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Encounter Data Improvement Program

Governance Workgroup

Working Session #5

February 21, 2020 | 2 p.m. – 4 p.m.

Workgroup Timeline and Approach

#	Meeting Topics	Proposed Meeting Agenda		
1	Work Group Kickoff Meeting	Objectives : Introductions, ratification of work group charter and charge; develop initial consensus around ore issues for resolution		
_	Date: October 29th	 Review and affirm work group charge, scope, and work plan Review, revise and validate governance principles 		
2	Working Session #2	Objectives : Confirmation of principles, refinement of criteria, and introduction of potential governance models		
	Date: November 18th	 Confirm the principles and straw model from meeting #1 In-depth governance principles discussion 		
3	Working Session #3 Date: 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 		
Working Session #4 Date: January 8th sustainability, implementation plan and roadmap Review and refine governance straw model Discuss role of governance in future of standardization and technol				
5	Working Session #5 Date: February 21st	 Objectives: Review and finalize recommendations, implementation and financial plan Review recommendations and straw model Review financial plan Review implementation roadmap 		

- Workgroup Updates
- Review recommendations and straw model
- Review financial plan
- Review implementation roadmap
- Appendix

Data Standardization

The Data Standardization Workgroup met on January 13th and discussed potential solutions to address the six most impactful and prevalent errors and edits.* Key findings and preliminary 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; (2) best practices be identified and 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. The Workgroup also called for TA to support implementation of a 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; and (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.

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Technology + Technical Assistance

The Technology + TA Workgroup met on February 6th to discuss implementation and financial model considerations for preliminary recommendations.

Recommendation 1: Virtual Encounter Data Training

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

- *Implementation Considerations:* During Year 1, a core set of trainings should be developed and tested with a pilot group of payers and providers; specific trainings may need to be tailored to several audiences.
- *Financial Considerations:* Up-front financial support will be needed to procure the platform and develop "core" trainings. Plans would be potential long-term funders. Trainings should be free to providers, though registration may be required.

Recommendation 2: Encounter System Technical Assistance for Providers

For Medi-Cal providers that conduct their own billing, the workgroup recommends establishing a program that connects Medi-Cal providers with pre-qualified vendors capable of conducting encounter data workflow and dataflow assessments that offer actionable improvement recommendations. For Medi-Cal providers that outsource billing, the workgroup recommends the development of template contract language and a provider forum for sharing provider-biller incentive best practices.

- *Implementation Considerations:* The workgroup recommends building on Health Net's current "pilot" TA program, incorporating lessons learned into program design, and using DHCS/payer-provided data to target providers for assistance.
- *Financial Considerations:* Financial support will be required for program administration and monitoring, learning collaboratives to exchange key ideas, and for direct provider TA; TA will be scalable to need and available resources.

Recommendation 3: Provider-HIT Affinity Group

The workgroup recommends establishing a pilot provider affinity group that focuses on: identifying common technological challenges around encounter data reporting; sharing methods used to mitigate challenges; and opportunities to influence HIT system design for all Medi-Cal providers.

- Implementation Considerations: The workgroup recommends focusing early affinity group efforts on a specific use case of shared provider interest (e.g., templates) with one or two vendors; will require a knowledgeable facilitator to guide discussion.
- *Financial Considerations:* Financial support requirements will be minimal (e.g., facilitator).



Governance

- Takeaway #1: A complete picture of governance including all core functions and activities it will oversee is necessary to inform final recommendations, including budgets, resources and milestones. The Governance Workgroup reviewed the other workgroups' takeaways and requested that a complete picture of functions, activities and oversight roles and responsibilities be developed and reviewed at the 5th workgroup meeting.
 - Follow-up: Manatt will develop a governance oversight and organization structure for review at the 5th Governance Workgroup meeting.
- Takeaway #2: The work group participated in an exercise to review the pros and cons of governance options
 against governance criteria the work group developed in previous meeting and made the following
 recommendations.
 - Recommendation #1. The non-profit model met more of the criteria developed by the work group than other models. However, a non-profit's authority specifically their 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 from State government agency participants, in order to be successful.
 - Recommendation #2. A non-profit must have very intentional and directive transparency goals and policies to be credible, given they are not beholden to the public record act and State Sunshine laws.
 - Recommendation #3. Timeframe for formally establishing governance is a criterion that applies to all models must be a factor in considering any potential candidate organization.

Attribute / Governance Model	Collaborative	Non-Profit	Gov't Advisory	State Agency
Decision-Making	•	•	•	
Authority and Alignment	•			•
Transparency				
Accountable				
Responsive	•	•	<u> </u>	•
Communication	•		•	•
Effectiveness	•		• •	
Sustainability		•	•	•
Participatory/ Representative				
Limited Barrier Moderate Barrier Significant Barrier				

Problem Statement and Scope

Problem Statement

California has not been successful in its 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.

To resolve these challenges, we need governance to:

- 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. Create mechanisms for advancing recommendations and meeting requirements, supported by necessary infrastructure and capabilities
- 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

Desired Attributes Used to Assess Governance Options

Attribute	Definition
Decision Making	Governance will oversee encounter data improvement programs, identify and target organizations most in need of assistance, monitor program results, establish committees that incorporate stakeholder guidance into program activities, and establish policies and consensus-based decision-making processes.
Authority and Alignment	Governance will establish policies and practices that ensure compliance and alignment with state and federal regulatory guidance, help to align contracting requirements across the business community, and define incentive program frameworks to support encounter data improvement.
Transparency	Governance will make program decision-making and policy development visible to the pubic, and will ensure encounter data improvement activities and activity-performance is monitored.
Accountable and Responsive*	Governance will make a conscious effort to use benchmarks, targets, and performance reporting to improve future performance, instituting processes and feedback mechanisms to respond to its stakeholders changing needs and expectations.
Communication	Governance will monitor changes to the encounter data regulatory landscape and communicate changes – along with relevant, actionable documentation - to implicated stakeholders.
Effectiveness	Governance will establish key performance indicators to measure its impact on practice, enabling and leading change by advancing stakeholder policies, processes, and programs with available resources.
Sustainability	Governance will develop annual budgets and financial controls, and seek funding to sustain its short- and long-term program goals. Governance structures and processes will be self-sustaining to the extent that they remain useful to advancing encounter data improvement.
Participatory/ Representative	Governance will ensure public and private stakeholders have a voice and are adequately and meaningfully represented in program discussions and decision-making.

^{* -} Accountability and responsiveness were split out and assessed separately



Preliminary Governance Model Assessment + Recommendations

A range of governance model options were considered and a non-profit model met more of the workgroup criteria than other potential governance options*

Attribute / Governance Model	Collaborative	Non-Profit	Gov't Advisory	State Agency
Decision-Making				•
Authority and Alignment		•		
Transparency				
Accountable				
Responsive			<u> </u>	•
Communication				
Effectiveness	•			
Sustainability		•	•	•
Participatory/ Representative				•
Limited Barrier Moderate Barrier Significant Barrier				

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Model Recommendations – for Discussion

A non-profit model, however, has several shortcomings that need to be addressed

- Recommendation #1. A non-profit's authority specifically their ability to compel
 participants to follow its recommendations and policies is weaker relative to a public entity,
 and must secure strong senior stakeholder leader participation and engagement, including
 from State government agency participants, in order to be successful.
- Recommendation #2. A non-profit must have very intentional and directive transparency goals and policies to be credible, given they are not beholden to the public record act and State Sunshine laws.
- Recommendation #3. A deliberate process is needed to select the best non-profit that
 conforms to the desired attributes including representation from critical stakeholders and
 a timeframe to formally establish governance is a critical criterion that must be a factor in
 considering any potential candidate organization. Necessary representatives may include:
 - Health plans (Medi-Cal COHS/local initiative plans; commercial plans)
 - Hospitals (public and private)
 - IPAs and MSOs
 - Community clinics (FQHCs)
 - Private practice clinicians
 - Public agencies including: DHCS, DMHC, Covered California, (consider: CalPERS, OSHPD, CMS)

Q: Does the work group agree with this conclusion and recommendations? Q: Regarding #3, Are these the right constituencies, are we missing any that should be represented in governance (i.e., to serve on the non-profit board)?

DRAFT Governance Board Qualifications

- Competencies for members serving on governance:
 - Health care industry background
 - Knowledge of encounter data reporting
 - Ability to represent interests of constituency
- Senior leadership position, experience and authority to effectuate change
- Commitment to diversity in its representation, which may include racial, gender, ethnic, cultural, and geographic (e.g., rural, urban, etc.) representation

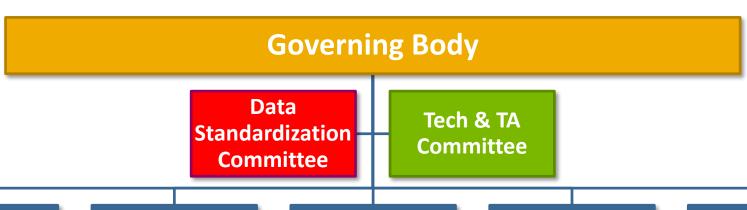
Q: Are these the right competencies?

Q: Are there others we should include?

Sore Activities

Model Recommendations – DRAFT for Discussion

Governance should be responsible for prioritizing and overseeing encounter data improvement initiatives and communication efforts, and should seek resources to coordinate programs that maximize impact



Communication

- Stakeholder engagement
- Knowledge management, website, information sharing, publishing and public comment process

Finance

- Manage annual budget process and business planning
- Collect revenues
- Develop proposals and fund initiatives

Core Operations

- Business planning
- Project management oversight
- Work group and board management

Data Management

- Encounter submission performance data collection, analysis and Key Performance Indicator reporting
- Committee data requests

Regulatory and Industry Alignment

- Regulatory and business analysis and compliance
- Incentive frameworks
- Advocacy for advancing efforts

Operating Expenses – DRAFT for Discussion

Activity	Resource Requirements	Resource requirement	
Core Operations & Governance	 Board and committee management and support Develop initiative proposals 	 Executive Director Project/Program manager Administrative assistant Subject matter expertise 	
Finance	 Annual budget and financial controls Fundraising Grants management Business planning 	 Finance Director/grants manager Accounting and grants management system Annual audit 	
Communication	 Establish and manage website Stakeholder outreach and engagement Communication plan including: targeted messaging, performance reporting, regulatory and business updates, program status and updates, public comment forum 	WebsiteCommunication director	
Data Management	 Establish improvement targets and KPIs Collect metrics and performance reports Performance evaluation and reporting 	Data analystDashboard reporting system (e.g., Tableau)	
Regulatory and Industry Alignment	 Policy and regulatory review, guidance and policy proposal development Contracting alignment guidance Incentive program framework development 	 Policy/business analyst 	

Operating Budget: Wages, Related and Operating Expenses* DRAFT for Discussion

Governance Operating Expense Item	Estimated Annual Operating Expenses	Three Year Projected Operating Expenses
Wages and Related Costs (7 FTEs)	\$1,086,400	\$3,259,200
Rent and Utilities	\$80,000	\$400,000
Professional Services (e.g., consulting, legal, accounting)	\$250,000	\$1,250,000
Fundraising, travel, marketing, convening	\$75,000	\$250,000
Miscellaneous (e.g. website management, per diems/stipends, etc.)	\$50,000	\$250,000
Grand Total	\$1,541,400	\$4,624,200

^{*}Depending on the organization – whether new or existing – some of these costs may be spread over existing overhead (i.e., would be lower)

Pathway to Sustainability – For Discussion

Governance will need to establish initial funding streams and a long term sustainability plan sufficient to complete its mission

Potential Revenue Streams Cost Drivers* Member Fees, Dues & **Program Development and Subscriptions Oversight Expenses Encounter Data Improvement Grants & Philanthropy Operational Expenses Sustainability** State & Federal Funding (e.g., **Miscellaneous Expenses** MMIS)

*These do not include program/initiative costs that the governance entity would seek funding for

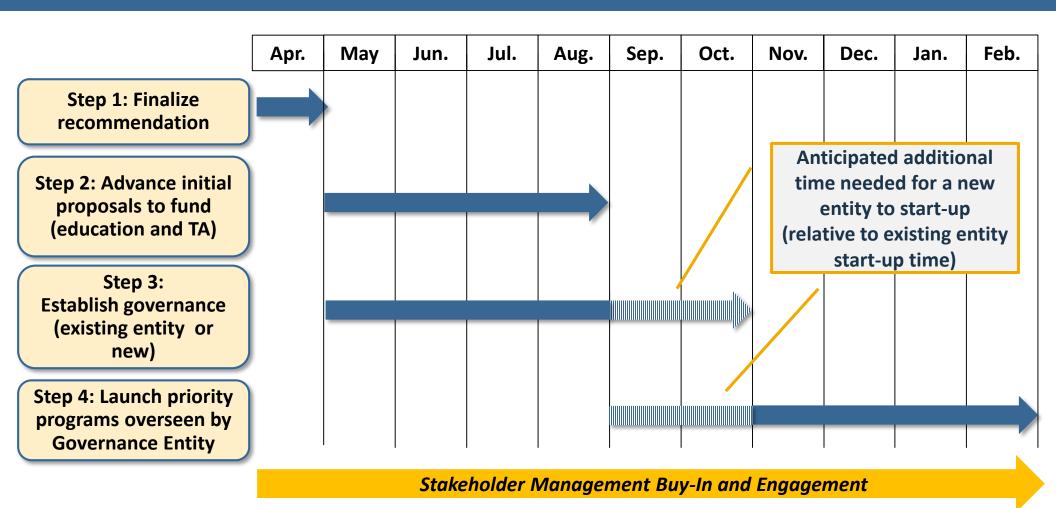
Options for Governance Organization Identification and Selection – DRAFT for Discussion

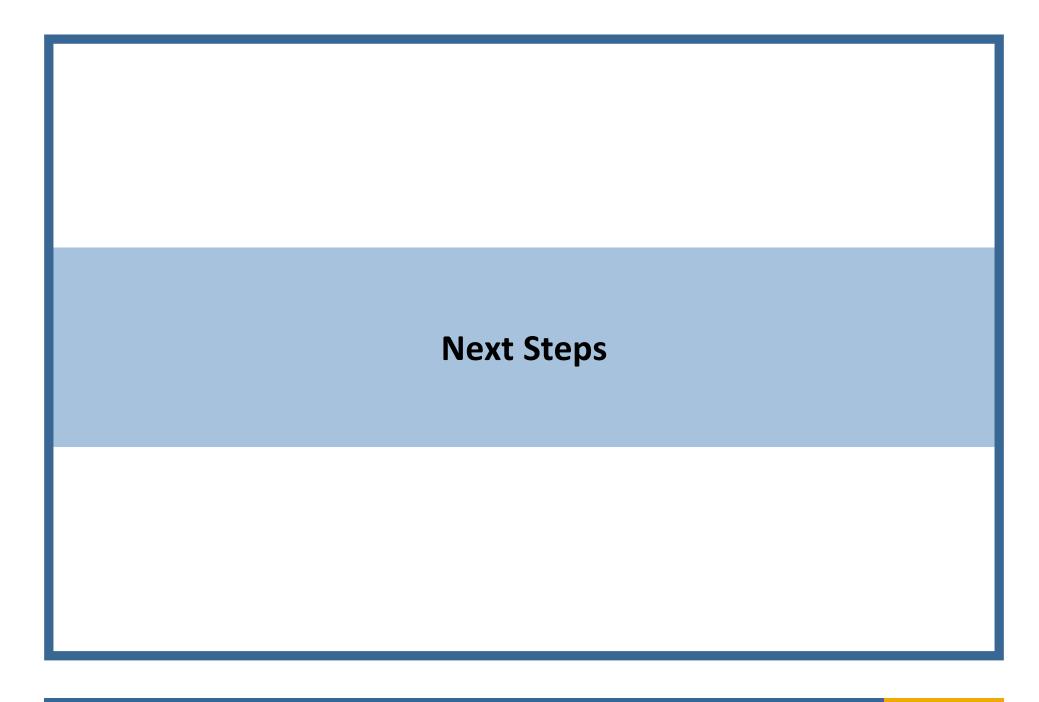
A non-profit may be established de novo and designed to meet all defined criteria, or a selection process may be undertaken to identify the best suited entity to govern encounter data improvement initiatives

	Pros	Cons
New Non- Profit	 Mission and priorities will be exclusively focused on encounter data Governance can be established precisely as designed and recommended Does not have any historical "baggage" or potential/perceived biases 	 Timeline to establish operations and become proficient in execution can be substantial (> 6 months) No other programs over which to allocate overhead, and no other program to sustain it once the initiative meets its objectives Would need to be "incubated" or sponsored to support launch May be more difficult to get senior leadership to participate in new entity
Existing Non-Profit	 Can spread costs and overhead allocations over other pre-existing programs and services Can ramp up quickly, using existing people, resources and infrastructure Better positioned to leverage existing expertise and relationships 	 Will take time to identify an appropriate organization Governance representation likely will not map exactly to recommendations Will have other priorities, initiatives, programs and resource constraints it is focusing on other than encounter data

- Can the workgroup recommend an approach whether to establish a new non-profit or identify an existing organization?
- What process would the work group recommend to establish a new or identify and select an existing non-profit? (e.g., RFP? Targeted outreach to select entities? Selection/review committee?)

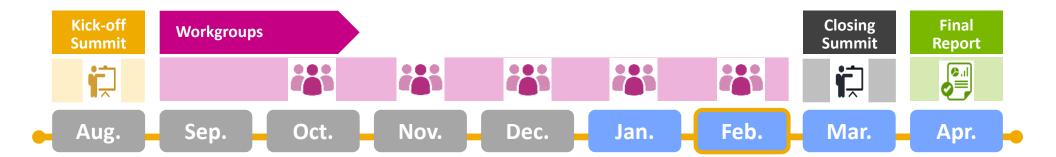
Manatt estimates a 4 month time frame for a selection process, 6 months to establish a new entity.





Next Steps

- Incorporate input and recommendations from today's work group meeting
- Prepare recommendations for presentation and discussion at the March 30
 Summit
- Revise recommendation changes with input from summit participants
- Finalize recommendations for inclusion in final report to HealthNet (April)



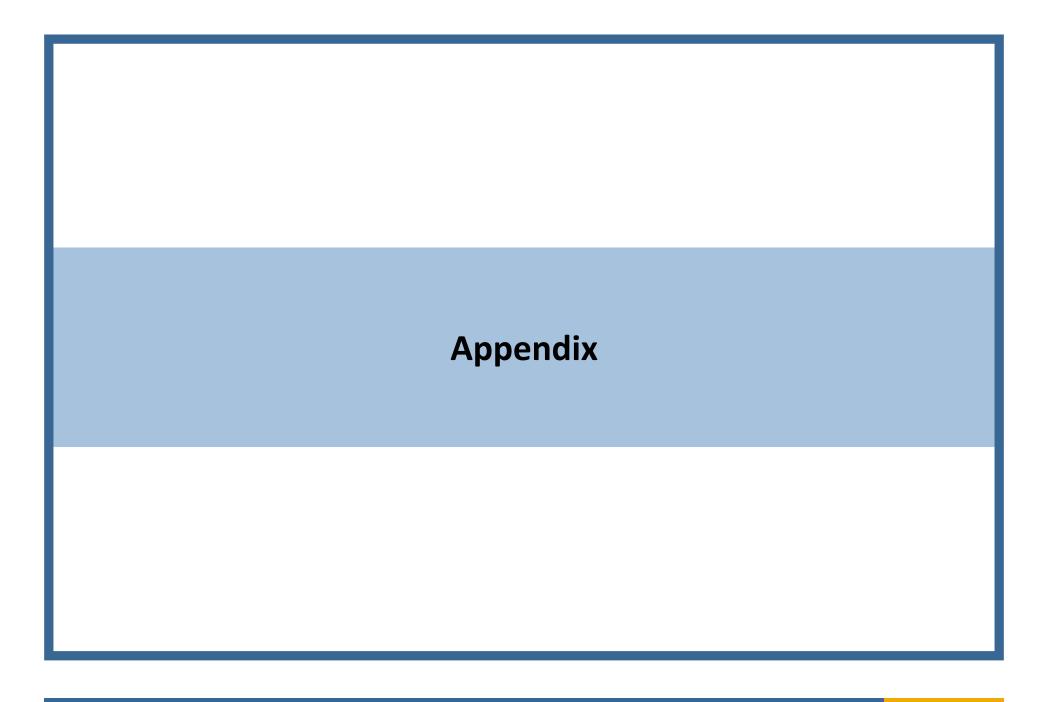
On Deck

Concluding workgroup meeting schedule

Data Standardization Governance Tech + TA

#5: Feb. 24th **#5:** Feb. 21st **#5:** Feb. 27th

- Closing Summit, where co-chairs will present slate of proposed recommendations. Manatt will facilitate group discussions to solicit input and feedback
- **Final Report**, detailing proposed strategies and recommendations, including potential implementation plans, for Health Net consideration



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



Decision-Making

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.

Authority and Alignment

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 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 (e.g., gates and achievement scores)

Transparent

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

Accountable and Responsive

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.

Communication

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

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
- Design a set of recommendations that will define long term funding solutions

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

Participatory/Representative

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

Participation

Organization types may include:

- Health plans (Medi-Cal COHS/Local Initiatives; 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:
 - Health care industry background
 - Knowledge of encounter data reporting
 - Ability to represent interests of constituency
- Committees governance forms will comprise 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