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Encounter Data Improvement Program

Technology + Technical Assistance Workgroup

Working Session #5

February 27, 2020 | 2:00 – 4:00pm

Agenda

- **Workgroup Recaps**
- **Tech + TA Workgroup Timeline and Approach**
- **Recommendations: Implementation + Financial Considerations**
  - #1: Virtual Encounter Data Trainings
  - #2: Encounter System Technical Assistance for Providers
  - #3: Provider Technical Workgroup to Advance HIT Design
- **Draft Recommendation Review**
  - #4: Encounter Data Completeness Verification (*NEW*)
- **Next Steps**

Governance

A range of governance model options were assessed against desired attributes, and a non-profit model met more of the Workgroup's criteria than other considered governance options

- While a ***non-profit model*** met more of the criteria, a non-profit's authority, specifically its ability to compel participants to follow its recommendations and policies, is weaker relative to a public entity, and ***will require strong participation and engagement from senior stakeholder leaders, including state government agency participants***, in order to be successful.
- A non-profit ***must have very intentional and directive transparency goals and policies*** to be credible, given it is not beholden to the public record act and State Sunshine laws.
- A ***deliberate process is needed to select the best non-profit that conforms to the desired attributes***.
- Recommendations should take the need for Governance into account.
- ***Governance may include representation from critical stakeholders*** including:
  - Public agencies including: DHCS, DMHC, Covered California, (consider: CalPERS, OSHPD, CMS)
  - Health plans
  - Hospitals (public and private)
  - IPAs and MSOs
  - Community clinics (FQHCs)
  - Private practice clinicians

Attribute / Governance Model	Collaborative	Non-Profit	Gov't Advisory	State Agency
Decision-Making	🟢	🟢	🔴	🔴
Authority and Alignment	🔴	🟡	🟢	🟢
Transparency	🟢	🟢	🟢	🟢
Accountable	🟢	🟢	🟢	🟢
Responsive	🟢	🟢	🟡 🔴	🔴
Communication	🟢	🟢	🟢	🟢
Effectiveness	🟡	🟢	🟢 🟡	🔴
Sustainability	🔴	🟡	🟡	🟡
Participatory/ Representative	🟢	🟢	🟢	🟡

🟢 Limited Barrier 🟡 Moderate Barrier 🔴 Significant Barrier

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Data Standardization

The Data Standardization Workgroup met on February 24th and finalized recommendations for the six most impactful and prevalent errors and edits.* Key findings and recommendations are outlined below.

1. **Local Codes**. Owing to providers' continued use of local codes and the challenges associated with cross-walking local to national codes, the Workgroup recommended that: (1) DHCS accelerate sun setting of local codes in FFS and release timely updates of coding requirements; (2) best practices be identified; and (3) TA provided to support implementation of national codes.
2. **Newborn Identification**. To address the challenge of uniquely identifying newborn encounters, the Workgroup recommended: (1) a thorough assessment of newborn coding variation; (2) promulgation of a harmonized standard/process for identification; and (3) the provision of TA to support implementation of the standardized ID approach.
3. **Duplications**. Rated as the most prevalent error, the Workgroup recommended: (1) a thorough root cause analysis of the duplicate issues and (2) identification of the edit logic and procedures that should be consistently deployed; (3) provision of TA to help all stakeholders implement the standardized de-duplication process.
4. **Visit-Encounter Reconciliation**. Previous assessments found discrepancies in provider visit volume and the volume of encounters that DHCS receives. To address this issue, the Workgroup called for: (1) a standard benchmark to identify potential completeness issues between data reporters/receivers; (2) an assessment of encounters compared to the benchmark to identify points of failure; (3) the provision of TA to raise awareness and support implementation to close the gap in visits vs. encounters.
5. **Tracing Errors to Their Sources**. At various points in the process, there are breakdowns in tracing errors to the originating source. Recommendations to address tracking errors include: (1) identifying the key fields that should be maintained throughout the entire encounter submission and reconciliation process and (2) provide TA to optimize identification and tracking encounters.
6. **Variations in Communications**. MCPs' Companion and Implementation Guides can differ significantly, creating opportunities for incomplete or inaccurate encounter data submissions. The Workgroup recommended: (1) identifying the most "impactable" Companion and Implementation Guide misalignment; (2) developing key stakeholder consensus around Guide optimization; and (3) provision of TA to implement changes to and understanding of the Guides.

Note: The Workgroup acknowledged that errors due to member eligibility were widespread, but solutions were not within the workgroup's scope.

Workgroup Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda
1	***Working Session #1*** **Kick-off | Issue Confirmation** ***November 4, 2019***	***Objectives****: Introductions, ratification of work group charter and charge; develop initial consensus around core issues for resolution* • Review and approve workgroup charge, scope, and work plan • Identify top issues for resolution • Identifying potentially scalable best practices
2	***Working Session #2*** **Best Practice Discussion** ***December 3, 2019***	***Objectives****: Evaluating potential resolution strategies; developing consensus around potentially scalable solutions in each issue area* • 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	***Working Session #3*** **Develop Draft Strategies** ***January 7, 2020***	***Objectives****: Assess potential resolution strategies against key criteria/dimensions* • Review high-level resolution strategy proposals, clarifying parameters and identifying areas for further development • Discuss financing and sustainability requirements
4	***Working Session #4*** **Test Draft Strategies** ***February 6, 2020***	***Objectives****: Refine strategies with input from key stakeholders* • Test resolution strategies, including key assumptions, with stakeholders • Discuss draft implementation plans
5	**Working Session #5** ***February 27, 2020***	***Objectives****: Review and finalize recommendations, implementation and financial plan* • Finalize resolution strategies and recommendations • Finalize implementation plans • Finalize sustainability plans

Recommendation Development

Concept Design

Developing strategies to resolve critical disconnects that prevent reliable Medi-Cal encounter data reporting

- Issue/need identified for resolution
- Issue/need root cause
- Resolution strategy/ recommendation concept + required components (based on best practices)
- Targeted participants
- Implicated stakeholders
- Expected impact + metrics to measure impact
- Governance requirements

Working Sessions #1-4

Financial Model

Assessing funding needs + sources to support program

- Expected costs (short- and long-term)
- Value proposition by stakeholder
- Potential funders (short- and long-term)
- Return-on-investment (if applicable)

3 + 4

Implementation Plan

Crafting high-level recommendation workplans

- Required development phases, tasks, and activities by owner
- Key milestones
- Timelines

4 + 5

Sustainability Considerations

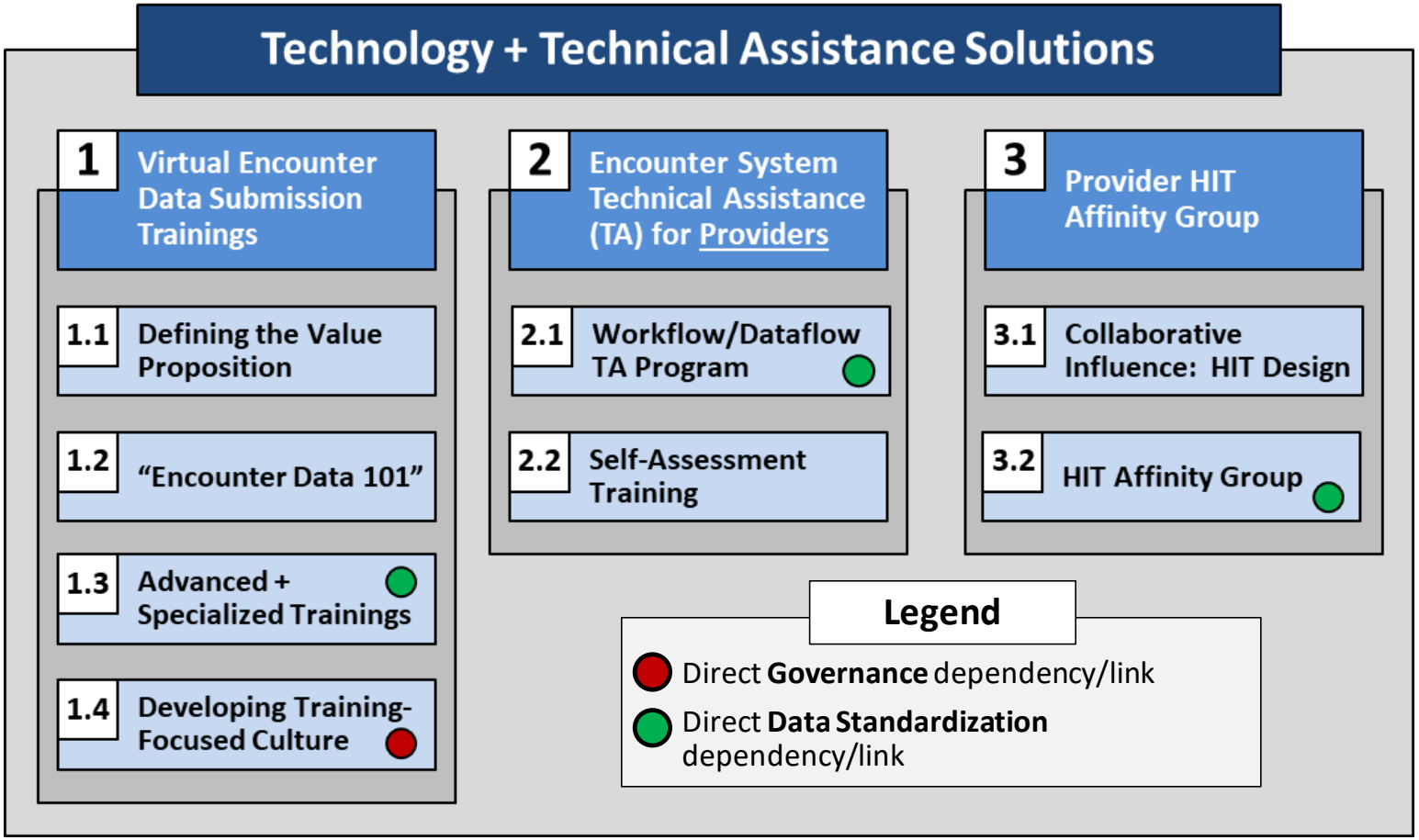
Ensuring pathway for long-term program viability by mitigating risks and building incentivizing structures

- Program participation incentives and requirements
- Long-term funding rationale
- Oversight and stewardship to maintain program relevance
- Risks to program success + mitigation options

5

Recommendations: Overview

The workgroup recommended training and technical assistance initiatives to strengthen Medi-Cal encounter data reporting. Today, we will confirm recommendation parameters and priorities.



Recommendation #1

Virtual Encounter Data Training

The Issue + Recommendation

The Issue

Many Medi-Cal providers, especially smaller and less well-resourced practices and clinics, may not be fully aware of the importance of submitting complete encounter data or do not have staff who are trained to properly collect and report it.

Recommendation(s)

The workgroup recommends that a Technology + Technical Assistance Committee, comprised of DHCS, plan, and provider representatives, procure a vendor(s) to develop a suite of provider-focused, plan-agnostic data trainings to be made freely available on a virtual, expandable training platform, including:

- Materials that define the value proposition
- An Encounter "101" training course to provide a basic education on encounter data and reporting
- Advanced and specialized trainings that cover practical encounter data submission lessons
- Best practices that help to develop a learning-focused culture

Trainings may be tied to a plan-supported certification program.

Potential Reach & Impact

Broad reach (free for all providers); modest individual impact

Implementation Planning

Implementation Phases with Major Activities

(Presented for Discussion)

Period 1 (0-6 mths)

- ***Health Net*** should identify and fund a facilitator to continue convening a Tech + TA Advisory Group to develop detailed requirements for a "core" set of training curricula to be issued by HealthNet.
- ***Advisory Group*** should develop and release two Requests for Information (RFI) to inform eventual procurements:
  - From training platform vendors, soliciting information on possible functionality and costs
  - From training designers, soliciting information on training approaches, curricula considerations, and costs

Period 2 (7-18 mths)

- ***Governance*** should incorporate Advisory Group into committee structure
- ***Committee*** should advance proposals to Health Net (and potentially other funders), which will be assessed by Governance (Y1/2): program activities, budget, + expected outcomes
- ***Committee*** should draft and release a Request for Proposals (RFPs) and scoring criteria for selecting a training platform vendor and a training designer
- ***Committee*** should establish a process for evaluating RFP responses and recommending vendor(s) for Governance approval
- ***Committee*** should manage selected vendors through contract completion, with projects launching in Year One
- ***Committee*** should identify providers to serve in training "pilot"

Period 3 (19-30 mths)

- ***Committee*** should manage ongoing vendor work, incl. facilitating pilot site testing
- ***Committee*** should design a certification program for Governance consideration
- ***Platform + Training vendors*** should develop, test, and refine training platform and curricula
- ***Committee*** should launch training for pilot sites, collecting feedback and directing it back to vendors for program refinement
- ***Committee*** should expand trainings to additional provider sites and to encompass new topics identified by Data Standardization Committee
- ***Committee*** should present Y1/2 outcomes and Y3 program and budget to Governance

Financial Planning

Implementation Phases with Funding Estimates

(Presented for Discussion)

Period 1 (0-6 mths) → **Period 2** (7-18 mths) → **Period 3** (19-30 mths)

Estimated Funding: $250,000 - $400,000 *(100% "Initial Funder(s)")*

- **Facilitator, incl. Implementation Mgmt + Staffing**: $150,000 - $200,000
- **Training Platform Vendor, incl. Initial Design (Early Work):** $50,000 - $100,000
- **Training Design Vendor, incl. "Core" Curriculum (Early Work):** $50,000 - $100,000

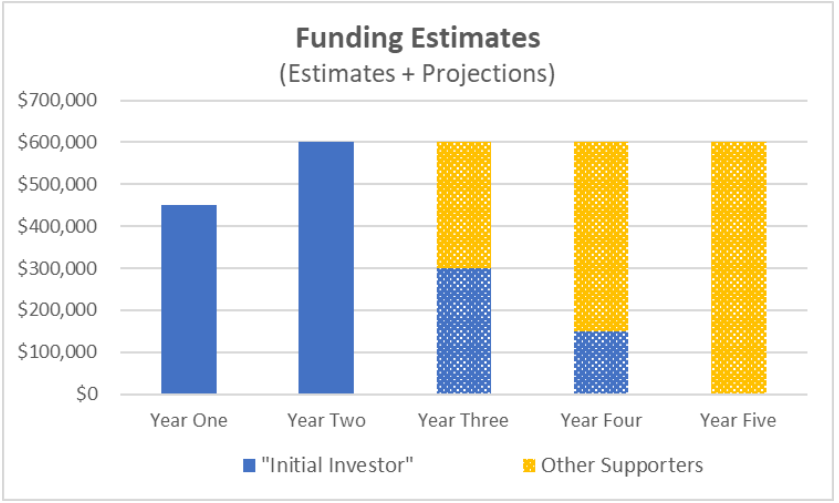
Estimated Funding: $400,000 - $550,000 *(100% "Initial Funder(s)")*

- **Facilitator**: $150,000 - $200,000
- **Training Platform Vendor:** $100,000 - $150,000
- **Training Design Vendor:** $150,000 - $200,000

Sustainability Planning

(Presented for Discussion)

- **Program Outlook:** Training would be incrementally built to meet needs, as identified by Committee and Data Standardization
- **Financial Outlook:** Likely flat beyond Year 2 with increasing funding from other sources (may include philanthropy, health plans and others), who would benefit from stronger provider education
  - ***Platform Vendor:*** Declining costs after Year 2, with initial design complete; consistent funding for expansion and operations
  - ***Training Vendor:*** Increasing costs after Year 2, as new courses are developed and older courses are refreshed



Recommendation #2

Encounter System Technical Assistance (TA) for Providers

The Issue + Recommendation

The Issue

Medi-Cal providers frequently have suboptimal workflows and dataflows that do not support timely, accurate, and complete encounter data submission.

Recommendation(s)

For those Medi-Cal providers that conduct their own billing, the workgroup recommends that a Technology and Technical Assistance Committee establish a program that connects Medi-Cal providers with pre-qualified vendors capable of conducting encounter data workflow and dataflow assessments that identify and offer actionable recommendations to improve encounter processing.

For those Medi-Cal providers that outsource billing to another organization, the workgroup recommends that the Committee develop recommended contract language and a forum for providers to share best practices on how to align provider-biller incentives around encounter submission and ongoing improvement.

Encounter data self-assessment guides may also be developed based on the implementation experience and released through the Virtual Encounter Data Training program.

Note: *The workgroup also noted the importance of offering: (1) matching funds to support issue resolution after identification; and (2) health plan technical assistance funding to help particularly smaller plans institutionalize key priority Data Standardization recommendations. Neither of these potential recommendations were scoped herein, but may be included in the Final Report as more information becomes available.*

Potential Reach & Impact

Modest reach (500 providers?); significant impact (if actions are taken?)

Implementation Planning

Implementation Phases with Major Activities

(Presented for Discussion)

Period 1 (0-6 mths)

- ***Health Net*** should select a facilitator for early-stage Tech + TA design and implementation
- ***Health Net*** should convene an industry Advisory Group to guide early-stage activities
- ***Advisory Group*** should work w/ Health Net and Harder + Co to understand lessons learned from TA Pilot
- ***Advisory Group*** should work with DHCS to: identify providers with greatest submission challenges; rank providers for TA support; develop method for assessing TA impact
- ***Advisory Group*** should draft and release a Request for Qualifications (RFQ) that solicits a vendors to conduct provider encounter data work/dataflow assessments and provide actionable feedback

Period 2 (7-18 mths)

- ***Governance*** should incorporate Advisory Group into committee structure
- ***Committee*** should draft the following Governance proposals (Y1/2): program activities (incl. how program may differ from Health Net's), process by which vendors will be selected/assigned to providers, targeted providers for improvement, budget, + expected outcomes
- ***Committee*** should assess vendor submissions, + presenting rec's for Governance approval
- ***Committee*** should release no-cost assessment opportunity to targeted providers in partnership with plans
- ***Committee*** should manage selected vendors through contract completion, with projects launching in Year One

Period 3 (19-30 mths)

- ***Committee*** should manage vendor work, incl. monitoring assessment progress and impact
- ***Committee*** should design, plan, and facilitate vendor and provider "learning collaboratives" to share cross-site lessons learned; shared learnings will be recorded and will serve as the basis for a "Self-Assessment" guide
- ***Committee*** should draft RFQ amendments to insert best practices
- ***Committee*** should launch second round of assessments with targeted providers
- ***Committee*** should present Y1/2 outcomes and Y3 program and budget to Governance; separate proposals for resolution matching and plan TA may also be presented, if warranted

Financial Planning

Implementation Phases with Funding Estimates

(Presented for Discussion)

Period 1 (0-6 mths) → **Period 2** (7-18 mths) → **Period 3** (19-30 mths)

Estimated Funding: $650,000 - $1,250,000 *(100% "Initial Funder(s)")*

- **Facilitator, incl. Implementation Mgmt**: $150,000 - $250,000
  - ***Program Development, incl. RFQ:*** $100,000 - $150,000
  - ***Program Management (Early Work):*** $50,000 - $100,000
- **Direct Provider Technical Assistance (Early Work):** $500,000 - $1,000,000

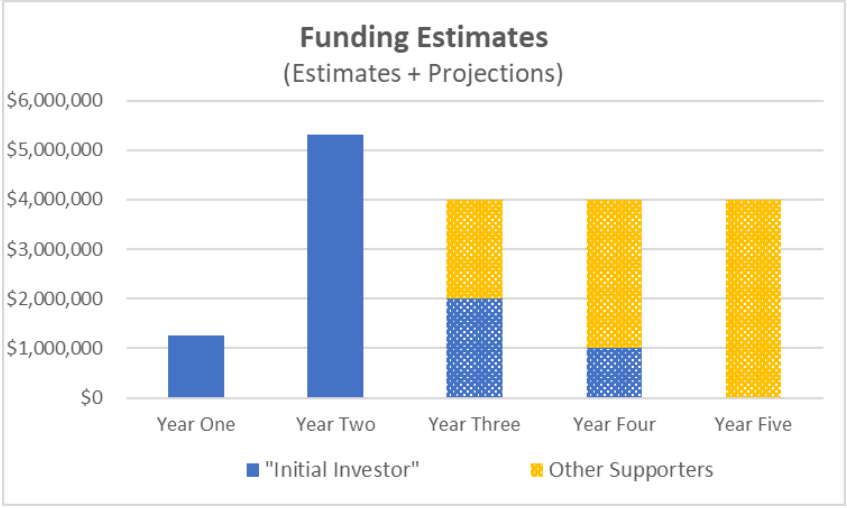
Estimated Funding: $2,200,000 - $5,300,000 *(100% "Initial Funder(s)")*

- **Facilitator Program Mgmt**: $200,000 - $300,000
- **Direct Provider TA:** $2,000,000 - $5,000,000 ($5m+?)
- ***(Not Scoped) Resolution Matching Funds:*** *$1,000,000 - $2,000,000*

Sustainability Planning

(Presented for Discussion)

- **Program Outlook:** The volume of provider TA available would be consistent over future years of the program, focusing on highest "value" provider engagements to start
- **Financial Outlook:** Likely flat after Year 2 with increasing funding from plans, who would benefit from stronger provider submissions
  - ***Note:*** may benefit from being paired with matching funds for issue resolution (not pictured)



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Recommendation #3

Provider HIT Affinity Group

The Issue + Recommendation

The Issue

Medi-Cal providers frequently face HIT-related challenges to sharing complete and accurate encounter data. These challenges can be mitigated by having a cross-provider forum for discussing these issues and working with common vendors to influence future product design.

Recommendation(s)

The Workgroup recommends the establishment of a provider workgroup (i.e., "affinity group") that: (1) identifies common technological challenges around encounter data reporting and shares methods to mitigate challenges; and (2) identifies opportunities to influence HIT system design for Medi-Cal providers.

The Provider HIT Affinity Group would share information, best practices, and feedback on how to effectively leverage existing HIT to support stronger Medi-Cal encounter data reporting. It may serve as a venue for DHCS to share planned specification changes with plans, providers, and HIT vendors and the Data Standardization Workgroup to test recommendations for potential implementation.

The Affinity Group may also aim to 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., template development); digestion (e.g., edits, standards); and output (e.g., reporting). The Affinity Group may identify and describe system needs that extend beyond existing products or infrastructure to catalyze market responses.

Potential Reach & Impact

Small reach (participating providers?); potentially modest impact (if lessons identified and internalized?)

Implementation Planning

Implementation Phases with Major Activities

(Presented for Discussion)

Period 1 (0-6 mths)

- ***Health Net*** should select a facilitator for early-stage Tech + TA design and implementation
- ***Health Net*** + ***Facilitator*** should convene a small group of interested industry stakeholders – particularly Medi-Cal providers, HIT vendors, and DHCS - to understand the most pressing system issues that warrant discussion
- ***Facilitator*** should support stakeholders in developing a "pilot" Affinity Group charter, focusing on a core issue of concern as it relates to one or two major vendors (e.g., templates); charter will include purpose, objectives, cadence, composition, and duration/evaluation
- ***Facilitator*** should facilitate ***Pilot Affinity Group*** meetings, project managing solution development and providing other staff support as needed (e.g., research, follow-up tracking)

Period 2 (7-18 mths)

- ***Governance*** should incorporate Advisory Group into committee structure
- ***Committee*** should facilitate and staff ***Pilot Affinity Group*** meetings, and support the assessment of future needs
- Should a need be identified, the ***Committee*** should support the ***Pilot Affinity Group*** in drafting the following Governance proposals (Y1/2): program activities, budget, and expected outcomes

Period 3 (19-30 mths)

- ***Committee*** should continue to facilitate and staff ***Pilot Affinity Group*** meetings
- ***Committee*** should support the ***Affinity Group*** to present Y1/2 outcomes and Y3 program and budget to Governance

Financial Planning

Implementation Phases with Funding Estimates

(Presented for Discussion)

Period 1 (0-6 mths) → **Period 2** (7-18 mths) → **Period 3** (19-30 mths)

Estimated Funding: $150,000 - $300,000 *(100% "Initial Funder(s)")*

- **Facilitator, incl. Implementation Mgmt + Staffing**: $150,000 - $300,000

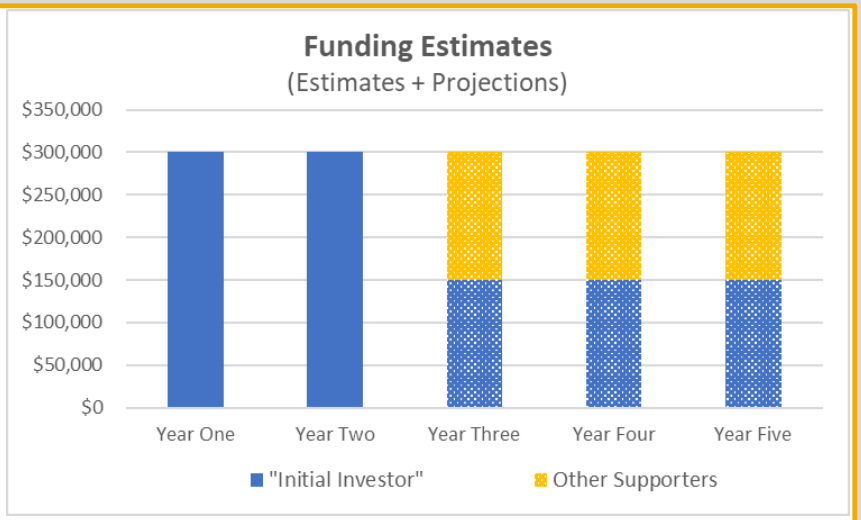
Estimated Funding: $150,000 - $300,000 *(100% "Initial Funder(s)")*

- **Facilitator**: $150,000 - $300,000

Sustainability Planning

(Presented for Discussion)

- **Program Outlook:** Affinity Group would require relatively light – but constant and knowledgeable – staffing for its duration
- **Financial Outlook:** Level funding for all program years, with partial contributions from provider and HIT participants if/as value is demonstrated



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Recommendation #4

Encounter Data Completeness Verification:

Infrastructure to Compare Clinical and Claims Data

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The Concept

Overview

- Providers would submit "skinny" Admission, Discharge, and Transfer (ADT) data to a data repository, where they could be matched to submitted claims/encounters.
- **Clinical-to-claims data comparisons may reveal submission completeness gaps.**
- The "repository" could be centralized (e.g.,HIE) or federated (e.g., individual plan/health system systems)

Use Case

- Inland Empire Health Plan (IEHP) has tested use case with Manifest Medex (MX)
- MX receives real-time notifications that a clinical episode has occurred from providers (a "debit") and claims data and encounter data from payers (a "credit"). These data are used to "close the loop" on tracking the completion of documentation from providers to plans.

Next Steps

Next Steps

Action Items

- **Manatt:**
  - Circulate meeting notes, action items, and owners
  - Continue interviewing subject-matter experts identified by workgroup
  - Draft final recommendations for inclusion in Summit presentation and Final Report, including implementation plans and financial models
- **Workgroup Members**:
  - Share best practices, examples, and contacts
  - Review final recommendation proposals and provide written feedback
  - Supporting industry dissemination for feedback + testing, as requested

Appendix A
Workgroup Problem Statement, Scope, and Charter

Problem Statement and Scope

Problem Statement

Many California providers and other delegated organizations are unaware of - or unable to respond to - the importance of submitting and processing complete, timely, and accurate encounter data; and the systems and tools at their disposal are often not optimally configured to satisfy submission requirements in an effective and efficient manner.

To resolve these challenges, we need program support to:

- Educate providers on what encounters are, how they're used, and why they are important
- Deploy and fund structured, targeted and tailored technical assistance and training programs to providers and plans most in need of support
- Create mechanisms to enhance provider and plan data submission transparency (e.g., "validation" tools)
- Develop and communicate actionable, consistent guidance to plans, intermediaries, and EHR/practice management system vendors on data specifications and submission requirements
- Coordinate provider and health plan submission improvement initiatives, including sharing best practices on how to conduct workflow and dataflow assessments to identify encounter data submission gaps
- Establish EHR and practice management system affinity groups for providers and HIT vendors to share best practices, standardize approaches, and minimize disruptions caused by system changes

Workgroup Charter

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	Through a consensus-based and collaborative process, the Workgroup will: ▪ 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 The workgroup may also be asked to consult on solutions being developed as part of the Governance and Data Standardization workgroup process.
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	Eugenia	Serpik	Associate VP, IT	IEHP	Managed Care Plan or Health Plan
13	Ates	Temeltas	Assistant IT Director	Contra Costa Health Services	Health System, Academic Medical Center, or Hospital
14	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***

Appendix B
Tech + TA Recommendation Detail

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 curricula that will provide a basic education on what encounter data are, how they are used, and why they are important.

#1.3 Advanced + Specialized Trainings

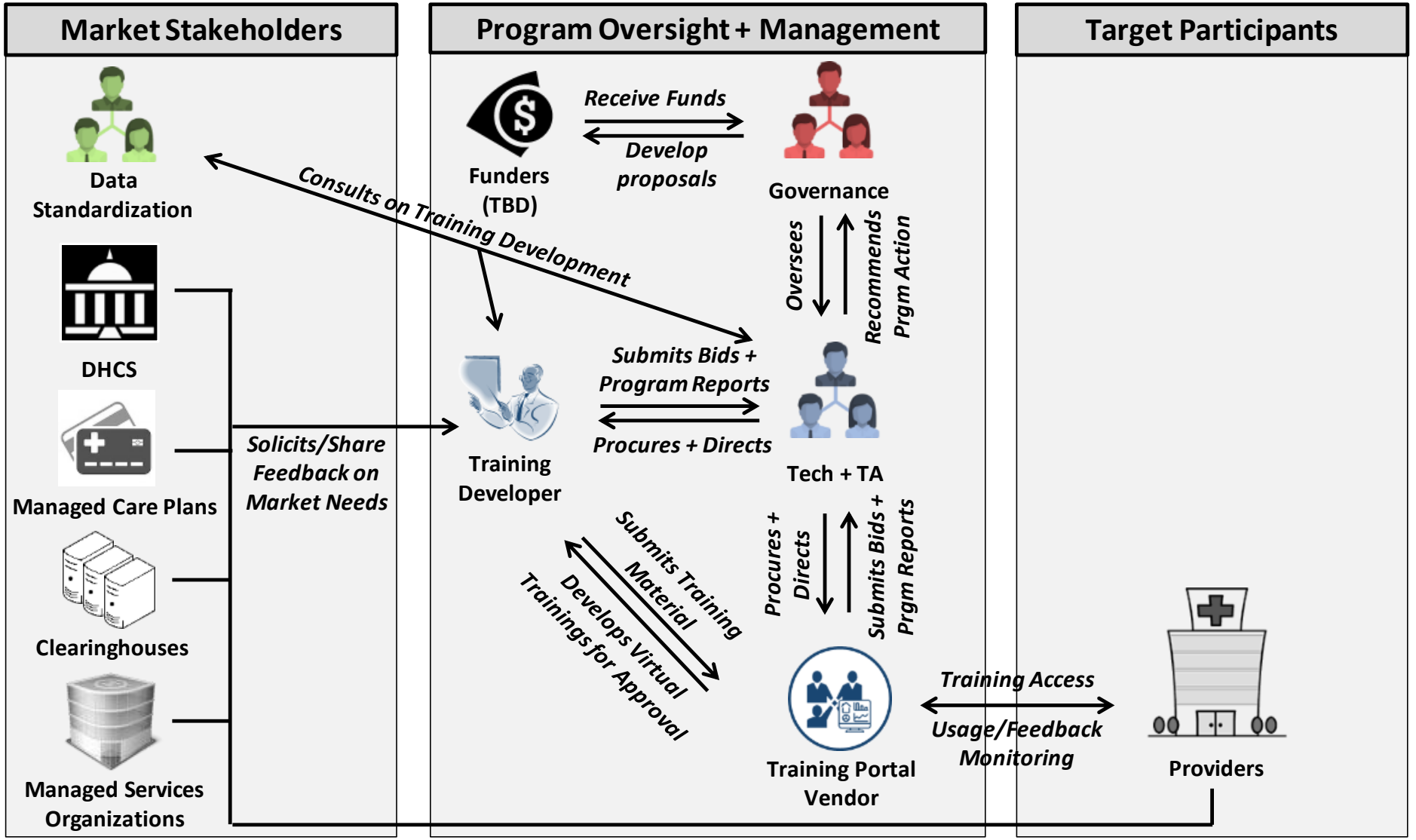
Advanced and specialized trainings that cover practical encounter data submission lessons such as: interpreting common rejection errors and translating into action; understanding commonly referenced measures and data standards; establishing benchmarks to check data completeness; and how to conduct workflow/dataflow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



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 **for those providers that do so in-house**.

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

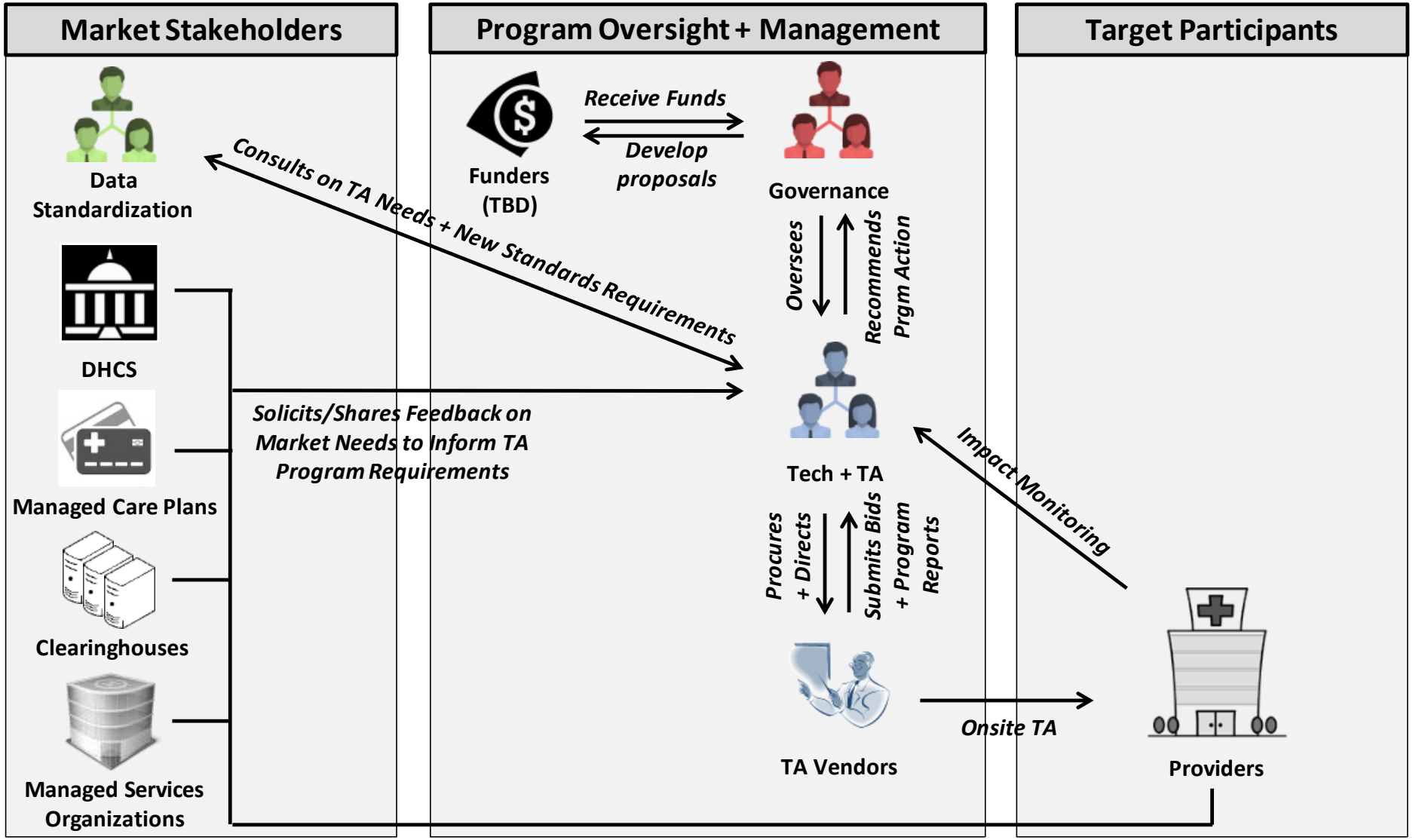
#2.2 Self-Assessment Training

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



Background: Concept

#3: Provider HIT Affinity Group

The Workgroup recommends the establishment of a provider workgroup (i.e., "affinity group" that: (1) identifies common technological challenges around encounter data reporting and shares methods to mitigate challenges; and (2) identifies opportunities to influence HIT system design for Medi-Cal providers.

Champions

Tom Farmer
Abby Sears
Ates Temeltas

#3.1 HIT Affinity Group

Shares information, best practices, and feedback on how to effectively leverage existing HIT to support stronger Medi-Cal encounter data reporting. May also serve as a venue for:

- DHCS to share planned specification changes with plans, providers, and HIT vendors
- The Data Standardization Workgroup to test recommendations for potential implementation
- The Technology + TA Workgroup to solicit input on training needs and curriculum design

#3.2 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.

Background: Implicated Stakeholders

#3: Provider HIT Affinity Group