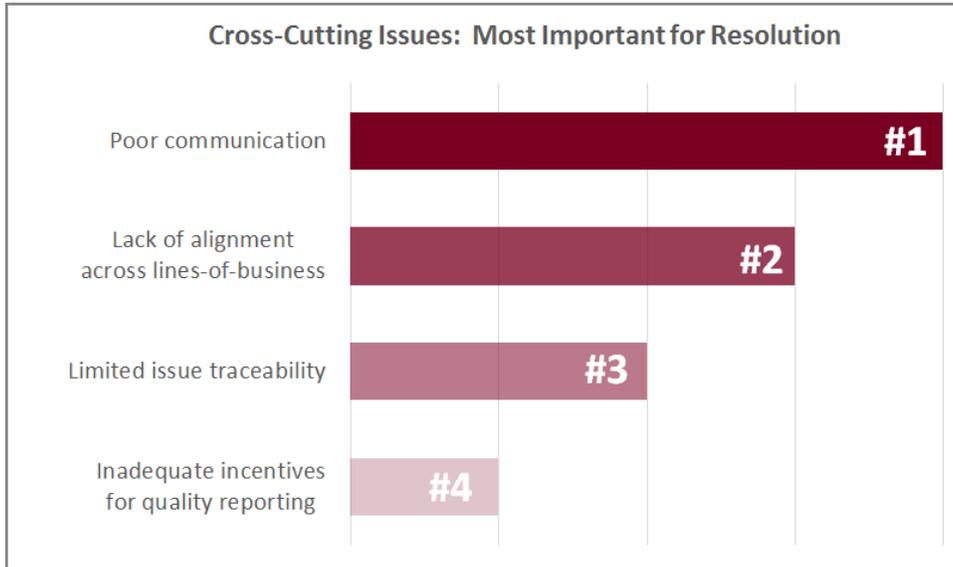
Figure 1: Encounter Data Submission Challenges (Select Examples)

		Cross-Cutting Challenges
	<p>Providers frequently lack awareness of the importance of complete and accurate encounter data submission, and insight into how improved reporting could result in additional payments (e.g., directed payments via Proposition 56); providers may also rely upon antiquated or rigid EHR systems that do not fully migrate patient diagnoses or service information to their billing systems.</p>	<ul style="list-style-type: none"> <li>▪ Poor communication including lack of consistent and clear guidance on encounter reporting expectations and standards and lack of actionable feedback and steps they can take to improve performance.</li> <li>▪ Inadequate incentives for quality encounter data reporting including incentives that are not fully understood by participants.</li> <li>▪ Limited issue traceability of incomplete, inaccurate and untimely records stymies action by many participants in identify root causes of errors and data loss.</li> <li>▪ Lack of aligned reporting requirement across lines-of-business makes conformance much more challenging to the majority of providers, IPAs, and managed service organizations that serve Medi-Cal, commercial, Marketplace and Medicare Advantage beneficiaries.</li> </ul>
	<p>Managed Care Plans often lack a clear line-of-sight as to which providers have incomplete submissions; plans also face conflicting requirements for their curation and submission of encounter data (e.g., DHCS and CMS may require data format updates at different times, data standard requirements between commercial and Medi-Cal lines may differ).</p>	
	<p>DHCS similarly must address incomplete encounter files and work with their partners at CMS’ who do not typically account for or understand California’s complex, delegated model.</p>	

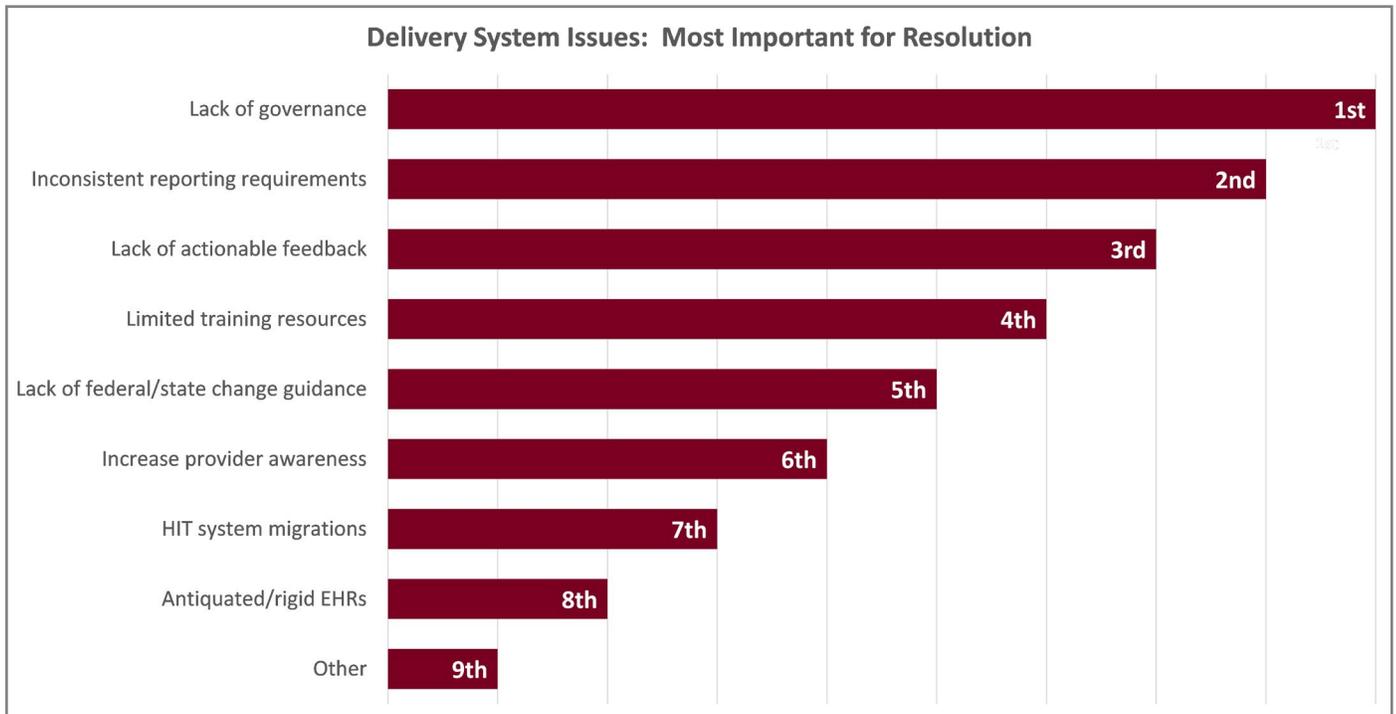
When asked to rank these challenges, Summit participants placed “poor communication” as the most pressing and urgent cross-cutting issue for resolution, followed by addressing the “lack of alignment across lines-of-business” (see Figure 2). Participants also noted “lack of governance,”

“inconsistent reporting requirements [across plans]”, and “lack of actionable feedback” and “limited training resources” as major issues within the delivery system itself (see Figure 3).

**Figure 2: Cross-Cutting Encounter Data Issues: Most Important for Resolution (66 Summit Participants)**



**Figure 3: Delivery System Data Issues: Most Important Issues for Resolution (66 Summit Participants)**



Building on the discussed challenges, reactor panelists shared how their organizations (or member organizations) were striving to overcome them. Louise McCarthy of CCALAC shared how their providers leveraged a grant to implement new technical assistance programs focused on how to submit better encounter data, which resulted in measurable improvement in reporting completeness and accuracy. Genia Fick of IEHP reinforced the importance of coding education, which was also one among several initiatives in the plan’s approach to support its providers, systems, and programs with the submission of quality encounter data. Jeff Rideout of IHA explained the critical nature of benchmarking to identify and respond to submission gaps, improving data completeness (and potentially, risk scores), and John Minot of CAPH emphasized the importance of implementing more standardized – and systemized – technical solutions.

### LANDSCAPE REACTOR PANELISTS

- Genia Fick, Senior Director of Quality Systems, Inland Empire Health Plan (IEHP)
- Louise McCarthy, CEO, Community Clinic Association of Los Angeles County (CCALAC)
- John Minot, Director of Policy, California Association of Public Hospitals and Health Systems (CAPH)
- Jeff Rideout, President and CEO, Integrated Healthcare Association (IHA)

Summit participants then split into three breakout groups – Governance, Data Standardization, and Technology & Technical Assistance – to identify the highest priority and most “impactable” issues for resolution, and potential use cases and best practices to address them. Discussion and findings from these sessions will inform the work of three related workgroups as they develop actionable encounter data solutions through the year ahead.

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# Improving Encounter Data

## Priority Areas for Resolution

### Governance

**Problem Statement:** Without encounter data reporting governance processes, we cannot effectively prioritize, organize and communicate improvement initiatives, oversee changes to standards, policies and processes, and support communication and collaboration up and down the reporting chain and across lines of business.

**Response & Prioritization:** Breakout group attendees generally agreed with the proposed encounter data governance problem statement, and advanced a set of recommendations and priorities for the Governance Work Group. Specifically, attendees agreed that encounter data governance should:

- Establish oversight of standards, specifications and companion guide development and updates; including overseeing changes to existing documentation and processes, and developing processes to inform and communicate with stakeholders as changes occur.
- Establish a set of principles that will define its charge and scope
- Define processes that stakeholders can adopt to make encounter file submissions and performance reporting processes more consistent, actionable and reciprocated, such that stakeholders can close the loop and learn from errors and omissions across actors and lines of business
- Create a framework for reporting progress, with baselines and targets for improvement to achieve, and benchmarking of completeness, timeliness, and accuracy of encounter file submissions
- Advance recommendations to CMS to request changes to reporting templates, timelines, policies and processes
- Identify opportunities to develop and align reporting improvement incentive programs that span payers and lines of business
- Consider how it may prioritize and advance initiatives that would improve encounter data reporting (technical assistance, technology, education programs, etc.).

### Technology & Technical Assistance

**Problem Statement:** Those generating, collecting, and reporting encounter data require a base understanding of why encounter data is important, how they can ensure encounters capture complete and accurate information, and have the tools they need to process encounters in an effective and efficient manner. If these core requirements are not met, encounter data integrity is threatened from inception.

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**Response & Prioritization:** Breakout group attendees agreed with the proposed technology and technical assistance problem statement, though noted that there was significant variation in the extent to which these issues were faced by providers and the types of support most valuable to facilitate improvement. Some providers – often less well-resourced organizations – may still be struggling with their base EHR or practice management technology, making more advanced technical assistance ineffective without foundational issues being resolved. Providers with more robust technological infrastructure in place, meanwhile, may benefit from more targeted technical assistance to optimize its use; emphasizing the importance of encounter data and proper coding and supporting benchmarking and analytics. Participants agreed that providers could benefit from workflow and dataflow assessments to more fully understand where disconnects in their encounter data systems and processes were occurring and why. Specifically, attendees agreed that the following actions around education, technical assistance, and technology were important to advance:

- Educating providers on what encounters are, how they're used, and why they are important
- Deploying and funding structured, targeted and tailored technical assistance and training programs to providers and plans most in need of support; for providers with more robust infrastructure and technology, this may include the sharing and custom development of templates that can be used to internally track encounter data quality
- Developing actionable, consistent guidance to plans and intermediaries on data specifications and submission requirements; ensuring those requirements are aligned between their receipt of encounters and their eventual upstream submission
- Creating mechanisms to enhance data submission transparency, such as the development of “validation” tools submitters can use to test their data prior to submission
- Coordinating provider and health plan submission improvement initiatives including sharing best practices on how to conduct workflow and dataflow assessments capable of identifying encounter data submission disconnects
- Engaging EHR and practice management system vendors on the latest encounter data standards and requiring them to better address and improve encounter reporting quality
- Establishing EHR and practice management system affinity groups for providers and HIT vendors to share best practices, standardize approaches and coordinate vendor system changes and requests

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## Data Standardization

**Problem Statement:** Meaningful and complete data means the establishment and timely updates of standardized encounter data code sets, values, and specifications throughout the flow of data. It is crucial to define what needs standardization and how we can improve it to improve data quality, completeness and timeliness.

**Response & Prioritization:** Breakout group attendees generally agreed with the proposed encounter data standardization problem statement, and advanced a set of recommendations and priorities for the Data Standardization Work Group. Specifically, the consensus of the group was to start with the fundamental base of encounter reporting: actual data requirement transaction sets, starting with Medi-Cal. Ensuring that all understood the requirements, any modification that may be proposed, and how this information needs to be distributed across all of the interested parties is fundamental. Further, attendees agreed that encounter data standards should:

- Include 837 specifications with clear companion guides, standard taxonomies and coding crosswalks (as needed), in alignment with CMS and DHCS requirements, as well as any post-adjudication transaction sets that may exist. Agreement on what these standards are, is a critical first step in building on those standards to foster alignment.
- Clear, timely and up to date guidance from DHCS and MCPs around encounter data submission expectations including frequency, accuracy, completeness and data quality other thresholds.
- Standard data requirements across entities' claims processing platforms, and separately, standard data requirements between Encounter and Claims departments within entities.
- Processes to coordinate and communicate timing for implementing changes that cascade from DHCS to MCPs and provider entities, and trace quality and accuracy issues across multiple entities and steps in the process is needed.
- Define necessary provider EHR and billing system changes.
- Identify challenges and opportunities across other payers (e.g. Medicare and Commercial).

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## What's Next?

On behalf of Health Net, Manatt Health Strategies is leading a yearlong effort to engage stakeholders in the development of targeted and actionable strategies and tactics to improve encounter data reporting for Medi-Cal managed care providers. In October, three stakeholder workgroups will launch with the goal of developing these solutions focusing on Governance, Data Standardization, and Technology & Technical Assistance. Proposed solutions will be presented at a closing summit in early Spring 2020.

Additionally, Harder+Company Community Research will continue to work with Health Net and Manatt Health Strategies to understand the strengths and opportunities associated with engaging key stakeholders through the Medi-Cal Encounter Data Stakeholder Engagement project.

### **THE ENCOUNTER DATA IMPROVEMENT PROGRAM**

Health Net established the Encounter Data Improvement Program in 2016 pursuant to agreement with the California Department of Managed Health Care (DMHC) as part of DMHC's approval of Centene's acquisition of Health Net. The goal of this program is to mitigate barriers to the timely submission of complete and accurate encounter data, and strengthen the data collection and reporting infrastructure, particularly for Medi-Cal providers contracted with managed care plans. Objectives of this program include encouraging, testing and promoting new or enhanced models of encounter data submission; improving the skills, expertise and operational efficiency of providers and staff in collecting and reporting encounter data; and promoting technological improvements to increase encounter data collection and submission.

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