Health Net Encounter Data Summit 2020

Summary of Proceedings

On August 7, 2020, over 120 representatives from across California's healthcare data landscape gathered in a virtual Summit to discuss recommendations that will address some of the industry's most pressing and intractable encounter data reporting challenges. Recommendations were developed over the previous year by three stakeholder workgroups, respectively focused on crafting strategies to improve statewide encounter data reporting governance, data standardization, and technology, training, and technical assistance. The workgroups recommended that a non-profit **Encounter Data Governance Entity should be established and charged with implementing, overseeing, coordinating and monitoring encounter data improvement initiatives across California including programs to:**

- **Overcome Critical Data Standardization Challenges**, facilitating efforts among the California Department of Health Care Services (DHCS), health plans, providers and other impacted stakeholders to harmonize specifications and processes that result in frequent encounter data reporting errors, or incomplete or untimely submissions (see list below).
- **Equip Providers with Training and Technical Assistance**, including establishing free provider-focused, plan-agnostic trainings on a virtual training platform; and scaling technical assistance programs to connect providers facing significant reporting challenges with workflow and dataflow improvement support (among other recommendations below).

1 Governance Entity

2 Data Sandardization (Priority Issues)

1. Local Codes
2. Newborn Identification
3. Duplications
4. Visit-Encounter Reconciliation
5. Tracing Errors to their Sources
6. Communicating Rejections & Remediation

3 Technology, Training and Technical Assistance

1. Virtual Encounter Data Training
2. Provider Technical Assistance
3. Prover HIT Affinity Group
4. Encounter Data Completeness Toolkit

Recommendation details were discussed in six simultaneous workshops at the Summit, each focused on a specific issue area, with participants assigned based on their preferences and areas of expertise. Feedback was recorded (see next page) and will be used to guide program implementation.

Health Net's 2020 Encounter Data Summit was a milestone-marking event in its Encounter Data Improvement Program. The importance of the presented recommendations to driving meaningful, long-lasting, and structural change were emphasized by leading state and federal policy-makers, including: Mary Watanabe, Acting Director of the California Division of Managed Health Care; Will Lightbourne, Director of the California DHCS; and Dr. Donald Rucker, National Coordinator at the U.S. Centers for Medicare and Medicaid Services.

Brian Ternan, CEO of Health Net, closed the day with the announcement that Health Net would be releasing a Request for Proposals (RFP) for the establishment of a Governance Entity to implement and oversee many of the recommendations discussed. A copy of the RFP can be found along with more information about the recommendations, and the recommendation development process, at https://encounterdataproject.com/the-program/.

Health Net Encounter Data Summit 2020

Recommendation Feedback

Governance

The workgroup recommended that a governance entity should be identified or created that would be responsible for prioritizing, overseeing, coordinating, and monitoring encounter data improvement efforts in California and seek longer-term sustainable funding. The governance entity's core activities would include:

- Overseeing encounter data training, technical assistance and data standardization activities to ensure industry alignment, promote mutually reinforcing actions, and maximize impact
- Managing core operations, including staffing, project and grant management, Board management, and establishing and staffing Advisory Committees as it determines beneficial
- Advancing regulatory and industry alignment, including supporting regulatory and business analysis and compliance, proposing incentive frameworks, and working closely with regulatory entities such as DMHC, DHCS, and CMS to advocate for encounter data improvement efforts
- Facilitating and coordinating stakeholder communications, engagement and dissemination activities around encounter data improvement and alignment activities, including responses to newly proposed standards
- Managing budget processes, business planning and sustainable funding efforts necessary to support encounter data improvement initiatives
- Measuring and monitoring encounter data improvement progress and impact using stakeholder data

Workshop participants discussed the Governance Workgroup's complete recommendations (available here), concurred with assessments, and offered the following feedback to guide implementation.

Summit Participant Feedback: Select Responses

- The Governance Entity's **focus should extend beyond Medi-Cal** to include other lines of business. While Medi-Cal's unique submission requirements must be addressed, and the state's regulatory authority over this area will naturally increase attention on the program submitters, commercial and Medicare Advantage requirements will need to be considered to develop sustainable solutions for these industrywide issues.
- "Provider" language should be broadened to include a wider set of provider entities including clinics, practices, IPAs and MSOs, hospitals and other inpatient facilities.
- The Governance Entity's **"data management" function should be recharacterized as "data performance monitoring."** The Governance Entity will not be responsible for collecting and analyzing encounter data, but will be expected to collect metrics and information to assess improvements in reporting quality, timeliness, accuracy and completeness.
- The nonprofit selected to serve as the Governance Entity will need to have—or be able to develop—strong relationships with DHCS and DMHC, as well as other plans and providers, to be successful.
- The Governance Entity's "communications," "core operations," and "regulatory/industry alignment" functions will be central to its success. Its "finance" function may be deprioritized in the Entity's first years, assuming it has a steady grant source available (i.e., Health Net).
- The Entity's governing body should:
  - Endeavor to maintain a balance between association and individual organizational representation.
  - Include representation from California's Office of Statewide Health Planning and Development (OSHPD), the patient advocacy community, and individuals with hands-on encounter data-coding and -reporting experience.
  - Comprise diverse representation so as to not allow for block voting by specific types of representatives.
- The Governance Entity's sustainability plan should include generating revenue through user fees, membership dues, and federal funding (via DHCS), where philanthropies may be able to contribute to the state match.

Data Standardization

The workgroup recommended that DHCS, plans, and providers standardize data submission processes in "high priority" issue areas where alignment will significantly improve encounter data integrity. Specifically, the workgroup recommended that 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).

Workshop participants discussed the Data Standardization Workgroup's complete recommendations (available here), concurred with assessments, and offered the following feedback to guide implementation.

Summit Participant Feedback: Select Responses

- To eliminate the use of **local codes**, DHCS and MCP fee schedules/contracts will need to be modified to exclude their use, requiring a concerted, cross-industry effort—and time. To prevent the need for local or custom codes, DHCS should align its guidance to the use of national standards as soon as they are promulgated.
- Inconsistency among plans' **newborn coding** requirements creates confusion for providers, and often results in erroneously-rejected claims. Addressing the issue will be difficult, as plan differences extend beyond communication material (e.g., Companion Guides) to underlying claim- and encounter-processing systems.
- **Duplications** often result from differing claim- and encounter-processing standards that creates confusion among submitters; resolution will require process and system standardization and alignment. Plans can help to mitigate existing challenges by publishing their methodologies for identifying duplicates. A Governance Entity should consider the recent WEDI white paper when addressing duplicates in California.
- A Governance Entity could promote **visit-encounter reconciliation** by developing standard population and service-level benchmarks and best practices. DHCS developed plan-specific benchmarks in its stoplight reports based on plan financial information, which can be built upon; HEDIS data may be an alternate data source. Owing to frequent staff turnover at many provider sites, continuous training will be an important component of the solution.
- **Traceability** is a chronic issue faced by plans and providers that could be resolved by maintaining field integrity through the reporting process (i.e., claim IDs are often dropped); and ensuring that **communication of rejections** in error reports is specific, actionable for correction and/or further upstream remediation, and are sent both to the submitter and the submitter's submitting entity (e.g., clearinghouse).

Technology, Training and Technical Assistance

The workgroup recommended 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 have 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:

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).

Workshop participants discussed the Technology, Training, & TA Workgroup's complete recommendations (available here), concurred with assessments, and offered the following feedback to guide implementation.

Summit Participant Feedback: Select Responses

- Participants identified that the **training and technical assistance recommendations would have the greatest impact on encounter data reporting in California**. Participants recommended that plans and intermediaries—in addition to providers—should also be highly and "holistically" engaged in recommendation implementation.
- **Virtual Encounter Data Trainings** should be tailored to the provider type & size and role of the trainee (e.g., front desk, clinical), and administered by a known and respected entity.
  - Training modules should be short, EHR agnostic, and "evergreen," refreshed with the latest standards.
  - Training stipends will be valuable to ensure provider participants share meaningful feedback.
  - Materials that convey the value proposition of complete and accurate encounter data reporting should explicitly show "how much money providers are leaving on the table," potentially using anonymized TA experiences to inform case examples.
  - Training certification should come from a trusted organization. Certification may be used as a pre-requisite for accessing TA. Certification may be offered to practices, individuals, and potentially billing organizations. Certification will need to be renewed at a to be determined frequency.
- **Technical Assistance** (TA) should be provided by pre-qualified vendors and administered by a standard scope to identify dataflow, workflow, and management disconnects. TA should differ by the provider type and size.
  - Encounter data completeness and accuracy can be affected by the data systems employed to collect and submit data, as well as the "human" piece of data collection and coding; the TA program will identify which is occurring and offer concrete and specific recommendations to address disconnects.
  - Providers engaging in TA should agree up-front to the time-commitment expected for participation.
  - Baseline and post-TA data should be collected by the Governance Entity to track impact.
- Initiatives to address **Encounter Data Completeness** could have a significant long-term impact on reporting, particularly the use of HIEs to compare clinical and billing data to identify gaps.
- Establishing new **Provider HIT Affinity Groups** is not necessary; pilots may build from existing programs. Affinity Groups should also include "intermediate data technology" such as claims submission systems.

Health Net Encounter Data Summit 2020

Attendee Roster

First Name	Last Name	Title	Organization
Jennifer	Armendariz	Director, Contracting & Revenue Integrity	Valley Children's Hospital
Tinu	Arowojolu	Product Owner	U.S. Centers for Medicare and Medicaid Services
Michael	Arriaga	Encounter Manager	Molina Healthcare
Sean	Atha	Senior Vice President	River City Medical Group
Mary	Bacaj	Head of Value-Based Care	Conifer Health Solutions
Charles	Bacchi	President & CEO	California Association of Health Plans (CAHP)
Christina	Bambico	Principal Financial Analyst	UC Los Angeles
Bill	Barcellona	EVP	California America's Physician Groups (CAPG)
Allyce	Barrios	Director Revenue Compliance	Hill Physicians Medical Group
Robert	Beaudry	Executive Vice President	California Primary Care Association (CPCA)
Leila	Brown	Systems Analyst	LA County Department of Health Services (CDHS)
Hayley	Buchbinder	Encounter Operations Analyst	LA County Department of Health Services (CDHS)
Ted	Calvert	Project Manager, Healthcare Payments Data Program	California Office of Statewide Health Planning and Development (OSHPD)
Maham	Chaudhry	Analyst	LA County Department of Health Services (CDHS)
Bridget Hogan	Cole	Executive Director	Institute for High Quality Care
Morgan	Craven	Consultant	Manatt Health Strategies, LLC
Christopher	Culhane	Sr. Reimbursement Financial Analyst	UC San Francisco Health and Children's Hospital Oakland
Rick	Dabir	Applications Director	Central California Alliance for Health (CCAH)
Laurie	Dean	Business Process Consultant	United Healthcare
Michael	Deering	CIO	Inland Empire Health Plan (IEHP)

First Name	Last Name	Title	Organization
Jonathan	DiBello	Consultant	Manatt Health Strategies, LLC
Gayle	Dooley		
Lammot	du Pont	Senior Advisor	Manatt Health Strategies, LLC
Krystal	Dugan	Director, Mgmt Service Administration & Operations Oversight	Adventist Health
Michelle	Fong	Analyst	Manatt Health Strategies, LLC
Eric	French	Vice President, Revenue Integrity	Aetna
Jonah	Frohlich	Managing Director	Manatt Health Strategies, LLC
Cherise	Funakoshi	Senior Business Relationship Manager	Transunion
Brad	Gilbert	Senior Consultant	Pacific Health Consulting Group
Denise	Gionta-Del Rio	Encounter Manager, Medicaid Business	Aetna
Amy	Goldman	Research Associate	Harder+Company Community Research
Aaron	Goodale	VP, Health Information Technology	MedPOINT Management
Eyal	Gurion	SVP, General Manager of the Symphony Provider Directory Utility	Integrated Healthcare Association (IHA)
Stephen	Harrop	Sales Solution, Senior Consultant	Transunion
Michelle	Howell	Consultant	Manatt Health Strategies, LLC
Courtney	Huff	Research Consultant	Harder+Company Community Research
Maricar	Ifurung	Pr. Admin Analyst	San Francisco Department of Public Health
Mark	Ishimatsu	Director, Enterprise Risk Adjustment Strategies/Initiatives	L.A. Care Health Plan
Tina	Jackson	Decision Support Analyst	UCLA Health
Patrick	Johnston	Chair	Community Investment Advisory Committee
Lorena	Juarez	N/A	Blue Shield / Promise Health Plan
Allison	Kawamoto	VP, Actuarial - Revenue Management	Blue Shield of California
Matt	Kerlin	Senior Dir., Provider Relations (PR) Dept.	Partnership Health Plan of California

First Name	Last Name	Title	Organization
Deborah	Keweshan	EDI Lead	Hill Physicians Medical Group
David	Koenig	VP, Govt Relations, Public Affairs, and Community Investments	Health Net
Kristin	Kuntz	Director, Financial Operations	UCLA Health Faculty Practice Group
Shawna	LaChapelle	Eligibility Manager	Community Health Center Network (CHCN)
Stephanie	Landrum-Hall	Manager of Community Grants	Health Net
Trong	Le	Associate Director of Policy	California Primary Care Association (CPCA)
Starla	Ledbetter	Chief Data Officer, Branch Chief, Enterprise Data Operations	California Office of Statewide Health Planning and Development (OSHPD)
Lena	Lee	EDI Developer	Community Health Center Network (CHCN)
Thai	Lee	Senior Quality Specialist	Covered California
Shulin	Lin	Director of Reimbursement	Alameda Health System
Jiaqi	Liu	Senior Accountant	CalViva Health
Carmela	Lopez	Senior Business Development Events Specialist	Manatt Health Strategies, LLC
David	Lown	Chief Medical Officer	California Health Care Safety Net Institute (SNI)
Paul	Luu	Supervisor, EDI & Encounter Management	San Francisco Health Plan
Bob	Mackler	Executive Vice President	Pacific Health Alliance
Fred	Main	Partner	Clear Advocacy
Natalie	Martin	President	Elevation Health Partners
Sabra	Matovsky	CEO	San Francisco Community Clinic Consortium
Lisa	Mauiro	Senior Advisor	Public Consulting Group
Kevin	McAvey	Senior Manager	Manatt Health Strategies, LLC
DeeAnne	McCallin	Interim Executive Director	California Health Information Partnership & Services Organization (CalHIPSO)
Louise	McCarthy	President & CEO	Community Clinic Association of LA County (CCALAC)

First Name	Last Name	Title	Organization
Diana	McDonnell	Senior Research Consultant	Harder+Company Community Research
Shane	McMillan	Public Sector Technical Lead	Edifecs
Kim	McNeely	EDI Analytics Manager	Central California Alliance for Health (CCAH)
Christopher	Medley	Director of Process Improvement	Health Net
John	Minot	Director of Policy	California Association of Public Hospitals and Health Systems (CAPH)
Sunshine	Moore	Government Affairs	Aetna
David	Mosher	Director, California Medicaid Operations	Anthem Blue Cross
Michael	Myers	President & CEO	Dignity Health MSO
Darrel	Ng	VP	Health Net
Renny	Ondejko	Supervisor, Encounters	MedPOINT Management
Shirley	Pao	Interim VP, Provider Performance & Analytics	Health Net
Chris	Perrone	Director, Improving Access	California Health Care Foundation (CHCF)
Alanna	Peterson	Consultant	Manatt Health Strategies, LLC
Emma	Petievich	Events Manager	Manatt Health Strategies, LLC
Noelle	Porter	VP	Transunion
Julia	Portola	Associate Director	California Medical Association (CMA)
Crystal	Ray	NA	Hill Physicians Medical Group
Tim	Reilly	Founder and Partner	Pacific Health Consulting Group
Marion	Reyes	Senior Compliance Practice Leader	Kaiser Permanente
Jeffrey	Rideout	President & CEO	Integrated Healthcare Association (IHA)
Jessica	Rivas	Managed, Health Information Technology	MedPOINT Management
Fia	Roberts	Sr. Director Encounters	Health Net
Martin	Rogers	Management Analyst	San Mateo Medical Center
Shelley	Rouillard	Retiree	N/A

First Name	Last Name	Title	Organization
Donald	Rucker	National Coordinator for Health Information Technology (ONC)	U.S. Department of Health & Human Services
Martha	Santana-Chin	Sr. Vice President, Health Care Delivery	Health Net
Linette	Scott	Deputy Director & CMIO, Information Management	California Department of Health Care Services (DHCS)
Abby	Sears	CEO	OCHIN
Dorothy	Seleski	Vice President	Health Net
Eugenia	Serpik	Director of IT	Inland Empire Health Plan (IEHP)
John	Shannon	Director of Sales: West Region	Ero Health
Devin	Stone	Manager	Manatt Health Strategies, LLC
Thenn	Subramanian	Director of EDI	Partnership HealthPlan of California
Sarah	Summer	CEO, Physician Services Organization	California Medical Association (CMA)
Nancy	Team	Product Manager	NextGen
J. Brian	Ternan	CEO	Health Net
Britt	Terrell	Sales	Edifecs
Aaron	Toyama	Senior Advisor, Health Care Programs	California Department of Health Care Services (DHCS)
Shauna	Tuleu	Project Manager	InterVision
Katie-Elyse	Turner	Medicare Risk Adjustment Director	Health Plan of San Mateo (HPSM)
Michael	Valle	CIO / Deputy Director, Information Services	California Office of Statewide Health Planning and Development (OSHPD)
Diana	Vasquez	Assistant Nursing Director	LA County Department of Health Services (CDHS)
Naveen	Venkataraghavan	Senior Encounter Data Manager	Kaiser
Carol	Wanke	VP, Post Acute Revenue Cycle and Managed Care Operation	Sharp HealthCare
Mary	Watanabe	Acting Chief Deputy Director	California Department of Managed Health Care (DMHC)
Jennifer	Wei	CHF, FINANCIAL MANAGEMENT	LA County Department of Health Services (CDHS)
Leah	Welsing	Principal Administrative Analyst	UC San Diego
Matthew	White	Innovation Lead	Contra Costa Health Services

First Name	Last Name	Title	Organization
Greg	White	Director, Encounters	L.A. Care Health Plan
Claudia	Williams	CEO	Manifest Medex
John	Winkel	Senior Administrative Analyst	Zuckerberg San Francisco General Hospital and Trauma Center
Ryan	Witz	VP Healthcare Financing Initiatives	California Hospital Association (CHA)
Karen	Wloch	Community Grants Administrator	Health Net
Allison	Wolpoff	Partner	Harder+Company Community Research
Andrew	Wong	Encounter Data Operations Manager	California Department of Health Care Services (DHCS)
Mark	Yakimisky	Executive Director, Pricing Systems & Data Services	Kaiser Permanente