

Encounter Data Improvement Program

2020 Encounter Data Summit

Data Standardization Workshop

August 7, 2020

As we approach each recommendation, consider:

- How big of an **impact** will an investment in this area have on encounter data completeness and accuracy?
- **Who needs to be engaged** in implementation to maximize this recommendation's effectiveness?
- Where are **potential points of resistance** to implementing and sustaining these recommendations, **and how can we mitigate them?**
- What **best practices** should we consider when preparing for implementation?
- How would you **prioritize or sequence implementation of recommendations?**

Moderators will probe deeper on specific recommendations and topics (e.g., planning for financial sustainability). We also want to hear from you!

Please share your expert, solution-oriented feedback.

Data Standardization

Recommendations

Problem Statement

The seamless, accurate, and timely flow of Medi-Cal encounter information faces a number of challenges. Errors and incomplete information that originate at the provider level propagate through the system and are compounded by multiple, varying interpretations and modifications to the data by claims clearinghouses, IPAs, MSOs, and Managed Care Plans as they make their way to DHCS and CMS.

Workgroup Recommendations

The workgroup recommends that DHCS, plans, and providers standardize data submission processes in “high priority” issue areas where alignment will significantly improve encounter data integrity. Specifically, encounter data reporting partners should (1) identify the root causes of processing errors, (2) identify the standards, processes, or communication changes required to improve reporting, and (3) harmonize and institutionalize agreed-to standards and practices around:

- 1. Use of Local Codes:** Providers’ use of local and custom codes for managed care claims and encounters result in downstream errors and rejections when managed care plans (MCPs) and clearinghouses attempt to cross-walk them to national codes.
- 2. Newborn Identification:** Newborns are frequently not immediately assigned a member ID; providers employ varied combinations of a mother’s ID/CIN and modifiers to indicate a newborn-specific claim, resulting in MCP rejections.
- 3. Duplications:** Duplicate provider encounters and variations in delegated IPAs’, clearinghouses’, MCPs’, and DHCS’ logic and processes for identifying and addressing duplicates was identified as the most prevalent encounter process error.
- 4. Visit-Encounter Reconciliation:** Encounters are “lost” at various points in the reporting process due to factors that include: (1) providers’ billing systems’ failure to translate visits into encounters; (2) providers relying on paper-based systems which do not submit all their encounters; (3) clearinghouse/IPA/MCP rejection of encounters that providers do not correct and re-submit.
- 5. Tracing Errors to their Sources:** At various points in the reporting process, key fields are dropped that would otherwise allow downstream trading partners target the origin of reporting discrepancies.
- 6. Communicating Rejections & Remediation:** MCP Companion, Implementation, and Billing Guides can differ significantly, creating opportunities for incomplete or inaccurate encounter data submissions from Medi-Cal providers (and administrative burden).

Recommendation #1: Use of Local Codes

Issue Summary

Local codes are not accepted on managed care encounters by DHCS. However, many Medi-Cal providers continue to submit encounters with local codes, an artifact of the FFS environment where local codes are permitted and accepted. DHCS offers a tool that allows MCPs to cross-walk local codes to national codes that is not – and was not meant to be – kept current.

Recommendation

To resolve this issue, the workgroups recommends that:

- **DHCS** accelerates the process to sunset local codes in FFS environment*
- **Governance Entity** oversees an assessment and compilation of best practices for re-coding local codes to national codes, and develops and releases related educational and training material
- **MCPs/IPAs/Clearinghouses**, in coordination with DHCS and the Governance Entity, update contracting guidance to ban submission of local codes by upstream providers and communicate new expectations and available training resources (both in-house and via the Governance Entity).

**Policy change required for implementation*

Estimated Duration

One Year from project approval



Potential Resolution Impact



Estimated Funding

\$70,000+ for an assessment and compilation of best practices

Recommendation #2: Newborn Identification

Issue Summary

Newborns often lack a unique member identifier at birth, and providers employ varied combinations of a mother's ID/CIN and modifier(s) to indicate that the claim/encounter is for the newborn. As a result, newborn encounters are often rejected as a duplicate to the mothers' encounter.

Recommendation

To resolve this issue, the workgroup recommends that:

- **Governance Entity** oversees a marketwide assessment of options for newborn identification, including the identification of best practices from other lines-of-business and among states
- **Governance Entity**, based on its findings, works with DHCS, plans, and providers to facilitate agreement on harmonized ID process and coordinates educational material development for market use
- **DHCS** publishes rules/guidance on aligned approach*
- **MCPs/Clearinghouses/Providers** update Companion Guides and provider education materials
- **Governance Entity** oversees education and training

**Policy change required for implementation*

Estimated Duration

One Year from project approval



Potential Resolution Impact



Estimated Funding

\$80,000+ for an assessment and develop standard practices

Recommendation #3: Duplications

Issue Summary

Duplicate provider encounters and variations in clearinghouse and MCP logic and processes for identifying and addressing duplicates was identified as the most prevalent encounter process error.

Recommendation

To resolve this issue, the workgroup recommends that:

- **Governance Entity** oversees a root cause analysis of the duplicate issues that can be addressed through clarification, process flow changes, and updates to processing logic
- **Governance Entity**, based on findings, facilitates process to identify the edit logic, procedures, and best practices that can be consistently deployed by all stakeholders to mitigate and address duplications
- **DHCS** publishes rules/guidance on aligned approach on duplications*
- **Governance Entity** oversees education and training material development
- **MCPs/IPAs/Clearinghouses/Providers** adapt their IT systems and processes and communicate changes to upstream submitters, providing related training material (in-house or via Governance Entity)

*Policy change required for implementation

Estimated Duration

One Year+ from project approval



Potential Resolution Impact



Estimated Funding

\$100,000+ for root cause analysis + to identify consistent edit logic/procedures

Recommendation #4: Visit-Encounter Reconciliation

Issue Summary

Encounters are “lost” at various points in the reporting process due to factors that include: (1) providers’ billing systems’ failure to translate visits into encounters; (2) providers relying on paper-based systems which do not submit all their encounters; (3) clearinghouse/IPA/MCP rejection of encounters that providers do not correct and re-submit.

Recommendation

To resolve this issue, the workgroup recommends that:

- **Governance Entity** oversees development of a standard set of benchmark(s) and best practices to identify issues between data senders and receivers
- **Governance Entity** oversees a participant-driven assessment of encounters compared to the standardized benchmark to identify points of failure
- **Governance Entity** oversees education and training on benchmarking best practices for plans and providers
- **MCPs/Clearinghouses/Provider Organizations** adapt their IT systems and processes

**Policy change required for implementation*

Estimated Duration

One Year+ from project approval



Potential Resolution Impact



Estimated Funding

\$100,000+ to develop benchmark and support reconciliation process

Recommendation #5: Tracing Errors to their Sources

Issue Summary

At various points in the reporting process, key fields are dropped that would otherwise allow downstream trading partners target the origin of reporting discrepancies.

Recommendation

To resolve this issue, the workgroup recommends that:

- **Governance Entity** oversees development of the key claim/identifier fields (e.g., submitting provider ID, patient control number, clearinghouse ID) that need to be maintained throughout the claim/encounter data reporting and reconciliation process
- **Governance Entity** oversees development of industrywide standard processes and use of identifiers to track encounters
- **Governance Entity** oversees education and training material development to support MCPs/Clearinghouses/Providers with improving traceability
- **MCPs/IPAs/Clearinghouses/POs** adapt their IT systems and processes

Estimated Duration

One Year+ from project approval



Estimated Funding

\$100,000+ to identify key tracking fields and develop standardized processes

Potential Resolution Impact



Issue Summary

MCP Companion, Implementation, and Billing Guides can differ significantly among MCPs (and lines-of-business), creating confusion and potential opportunities for incomplete or inaccurate encounter data submissions from Medi-Cal providers (and administrative burden).

Recommendation

To resolve this issue, the workgroup recommends that:

- **Governance Entity** oversees an assessment of “impactable” MCP Companion, Implementation, and Billing guide fields (e.g., fields, format), submission requirements and processes, and edit process (e.g., rejection timing and communication, remediation requirements), in relation to DHCS and CMS requirements
- **Governance Entity** oversees development of a standard guidelines among key submission stakeholders
- **MCPs** update their Companion and Implementation Guides and communicate modifications to the field
- **Governance Entity/MCPs** develop education and training materials to support implementation
- **MCPs/Clearinghouses/Providers** adapt their IT systems and processes

Estimated Duration

One Year+ from project approval



Estimated Funding

\$100,000+ to assess impactable misalignment and development of a standardized companion guide

Potential Resolution Impact

