Issued September 1, 2020
Fall 2020 Encounter Data Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT

Community & Infrastructure Investment Program
Encounter Data Improvement: Governance Entity Solicitation
Request for Proposals

Background

Request for Proposals

Health Net's Community and Infrastructure Investment Program is pleased to announce a Request for Proposals ("RFP") for a non-profit encounter data Governance Entity ("GE"). The Governance Entity will be responsible for prioritizing, implementing, overseeing, coordinating, and monitoring encounter data improvement initiatives and programs under its purview in California, and developing and managing the relationships and strategies required to ensure their long-term sustainability and impact. The GE will have demonstrated the organizational capacity, program operating experience, and industry and subject area knowledge to fully execute upon its charge.

Health Net

Health Net LLC is a wholly-owned subsidiary of Centene Corporation ("Centene"). Health Net provides and administers health benefits in California through Centene subsidiaries – Health Net of California, Inc., Health Net Community Solutions, Inc., Managed Health Network, and California Health & Wellness Plan – in the group and individual commercial markets, including Covered California, and for Medicare, Medicaid, and programs for dual-eligible enrollees. These entities are hereafter collectively referred to as "Health Net." Health Net is committed to improving the health of the community through health insurance solutions for the under-insured and uninsured, and through providing specialty services that align with our focus on whole health.

Community & Infrastructure Investment Program

Health Net established the Community & Infrastructure Investment Program ("CII Program") pursuant to Undertaking 29, "Community Investments," a condition of the Department of Managed Health Care's (DMHC) approval of Health Net's change of control by Centene. Through Undertaking 29, Health Net provides grants to improve healthcare access and the quality of care for low-income, underserved communities and populations in California, and will invest $50 million to improve encounter data reporting within the Medi-Cal healthcare delivery system through an Encounter Data Improvement Program.

Encounter Data Improvement Program

The Encounter Data Improvement Program is a multi-phased, multi-year funding initiative intended to mitigate barriers to the timely submission of complete and accurate encounter data and strengthen the data collection and reporting infrastructure. While the Undertaking was specific to Medi-Cal, solutions to improve encounter data reporting must be industry-wide and applicable to Medicare, commercial and other lines of business. Encounter data, records of services rendered by capitated healthcare providers and submitted to delegating provider organizations or Managed Care Plans ("MCPs"), represent essential information for tracking healthcare quality and costs, monitoring population health trends and outcomes, and identifying health system deficiencies. However, numerous challenges and barriers exist to the complete and accurate collection and reporting of encounter data, particularly in California's highly delegated market, including: varied data definitions and submission standards among trading partners; a lack of consistent training on the value of submitting complete and accurate data and the proper methods to do so; variable technology used by providers and health plans to manage encounter data; and limited systemic governance and oversight for stakeholder communication and coordination.

The Encounter Data Improvement Program aims to reduce many of these system challenges in California, by encouraging, testing and promoting new or enhanced models of encounter data submission; improving the skills, expertise and operational efficiency of providers and staff in collecting and reporting encounter data; and promoting systemwide coordination to address systemic issues. The following projects have been funded to advance these objectives:

- *Encounter Data Market Research: Winter 2017 – Spring 2018*
  Health Net awarded funds to the Integrated Healthcare Association ("IHA") to conduct a telephonic market research study of 60 frontline providers, provider organizations and supporting entities to identify a blend of investments that could improve volume and quality of encounter data submissions across the Medi-Cal managed care industry. (Link)

- *Encounter Data Improvement Program Pilot: Fall 2017 to Fall 2018*
  Health Net provided grants to ten Medi-Cal managed care providers to address immediate one-time needs for encounter data improvements. Projects ranged from infrastructure enhancements to capacity building and staff training.

- *Encounter Data Improvement Program Evaluator: Spring 2018 to Summer 2022*
  Health Net awarded a consultancy, Harder + Company, a four-year grant to aggregate and analyze all findings through Health Net's Encounter Data grants and to develop a longitudinal study of the $50M Encounter Data Improvement Program. (Link)

- *Phase I, Assessment: Spring 2018 to Winter 2018*
  Health Net awarded 19 grants to Medi-Cal managed care provider organizations to hire qualified consultancy firms to assess their encounter data submission processes. The 12-week assessments produced a baseline of current encounter data infrastructure and capabilities, as well as Improvement Plans to increase the Completeness, Accuracy, Reasonability and Timeliness (CART) of encounters. Analysis by program evaluator, Harder + Company, found that the most impactful implementation strategies fall within three areas of focus: Governance, Standardization and Technology.

- *Multi-Stakeholder Engagement Process: Spring 2019 to Winter 2020*
  Health Net awarded a consultancy, Manatt Health Strategies, a grant to engage healthcare industry stakeholders in the development of actionable resolution strategies for improving encounter data reporting in California. Strategies were developed through three stakeholder workgroups, each comprising over fifteen high-level representatives from providers, plans, managed services organizations, clearinghouses, and state and county governances, with recommendations presented to the broader stakeholder community during a virtual summit. The creation of a GE was among the most significant recommendations of the workgroup process. (Link)

- *Phase II, Implementation Support: Fall 2019 to Spring 2021*
  Health Net awarded 13 Medi-Cal managed care provider organizations, who successfully completed Phase I, startup funds to help offset costs for implementation projects identified in each provider organization's Improvement Plan in the areas of Governance, Standardization and Technology.

- *Telehealth Capacity: Spring 2020 to Spring 2021*
  Health Net awarded 138 Safety Net Providers with one-time funding to implement and/or expand their Telehealth Capacity in response to COVID-19.

The issues identified through these projects consistently highlighted some of the most intractable issues confronting California's encounter data reporting system. Among the numerous recommendations developed through the multi-stakeholder engagement process was the need for a singularly-focused GE that could oversee and coordinate an "ecosystem" of initiatives to address these varied challenges.

Problem Statement and Scope
The complete, accurate, and timely submission of encounter data is critical for managing population health and health system performance. Encounter data allows states, plans, providers, and care managers to track the quantity, quality, and cost of care delivered; to better understand and monitor the health needs of their populations; and to identify and respond to delivery system gaps. However, unlike claims that have a direct and natural incentive for complete, accurate, and timely submission (one-to-one payment), the value proposition for investment in encounter data submission and integrity – of staff time for administration, training for proper coding, and required billing processes and data systems – is not as clear for many providers.

In California, encounter data reporting issues are compounded by an expansive, fragmented, and highly delegated payment and delivery system. The fragmented nature of California's healthcare system creates extensive "daisy chains" of mismatched and incomplete encounter data as records migrate up from the originating provider through delegated provider's plans and payers. Encounter reporting challenges are not endemic to any one healthcare sector, and they exist in Medi-Cal, Medicare and commercial lines of business. Solutions crafted to address encounter data challenges need to be industry-wide, consider implications across lines of business, and support improvement efforts within every sector and segment of the healthcare system.

Encounter Data Reporting Barriers
Through its previous research, and confirmed by its stakeholder workgroups, Health Net identified three primary encounter data issue areas in California that if left unaddressed will continue to impact encounter data reporting integrity:

- *Governance:* California lacks an organizing and governance model to prioritize, organize, manage 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.

Issued September 1, 2020
Fall 2020 Encounter Data Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT

Community & Infrastructure Investment Program
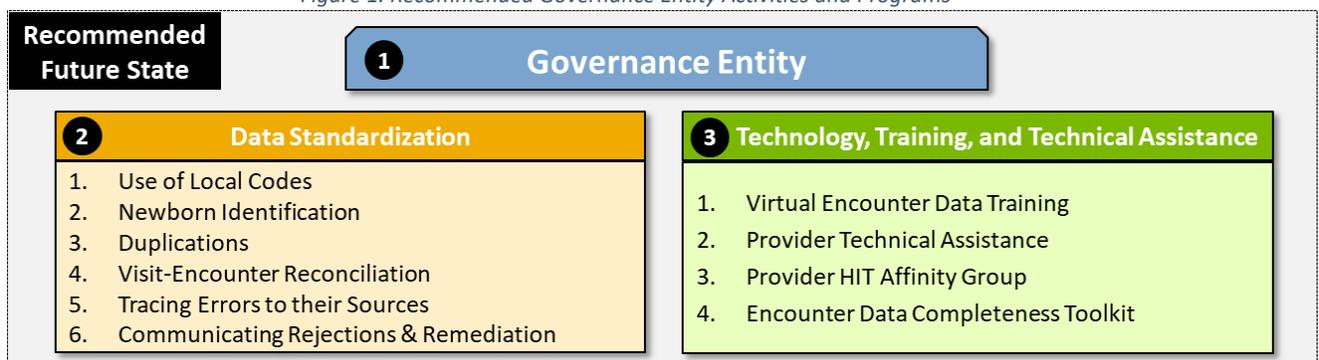Encounter Data Improvement: Governance Entity Solicitation
Request for Proposals

- **Data Standardization:** Encounter data errors and incomplete information originating at the provider level propagate through the system and are compounded by multiple, varying rules and interpretations as they make their way through claims clearinghouses, IPAs, MSOs, Managed Care Plans, DHCS and CMS. California requires support to standardize submission requirements and coding use and then effectively communicate requirements to all reporting plans and providers.
- **Technology, Training, and Technical Assistance:** Many California providers and delegated organizations do not have staff who are properly trained to submit complete and accurate encounter data, and lack the resources, tools and/or systems to optimize and satisfy submission requirements. California requires a system of training, technical assistance, and technological supports to promote the integrity of initial encounter data collection and submission and when necessary, correction of deficient encounters.

Resolution Strategies

Health Net's Multi-Stakeholder Engagement process developed three sets of recommendations for improving encounter data reporting in California in each of these issue areas (see Figure 1):

1. **Establish a Governance Entity:** Select a non-profit governance entity responsible for prioritizing, implementing, overseeing, coordinating, and monitoring encounter data improvement initiatives and programs in California.
2. **Advance Data Standardization:** Facilitate technical issue identification and solution implementation among DHCS, health plans, providers and other impacted stakeholders to rectify data standardization issues that result in frequent errors and incomplete and untimely encounter data submissions.
3. **Equip Providers with Training and Technical Assistance:** Develop and make provider-focused, plan-agnostic encounter data trainings freely available on a virtual training platform; and develop a technical assistance program, where targeted, high-needs providers receive workflow and dataflow improvement support.

Figure 1. Recommended Governance Entity Activities and Programs

Recommended Future State	**1** Governance Entity	
2 Data Standardization	**3** Technology, Training, and Technical Assistance	
1. Use of Local Codes	1. Virtual Encounter Data Training	
2. Newborn Identification	2. Provider Technical Assistance	
3. Duplications	3. Provider HIT Affinity Group	
4. Visit-Encounter Reconciliation	4. Encounter Data Completeness Toolkit	
5. Tracing Errors to their Sources		
6. Communicating Rejections & Remediation		

For more detail on these recommendations, please see the Appendix or visit www.EncounterDataProject.com.

Establishing Encounter Data Governance in California

Health Net aims to identify a collaborative Governance Entity ("GE") responsible for prioritizing, overseeing, coordinating, and monitoring encounter data improvement efforts in California, and seeking sources of longer-term, sustainable funding to support its activities. The GE will be a non-profit corporation with a Board of Directors comprised of healthcare industry and regulatory leaders and encounter data subject matter experts, and will oversee Advisory Committees of subject matter experts to inform and guide its work. While it is expected that the GE will solicit funding directly from Health Net in its early years, the GE will be expected to demonstrate the value-add of its programming to the market and through that value, identify additional funding sources to support its work (see "Funding").

Explicit Roles and Activities

The GE will be responsible for prioritizing, selecting, implementing and overseeing statewide encounter data improvement initiatives and communication efforts that it believes will have the greatest impact on encounter data reporting, including those listed in the Appendix and in Figure 1 (above), and keeping Health Net and the state apprised of its progress and the impact of its programming. Health Net expects to make additional grant awards to the GE to initiate and manage these programs. Health Net further expects that over time, the GE will seek alternative resources and financing mechanisms to sustain existing resources and establish new encounter data programs necessary to continue reporting improvement efforts. The GE's core activities will include, but will not necessarily be limited to:

- 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[1], 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

Health Net Project Management

The GE will be expected to provide Health Net with regular program status updates, including through official quarterly funder reporting, and conduct briefings with Health Net leaders, Community Advisory Committee members, and program evaluators, as requested.

---

[1] May include Executive Committee or Board Committee management, depending upon final Board structure to meet GE requirements.

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

Timelines and Milestones

Health Net expects to select a GE and finalize a milestone- and deliverables-based contract with the selected GE by the end of 2020. The contract will include a deliverable and payment schedule, and a workplan that reflects program development and implementation priorities for 2021. Health Net expects the Governance Entity will serve as a prominent organization in California's encounter data ecosystem in the coming years, eventually supported by sustainable funding sources based on its value-add programming.

Funding

Pursuant to this RFP, Health Net expects to fund an initial Governance Entity Planning & Early-Stage Operating grant in an amount not to exceed $1.7 million to initiate core operations for CY2021. These funds are expected to be used to establish governance entity core operations including staffing, stakeholder engagement and communication, business planning and financial management, performance oversight and monitoring, project management, regulatory analysis and compliance, and management of various Board Committees and Advisory Committees. It would also be used to support the Governance Entity's planning for the establishment of data standardization, technology, training, and technical assistance programs that it would launch with additional Health Net funding as early as the second quarter of 2021, (see Figure 1 above and the Appendix for a detailed list of programs expected to be funded by Health Net and overseen and managed by the Governance Entity). Health Net expects to provide the Governance Entity with additional operating and program funding as the Governance Entity presents its longer-term program and sustainability plans.

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

RFP Response Requirements
All proposals submitted must be received no later than September 30, 2020, at 5 pm PDT (see submission instructions below). Health Net is requesting that interested respondents share their Intent to Bid by September 9, 2020, at 5pm PDT by emailing CommunityGrants@Healthnet.com. Entities responding to the Intent to Bid will receive answers to all submitted questions, per the schedule below; others will need to request responses from the above contact after the date listed.

I.   **RFP SCHEDULE OF EVENTS**

EVENT	DATE
RFP Release	September 1
Deadline: Intent to Bid (non-binding)	**September 9 at 5pm PDT**
Deadline: written questions	September 9 at 5pm PDT
Question responses distributed or available upon request	September 15
Deadline: proposal submissions	**September 30 at 5pm PDT**
Proposal evaluations completed	Late October
Oral presentation and virtual site visit completed	Mid November
Notification of contract award	Early December
Contract initiation	Mid December

Please find all Encounter Data Summit materials, including full encounter data workgroup recommendations, online at https://www.encounterdataproject.com/.

Applicants will complete and submit their RFP responses via the online SmartSimple application found here: http://healthnet.smartsimple.com. Questions will include, but may not be limited to, those outlined below.

I.   **ORGANIZATIONAL INFORMATION**
Please provide a brief description for each of the following for your organization:
    A. Mission statement
    B. Business model
    C. Sources of funding and revenue
    D. Business structure, including a copy of its current organizational chart
    E. List of senior leadership, including number of years with the organization and relevant experience with encounter data
    F. Commitment to equity and diversity in its workforce and programming

II.   **EXPERIENCE AND CAPABILITIES** (Word Limit: 750)
Please briefly describe your organization's most salient and important:
    A. Qualifications to support encounter data governance
    B. Relevant organizational successes
    C. Experience managing multi-million dollar, multi-year and potentially multi-vendor procurements and subsequent program implementation

![Health Net logo](Hⁿ Health Net®)

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

III.   **BOARD COMPOSITION AND QUALIFICATIONS** (Word Limit: 500)

Please provide a response to the following:

   A.   Your organization's current board structure, including the names, titles and organizational affiliation of each board member from the following stakeholder groups:
      i.   Health plans (Medi-Cal COHS, local initiative plans, and commercial plans)
      ii.   Hospitals (public and private)
      iii.   Independent Practice Associations (IPAs) and Managed Services Organizations (MSOs)
      iv.   Community clinics
      v.   Private practice physicians
      vi.   Behavioral health provider
      vii.   Any public agency officials (Ex Officio) from: DHCS, DMHC, Covered California, CalPERS, OSHPD, CMS, CHHS, others
      viii. Others (please specify)

   (Note: respondents may reference a specific webpage that lists current Board members, so long as titles and organizational affiliations for those Board members are listed.)

   B.   How your organization would potentially modify its Board or otherwise change its governance structure to accommodate the Governance Entity's governance requirements
   C.   Your Board members' encounter data competencies, including their healthcare industry backgrounds, knowledge of encounter data issues, and ability to represent their stakeholder groups
   D.   Your Board's commitment to diversity, equity, and inclusion, including racial, gender, ethnic, cultural, and geographic representation
   E.   How your Board would ensure that public and private stakeholders have a voice and are adequately and meaningfully represented in encounter data governance

IV.   **DECISION-MAKING** (Word Limit: 750)
   A.   What policies would your organization establish to support multi-stakeholder, consensus-based decision-making around program priorities and design?
   B.   What information and processes would your organization use to establish encounter data improvement programs around data standardization and technology, training, and technical assistance? Specifically, how would your organization:
      i.   Prioritize and launch activities that need to be funded and implemented that will have the biggest impact on encounter data reporting?
      ii.   Establish committees and staff to oversee program planning, implementation and monitoring?
      iii.   For technical assistance and training: identify and target the highest-need providers, IPAs/MSOs, plans and regions?

V.   **AUTHORITY AND ALIGNMENT** (Word Limit: 750)
   A.   What policies and practices would your organization establish to help ensure participant compliance and alignment with regulatory rules, business requirements, and incentives?
   B.   How would your organization:

i.   Engage state regulatory and other pertinent government agencies to develop policies and regulations that advance encounter data reporting improvement?
ii. Use its Board and committees to engage with health plans, providers, IPAs and others to support adoption and participation in encounter data improvement efforts?
iii. Work with stakeholders and the business community to align contracting requirements and incentives to support encounter data improvement?

VI. TRANSPARENCY, ACCOUNTABILITY AND RESPONSIVENESS (Word Limit: 1,000)

Please describe how your organization will:

A. Adopt data-driven frameworks for assessing potential impact of initiatives and establish key performance indicators that monitor GE and program effectiveness
B. Monitor and evaluate the impact of encounter data reporting initiatives you oversee, including the types of metrics and processes it would put in place to report progress to your Board, committees and management team, and how it would collaborate with the Encounter Data Program Evaluation team
C. Support transparency with external stakeholders on encounter data improvement initiatives, specifically:
  i.   Engage with a broad group of stakeholders to publicly report and communicate initiative planning, prioritization, launch and performance, including development of standards and programs through a real-time collaborative process with broad input, facilitated through public comment
  ii. Monitor the regulatory landscape and business environment to identify changes to encounter data reporting standards, requirements and activities that may impact stakeholders or established policies and procedures
  iii. Engage with stakeholders to develop and communicate recommended state and federal policy changes needed to support encounter data improvement efforts
  iv. Engage with stakeholders to consider and plan for future programs changes, which may include state waivers, new programs and stakeholder requirements
  v.   Craft and communicate targeted messages to impacted stakeholders across data standardization and technology, training, and technical assistance programs
D. Develop a decision framework for whether to continue or cease funding for initiatives based on milestones and metrics that are or are not met

VII. OPERATIONS & SUSTAINABILITY (Word Limit: 750)

A. What resources would your organization require in its first year of operations (i.e., 2021) to establish, staff and manage encounter data committees and support communication, financial, data monitoring activities and other core operations?   Describe the budget required to support core operations of the GE, excluding programming costs (see Figure 1 above and the Appendix for a detailed list of programs expected to be funded by Health Net and overseen and managed by the Governance Entity). *Note: budget table will be requested in the next section.*
B. How would you scale your organization's staffing and operations to support a Governance Entity?
  i.   What role would your staff play in managing or directly supporting encounter data improvement programs (see Appendix for examples)?

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

    C. How would your organization approach securing resources and seeking funding to establish encounter data improvement programs (e.g., to resolve data standardization issues, establish technology and technical assistance programs, etc.)?

    D. How would your organization propose developing a long-term financing plan to support a shift from seed funding to a sustainable business model?

        i. What specific funding streams (e.g., philanthropy, user fees, etc.) would you propose pursuing?

VIII. ATTACHMENTS

Please provide the following financial information

    A. Proposal Cover Letter: A letter on your organization's letterhead that includes, at a minimum:

        i. The legal name of the organization

        ii. The organization's street address as listed in the application

        iii. Signature of and date signed by the chief executive of the organization

        iv. Brief description of proposed program and requested funding amount

    B. Key Staff Bios (Word limit: 1,500)

        i. Please provide short professional resumes for staff from your organization who would be responsible for delivering on the work described herein

    C. Current Organizational Chart

    D. IRS Form W-9

        i. Please provide a signed copy. The form for your fiscal agent will suffice if applicable. The W-9 will serve as your 501(c)3 documentation. You can download a copy here.

    E. IRS Form 990

        i. Please provide a completed copy.

    F. Financial Statement

        i. Please provide a copy of your organization's most recent independent audited financial statement.

        ii. Identify and enumerate your organization's current sources of funding and revenues

    G. Proposed Governance Entity Budget Table

        i. Please upload a budget that outlines estimated expenses by core operational area (e.g., staff, overhead, communication infrastructure), as described in Section VII.

![Health Net logo]

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

Appendix: High Priority Program Areas
During its first year of operation, the GE is expected to make significant progress towards implementing many of the workgroup's "highest priority" recommendations, starting with developing a statewide virtual encounter data training program. Descriptions of the training program and other high priority program areas are shared below.

- ***Developing Statewide Virtual Encounter Data Trainings:*** 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. To resolve this issue, the workgroup recommended that the Governance Entity 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 (e.g., 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.

    The Governance Entity will be responsible for finalizing and fielding an RFP for these vendor(s) (to be developed in advance of its selection), then overseeing its implementation, including selecting its cohort of "pilot" providers, developing and testing its certification program, and ensuring potential connections are made with other improvement programs (e.g., developing "specialized trainings" based on new data standardization requirements).

- ***Providing Provider Technical Assistance (Pilot)***: Medi-Cal providers frequently have suboptimal workflows and dataflows that do not support timely, accurate, and complete encounter data submission. To resolve this issue, the workgroup recommended that the Governance Entity:
    - For those <u>providers that conduct their own billing</u>, establish a program 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) <u>and</u> offer actionable recommendations to improve encounter processing.
    - For those <u>providers that outsource billing to another organization</u>, model contract language for billing service agreements is developed and a forum for providers is hosted

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

to highlight best practices on aligning provider-biller encounter data submission incentives with current standards.

For smaller providers, a self-assessment tool will also be developed for wider distribution.

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 gaps in the completeness of their encounter data and develop actionable strategies to resolve them.

The Governance Entity will be responsible for overseeing this work, selecting – or overseeing the selection of – qualified vendors to provide standardized workflow and dataflow assessments, selecting the "highest need" providers based on data available from DHCS and plans, and ensuring investments are resulting in measurable improvement in reporting (either directly or through an independent evaluator).

- ***Overseeing Development of an Encounter Data Completeness Toolkit:*** 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. The workgroup recommended that the Governance Entity commissions a study that identifies 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 and to fund pilot implementation of promising initiatives, potentially bringing them to scale in later years.

- ***Supporting the Elimination 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 crosswalk them to national codes. The Governance Entity will oversee an assessment and compilation of best practices for re-coding common local codes to national standards, and will oversee the facilitation of several state/plan working sessions to advance implementation.

- ***Reducing Duplication Errors:*** 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 by the workgroup. The Governance Entity will oversee a root cause analysis of the duplicate issue and identify pathways for resolution, including through standards clarifications and recommended state or plan process flow changes and updates to processing logic. The Governance Entity will oversee the facilitation of several state/plan/provider working sessions to discuss and test these proposed changes and guidance, before communicating them to the broader stakeholder community.

Issued September 1, 2020   Community & Infrastructure Investment Program
Fall 2020 Encounter Data Governance Entity Solicitation   Encounter Data Improvement: Governance Entity Solicitation
Proposal Deadline: Sept. 30, 2020, 5 pm PDT   Request for Proposals

Across all of these programs, the Governance Entity will be responsible for:

- Applying for and acquiring funding to support and sustain these programs.
- Administering or overseeing these initiatives, including developing RFPs for services, selecting vendors, and managing vendors.
- Coordinating program efforts to maximize their individual and collective effectiveness.
- Ensuring individual and collective program accountability.
- Overseeing the distribution of funds and required progress reporting.