Agenda & Meeting Objectives

- Review and refine governance straw model

- Define governance representation and decision-making processes

- Consider spectrum of potential governance models, and framework for assessing them

- Define initial governance structure options

- Outline next steps

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Work Group Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda
1	**Work Group Kickoff Meeting** *October 29th*	**Objectives**: *Introductions, ratification of work group charter and charge; develop initial consensus around core issues for resolution* • Review and affirm work group charge, scope, and work plan • Review, revise and validate governance principles
2	**Working Session #2** *November 18th*	**Objectives**: *Confirmation of principles, refinement of criteria, and introduction of potential governance models* • Confirm the principles and straw model from meeting #1 • In-depth governance principles discussion
3	**Working Session #3** *December 9th*	**Objectives**: *Define governance structure and representation and review model options* • Review and refine governance straw model • Define governance representation and decision-making processes • Consider spectrum of potential governance models, and framework for assessing them • Define initial governance options
4	**Working Session #4** *January 8th*	**Objectives**: *Refine model options and governance structure. Define models for financing and sustainability, implementation plan and roadmap* • Review and refine governance straw model • Discuss role of governance in future of standardization and technology and assistance • Discuss governance authority • Discuss financing and sustainability models • Discuss Implementation plan and roadmap
5	**Working Session #5** *February 3rd*	**Objectives**: *Review and finalize recommendations, implementation and financial plan* • Review and refine straw model • Finalize recommendations • Finalize implementation roadmap • Finalize sustainability plan

Workgroup Charter

Scope	Description
Charge	This workgroup will develop data and program governance recommendations, including processes to coordinate and prioritize encounter reporting improvement initiatives, oversee changes to standards, policies and processes, and support communication and collaboration.
Membership	Up to 15 members, including two co-chairs, representing providers, health plans, intermediaries, health information technology vendors and government agencies.
Objectives	Through a consensus-based and collaborative process, the Workgroup will: • *Define core governance principles, critical stakeholder participants, governance structure, authority and decision making processes* • *Articulate the role governance should play in overseeing reporting standardization, prioritizing technology and technical assistance programs, and institutionalizing mechanisms for effective communication across stakeholder groups and lines of business* • *Develop a an implementation plan and roadmap* • *Develop financing and sustainability models* The workgroup may also be asked to review solutions being developed as part of the Technology and Technology Assistance and Data Standardization workgroup processes.
Meeting Frequency	The workgroup will meet five times from October 2019 through February 2020.
Commitment	Workgroup members will be expected to actively participate in meetings, contribute to, review, and comment on materials, and participants may be asked to present on their experience and best practices

Problem Statement

In California, we have not been successful in our efforts to prioritize, organize and communicate encounter reporting 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.

Encounter data reporting governance charge:

1. Oversee standards, specifications and companion guide development and updates; including changes to existing documentation and processes, and necessary steps to inform and communicate with stakeholders as changes occur.

2. Develop and promulgate processes that foster collaboration between regulators and plans during companion guide development and refinement to ensure there is consistency across purchasers, plans, and other payers and lines of business.

3. Establish a framework for reporting progress, with baselines and targets to achieve, and benchmarking of completeness, timeliness, and accuracy of encounter file submissions

4. Support mechanisms for advancing recommendations

5. Establish a framework to develop and align reporting improvement incentive programs that span payers and lines of business

6. Develop transparent processes to prioritize and fund initiatives that improve encounter data reporting

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Data Standardization

The workgroup *established three "rapid response" teams to identify disconnects in* the encounter data reporting ecosystem where divergent interpretation, adoption, or implementation of *data standards* has had a deleterious impact on encounter data completeness or accuracy:

Team 1: Encounter Data Ecosystem Mapping

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

Team 2: Reconciliation Report Reviews

▪ The team will review rejection and reconciliation reports to identify the most consistent and largest number of errors among Medi-Cal plans and potentially other lines of business and identify potential root causes

Team 3: Companion Guide Reviews

▪ The team will review available plan companion guides, contrasting requirements with those of DHCS

Teams shared their findings at the **working session on Thursday, December 5th.**

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- The workgroup **finalized its charge**, scope, and problem statement

- The workgroup made the following governance model recommendations:
  - Governance should adopt a data-driven **decision-making approach**, to identify providers, plans, and other organizations most in need of assistance.
  - Governance should **align recommendations and actions with contractual requirements** and develop potential incentive program frameworks
  - Governance should be **representative of encounter reporting stakeholders**
  - Governance should establish and oversee **technical advisory groups** to support specification alignment and technical assistance programs through a **transparent**, collaborative process that allows for public comment
  - Governance should be **responsive to changing regulations and industry requirements**, translating and communicating implications to respective stakeholders
  - The Governance body should **establish and publish accountability metrics** for its annual work
  - Governance should focus on both **statewide improvement and initiatives that may impact encounter data reporting in regions or subgroups that are most in need of improvement**;
  - **Key performance indicators** should be developed to inform program effectiveness
  - **Governance may not be needed in perpetuity**; measures and milestones should be established to allow for objective sustainability and "sunset" decisions to be made

Technology + Technical Assistance

> **The workgroup emphasized the importance of connecting their work with efforts underway in data standardization and governance**

The workgroup confirmed targeted areas for development, including:

1. Developing updateable educational material for providers that **Defines the Value Proposition of Encounter Data Submissions**, including case examples of return-on-investments

2. Building on the Value Proposition to offer a suite of virtual **Encounter Data Submission Trainings** that provide a general audience basic education on what encounter data are, how they are used, and why they are important; and narrower audiences more specialized material for engagement

3. Supporting provider **Encounter Data Workflow & Dataflow Site Assessments**, including the mapping of person-level and data system "touchpoints" - from encounter data intake to outbound transmission – and potential disconnects*

4. **Facilitating Collaborative Action to Influence CA HIT Vendor System Development**, including the convening of **Technological and Technical Affinity Groups**, to share information and influence vendor product changes; may include the development of tools such as general or condition-specific data collection/reporting templates

5. **Fostering industry-wide efforts to enhance data submission transparency**, including exploring the use and implementation of "pre-validation" tools that provide submitters with preemptive, actionable intelligence to improve submissions

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Rules and decisions are made in accordance with established policies. Actions and decisions are designed in a non-biased manner to ensure stated objectives are met.

Governance Scope and Decision Making

- Governance will **establish a mission, charter and charge that includes oversight of data standardization, technology, technical assistance,** and other initiatives.

- Governance will **adopt a data-driven decision-making approach**, using and analyzing information in a strategic manner, and identifying, targeting and prioritizing providers, groups and organizations in need of most assistance

- Governance decision-making processes will **coordinate and oversee core functions, including standardization, technical assistance and other programs**

- Governance decisions will be consensus-based

- Governance will **establish policies and decision making processes that advance encounter data reporting priorities**. Potential examples include:

  - Recommendations to industry stakeholders regarding changes to standards and specifications

  - Recommendations regarding priority initiatives to improve technical assistance, education programs and technology adoption

- Governance **will establish and oversee committees** that:

  - Have representation from industry stakeholders and subject matter experts .

  - Take into consideration various perspectives and incorporate guidance provided by a variety of stakeholders that represent it.

Governance establishes policies and practices that are designed to ensure compliance and alignment with enforceable regulatory rules, business requirements and incentives.

Regulatory Alignment & Authority

Governance will:

- **Follow state and federal regulations and rules to guide and reinforce its recommendations** and advance decisions and proposed initiatives.

- **Advance initiatives that strictly follow state and federal regulatory rules**, processes and requirements, ensuring it does not overstep existing industry oversight structures

- **Assess and revise guidance** it makes to ensure alignment and avoid conflicting messaging as new State and federal policies are promulgated

- **Define under what conditions it formulates and proposes rule and policy changes**, and advance them to the relevant federal and state rule-making bodies

Industry Alignment & Authority

Governance will :

- Play a role in recommending how the business community (e.g., health plans, purchasers, etc.) will **align contracting requirements** to support encounter data improvement efforts.

- **Define incentive program frameworks**

Activities and performance is monitored, decision making processes are visible to the public, and there is clear visibility into how the rules and policies are created.

Governance will:

- Establish and **make public its policies and processes** for formulating and advancing recommendations and decisions

- **Make its actions and decisions visible** and open to external stakeholders and the public

- **Establish clear transparency processes and policies** that describe how governance establishes and refines programs and targets it sets

- **Support a broad group of stakeholders** that develop standards and programs through a real-time collaborative process with broad input facilitated through public comment

Conscious effort is made to use benchmarks and targets to report and improve performance; with processes and feedback mechanisms to respond and adapt to the changing needs and expectations of all of its stakeholder.

Governance will

- Work with California stakeholders to **establish meaningful targets** to improve encounter data reporting

- **Collect and publish accountability metrics** (not collecting encounter data itself) – starting with establishing meaningful targets and metrics, then focus on collecting data on the timeliness, accuracy and completeness of data.

- **Track industry performance and improvement** against agreed-upon encounter data reporting targets and standards

- **Leverage what others entities (e.g., DHCS) are doing**; translate what's appropriate to impacted organizations downstream (e.g., at the group and practice level) and consider what does/does not translate to other lines of business.

- **Be forward-looking**, considering future programs (including waivers, new programs and requirements).

- Respond to encounter data performance reports by **developing and publishing proposed actions to address ongoing challenges**

- **Provide opportunities for the public to provide input** on decisions and recommendation that it makes, including through public comment prior to new announcements.

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Decisions, guidance and relevant information is effectively communicated to impacted stakeholders

Governance will:

- **Monitor the regulatory landscape and business environment** to identify and report on changes to encounter data reporting standards or requirements that may impact stakeholders or established policy and procedures.

- **Craft and communicate targeted messages** to impacted stakeholders across data standardization, technology and technical assistance programs.

- **Develop communication plans** to stakeholders that may include:

  - Performance reporting

  - Regulation updates and upcoming changes

  - Rationale and implications of federal and State rule changes

  - Data standardization updates

  - New programs initiated to improve encounter data reporting and opportunities to participate

  - Case study spotlight across various stakeholder types

Effectiveness

Governance measures its success by its ability to help enable and lead changes in practice by embracing policies, processes, and initiatives that coordinate and makes the best possible use of available resources

Governance will:

- **Establish key performance indicators** that monitor how effectively governance is meeting its goals and targets

- **Adopt data-driven frameworks** for assessing potential impact of initiatives it is assessing

- Adopt processes to **evaluate the impact of initiatives it oversees**

- **Seek stakeholder feedback** on the impact they are having on the encounter data reporting landscape and ways they can be more impactful

- Not solely focus on initiatives that advance progress on a statewide basis, but will **identify regions, subgroups or constituencies most in need of improvement**, and will develop key performance indicators to inform it's analyses

- **Develop a decision framework** to continue or cease funding for initiatives based on milestones and metrics that are or are not met

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Sustainability

Governance processes are designed to be self-sustaining

Governance will:

- **Seek funding** to establish and sustain encounter data improvement programs and priorities and secure resources to staff governance processes and any committees and operational functions it may establish

- **Develop annual budgets** and processes to ensure revenues and expenses are effectively managed

- **Develop financial controls** to ensure it is using resources according to stated policies and objectives

- Develop, revise and publish an **annual business plan**

Governance and the structures that support improvement efforts may not be needed in perpetuity; there will be measures and decision points to help governance decide if it should sunset core functions and operations

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Public and private stakeholders have a voice and are adequately and meaningfully represented.

Governance Details

Organization types may include:

- Health plans: (Medi-Cal COHS/LIs; commercial, national plans, etc.)
- Hospital (public, private, systems)
- IPAs/MSOs
- Community clinics, rural health centers
- Clinicians and private practices
- Public agencies: (DMHC, DHCS, Covered California, CalPERS, OSHPD, CMS)

Advisors to governance may also include Clearinghouses, EHR vendors and other technical experts

Qualifications:

- There will be minimum defined set of competencies for members serving on governance, such as:
  - o Health care industry background
  - o Knowledge of encounter data reporting
  - o Ability to represent interests of constituency
- Committees governance form will be represented by volunteer industry stakeholders and subject matter experts
- Governance will require an explicit commitment to diversity, which may include racial, gender, ethnic, cultural, and geographic (e.g., rural, urban, etc.) representation

Governance Options (Illustrative)

Options to consider include informal collaboratives, non-profits, and governance agency advisory groups
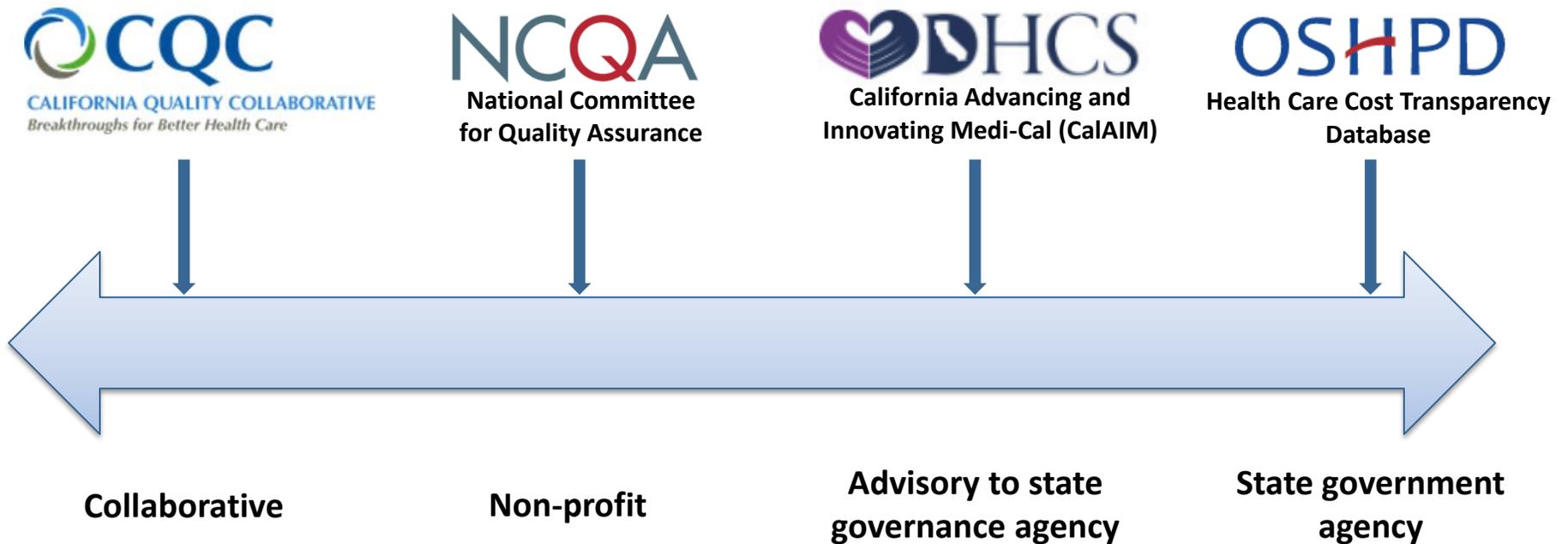
Given the attributes identified and discussed, which model makes the most sense to pursue for an encounter data governance structure?

California Quality Collaborative (CQC)	
Model Structure	CQC is a collaborative and a subsidiary of the Pacific Business Group on Health (PBGH)
Launched	2003
Brief Description	CQC is a health care improvement organization dedicated to advancing the quality and efficiency of the health care delivery system in California. CQC establishes collaboratives and workshops that include quality improvement training programs and topic-specific collaboratives to facilitate adoption of best practices
Board Composition	The CQC has Steering Committee selected comprised of leaders from physician groups, health plans, purchasers, public health entities and their partners.
Funding Model	CQC is funded by programs sponsors, including health plans, provider organizations and payers, through charitable grants, and has received a Centers for Medicare & Medicaid Services Innovation Award
Additional Considerations	CQC is an open collaborative model. Programs include Building Capacity for Improvement, offering programs for individuals to build skills or knowledge in core content for delivery system improvement; and Practice Transformation, a four-year initiative to engage 4,800 clinicians contracted with provider organizations to improve measures of cost, quality and patient experience.

Governance Case Studies: NCQA

National Committee for Quality Assurance (NCQA)	
Model	Private 501(c)(3) not-for-profit organization
Launched	1990
Brief Description	NCQA's mission is to improve the quality of health care. They administer three programs: • Patient-Centered Medical Home recognition program • Health Plan accreditation through a comprehensive framework for essential quality improvement and measurement • HEDIS: development and management of quality improvement measures used for health plan accreditation, reporting and performance improvement
Board Composition	17 Directors from a broad and diverse set of national healthcare stakeholders including former state government officials, academics, health plan and purchasers, clinical leaders, information technology organizations and vendors, and consumer advocates
Funding Model	Sponsorship and corporate membership fees, funding from foundations and service revenue
Additional Considerations	As a non-profit they have established formal bylaws and they have a board of directors with fiduciary responsibility for the organization and its programs. They are required to file tax returns and report revenues and expenses.

Governance Case Studies: DHCS CalAIM

DHCS	California Advancing and Innovating Medi-Cal (CalAIM)
Model	Public Stakeholder Advisory Committee (SAC) supported by DHCS
Launched	2019
Brief Description	California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year Department of Health Care Services (DHCS) initiative to implement overarching policy changes across all Medi-Cal delivery systems. It is a vehicle that will help inform the development of DHCS's 1115 and 1915b waivers
Board Composition	DHCS' Stakeholder Advisory Committee members are recognized stakeholders/experts in their fields and include: • Medi-Cal managed care plans • Provider organizations • Counties • Consumer advocates • Foundations and think tanks • Labor
Funding Model	DHCS is funded through state and federal appropriations
Additional Considerations	Throughout 2019 and 2020, DHCS will conduct extensive stakeholder engagement for both CalAIM and the Medicaid Section 1115 waiver renewal. The SAC is advisory in nature; they will review and provide feedback for DHCS's waiver proposals through 2019 and 2020

OSHPD

Office of Statewide Health Planning and Development (OSHPD)	
Model Structure	*Public entity*
Launched	AB 1810 signed into law June 2018
Brief Description	OSHPD is the leader in collecting data and disseminating information about California's Healthcare infrastructure. Under 1810 the Legislature established the Health Care Cost Transparency Database to collect information regarding the cost of health care and requires the OSHPD to convene a review committee to advise the Office on the establishment and implementation of the database and requires the OSHPD to establish, implement, and administer the database. 1810 requires OSHPD to establish The Healthcare Payments Data (HPD) Review Committee to support the planning and development of the Database.
Board Composition	OSHPD is a governance agency overseen by a executive staff appointed by the Governor. The HPD Review Committee includes trade associations, non-profits and researchers
Funding Model	State-funded (appropriation)
Additional Considerations	Authority of the Review Committee and OSHPD over the database was established in State law. The Committee advances recommendations to the legislature. OSHPD is responsible for adopting the recommendations and developing the Database. The Database may ultimately be housed and managed within State government or by a third party.

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Governance Principles and Attributes

Model Examples – For Illustration Purposes

Attribute	CQC	NCQA	DHCS	OSHPD
Decision-Making				
Authority and Alignment				
Transparent				
Accountable and Responsive				
Communication				
Effectiveness				
Sustainability				
Participatory/ Representative				

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Work Group Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda
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Appendix
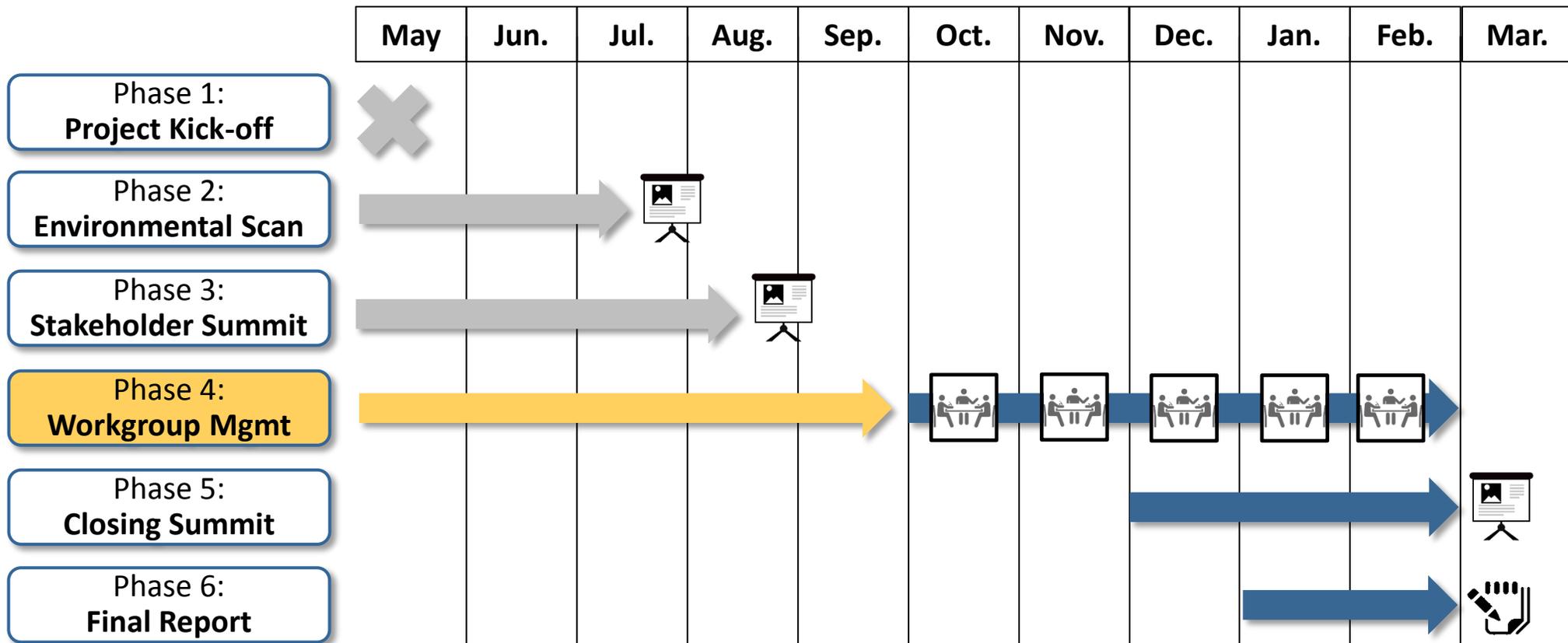
Workgroup Roster

#	First Name	Last Name	Job Title	Company	Industry
Co-Chair	Charles	Bacchi	President & CEO	California Association of Health Plans (CAHP)	Managed Care Plan or Health Plan
Co-Chair	Sarah	Summer	CEO, Physician Services Organization	California Medical Association (CMA)	Independent Practice Association or Medical Group
1	Bill	Barcellona	Sr. Vice President	APG	Health System, Academic Medical Center, or Hospital
2	Robert	Beaudry	Executive Vice President and CSO	California Primary Care Association	Health System, Academic Medical Center, or Hospital
3	Aaron	Goodale	VP, Health Information Technology	MedPOINT Management	Managed Services Organization or Clearinghouse
4	Allison	Kawamoto	VP, Revenue Management	Blue Shield of California	Managed Care Plan or Health Plan
5	Kristen	Miranda	CA President and West Region Head	Aetna	Managed Care Plan or Health Plan
6	Michael	Myers	President & CEO	Dignity Health MSO	Managed Services Organization or Clearinghouse
6	Jeffrey	Rideout	CEO	Integrated Healthcare Association	Cross-Industry Convener or HIT Vendor
7	Shelley	Rouillard	Director	California Department of Managed Health Care (DMHC)	Government (State, County, Federal)
8	Martha	Santana-Chin	Sr. Vice President, Health Care Delivery	Health Net	Managed Care Plan or Health Plan
9	Ryan	Witz	VP Healthcare Financing Initiatives	California Hospital Association (CHA)	Health System, Academic Medical Center, or Hospital
10	Nathan	Nau	Chief of Managed Care Quality and Monitoring Division	California Department of Health Care Services (DHCS)	Government (State, County, Federal)
HN	Carol	Kim	VP, Community Investments and Government & Public Affairs	Health Net	Project Leadership/Staff
Harder	Allison	Wolpoff	Director	Harder+Company Community Research	Project Leadership/Staff
Manatt	Jonah	Frohlich	Managing Director	Manatt Health Strategies, LLC	Project Leadership/Staff
Manatt	Anthony	Brown	Consultant	Manatt Health Strategies, LLC	Project Leadership/Staff

Co-Chairs   *Workgroup members*   *Health Net & Harder*   *Manatt Health*

Workgroup Roster

#	First Name	Last Name	Job Title	Company	Industry
Co-Chair	Michael	Deering	CIO	Inland Empire Health Plan (IEHP)	Managed Care Plan or Health Plan
Co-Chair	Louise	McCarthy	President & CEO	CCALAC	Independent Practice Association or Medical Group
1	Mary	Bacaj	Head of Value-Based Care	Conifer Health Solutions	Managed Services Organization or Clearinghouse
2	Jodi	Black	VP, Center for Economic Services	California Medical Association (CMA)	Independent Medical Practitioner
3	Bridget	Cole	Executive Director	Institute for High Quality Care	Cross-Industry Convener or HIT Vendor
4	Tom	Farmer	Director of Specialty Care Solutions for Community Health	NextGen	HIT/HIE
5	Stephen	Gutierrez	CIO	NEVHC	Federally Qualified Health Center or Clinic
6	Juan	Macedonio	HCCN Project Manager	Physicians Trust	Cross-Industry Convener or HIT Vendor
7	Sabra	Matovsky	CEO	SF Community Clinic Consortium	Managed Services Organization or Clearinghouse
8	David	Mosher	Director, California Medicaid Operations	Anthem Blue Cross	Managed Care Plans
9	Noelle	Porter	VP	TransUnion	Managed Services Organization or Clearinghouse
10	Fia	Roberts	Sr. Director	Health Net	Managed Care Plan or Health Plan
11	Abby	Sears	CEO	OCHIN	Cross-Industry Convener or HIT Vendor
12	Ates	Temeltas	Assistant IT Director	Contra Costa Health Services	Health System, Academic Medical Center, or Hospital
13	Andrew	Wong	Encounter Data Unit Chief	California Department of Health Care Services (DHCS)	Government
HN	Stephanie	Landrum-Hall	Manager of Community Grants	Health Net	Project Leadership/Staff
Harder	Amy	Ramos	Sr. Research Consultant	Harder + Company	Project Leadership/Staff
Manatt	Kevin	McAvey	Sr. Manager	Manatt Health Strategies, LLC	Project Leadership/Staff
Manatt	Jonah	Frohlich	Managing Director	Manatt Health Strategies, LLC	Project Leadership/Staff

Co-Chairs   Workgroup members   Health Net & Harder   Manatt Health

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
9	Larry	McIntosh	VP - Encounters and Capitation Ops	SBC Global (formerly United)	Managed Care Plan or Health Plan
10	John	Minot	Director of Policy	California Association of Public Hospitals and Health Systems (CAPH)	Providers/IPAs/Health System
11	Amber	Ott	Group Vice President, Data and Analytics	California Hospital Association (CHA)	Providers/IPAs/Health System
12	Thenn	Subramanian	Director of EDI Development	Partnership HealthPlan of California	Managed Care Plan or Health Plan
13	Aaron	Toyama	Chief, Data Analytics Branch	California Department of Health Care Services (DHCS)	Government (State, County, Federal)
14	Jennifer	Wei	Interim Chief, Financial Systems Support and Reporting	LA County Department of Health Services	Government (State, County, Federal)
15	Greg	White	Director, Encounters	L.A. Care Health Plan	Managed Care Plan or Health Plan
16	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**

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