

Encounter Data Improvement Program

Technology + Technical Assistance Workgroup

Working Session #3

January 7, 2020 | 2:00 – 4:00pm



- **Workgroup Recaps**
- **Tech + TA Workgroup Timeline and Approach**
- **Recommendation Development**
 - Development Stages/Components
 - Tech + TA Recommendations in Context
- **Draft Recommendations: Design + Financial Model Discussions**
 - #1: Virtual Encounter Data Trainings**
 - #2: Encounter System Technical Assistance for Providers**
 - #5: Encounter System Technical Assistance for Plans and Payers**
 - #3: Provider Technical Workgroup to Advance HIT Design**
 - #4: Promoting Industry Adoption of “Pre-Validation” Tools**
- **Next Steps**

Working Session #4

Alignment on Key Data Standardization Issues: The workgroup identified the most impactful and prevalent issues, errors, and points of failure. The top five addressable issue areas were:

1. **Duplicate claims and encounters**
2. **Use of local codes**
3. **Newborn identifiers**
4. **Tracing errors**
5. **Companion guide variation**

Other identified issues to be resolved included:

- **Implementation of New NDC Codes:** The NDC codes change on a quarterly basis, requiring considerable manual work to look up new codes. In addition, most plans are only checking to validate that the NDC code is present, not that the codes are accurate.
- **Variable Void Replacement Logic:** Void replacement logic implementation differs from industry standard. Internal Control Number (ICN) returned vs ICN to be used for subsequent voided or adjusted claims may not be the same thereby increasing the complexity.
- **HCP Code Requirement:** DHCS has assigned a three digit HCP Code for each plan for each county. HCP number of the plan that the beneficiary was enrolled at the time of encounter must be used as first three characters of CLM01.
- **CN Segment Requirement:** Segment is for non-HIPAA use as per the implementation guide. But DHCS requires this element to identify the paying contract for the claim/encounter.

Key Takeaways - Working Session #3

Governance (Draft – Subject to workgroup confirmation)

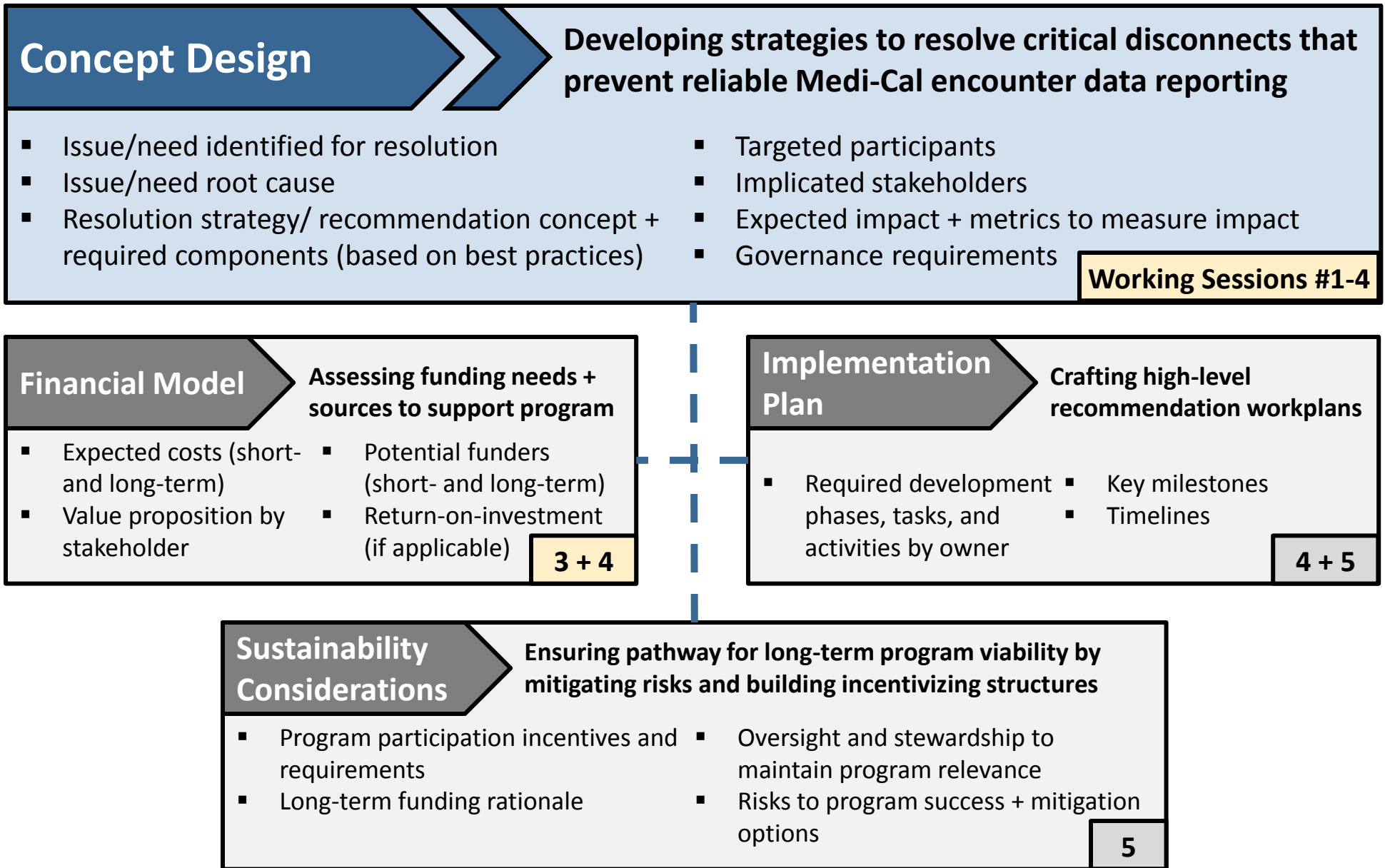
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- The workgroup reviewed the emerging recommendations from the Data Standardization and Technology + Technology Assistance workgroups to inform its ongoing governance structure considerations.
- The workgroup clarified governance's future role in the following areas:
 - Governance should have a role in recommending how the business community (e.g., health plans, purchasers) aligns payer and provider contracting terms and parameters, but should avoid recommending specific contracting requirements
 - Governance should play a lead role in defining incentive frameworks for encounter data improvement, working with stakeholders to build on existing structures as appropriate.
 - Governance should establish long-term goals for encounter data improvement and should monitor programs for impact and continued sustainability.
- The workgroup also assessed various governance structure models - from collaboratives and non-profits, to government advisory groups and agencies - to inform its design across key elements. These discussions will continue in Working Session #4 (Jan. 8, 2019).

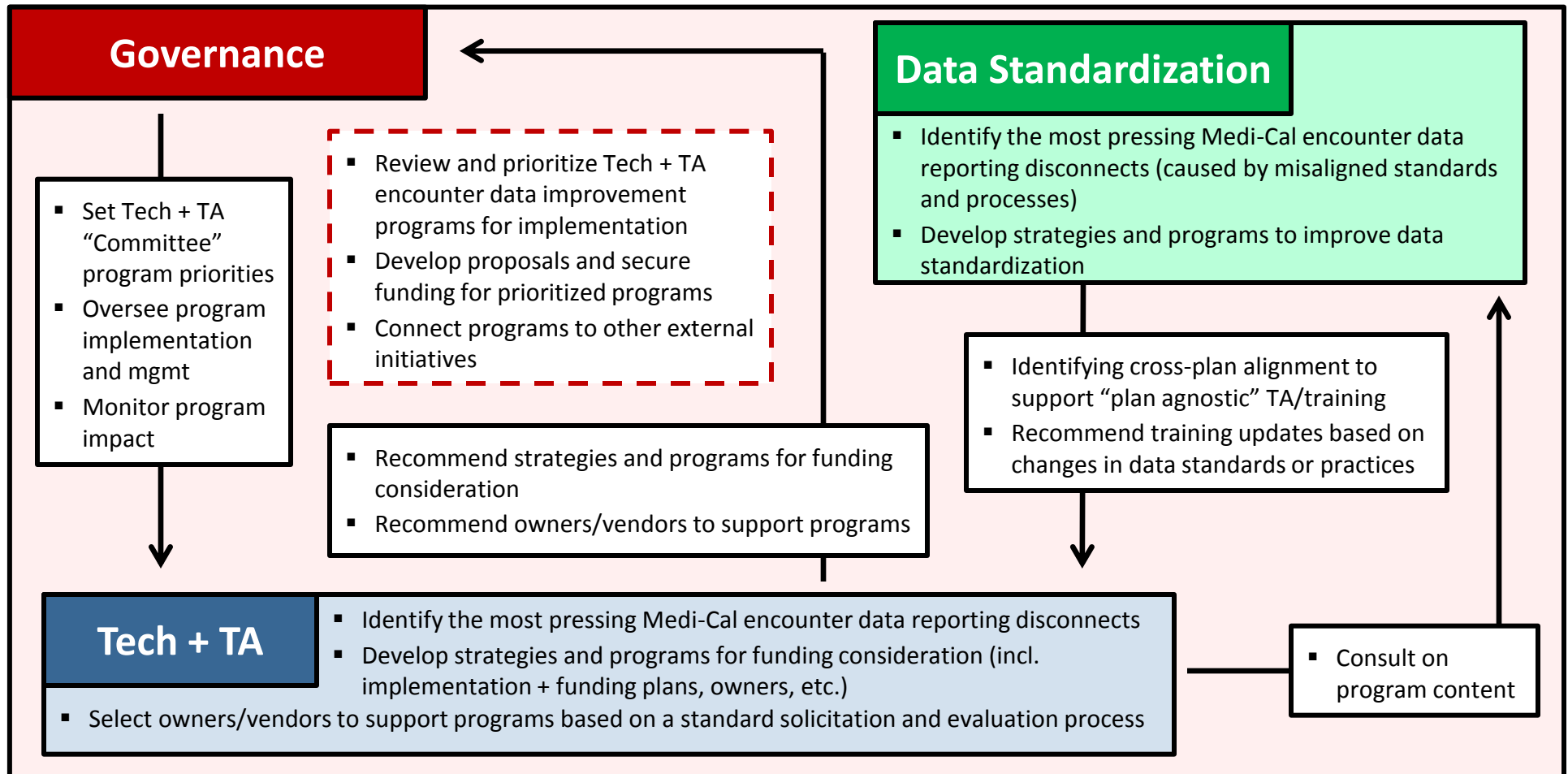
Technology + Technical Assistance

Workgroup Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda
1	<p>Working Session #1 Kick-off Issue Confirmation</p> <p><i>November 4, 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"> Review and approve workgroup charge, scope, and work plan Identify top issues for resolution Identifying potentially scalable best practices
2	<p>Working Session #2 Best Practice Discussion</p> <p><i>December 3, 2019</i></p>	<p>Objectives: <i>Evaluating potential resolution strategies; developing consensus around potentially scalable solutions in each issue area</i></p> <ul style="list-style-type: none"> Review and approve framework for evaluating solutions Review prioritized solution areas for further development Identify most promising resolution strategies for continued research and development
3	<p>Working Session #3 Develop Draft Strategies</p> <p><i>January 7, 2020</i></p>	<p>Objectives: <i>Assess potential resolution strategies against key criteria/dimensions</i></p> <ul style="list-style-type: none"> Review high-level resolution strategy proposals, clarifying parameters and identifying areas for further development Discuss financing and sustainability requirements
4	<p>Working Session #4 Test Draft Strategies</p> <p><i>February 4/6, 2020</i></p>	<p>Objectives: <i>Refine strategies with input from key stakeholders</i></p> <ul style="list-style-type: none"> Test resolution strategies, including key assumptions, with stakeholders Discuss draft implementation plans
5	<p>Working Session #5</p> <p><i>February 27/28, 2020</i></p>	<p>Objectives: <i>Review and finalize recommendations, implementation and financial plan</i></p> <ul style="list-style-type: none"> Finalize resolution strategies and recommendations Finalize implementation plans Finalize sustainability plans



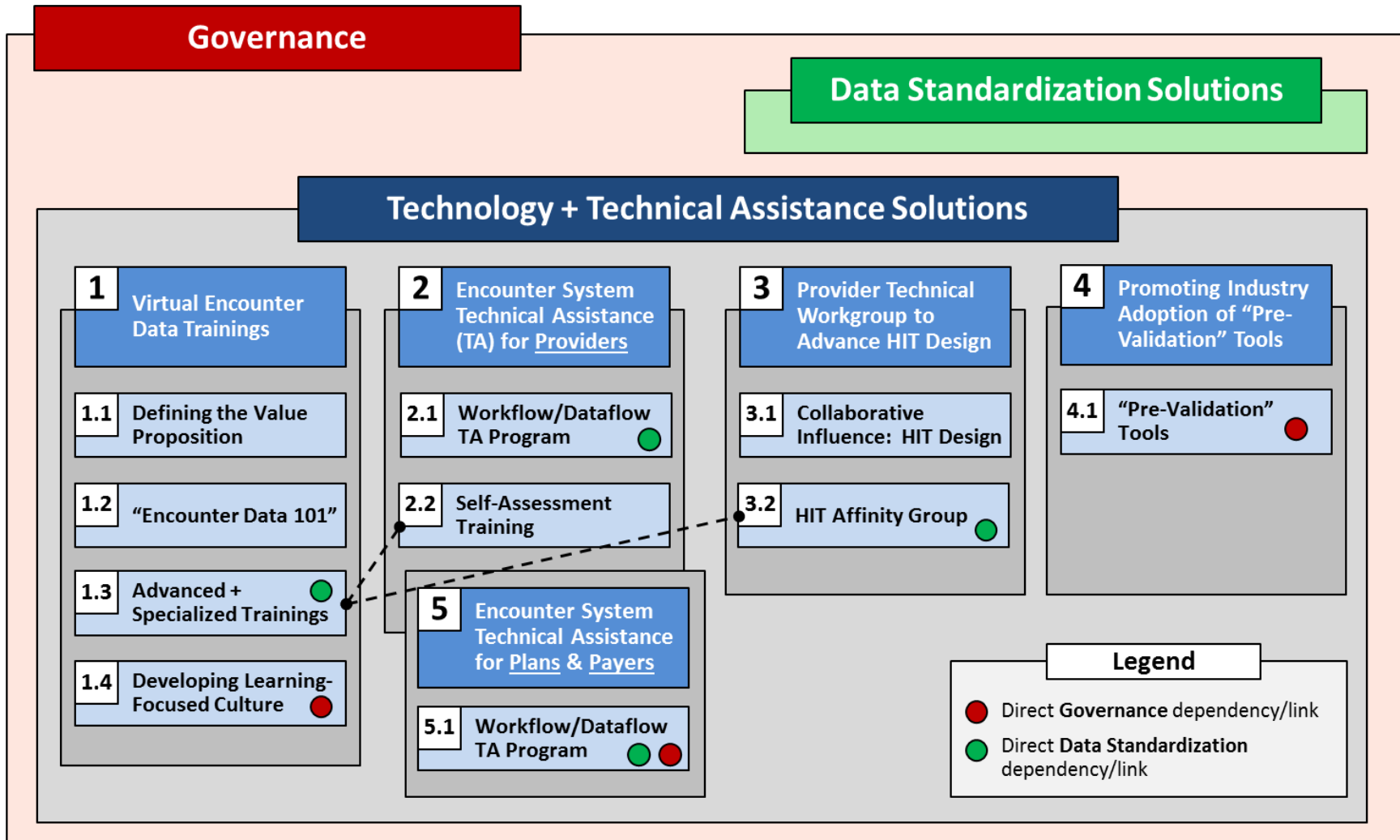
Governance would oversee, prioritize, and secure funding for Medi-Cal encounter data improvement proposals.



Tech + TA Recommendations in Context (DRAFT)

Encounter Data Project

Solution Areas for Development: *Technology + Technical Assistance*



Recommendation #1

Virtual Encounter Data Trainings

Background: Concept

#1: Virtual Encounter Data Trainings

The workgroup recommends the development of a suite of provider-focused, virtual encounter data trainings. Trainings will be plan agnostic, sharing universally applicable Medi-Cal encounter data submission guidance and best practices.

Champions

Jodi Black
Bridget Cole
Sabra Matovsky

#1.1 Defining the Value Proposition

Educational materials that define the value proposition of investing in the infrastructure, processes, and training to improve encounter data collection, curation, and reporting. Materials will include ROI case examples, highlighting how providers have benefitted from improved submissions (e.g., quality and HEDIS scores, directed payments and incentive dollars, risk adj.).

#1.2 Encounter Data 101

An **Encounter Data 101** training course will provide a basic education on what encounter data are, how they are used, and why they are important.

#1.3 Advanced + Specialized Trainings

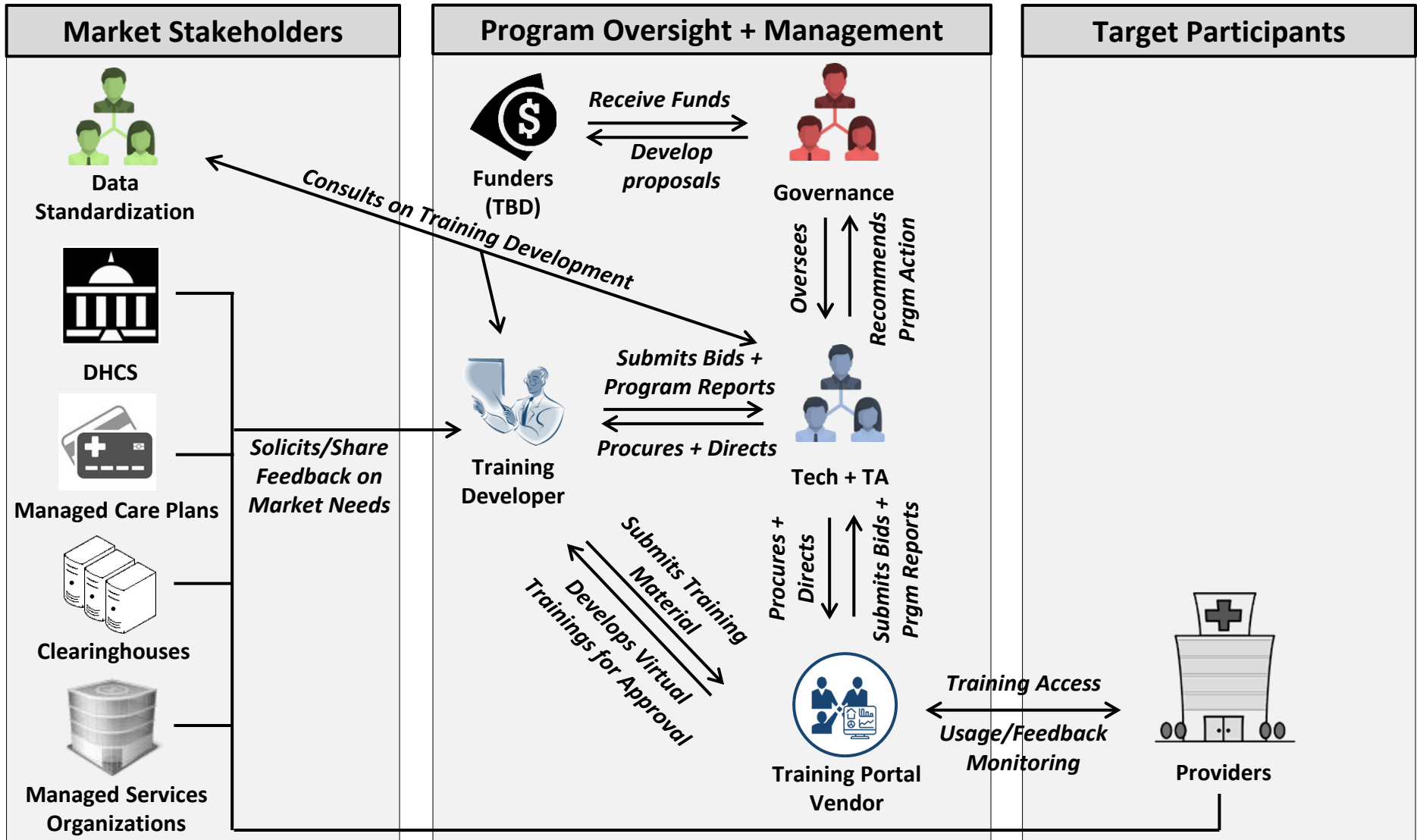
Advanced and specialized trainings that cover practical encounter data submission lessons such as: interpreting common rejection errors and translating into action; understanding commonly referenced measures and data standards; establishing benchmarks to check data completeness; and how to conduct workflow/dataflow self-assessments.

#1.4 Developing a Learning-Focused Culture

Instruction on **best practices for developing a learning-focused culture**, including how organizations can implement structural and reinforcing processes that reward improvement in encounter data reporting and foster environments where error identification and resolution is valued.

Background: Implicated Stakeholders

#1: Virtual Encounter Data Submission Trainings



Finalizing Design

Discussion Questions

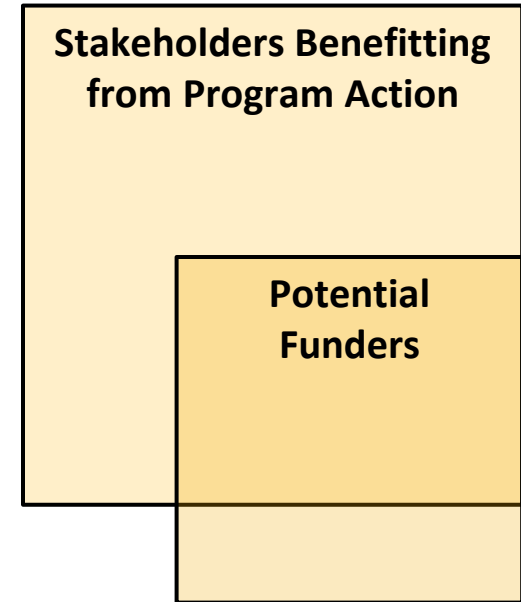
1. How would we ensure trainings have cross-plan applicability?
2. What trainings/courses should comprise a “core” starting curriculum?
3. How can users and stakeholders be engaged before and after development to ensure sustained use and relevance?
4. Should we consider a certification process for trainings, and if so, are there specific certification requirements or programs we might consider?
5. What vendors currently develop and deliver trainings like these?

Developing a Financial Model

Discussion Questions

1. Which stakeholders will benefit from training program implementation? Which could serve as potential program funders?
2. Should training access require payment (user fees)?
3. Does this assessment change from program launch to longer-term management?

Identifying Potential Funders



		Program Costs	
		Short-Term (Start-up)	Long-Term (Mgmt, Updates)
Program Components	Value Prop Materials		
	"101" Training		
	Advanced Trainings		
	Process Trainings		
	Portal Vendor		

4. How much would each of the program components cost to establish?
5. What would be the constant (fixed) costs over the life of the program? Variable (per user) costs?

Recommendation #2

Encounter System TA for Providers

Background: Concept

#2: Encounter System TA for Providers

The workgroup recommends the development of a program to support provider encounter data workflow/dataflow assessments that identify and offer actionable recommendations to improve encounter processing.

Champions

Mary Bacaj | Stephen Gutierrez
Juan Macedonio | Eugenia Serpik

#2.1 Workflow/Dataflow Technical Assistance (TA) Program

A **Workflow/Dataflow TA Program** would target high-value “impactable” providers for:

- **Workflow & Dataflow Audits:** where information will be collected on existing encounter data workflows and dataflows, current systems and system specifications, and feedback received, with disconnects identified and verified
- **Identification of Disconnects for Resolution:** disconnects will be prioritized for resolution based on impact on encounter data quality and estimated level-of-effort/expense to resolve.
- **Resolution Strategies:** actionable strategies offered for resolving prioritized disconnects.
- **Monitoring and Sustainability:** strategy implementation w/ effectiveness measured to ensure sustainability

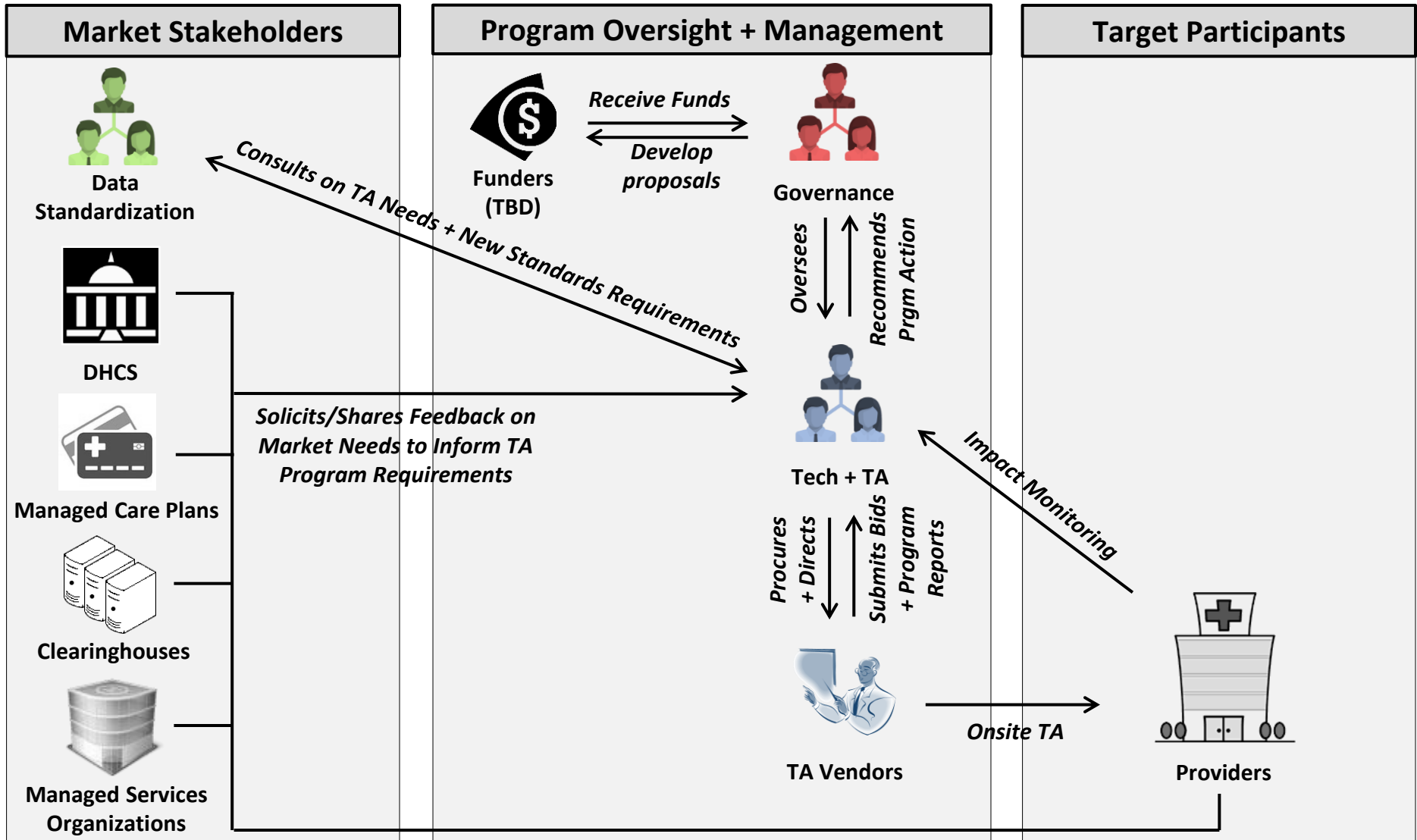
#2.2 Self-Assessment Training

A **Self-Assessment Training Program** would comprise:

- Developing “how to” self-assessment training for the Virtual Training program based on “ideal state” workflows.
- Drafting guiding documentation, case examples, and checklists that help providers self-identify and resolve encounter data reporting system issues. Material will provide simple, relatable guidance that will help participants to: (1) self-identify where disconnects are present; (2) assess the scale of the issues; and (3) resolve commonly occurring issues.
- Off-site, in-person trainings for select staff to learn how to conduct self-assessments.

Background: Implicated Stakeholders

#2: Encounter System TA for Providers



Finalizing Design

Discussion Questions

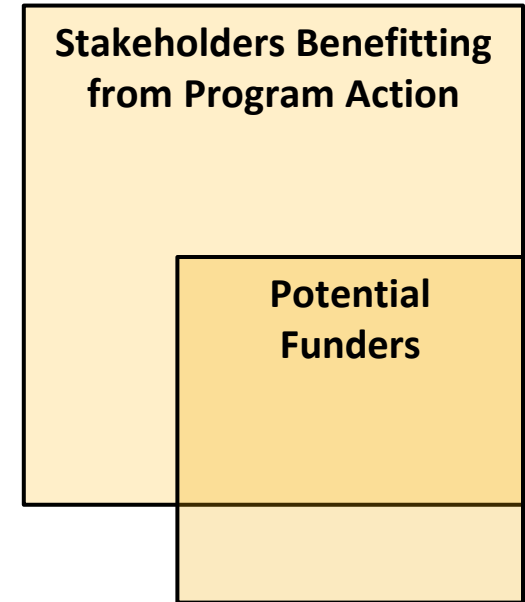
1. What is the best method to identify providers that are:
 - A. Most in-need of technical assistance?
 - B. Have the leadership buy-in to implement recommended changes?
 - C. Would have the biggest impact on Medi-Cal completeness statewide?
2. Should TA vendors be required to follow a common method or protocol, as developed by the Tech + TA Committee?
 - A. If so, how prescriptive should the protocol be?
3. What is the process by which success will be measured?
 - A. Does this program (or all programs) require an external evaluator?
4. How should return-on-investment be measured and monitored over time (e.g., decreasing number of encounter rejections)?

Developing a Financial Model

Discussion Questions

1. Which stakeholders will benefit from training program implementation? Which could serve as potential program funders?
2. Should a charge be assessed for this service? If so, should it be subsidized (e.g., sliding scale, etc)?
3. Does the assessment change from program launch to longer-term management?

Identifying Potential Funders



		Program Costs	
		Short-Term (Start-up)	Long-Term (Mgmt, Updates)
Program Components	TA Protocol/RFP		
	TA Program Admin.		
	TA (by site)		
	TA Evaluator		

4. How much would it cost to establish each of the program components?
5. What would be the constant (fixed) costs over the life of the program? Variable (per user) costs?

Recommendation #5
Encounter System TA for Plans & Payers

Background: Concept

#5: Encounter System TA for Plans & Payers

The workgroup recommends the development of a program to support plan and payer encounter data workflow and dataflow assessments that will identify and offer actionable recommendations to improve encounter data processing after encounters are received from downstream contributors.

Champions

David Mosher
Fia Roberts
Andrew Wong

#5.1 Workflow/Dataflow Technical Assistance (TA) Program

As encounter data reporting disconnects are identified “upstream” from providers at Managed Care Plans (MCPs) or payers (e.g., DHCS), resources may be required to support:

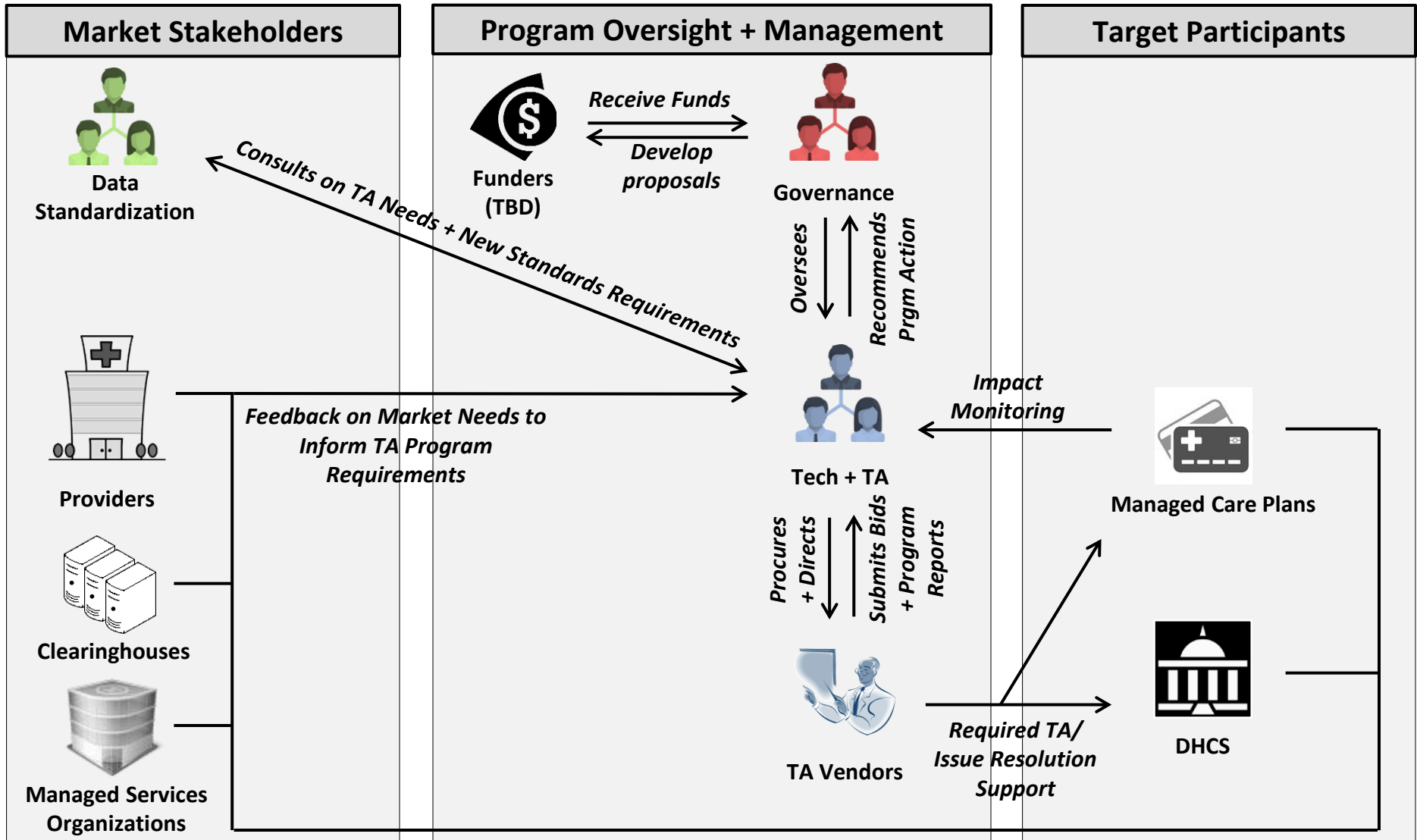
- (1) targeted technical assistance;
- (2) staff trainings to improve processes; and/or
- (3) facilitated, action-oriented workshops.

For example, plans may be processing encounter data submissions using antiquated processing logic, but may not have the in-house expertise required to understand the cause of issues (e.g., error reports) and how to fix them.

The Workgroup recommends the development of an ongoing technical assistance program to support *targeted* cross-plan encounter data reporting issue resolution, as issues are identified.

Background: Implicated Stakeholders

#5: Encounter System TA for Plans & Payers



Finalizing Design

Discussion Questions

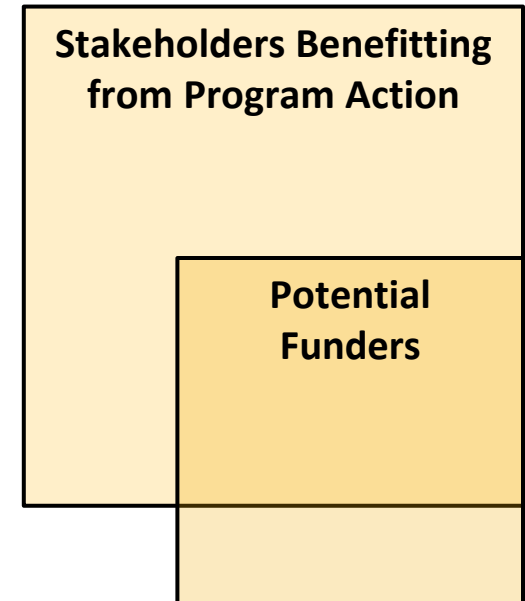
1. What is the best method to identify plans that are:
 - A. Most in-need of technical assistance?
 - B. Have the leadership buy-in to implement recommended changes?
 - C. Would have the biggest impact on Medi-Cal completeness statewide?
2. What types of TA would plans benefit from most?
 - A. Given that plans often have multiple departments that interact with claims/encounters, what are the best approaches to “embed and spread” learnings across the organization?
3. What types of TA would DHCS benefit from?
4. Should TA vendors be required to follow a common method or protocol, as developed by the Tech + TA Committee? Or would plan/DHCS TA be more bespoke?
5. What is the process by which success will be measured?
6. How would the return-on-investment be measured and monitored over time?

Developing a Financial Model

Discussion Questions

1. Which stakeholders will financially benefit from training program implementation? Which could serve as potential program funders?
2. Should a charge be assessed for this service? If so:
 - A. Should it be subsidized (e.g., sliding scale, etc)?
 - B. By whom?
3. Does this assessment change from program launch to longer-term management?

Identifying Potential Funders



		Program Costs	
		Short-Term (Start-up)	Long-Term (Mgmt, Updates)
Program Components	TA Protocol/RFP		
	TA Program Admin.		
	TA (by plan/payer)		
	TA Evaluator		

4. How much would it cost to establish each of the program components?
5. What would be the constant (fixed) costs over the life of the program? Variable (per user) costs?

Recommendation #3

Provider Workgroup to Advance HIT Design

Background: Concept

#3: Provider Workgroup to Advance HIT Design

The Workgroup recommends the establishment of a provider workgroup that focuses on: (1) identifying common technological challenges around encounter data reporting; (2) sharing methods used to mitigate challenges; and (3) opportunities to influence HIT system design for all Medi-Cal providers.

Champions

Tom Farmer
Abby Sears
Ates Temeltas

#3.1 Influence HIT Design Changes

Influence HIT design changes to advance Medi-Cal provider workflows and enhance encounter data reporting. Potential areas for development include identifying EMR-to-billing system disconnects around:

- Consumption (e.g., templates);
- Digestion (e.g., edits, standards); and
- Output (e.g., reporting).

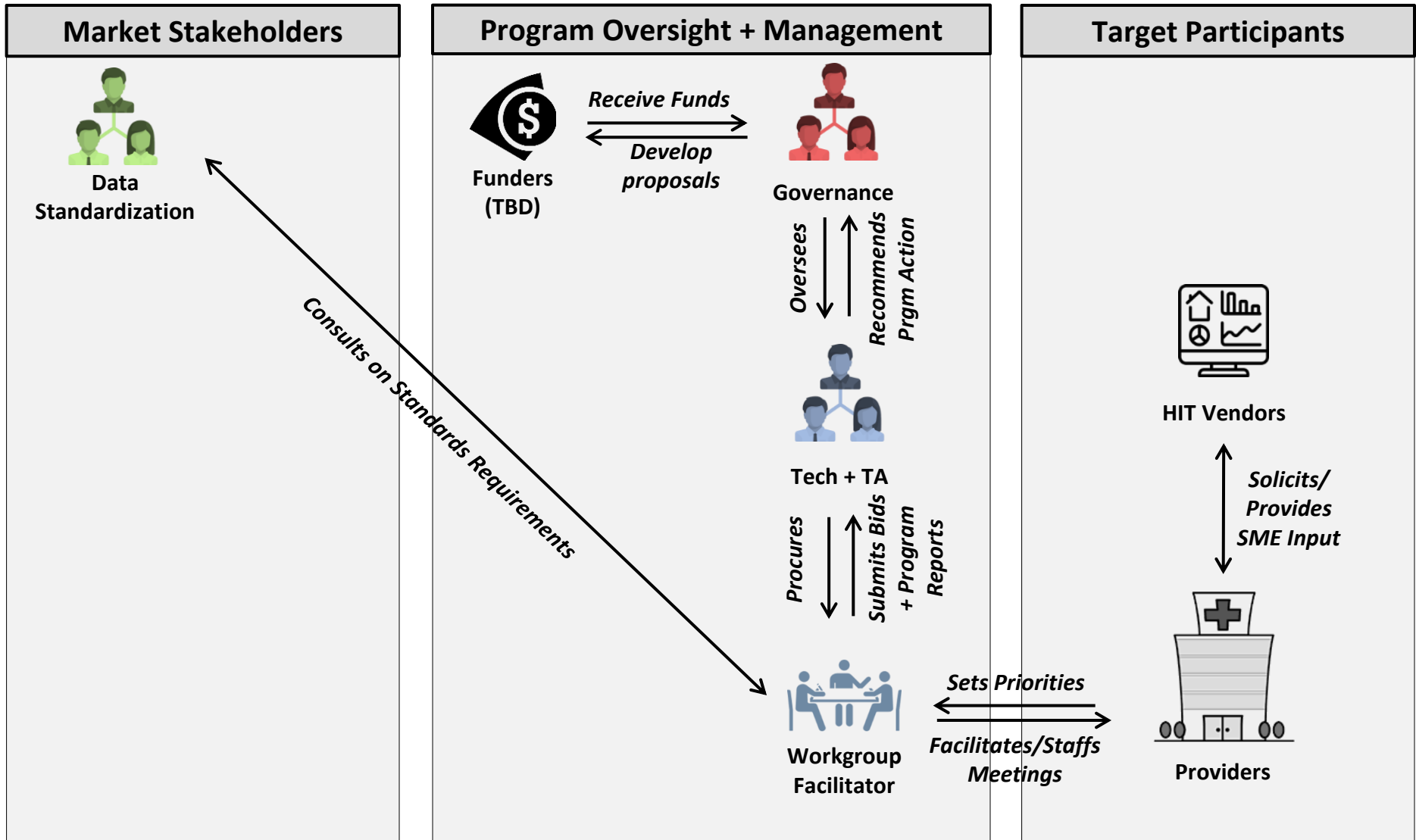
The workgroup may also identify and describe system needs that extend beyond existing products or infrastructure to catalyze market responses.

#3.2 HIT Affinity Group

Share information, best practices, and feedback on how to effectively leverage existing HIT to support stronger Medi-Cal encounter data reporting (i.e., a Provider-**HIT Affinity Group**).

Background: Implicated Stakeholders

#3: Provider Workgroup to Advance HIT Design



Finalizing Design

Discussion Questions

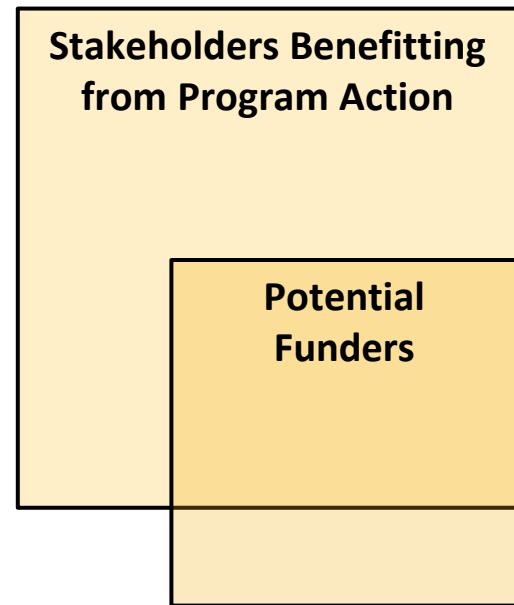
1. What would be the core technological disconnects the workgroup should tackle?
2. If a pervasive issue is identified, what would be the process by which the workgroup would engage HIT vendors to address it?
3. Who should be represented on the workgroup?
 - A. Should the workgroup be open to all providers?
 - B. Should HIT vendors have representatives?
 - C. Should DHCS, plans, or clearinghouses have representatives?
 - D. Should there be a core group of “managing” members responsible for setting direction?
4. Would the workgroup require an external vendor to facilitate/staff its activities?
 - A. What would the vendor be responsible for?
5. How would workgroup success/value be measured?

Developing a Financial Model

Discussion Questions

1. Which stakeholders will financially benefit from training program implementation? Which could serve as potential program funders?
2. Should a charge be assessed for participation? If so, should it be based on a sliding scale (e.g., by provider size)?
3. Does this assessment change from program launch to longer-term management?

Identifying Potential Funders



		Program Costs	
		Short-Term (Start-up)	Long-Term (Mgmt, Updates)
Program Components	Workgroup Facilitator		
	Program Admin.		
	Evaluator		

4. How much would it cost to establish each of the program components?
5. What would be the constant (fixed) costs over the life of the program? Variable (per user) costs?

Recommendation #4

Promoting Adoption of “Pre-Validation” Tools

Background: Concept

#4: Promoting Adoption of “Pre-Validation” Tools

The Workgroup recommends the development of a state “pre-validation” tool for plans and providers to use for testing purposes in advance of formal encounter data file submission.

Champions

Noelle Porter
Eugenia Serpik
Andrew Wong

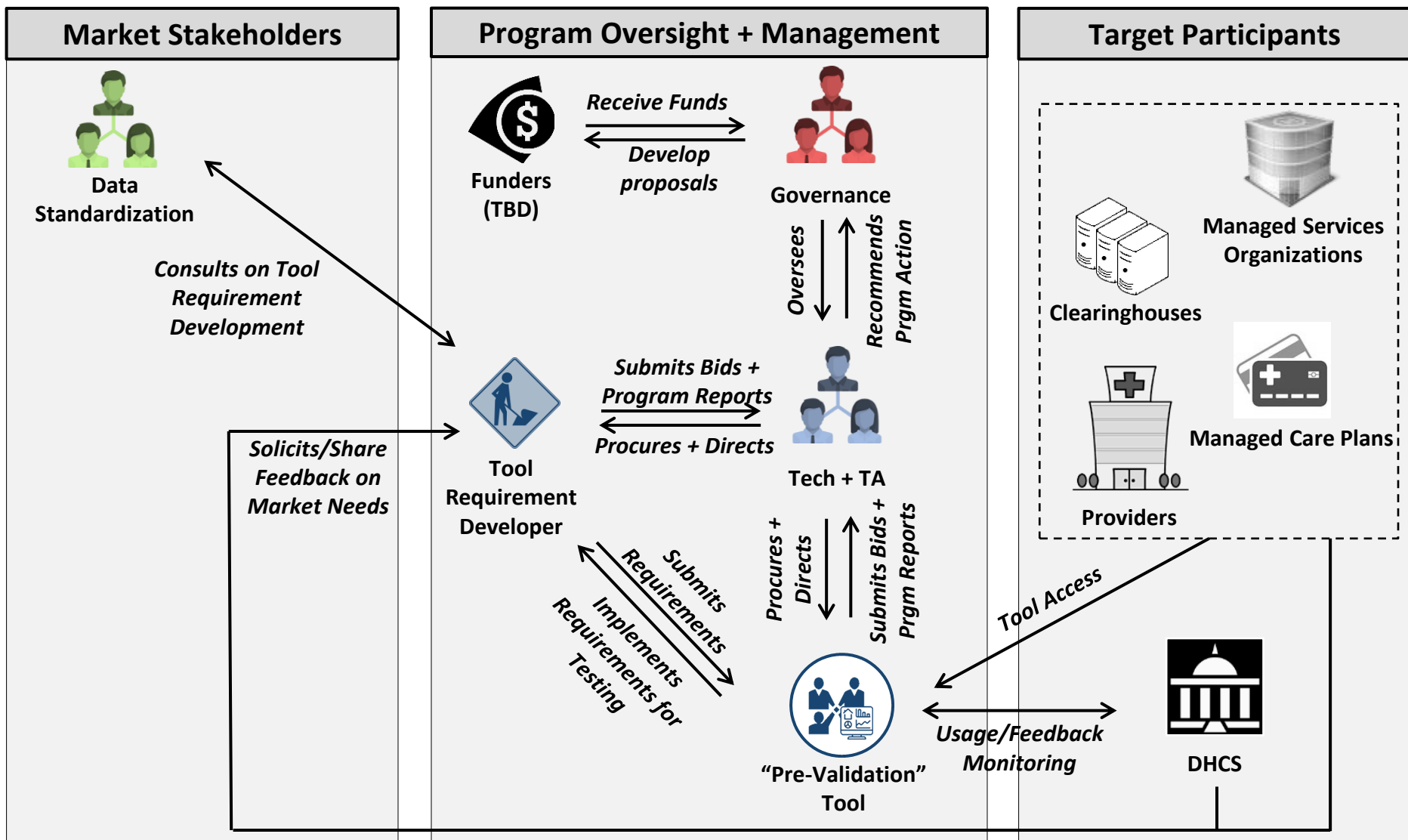
#4.1 “Pre-Validation” Tools

The Workgroup recommends the development of technical tools that allow plans and providers, IPAs/MSOs, and clearinghouses to “pre-validate” encounter data submissions against DHCS standards; DHCS may also use this tool to introduce the market to upcoming changes in its thresholds and edits prior to implementation.

Tool output would provide plans and providers actionable intelligence to improve their future submissions.

Background: Implicated Stakeholders

#4: Promoting Adoption of “Pre-Validation” Tools



Finalizing Design

Discussion Questions

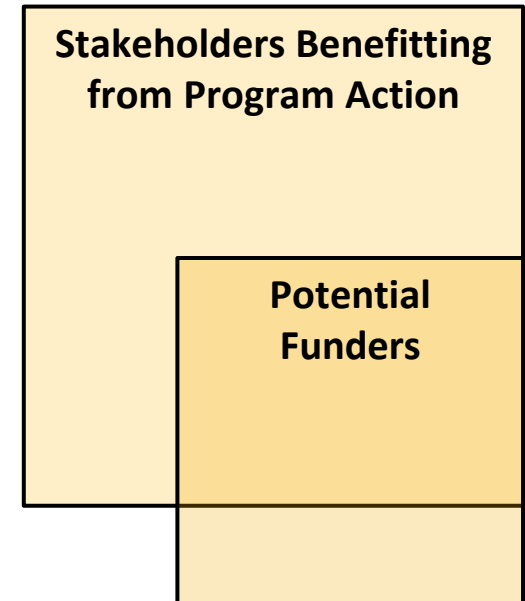
1. Who should “own” the tool? Will it be proprietary or open source?
 - A. If not the owner, would DHCS be willing to engage with the vendor to develop and maintain the tool?
2. Who would be the primary users of the tool (e.g., plans, IPAs, small provider groups)?
3. How would this tool differ – or build upon – the process currently managed by PACES?
4. Would the tool be open-access or restricted?
5. How “far” would the tool go? Would it mimic all validations within the DHCS system?
 - A. Beyond state-level edits, would it be expected to be also incorporate individual plan requirements?
 - B. What type of “actionable” feedback would the tool ideally produce?
 - C. Would there be a staff resource to help guide subsequent action (i.e., would this connect to any other TA resources)?
6. Would separate vendors be required to develop the business requirements and the platform/interface?
 - A. Who are the vendors that serve this space?
7. If we had the opportunity to speak with another state that implemented such a tool (e.g., Texas), what questions would we want to ask?
8. How should success be measured?

Developing a Financial Model

Discussion Questions

1. Which stakeholders will financially benefit from training program implementation? Which could serve as potential program funders?
2. Should a charge be assessed for this tool? If so:
 - A. Should it be subsidized (e.g., sliding scale, etc)?
 - B. By whom?
3. Does this assessment change from program launch to longer-term management?

Identifying Potential Funders



		Program Costs	
		Short-Term (Start-up)	Long-Term (Mgmt, Updates)
Program Components	Program Admin.		
	Business Req. Developer		
	Tool Developer		
	Evaluator		

5. How much would it cost to establish each of the program components?
6. What would be the constant (fixed) costs over the life of the program? Variable (per user) costs?

Next Steps

Action Items

- **Manatt:**
 - Circulate meeting notes, action items, and owners
 - Research best practices; interview subject-matter experts identified by workgroup
 - Develop recommendation proposals, including financial models and implementation plans, for workgroup consideration
- **Workgroup Members:**
 - Share best practices, examples, and contacts
 - Review revised recommendation proposals and provide written feedback in advance of next workgroup meeting
 - Supporting industry dissemination for feedback + testing

Next Working Session

February 4th @ 2PM or February 6th @ 1PM

Technology + Technical Assistance

Workgroup Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda
1	<p>Working Session #1 Kick-off Issue Confirmation</p> <p><i>November 4, 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"> Review and approve workgroup charge, scope, and work plan Identify top issues for resolution Identifying potentially scalable best practices
2	<p>Working Session #2 Best Practice Discussion</p> <p><i>December 3, 2019</i></p>	<p>Objectives: <i>Evaluating potential resolution strategies; developing consensus around potentially scalable solutions in each issue area</i></p> <ul style="list-style-type: none"> Review and approve framework for evaluating solutions Review prioritized solution areas for further development Identify most promising resolution strategies for continued research and development
3	<p>Working Session #3 Develop Draft Strategies</p> <p><i>January 7, 2020</i></p>	<p>Objectives: <i>Assess potential resolution strategies against key criteria/dimensions</i></p> <ul style="list-style-type: none"> Review high-level resolution strategy proposals, clarifying parameters and identifying areas for further development Discuss financing and sustainability requirements
4	<p>Working Session #4 Test Draft Strategies</p> <p><i>February 4/6, 2020</i></p>	<p>Objectives: <i>Refine strategies with input from key stakeholders</i></p> <ul style="list-style-type: none"> Test resolution strategies, including key assumptions, with stakeholders Discuss draft implementation plans
5	<p>Working Session #5</p> <p><i>February 27/28, 2020</i></p>	<p>Objectives: <i>Review and finalize recommendations, implementation and financial plan</i></p> <ul style="list-style-type: none"> Finalize resolution strategies and recommendations Finalize implementation plans Finalize sustainability plans

Appendix A

Workgroup Charter & Rosters

Scope	Description
Charge	This workgroup will develop actionable and practical solutions to the most pressing and intractable technological and technical information issues currently preventing the complete and accurate submission of encounter data by Medi-Cal reporters.
Membership	Up to 16 members, including two co-chairs, representing providers, health plans, intermediaries, health information technology vendors and government agencies.
Objectives	<p>Through a consensus-based and collaborative process, the Workgroup will:</p> <ul style="list-style-type: none"> ▪ Identify “core” technology + TA issues for resolution ▪ Investigate and profile best practices from the field based on a consistent evaluation framework to inform resolution strategy development ▪ Define potential resolution strategies, developing detailed proposals that include information on the strategy’s potential benefits, costs and requirements, and other implementation considerations ▪ Test and revise resolution strategies through the solicitation of potential owner and implicated stakeholder feedback ▪ Present final strategy recommendations at the 2020 Encounter Data Summit <p>The workgroup may also be asked to consult on solutions being developed as part of the Governance and Data Standardization workgroup process.</p>
Meetings	The workgroup will meet five times from November 2019 through February 2020.
Commitment	Beyond active engagement at all working sessions, workgroup members will be expected to contribute to, review, and comment on materials, and select participants may be asked to present on their experience and best practices.

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



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

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