

Encounter Data Improvement Program

2020 Encounter Data Summit

Technology, Training, and TA Recommendations

August 7, 2020

Problem Statement

Many California providers and other delegated organizations are unaware of the importance of submitting and processing complete and accurate encounter data, and the best practices for doing so; their systems and tools are often not configured to satisfy submission requirements in an effective and efficient manner.

Workgroup Recommendations

The workgroup recommends that programs are implemented to equip providers with the information they need to understand the value of submitting complete and accurate encounter data; know how to meaningfully participate in the process of submitting complete and accurate encounter data; and the technical expertise to use technology to overcome – and prevent technology from becoming – barriers to complete and accurate submissions.

Specifically, it recommends the development of a(n):

1. **Virtual Encounter Data Training Program**, with provider-focused, plan-agnostic trainings that are developed to meet market needs and made freely available on a virtual platform; may include a formal provider certification program.
2. **Provider Technical Assistance Program**, where high-needs providers would qualify to receive workflow and dataflow assessments and related improvement support; may include pilot funding for novel efforts at assessing completeness.
3. **Provider HIT Affinity Group Pilot**, which would facilitate information sharing among providers on overcoming common technological reporting challenges (e.g., EHR configuration) and engage vendors around system improvements.
4. **Encounter Data Completeness Toolkit**, commission a study to identify fundable, scalable best practices for how plans/providers may leverage technology and data linking to assess completeness (e.g., clinical-billing matching).

The workgroup crafted reinforcing linkages between its recommendations and those of the Governance and Data Standardization workgroups (e.g., new standards resulting in new training development).

Recommendation #1: Virtual Encounter Data Trainings

Issue Summary

Many providers, especially smaller and less well-resourced practices and clinics, do not understand the value of submitting complete and accurate encounter data or do not have the trained staff to properly collect or report it.

Recommendation

To resolve this issue, the workgroup recommends that Health Net procure one or more vendor(s) to develop a suite of provider-focused, plan-agnostic encounter data trainings to be made freely available on a virtual, expandable training platform. The curriculum would include:

- Materials that define the value proposition of submitting complete and accurate encounter data (eg, financial, clinical)
- 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 (e.g., how to implement new standards, as outlined by the Data Standardization program(s))
- Best practices that help to develop a learning-focused culture within an organization to ensure sustainability

A platform vendor may separately be required to support the development of short, interactive trainings across multiple devices (e.g., computer, tablet, phone). Training completion by a provider may result in a formal certification, recognized by payers and DHCS. Training will be piloted by up to 15 providers in its first year.

Estimated Duration

1 Year pilot; **Multiple Years** thereafter



Estimated Funding

Year one implementation costs would range from **\$575,000 - \$1,100,000**:

- \$150,000 - \$300,000 for curriculum training vendor
- \$150,000 - \$350,000 for training platform vendor
- \$200,000 - \$300,000 for program designer, project manager and/or partner
- \$ 75,000 - \$150,000 for provider participation stipends

Potential Resolution Impact



Recommendation #2: Provider Technical Assistance

Issue Summary

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

Recommendation

To resolve this issue, the workgroup recommends that:

- For those providers that conduct their own billing, that a program is established that connects providers with pre-qualified vendors to conduct encounter data workflow and dataflow assessments that identify root causes of encounter data completeness and accuracy issues (e.g., improper EHR configuration, incomplete data input at check in, use of antiquated standards) and offer actionable recommendations to improve encounter processing.
- For those providers that outsource billing to another organization, the workgroup recommends that model contract language for billing service agreements is developed and a forum for providers is hosted to highlight best practices on aligning provider-biller encounter data submission incentives with current standards.

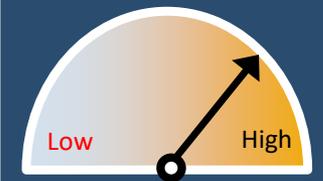
DHCS and payer data may be used to help target providers in greatest need of assistance. Funding also may be available to help payers and providers use clinical data (e.g., as available via HIEs) to identify completeness gaps.

Estimated Duration

2-3 Years targeting Medi-Cal providers with greatest need



Potential Resolution Impact



Estimated Funding

\$200,000 - \$500,000 for TA program development
\$100,000 - \$200,000/yr for TA program mgmt + Learning Collaborative
\$2m - \$15m/yr for direct provider technical assistance (scalable)

Recommendation #3: Provider HIT Affinity Group

Issue Summary

Many providers remain dependent upon technology that is not properly equipped or configured to meet current encounter data reporting requirements.

Recommendation

To resolve this issue, the workgroup recommends that a pilot provider affinity group is established to:

- Identify common technological (e.g., EHR) challenges to the submission of complete and accurate encounter data and effective resolution strategies
- Elevate shared providers concerns directly to a technology vendor for broad resolution development
- Provide a platform for DHCS to engage providers, vendors, and plans around upcoming standard changes to enhance early communication and market readiness

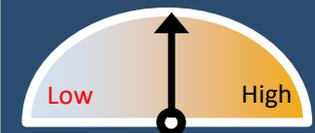
The affinity group would be piloted for a year and focused on issues raised by providers who use a common EHR platform (e.g., Epic, eCW, Nextgen). It would be actively facilitated with a pre-determined set of “high priority” issues to discuss and resolve. Issues identified through the Provider TA training may inform the pilot year agenda of the affinity group.

Estimated Duration

One Year for pilot



Potential Resolution Impact



Estimated Funding

\$150,000 - \$250,000 for pilot facilitation and project staffing

Recommendation #4: Encounter Data Completeness Toolkit

Issue Summary

Encounter data completeness is a critical – and often hidden – issue in the encounter data ecosystem. However, a number of organizations are exploring novel ways of using technology and connecting data sources to test completeness and to address identified gaps.

Recommendation

To resolve this issue, the workgroup recommends that a study is commissioned to identify plan, provider, and state best practices for identifying encounter data completeness gaps. Profiled practices may include benchmarking (see Data Standardization recommendation), clinical-to-claims data matching, or the use of new technology or analytic methods to identify disparities or anomalies among submitters or within a submitter’s filing. The study will assess each method’s effectiveness, cost, and scalability.

The Governance Entity may use these findings to enhance its provider technical assistance program or fund pilot implementation of promising initiatives.

Estimated Duration

Six Months for assessment



Potential Resolution Impact



Estimated Funding

\$150,000 - \$200,000 for an actionable assessment of best practices to inform potential pilot(s)