

Encounter Data Improvement Program

Data Standardization Workgroup

Working Session #2

November 20, 2019 | 3:00 – 4:00 pm



- **Cross-Workgroup Takeaways**
- **Workgroup Timeline and Approach**
- **“Rapid Response” Teams**
 - Encounter Data Ecosystem Mapping
 - Reconciliation Report Reviews
 - Companion Guide Reviews
- **Next Steps**

- **The workgroup agreed on the importance of defining a narrow, targeted focus for solution development that prioritizes inputs and avoids downstream issues.** The workgroup also noted that while experiences of programs like the Direct Payment Program may be instructive and impacted by workgroup efforts, the workgroup's focus should remain solely on encounter data.
- The workgroup noted that an important “charter role” of the group is to **identify and describe failure points in the encounter reporting/reconciliation process** that contribute to incomplete and inaccurate encounter data reporting.
- The workgroup highlighted several opportunities to identify and address encounter data accuracy, completeness and timeliness.
- **The workgroup discussed potential follow-up steps, including forming three teams that would:**
 - **Identify “failure points” impacting data accuracy, completeness and timeliness;** the group would comprise providers, plans and DHCS representatives to map the encounter data reporting and reconciliation process
 - **Review existing reconciliation points and identify opportunities to strengthen and standardize reconciliation** among plans for Medi-Cal and potentially other lines of business
 - **Review companion guides to identify missing or misaligned specifications in Medi-Cal.**

- The governance workgroup reviewed the workgroup's charge, scope, problem statement and preliminary hypotheses and recommended changes to be incorporated into meeting #2 materials.
- The governance workgroup reviewed the straw model created to describe the key attributes for an ideal encounter data submission governance structure, and recommended changes and clarifications to be incorporated into meeting #2 materials.
- The governance workgroup must be clear in its recommendations around the role governance will have in enforcing its policies, and consider business drivers and regulatory regimes that it can align with.
- For alignment purposes, it will be critical for the governance workgroup to have line of site to the recommendations that are being generated within the other encounter data project workgroups.
- There was consensus that all solutions development within the governance workgroup must take into account all stakeholders. It can't be assumed that only providers are burnt out from the administrative burdens of the current encounter data submission process. All solutions that come from this workgroup will need to be focused on driving value across the entire value chain.
- The workgroup agrees that solutions, outputs and recommendations from the governance workgroup should factor in all lines of businesses.
- The governance workgroup reviewed the workgroup's principles and attribute and recommended changes and clarifications to be incorporated into meeting #2 materials.

- The workgroup approved its charter, including its charge: to develop actionable and practical solutions to the most pressing and intractable technological issues and technical information gaps preventing the complete and accurate submission of encounter data by Medi-Cal providers.
- The workgroup agreed that **providers have the greatest need for technological and technical support**, though clearinghouses, MSOs, and plans would be critical stakeholders in any solution.
- The workgroup clarified that **gaps exist in:**
 - **Education and training**, where providers - particularly less well-resourced practices - may not fully understand how encounter data is used and the benefits of completing it fully and accurately
 - **Technology**, where providers often lack the tools to audit the completeness of EHR-to-billing system data exchanges or to “pre-validate” upstream submissions
 - **Technical knowledge**, where providers may not know how to identify and correct for encounter data reporting workflow/dataflow disconnects
- The workgroup emphasized that, to impact statewide Medi-Cal encounter data completeness and accuracy, **solutions need to be scalable, sustainable, and feasible/viable.**
- The workgroup prioritized the following tactics and strategies for further research and discussion:
 1. “Encounter Data 101” (virtual trainings)
 2. “Encounter Data: Defining the Value Proposition” (stakeholder educational material w/ profiles)
 3. Encounter Data Reporting: Site Assessments
Workflow & Dataflow Assessments (direct TA and/or “how to” trainings)
 4. Promoting Implementation of “Pre-Validation” Tools
 5. Technological and Technical Affinity Groups
 6. Facilitating Collaborative Action to Influence CA HIT Vendor System Development

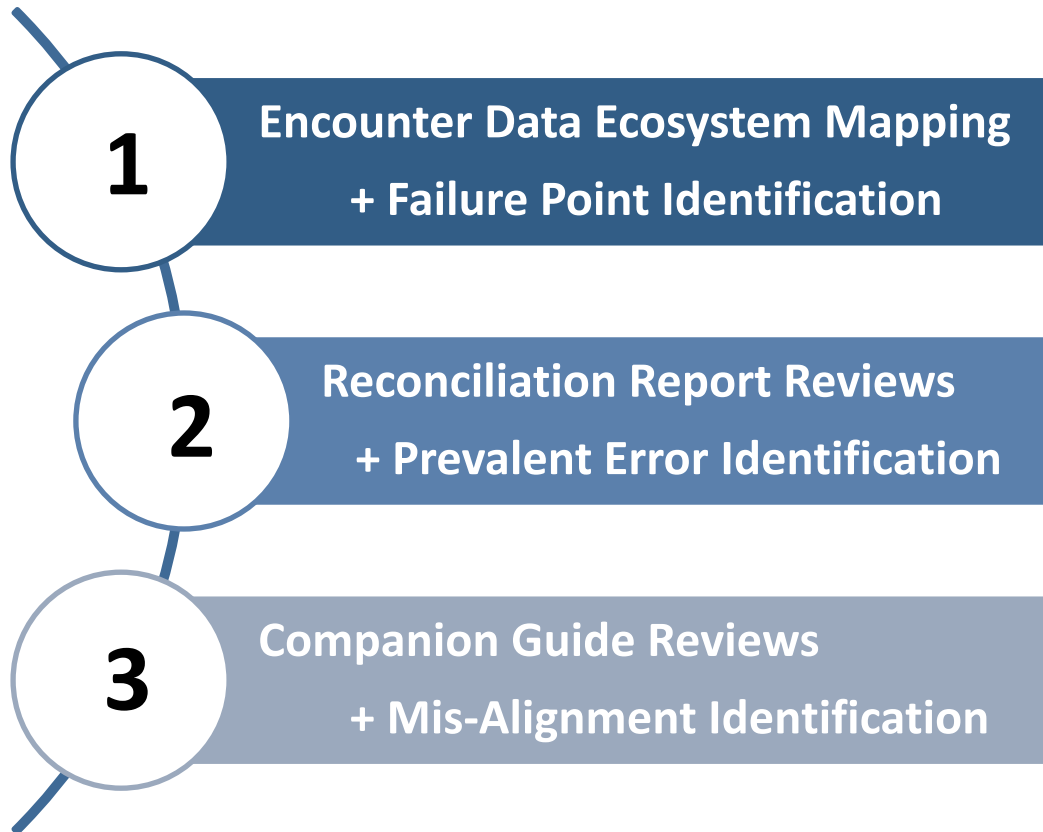
Workgroup Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda
1	<p>Working Session #1 Kick-off Issue Confirmation</p> <p><i>October 25, 2019</i></p>	<p>Objectives: <i>Introductions, ratification of work group charter and charge; develop initial consensus around core issues for resolution</i></p> <ul style="list-style-type: none"> • Define key terms • Discuss critical issues and concerns to explore through working sessions • Identify important resources
2	<p>Working Session #2 Issue Identification: Launch “Rapid-Response” Teams</p> <p><i>November 20, 2019</i></p>	<p>Objectives: <i>Launch “rapid response” teams to identify critical data standardization issues across the Medi-Cal encounter data ecosystem</i></p> <ul style="list-style-type: none"> • Assign “rapid response” teams to assess issue areas through three approaches: encounter data ecosystem mapping; reconciliation report reviews; and companion guide reviews • Set parameters for exercise
3	<p>Working Session #3 Issue Identification: “Rapid Response” Team Report-outs</p> <p><i>December 5, 2019</i></p>	<p>Objectives: <i>Assess potential resolution strategies against key criteria/dimensions</i></p> <ul style="list-style-type: none"> • “Rapid response” team report-outs with preliminary findings and facilitated discussion • Introduce “prioritization” framework/criteria • Inventory and prioritize data standardization issues for resolution
4	<p>Working Session #4 Develop Draft Strategies</p> <p><i>January 13, 2020</i></p>	<p>Objectives: <i>Discuss draft resolution strategies, soliciting and incorporating workgroup feedback</i></p> <ul style="list-style-type: none"> • Review most “impactable” data standardization issues for resolution • Discuss draft tactics, strategies, and recommendations for issue resolution
5	<p>Working Session #5 Test and Finalize Strategies</p> <p><i>January 27, 2020</i></p>	<p>Objectives: <i>Review recommendations, implementation and financial plan</i></p> <ul style="list-style-type: none"> • Review revised draft tactics, strategies, and recommendations for issue resolution along with related draft implementation and financial plans

NOTE: Based upon workgroup progress and guidance, a sixth working session may be added for February 2020

The workgroup will deploy three “rapid response” teams to specify data standardization and submission process issues identified at the first work group meeting

“Rapid Response” Teams



Team Expectations

- Each team will comprise **3-6 members**
- **In the next two weeks, each team will:**
 - **Meet once** to discuss the task, **record initial findings of gaps, issues and open questions** to share back with the workgroup
 - **Send initial findings** to Manatt by COB December 3rd
- **At the December 5th working session, team leads will:**
 - **Share** each team’s initial findings/thoughts
 - **Help facilitate** discussion of the findings and test assumptions

The team will map and identify most significant “failure points” impacting data accuracy, completeness and timeliness across the encounter data ecosystem.

Key Objectives

1. Map encounter data reporting processes from providers to plans to DHCS
2. Document/describe known disconnects or “failure points” at each transaction point
3. Categorize significant failure points by data quality type (completeness, accuracy, timeliness)
4. Describe feasibility to addressing issue and approximate magnitude of impact addressing the issue would have on the quality of encounter data reporting



Requested Team

- Carol Wanke, Sharp HealthCare (Chair)
- Michael Arriaga, Molina Healthcare

Volunteers?

The team will review reconciliation reports to identify most consistent and largest errors among Medi-Cal plans and potentially other lines of business.

Key Objectives

1. Identify common reconciliation reporting points
2. Identify largest known Medi-Cal encounter data reporting submission errors
3. Describe potential causes of errors
4. Categorize failure points by impact type (completeness, accuracy, timeliness)
5. Describe feasibility to addressing issue and approximate magnitude of impact addressing the issue would have on the quality of encounter data reporting



Requested Team

- Eric French, Health Net (Chair)
- Aaron Toyama, DHCS

Volunteers?

The team will Review companion guides to identify missing or misaligned specifications in Medi-Cal.

Key Objectives

1. Compile plan companion guides
2. Identify primary differences/discrepancies between companion guide(s) and DHCS standards
3. Identify discrepancy causes
4. Describe feasibility to addressing issue and approximate magnitude of impact addressing the issue would have on the quality of encounter data reporting

Further, workgroup may assess local code crosswalks, identifying issues plans or providers confront when using them



Requested Team

- Genia Fick, IEHP
- Denise Gionta-Del Rio, Aetna
- Larry McIntosh, SBC Global (formerly United)
- Thenn Subramanian, Partnership Health Plan
- Greg White, LA Care
- Mark Yakimisky, Kaiser Permanente

Volunteers?

Report Out Template

Issue Description	Potential Causes	Failure Type (completeness, Accuracy, Timeliness)	Feasibility and Impact

NOTE

Teams may use template or develop another format to report findings

Next Steps

- Teams may wish to use the **hour after this call** (previously held) to regroup
- Manatt will review and compile findings from DPP, CAPG, ICE, LA Care/Optum efforts, and other relevant work
- Manatt will compile findings for review at the next workgroup meeting (December 5)

Please request **Manatt facilitation support**, if needed.

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Appendix

Data Standardization Workgroup Roster

#	First Name	Last Name	Job Title	Company	Industry
Co-Chair	Eric	French	VP, Provider Performance & Analytics	Health Net	Managed Care Plan or Health Plan
Co-Chair	Carol	Wanke	VP Post Acute Revenue Cycle and Managed Care Operation	Sharp HealthCare	Independent Practice Association or Medical Group
1	Michael	Arriaga	Encounter Manager	Molina Healthcare	Managed Care Plan or Health Plan
2	Terri	Bailey	Manager	Health Net	Managed Care Plan or Health Plan
3	Allyce	Barrios	Director Revenue Compliance	Hills Physicians Medical Group	Providers/IPAs/Health System
4	Laurie	Dean	Business Process Consultant	United Healthcare	Manager Care Plan or Health Plan
5	Genia	Fick	Sr. Director, Quality Systems	Inland Empire Health Plan (IEHP)	Managed Care Plan or Health Plan
6	Denise	Gionta-Del Rio	Encounter Manager, Medicaid Business	Aetna	Managed Care Plan or Health Plan
7	Starla	Ledbetter	Chief Data Officer, Branch Chief, Enterprise Data Operations	California Office of Statewide Health Planning and Development (OSHPD)	Government (State, County, Federal)
8	David	Lown	Chief Medical Officer	California Health Care Safety Net Institute (SNI)	Providers/IPAs/Health System
	Larry	McIntosh	VP - Encounters and Capitation Ops	SBC Global (formerly United)	Managed Care Plan or Health Plan
9	John	Minot	Director of Policy	California Association of Public Hospitals and Health Systems (CAPH)	Providers/IPAs/Health System
10	Amber	Ott	Group Vice President, Data and Analytics	California Hospital Association (CHA)	Providers/IPAs/Health System
11	Thenn	Subramanian	Director of EDI Development	Partnership HealthPlan of California	Managed Care Plan or Health Plan
12	Aaron	Toyama	Chief, Data Analytics Branch	California Department of Health Care Services (DHCS)	Government (State, County, Federal)
13	Jennifer	Wei	Interim Chief, Financial Systems Support and Reporting	LA County Department of Health Services	Government (State, County, Federal)
14	Greg	White	Director, Encounters	L.A. Care Health Plan	Managed Care Plan or Health Plan
15	Mark	Yakimisky	Executive Director, Pricing Systems & Data Services	Kaiser Permanente	Managed Care Plan or Health Plan
HN	Stephanie	Landrum-Hall	Manager of Community Grants	Health Net	Project Leadership/Staff
Harder	Courtney	Huff	Research Consultant	Harder+Company Community Research	Project Leadership/Staff
Manatt	Jonah	Frohlich	Managing Director	Manatt Health Strategies, LLC	Project Leadership/Staff
Manatt	Lammot	duPont	Senior Advisor	Manatt Health Strategies, LLC	Project Leadership/Staff
PHCG	Tim	Reilly	Founder and Partner	Pacific Health Consulting Group	Project Leadership/Staff

Co-Chairs

Workgroup members

Health Net & Harder

Manatt Health