



Encounter Data

Beyond the Who, What and When for FQHCs

Presented by Bridget Hogan Cole, MPH
For CPCA's Encounter Data Program
March 24, 2022

Institute for High Quality Care (IHQC)

- **Our Mission – Increasing the quality and accessibility of safety net healthcare**
- Since 2007, IHQC has created multiple learning communities – *participant-defined, applied learning laboratories* for clinics, provider care teams to:
 - Engage in quality and process improvement trainings
 - Interact and share promising practices with their peers
 - Apply tools and techniques that will advance their own improvement efforts
 - Prepare for an ever-changing healthcare environment

IHQC Staff



Bridget Hogan Cole, MPH
Executive Director



Chris Hunt, MPH, LSSBB
Program Director



**Teresa Hofer, MPH, PMP,
CHES®**
Senior Program Manager



Sharon Lau
Senior Operations Associate

Before we begin...

- Quick Poll –

Which Best Describes ***Your Role*** With Respect to Encounter Data?

- Executive Leadership
- Clinical/Care Team – provider, RN, NP, PA, MA, etc.
- Finance – Revenue Cycle Mgt, Billing, Coding, Claims, Contracting, etc.
- Operations – Department Lead, Check-in, Registration, Scheduling, etc.
- QI, HIT, Data Analysis, Project Management, etc.
- Other

Agenda – Beyond the Who, What and When

- Encounter Data – Defining, Flow, Challenges – Briefly...
- Why Are We Doing This?
- How Do We Fix This? – 6 Areas of Improvement to Consider
- Getting to Action – Activities/Considerations

Focus –

**What Can We Do Now To Improve
the *Timeliness and Accuracy* of Our Encounter Data?**

Encounter Data Definition

- From [www.CMS.gov/glossary](https://www.cms.gov/glossary):

Detailed data about *individual services* provided by a *capitated managed care entity*. The level of detail about each service reported is *similar to* that of a standard claim form. Encounter data are also sometimes referred to as "shadow claims".

https://www.cms.gov/glossary?term=&items_per_page=10&viewmode=grid&page=33

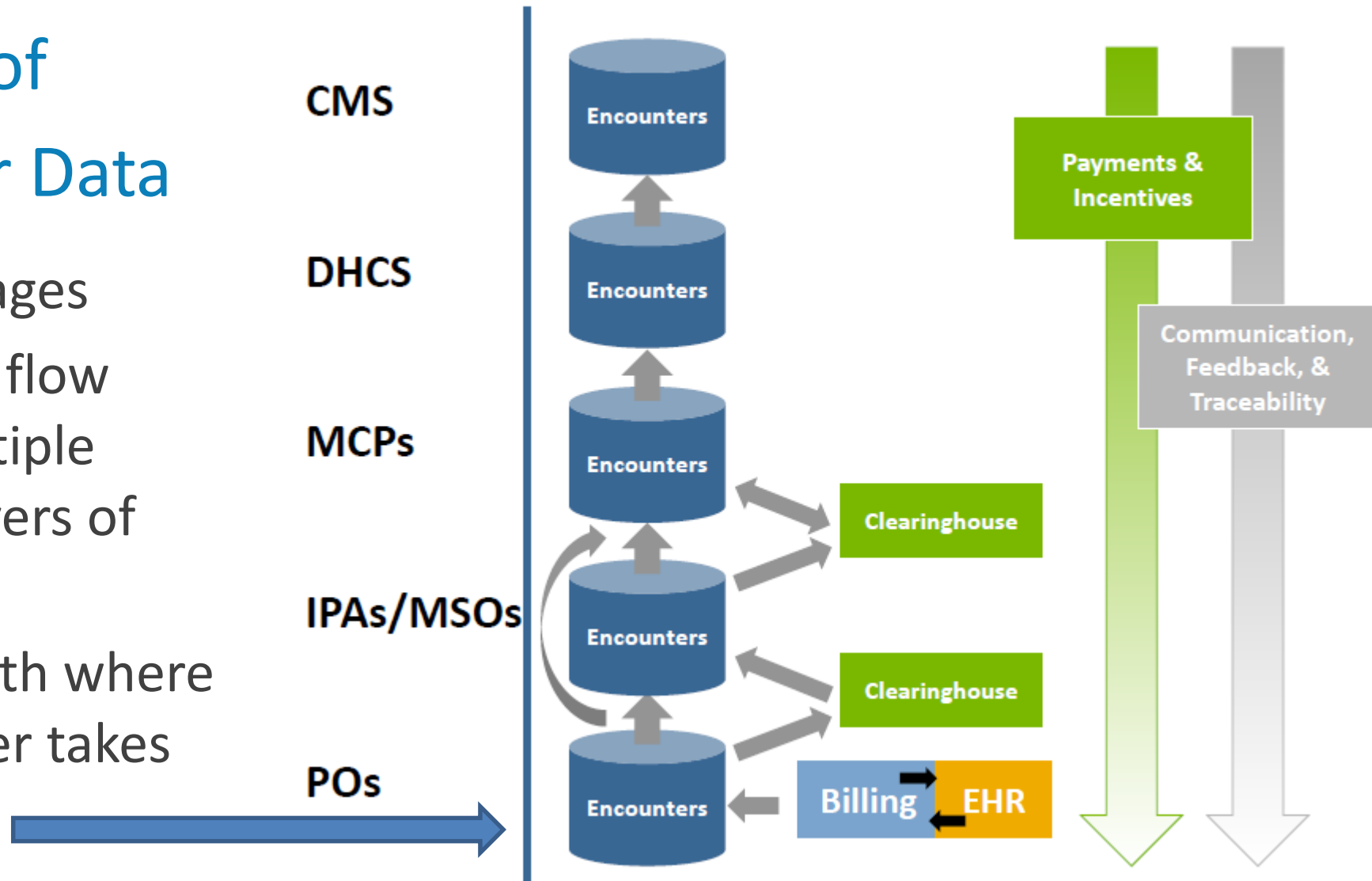
Encounter Data Definition

- Encounter Data – similar to a claim, includes:
 - Patient Data - date of birth, gender, PHI, zip code, etc.
 - Provider Data – NPI, facility information, etc.
 - Insurance Information
 - Service Information –
 - Date of Service
 - Diagnostic codes, Procedure codes, Rx, referrals, etc.
 - Dozens and dozens of data points...for each individual service, then aggregated

However – Encounter Data typically does not include billing or amount paid for the encounter.

Flow of Encounter Data

- High level stages
- Complicated flow through multiple steps and layers of aggregation
- Beginning with where the encounter takes place...



Extracted from “Medi-Cal Encounter Data Landscape Assessment” – Manatt, August 12, 2019

Why is Encounter Data Important?

- **Regulatory/Policy** – requirements at a federal and state level for data tracking; provision of services; covered benefits; expected outcomes
- **Accountability** – utilization of services; risk adjustments; meeting regulatory and quality standards
- **Financial** – capitation rate setting; revenue cycle management
- **Quality** – understanding access; outcomes; services provided; links to HEDIS/P4P; population health
- **Research** – outcomes tracking; quality analysis

Extracted from RAC Staff Encounter Data Training; Elevation Health Partners – Oct 12, 2021

What's Challenging with Encounter Data?

- What gets captured?
- When does it get sent?
- Does it get submitted correctly through a clearing house?
- How is the information translated?
- What pieces of information are included?
- How complex is the data?
- Do staff/providers care that its important? (WIIFM)
- Is it accurate?
- Does it reflect the quality of service provided?
- Missing encounters
- Hard to capture data – paper processes, EHR, etc. out of date
- Don't know why data was rejected...
 - Differences between systems
 - Differences between standards
 - Unclear on coding and requirements
- Data not complete
- Eligibility not up to date
- Why was that rejected? What edits are needed?
- Who are these patients?
- Governance definitions not clear/standardized
- Lag times in eligibility, assignments, provider credentialing, rejection/denial diagnosis...
- How do I track down the errors, the lost data, etc. – so I can fix it?
- Data flows via multiple systems
- Communication flows between multiple organizations

WHY ARE WE DOING THIS?

HOW DO WE FIX THIS?

Why Are We Doing This?

- Providing high quality services for your communities – want that documented, recognized, acknowledged, and reimbursed.
- There is an inherent linkage to data for every effort –



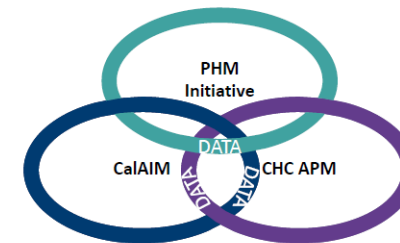
[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

How the Major Initiatives Tie Together

Medi-Cal PHM initiative supports the CalAIM vision of Medi-Cal delivery system transformation through population health management, with a focus on improving community health center PHM capabilities to achieve improved population outcomes and succeed in the new APM payment model.

California Advancing and Innovating Medi-Cal Waiver (CalAIM)

- Implements PHM policy and requirements for Medi-Cal delivery system, including standardized population assessment, tiering, and programs
- Promotes whole person care, including social determinants of health through new programs and benefits



CHC Alternative Payment Methodology (APM) 2.0 Pilot

- Transition CHCs to payment model that provides flexibility in how care can be delivered
- Require new care model that focuses on PHM to succeed
- Improved cash flow and financial stability

KP/DHCS/Health Centers Medi-Cal PHM Initiative

- Achieve the CalAIM goals by advancing PHM at the provider level
- Co-Design and implement new PHM care model and enabling technology for CHCs to be successful in APM
- Improve CHC capability to monitor, track and address quality metrics and population outcomes
- Support CHC transformation efforts through focused curriculum design and coaching

Extracted from Statewide Landscape – How the Major Initiatives Fit Together, CPCA 2/24/21

Why Are We Doing This?

- ❑ Properly represent the quality of services provided
- ❑ Properly track and represent the volume of services provided
- ❑ Revenue cycle management – support the sustainability of the organization
- ❑ Establish/negotiate appropriate contracting rates
- ❑ Leverage data to optimize preparedness for expanded reimbursement under APM and managed care programs
- ❑ Leverage improved data capture and reporting processes for other initiatives

How Do We Fix This?

Previously we asked you to consider -

- Within my role, where do I see opportunities for improvement with the capture, tracking, and/or reporting of Encounter Data?
- What changes, refinements or improvements can we make within our clinic/organization to improve the timeliness and accuracy of our Encounter Data?

Take a minute and type in your thoughts in the chat box

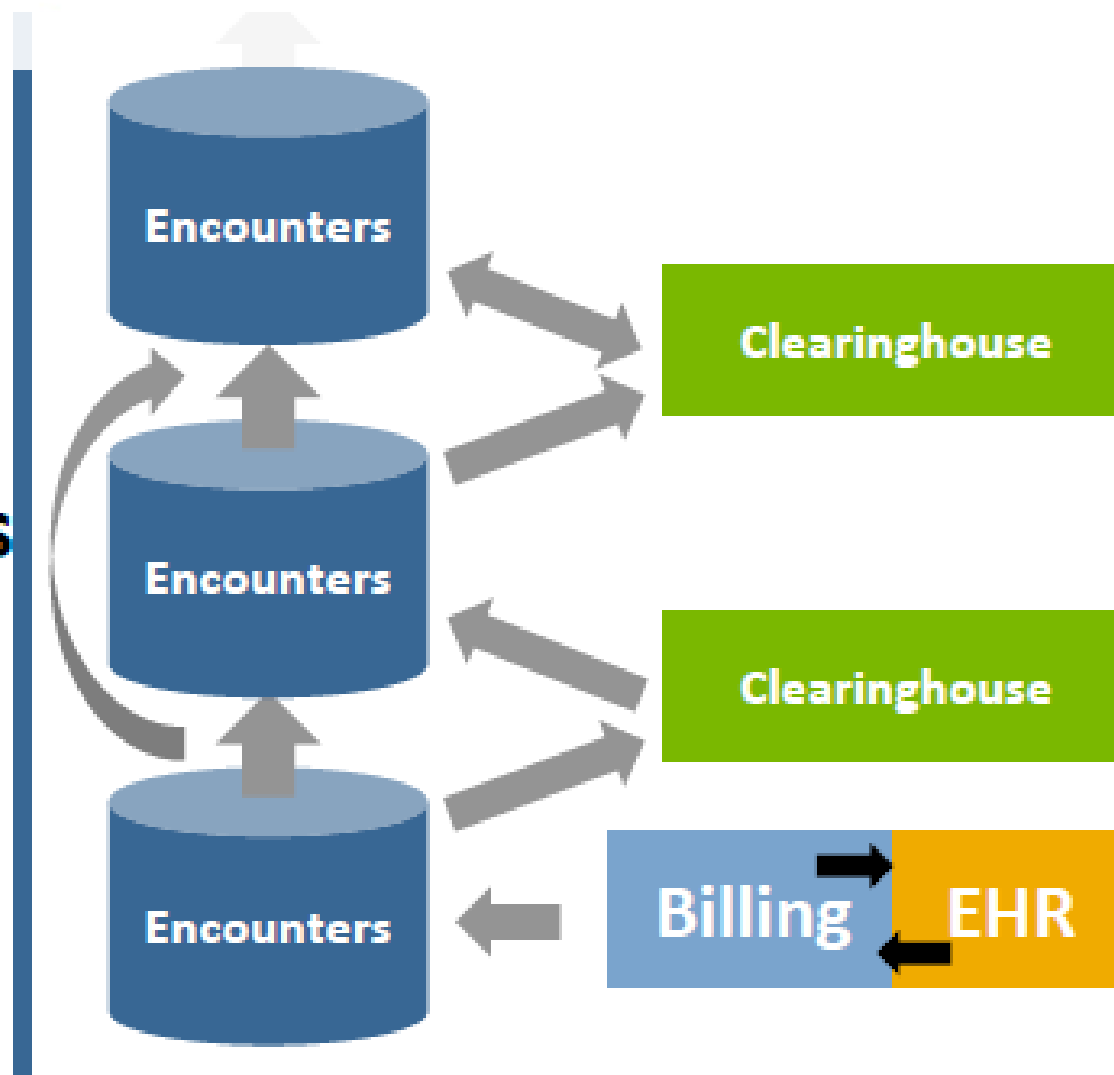
Let's Get to the "Beyond" Part...

With All the Challenges – Where Do We Begin?

MCPs

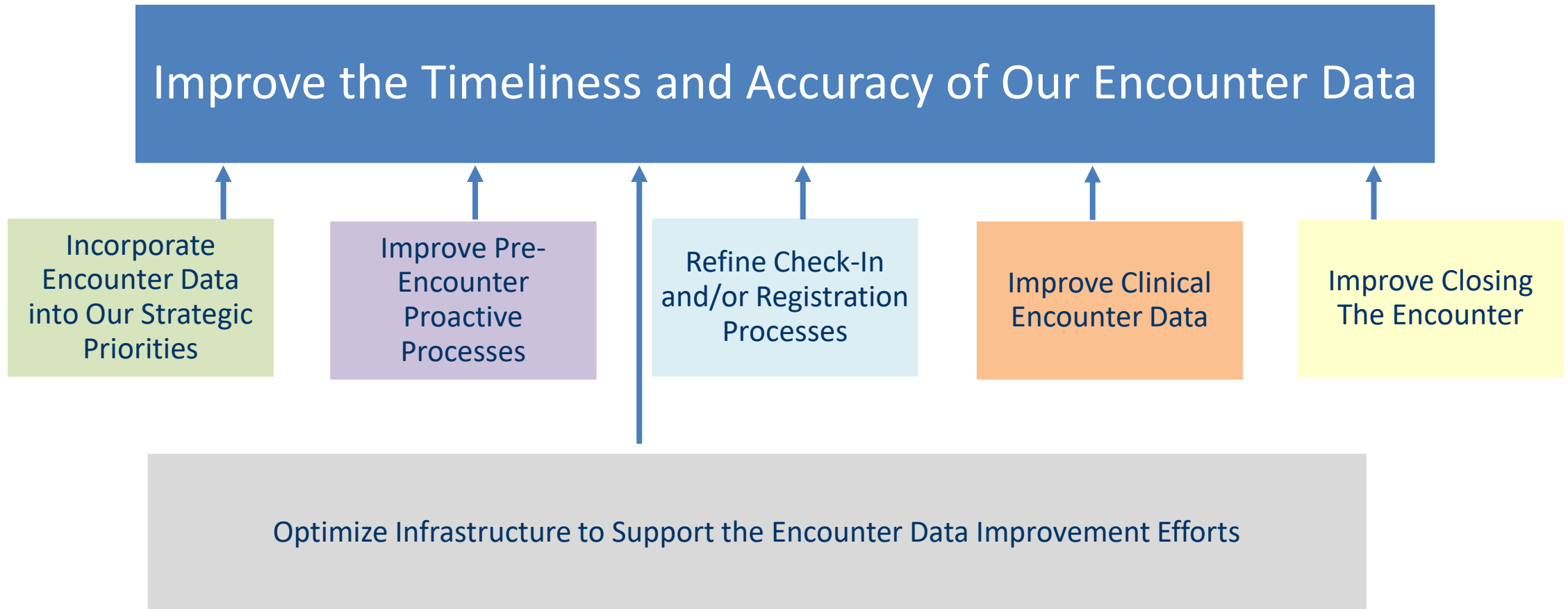
IPAs/MSOs

POs



Extracted from "Medi-Cal Encounter Data Landscape Assessment" – Manatt, August 12, 2019

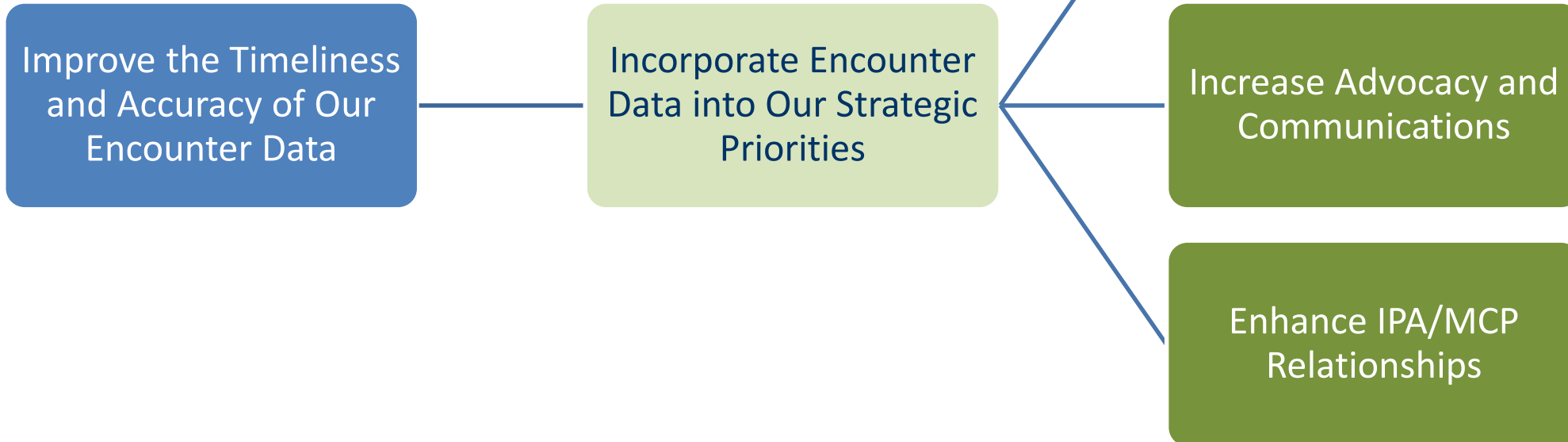
Encounter Data Improvement Map



Aim – Overarching Goal

Primary Driver(s)

Secondary Driver(s)



Getting to Action – Strategic Priorities

Authorize and
Resource Improvement
Project(s) for
Encounter Data

Activities/Considerations:

- Project is staffed with, at a minimum, an Executive Champion, QI and a Finance/Billing lead.
- Project has the resources (time, tools, budget, etc.) it needs to achieve successful outcomes
- There is a lead given Accountability and empowerment to drive the Project.
- The organization's staffing model include revenue cycle management and certified billing/coding expertise
- Other...

Getting to Action – Strategic Priorities

Increase Advocacy and Communications

Activities/Considerations:

- Coordinate with CPCA and/or Regional Associations, collaboratives, initiatives, etc. – to communicate specific CHC needs
- Coordinate with advocacy efforts at regional and state levels for
 - Funding and policies that address Encounter Data transformation
 - Comprehensive reimbursement/incentives tied to Encounter Data improvements

Getting to Action – Strategic Priorities

Enhance IPA/MCP
Relationships

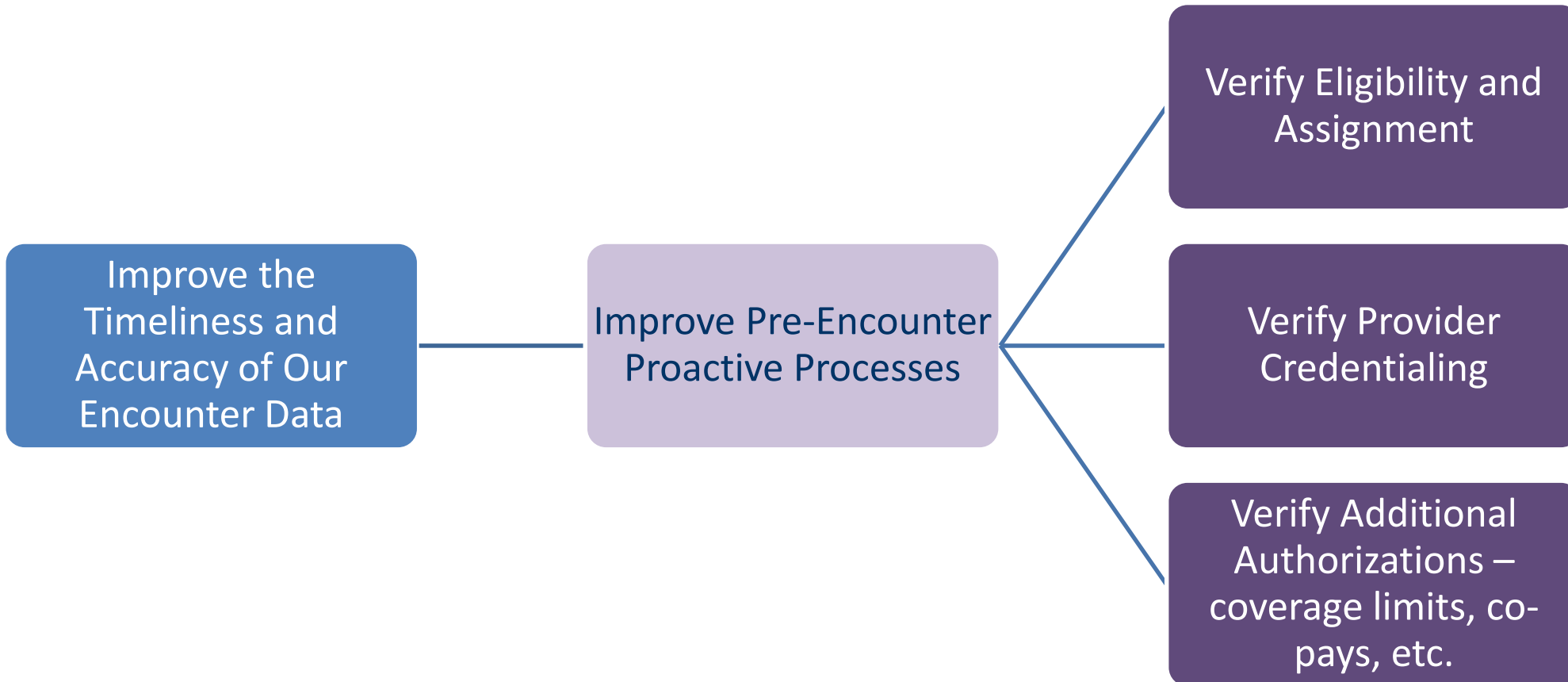
Activities/Considerations:

- Leverage data for optimal contracting terms
- Champion timely access to reports and resources
- Collaborate to improve processes for “closing the loop” on denials, etc. in a timely way
- Confirm contracting, utilization, quality and claims points-of-contact
- Other...

Aim – Overarching Goal

Primary Driver(s)

Secondary Driver(s)



Getting to Action – Pre-Encounter Proactive Processes

Verify Eligibility and
Assignment

Activities/Considerations:

- Review, refine, and establish structured processes for:
 - Confirming patient eligibility and assignment (prior to the encounter) with DHCS and Plans
 - Addressing challenges with eligibility and re-assignment as necessary
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Getting to Action – Pre-Encounter Proactive Processes

Verify Provider
Credentialing

Activities/Considerations:

- Review, refine, and establish structured processes for credentialing providers per DHCS and Plan requirements
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Getting to Action – Pre-Encounter Proactive Processes

Verify Additional Authorizations – coverage limits, co-pays, etc.

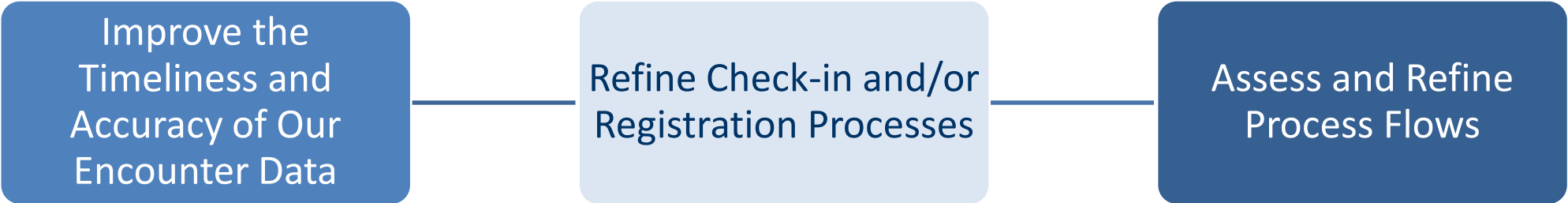
Activities/Considerations:

- Review, refine, and establish structured processes for completing any additional requirements for authorizations, coverage limits, etc.
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Aim – Overarching Goal

Primary Driver(s)

Secondary Driver(s)



Getting to Action – Refine Check-in/Registration Processes

Assess and Refine
Process Flow

Activities/Considerations:

- Assess process flow, data entry, and completion of check-in/registration processes for areas of improvement
- Confirm/Re-confirm patient eligibility and assignment
- Confirm/Re-confirm provider credentialing and/or supervising provider assignment
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Aim – Overarching Goal

Primary Driver(s)

Secondary Driver(s)

Improve the Timeliness and Accuracy of Our Encounter Data

Improve Clinical Encounter Data

Improve Documentation of Procedures, Treatments, and/or Referrals

Getting to Action – Improve Clinical Encounter Data

Improve
Documentation of
Procedures,
Treatments, and/or
Referrals

Activities/Considerations:

- Review and establish processes to update reference materials for proper procedure, treatment, referral and diagnostic codes
- Incorporate updated codes (e.g. creating quick lists, etc.) into EHR
- Create and implement associated training program
- Other...

Aim – Overarching Goal

Primary Driver(s)

Secondary Driver(s)

Improve the
Timeliness and
Accuracy of Our
Encounter Data

Improve Closing Out
the Encounter

Establish and/or
Improve Coding
Review Processes

Improve Data
Submission Processes

Establish and/or
Improve Error Review,
“Closing the Loop”
Processes

Getting to Action – Improve Closing Out the Encounter

Establish and/or
Improve the Coding
Review Process

Activities/Considerations:

- Review and establish process for review of coding associated with the encounter
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Getting to Action – Improve Closing Out the Encounter

Improve Data Submission Processes

Activities/Considerations:

- Review and establish process for the submission of encounter data – as a claim, as a data set, through a clearinghouse, directly to the plan, etc.
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Getting to Action – Improve Closing Out the Encounter

Establish and/or
Improve Error Review,
“Closing the Loop”
Processes

Activities/Considerations:

- Review and establish process for receipt of error reports (e.g., rejections, denials, etc.)
- Review and establish process for review, identification of root cause(s) for errors, and implement corrective action
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Aim – Overarching Goal

Primary Driver(s)

Secondary Driver(s)

Improve the Timeliness and Accuracy of Our Encounter Data

Optimize Infrastructure to Support the Encounter Data Improvement Efforts

Optimize Use of Systems

Leverage Internal Data for Tracking and Reporting

Getting to Action – Optimizing Infrastructure

Optimize Use of Systems

Activities/Considerations:

- Confirm EHR and associated features are up-to-date, turned on, functioning properly
- Establish an alert review process with regular cadence for system updates/upgrades
- Optimize electronic data capture (scripting, template use, etc.), auditing, review and submission features; reduce/minimize manual interventions needed.
- Document policies and procedures – creating necessary checklists to reflect the processes
- Create and implement associated training program
- Other...

Getting to Action – Optimizing Infrastructure

Leverage Internal Data
for Tracking and
Reporting

Activities/Considerations:

- Define an actionable measurement plan – monitoring outcomes and processes with established targets for “success” and frequency of review
- Create/refine reporting templates and data dashboards to track metrics and improvement efforts
- Create access to reporting templates and information for appropriate roles to allow for regular review and inform action steps
- Create and implement associated training program
- Other...

Tracking Outcomes/Processes - Milestones and Measures



Within your efforts toward the aim of

“Improving the Timeliness and Accuracy of Our Encounter Data”

There are milestones and measures that can be monitored to inform your activities. Next is a listing of just a few to consider.

** Please note that several of the RACs and some clinic organizations are already implementing Encounter Data improvements; building dashboards; and monitoring outcomes and process changes. They can be a great resource for you as well.

Measures Collection Plan – Team:

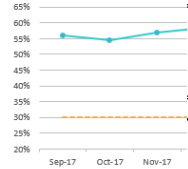
Aim Statement:

MEASURE	DEFINITION	DATA GATHERING PLAN	Baseline (as of ____)	Goal
Outcome Measure:				

QI Dashboard - Measurement Tracking

Measures Overview: (examples listed below)	Outcomes	Intervention	System	Tracking
1) % Diabetic Patients w/ A1c in control (<8)	x			Monthly
2) % of Diabetic Patients w/ retinopathy screening	x			Monthly
3) % of Db pts seen this week that received health coaching + updated self-mgt goals		x		Weekly
4) % of Db pts seen this week that were scheduled for or completed retinopathy screening		x		Weekly
5) % of staff that were trained in QI strategies and participated in an improvement project		x		Monthly
6) Cycle time for all patients			x	Weekly
7) Staff Satisfaction - Overall Satisfaction, Personal Accomplishment, Empowerment			x	Semi-Ann.

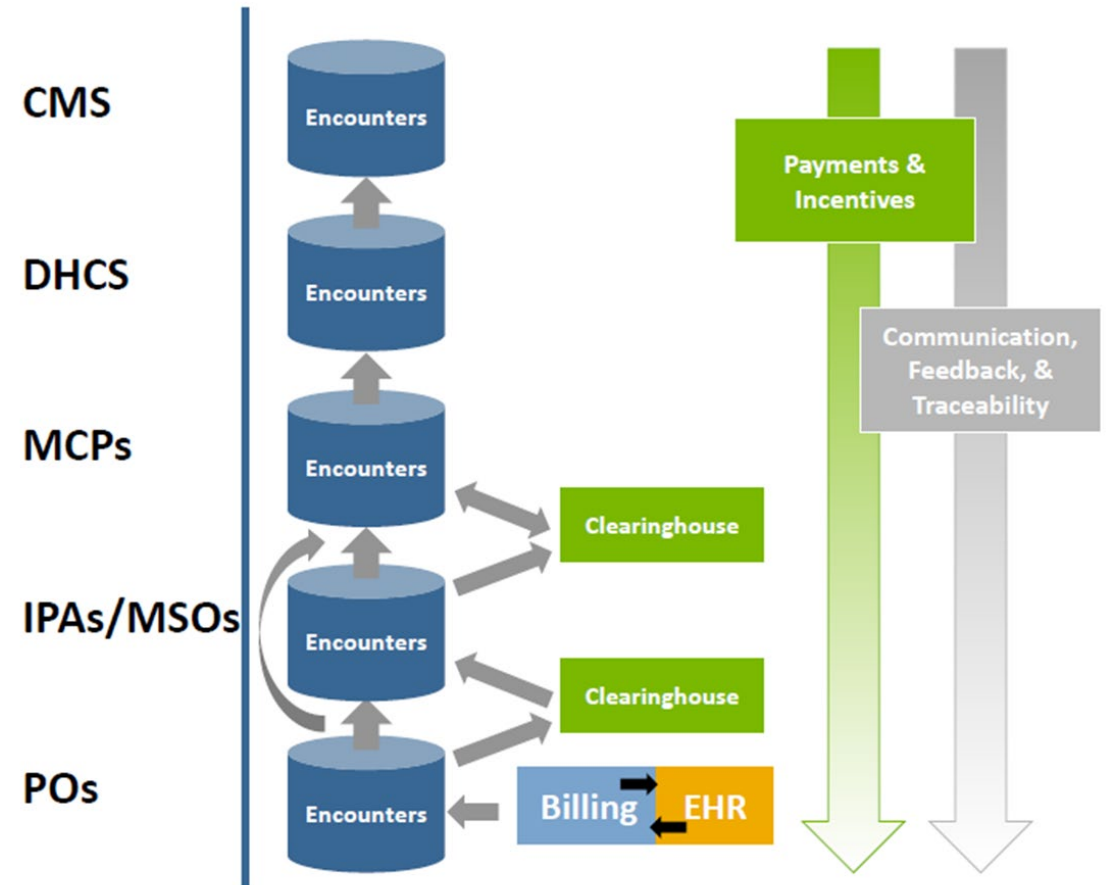
Project Name

Measure Name	STATUS				Description
	March '21-May '21	June '21-August '21	Sept. '21-Nov. '21	Dec.'21-Feb.'22	
	Completed (as of May '21)	Completed (as of May '21)	Completed (as of May '21)	Completed (as of May '21)	Updated Year 2 TA Work plan completed and submitted April 29, 2021. To be updated annually.
	In process	In process	In process	In process	Updated work plans will be created for new grantees with Feb. 2022 start date. Pending receipt and analysis of Needs and Skills Surveys.
	Completed (as of June '21)	Completed (as of June '21)	Completed (as of June '21)	Completed (as of June '21)	Revisions to survey complete.
	In process	In process	In process	In process	Distributed to grantees with Feb. 2022 start date; pending completion and analysis.
	In process	In process	In process	In process	Pending analysis of responses from Feb. 2022 starters.

Tracking Outcomes/Processes - Milestones and Measures

Considerations -

- DHCS has requirements for the MCPs that ripple to requirements for their provider networks – Completeness Accuracy Reasonability Timeliness (CART)*
- Be mindful of the timelines and definition requirements for each MCP
- Consider what measures will inform your improvement effort, your area of focus, your action items and next steps
- Consider what data you have access to and in what intervals
- Consider what measures might be a good proxy



*Extracted from and informed by "Quality Measures for Encounter Data" – DHCS, August 8, 2018

Tracking Outcomes/Processes - Milestones and Measures

Measures to Consider – (and by no means a comprehensive listing):

- ❑ Completeness/Accuracy – Overall:
 - ❑ % of Duplicate Claims is $\leq 7\%$ (DHCS)
 - ❑ Denial Rate – $(\# \text{ of Encounters/Claims Denied}) / (\text{Total \# Submitted})$
 - ❑ Error Rate – linked to reasons for denial, missing information, duplicates, etc.

- ❑ Timeliness – Overall
 - ❑ Submission of data within X days of Date of Service
 - ❑ Lagtime - % of data submitted within 0-90 days, 0-180 days, 0-365 days, etc (DHCS, MCPs)

Tracking Outcomes/Processes - Milestones and Measures

Measures to Consider – (and by no means a comprehensive listing):

- ❑ Financial (Revenue Cycle Management):
 - ❑ Days in Net Patient Receivables
 - ❑ Operating Revenue per Patient, per Visit
 - ❑ Days Cash on Hand

- ❑ Process Measures:
 - ❑ % of reviews conducted for completeness/accuracy
 - ❑ % of reviews completed within set time
 - ❑ % of providers and staff “successfully” completing training

Tracking Outcomes/Processes - Milestones and Measures

Measures to Consider By Area of Focus:

❑ Completeness/Accuracy per Area of Focus:

Pre-Encounter

Check-in/Reg Processes

Clinical Data

Closing the Encounter

- ❑ % of encounters pre-screened for eligibility, assignment, provider status, and any special considerations
- ❑ % of encounters/claims denied for eligibility, assignment, provider status, and any special considerations
- ❑ % of encounters/claims with valid up-to-date diagnosis and treatment codes

❑ Timeliness per Area of Focus:

Pre-Encounter

Check-in/Reg Processes

Clinical Data

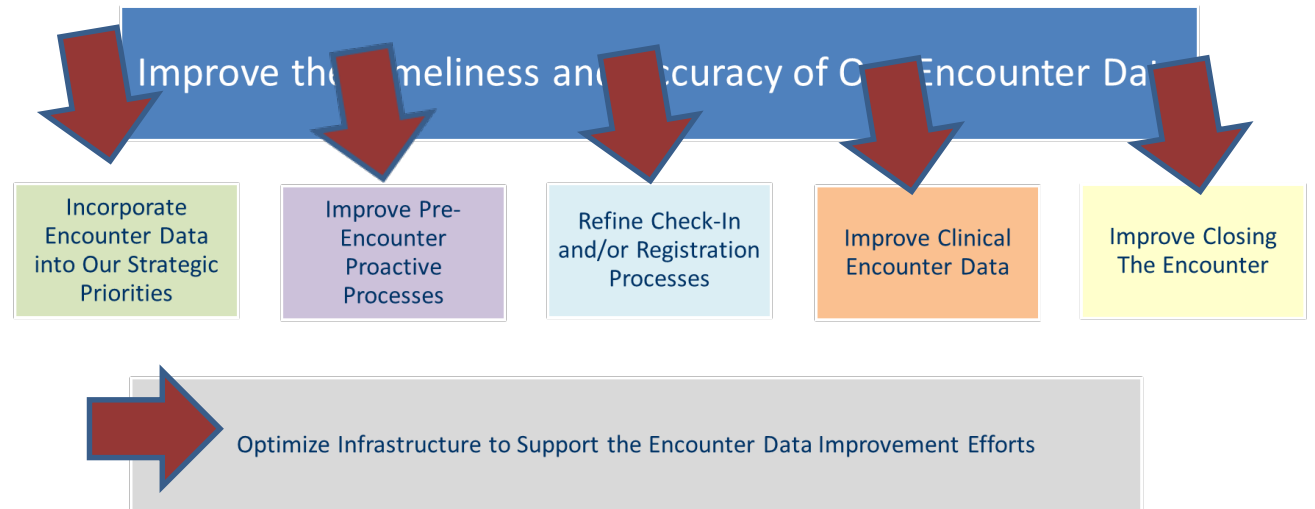
Closing the Encounter

- ❑ % of eligibility screening completed within X days prior to encounter
- ❑ Cycle time for Check-in/Reg Processes
- ❑ % of medical records completed within X days of DOS
- ❑ % of reviews of denied claims reviewed, corrected, resubmitted within X days

*Extracted from and informed by “Quality Measures for Encounter Data” – DHCS, August 8, 2018

Breakout Room Discussion – What We Can Do Now

- Join a Breakout Room Based on the Improvement Area You Would Like to Discuss
- Introductions – brief – name and organization
- Select a facilitator and recorder – we'll collect your ideas after the discussions
- Consider the following questions:
 - **Under this area of improvement, what do you want to accomplish?**
 - **What activities do you want to pursue?**
 - **How will you define/measure success?**



Breakout Room Discussion – Examples

Improve the Timeliness and Accuracy of Our Encounter Data

Incorporate
Encounter Data
into Our Strategic
Priorities

Improve Pre-
Encounter
Proactive
Processes

Refine Check-In
and/or Registration
Processes

Improve Clinical
Encounter Data

Improve Closing
The Encounter

Optimize Infrastructure to Support the Encounter Data Improvement Efforts

- **Under this area of improvement, what do you want to accomplish?**
- **What activities do you want to pursue?**
- **How will you define/measure success?**

THANK YOU!

Bridget Hogan Cole, MPH - bcole@IHQC.org

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