Encounter Data Project
March 31, 2017

Presented by Carol Wanke, Sharp HealthCare

# About IHA and Payer/Provider Collaboration

- Integrated Healthcare Association (IHA) 501c3

- Convenes diverse stakeholders, including physician organizations, hospitals and health systems, health plans, purchasers and consumers

- Committed to high-value integrated care that improves quality and affordability for patients across California and the nation.

- Promotes the continuing evolution of integrated health care, supported by financial mechanisms that align the incentives of purchasers, payers, and providers, as the best means to achieve the most positive outcomes for patients and the general public in California

# Several barriers exist to the exchange of high quality encounter data

- Few incentives for POs to submit complete, timely, and accurate encounter data vs fee for service

- Multiple handoffs and edit checks between participating organizations

- Lack of standards in all aspects of the encounter data exchange process
  - Different interpretations of 837 form by plans
  - Multiple file submission processes (clearinghouse/direct to plan)
  - Edit checks/acknowledgements vary by plan
  - Multiple processes for resubmission
 - No benchmarks for quality and volume

Current processes for encounter exchange are ineffective & create significant opportunities for errors

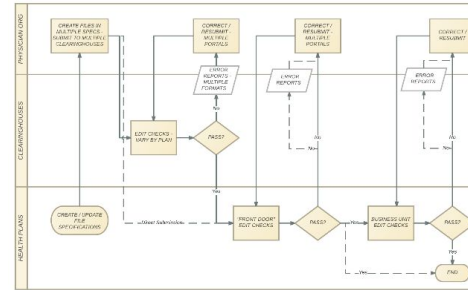# Current processes for encounter exchange are ineffective & create significant opportunities for errors

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Quality? Volume?

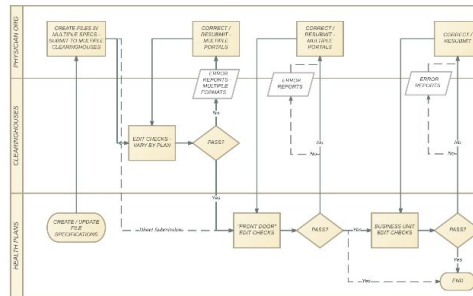Integrated Healthcare ASSOCIATION
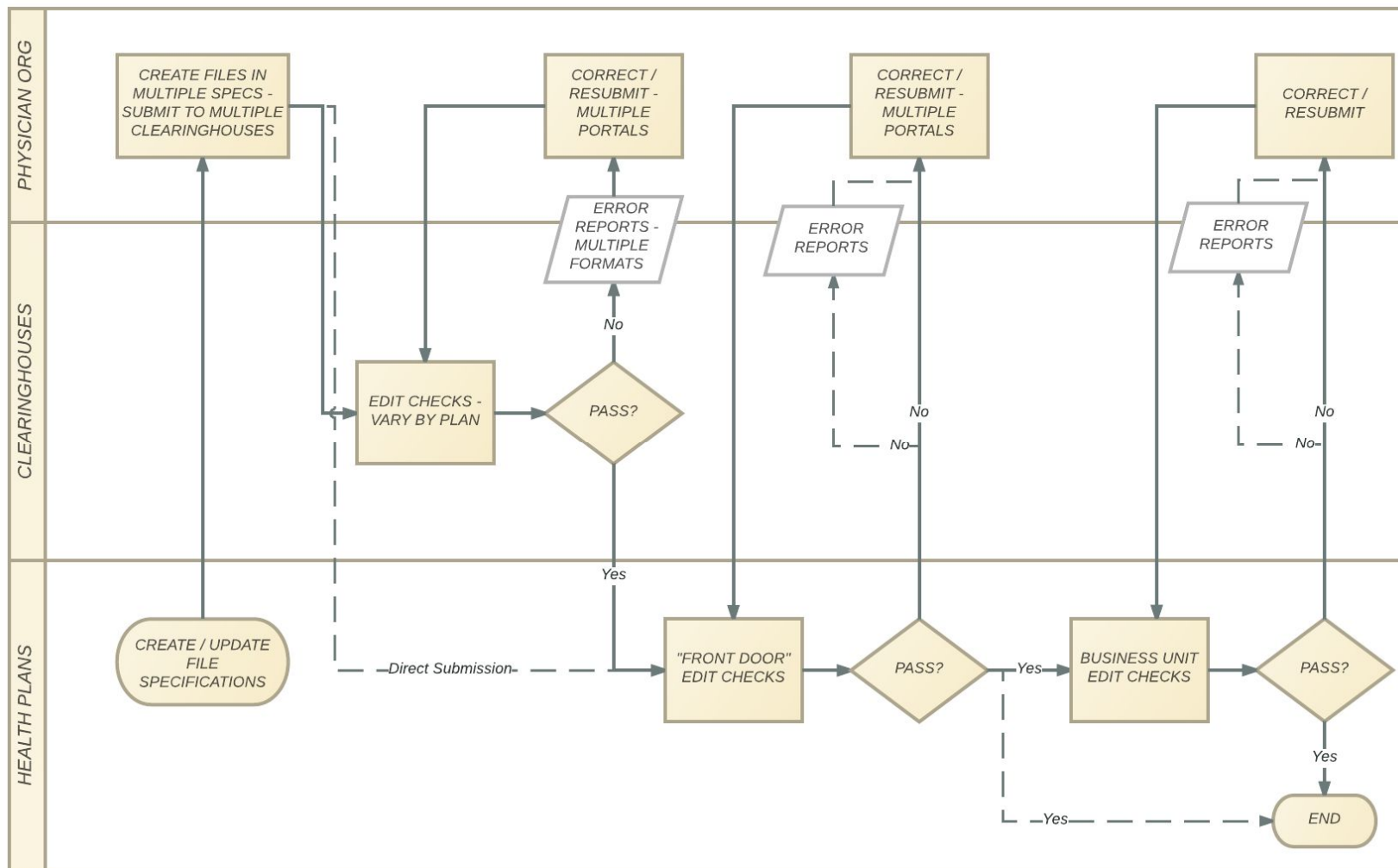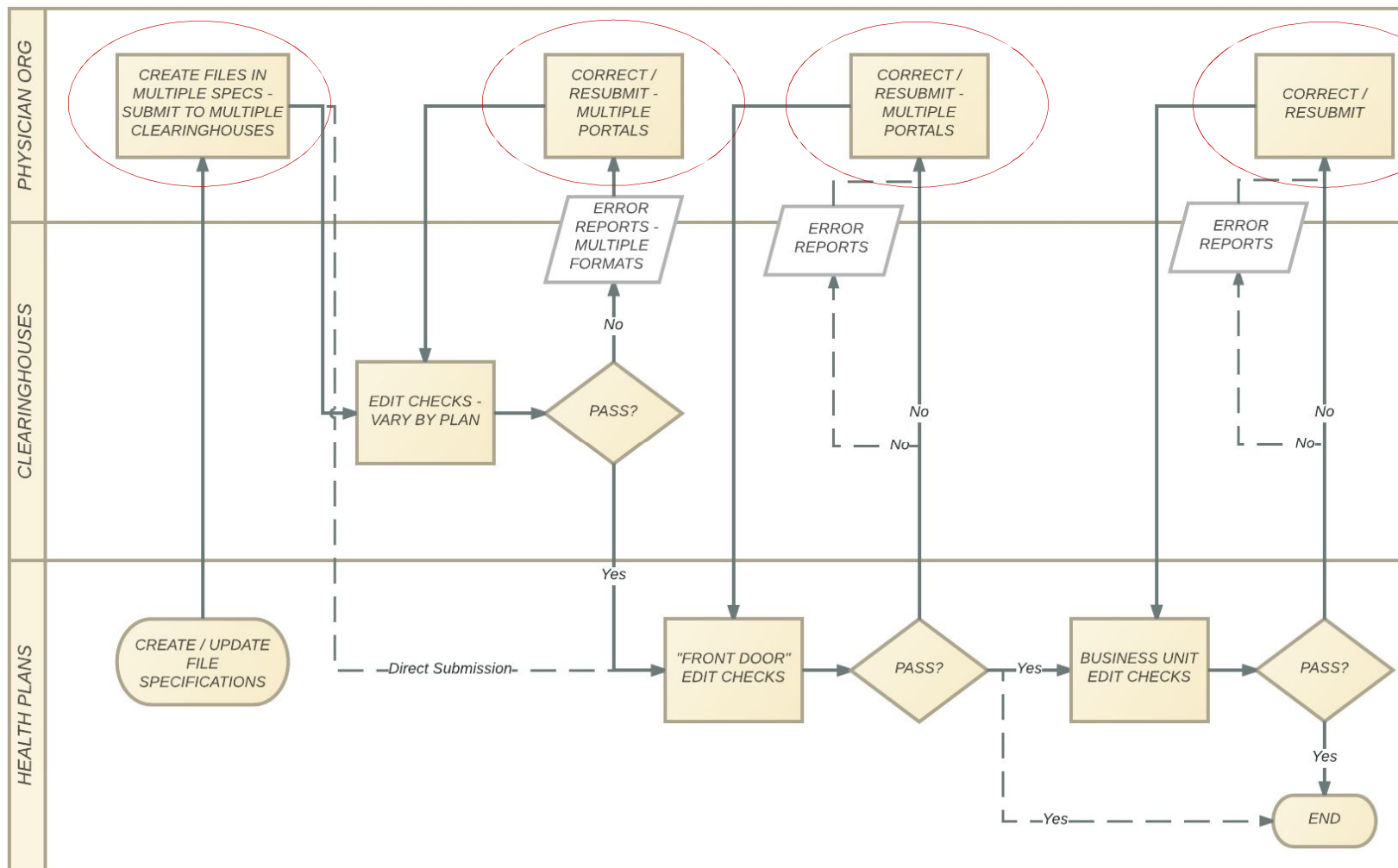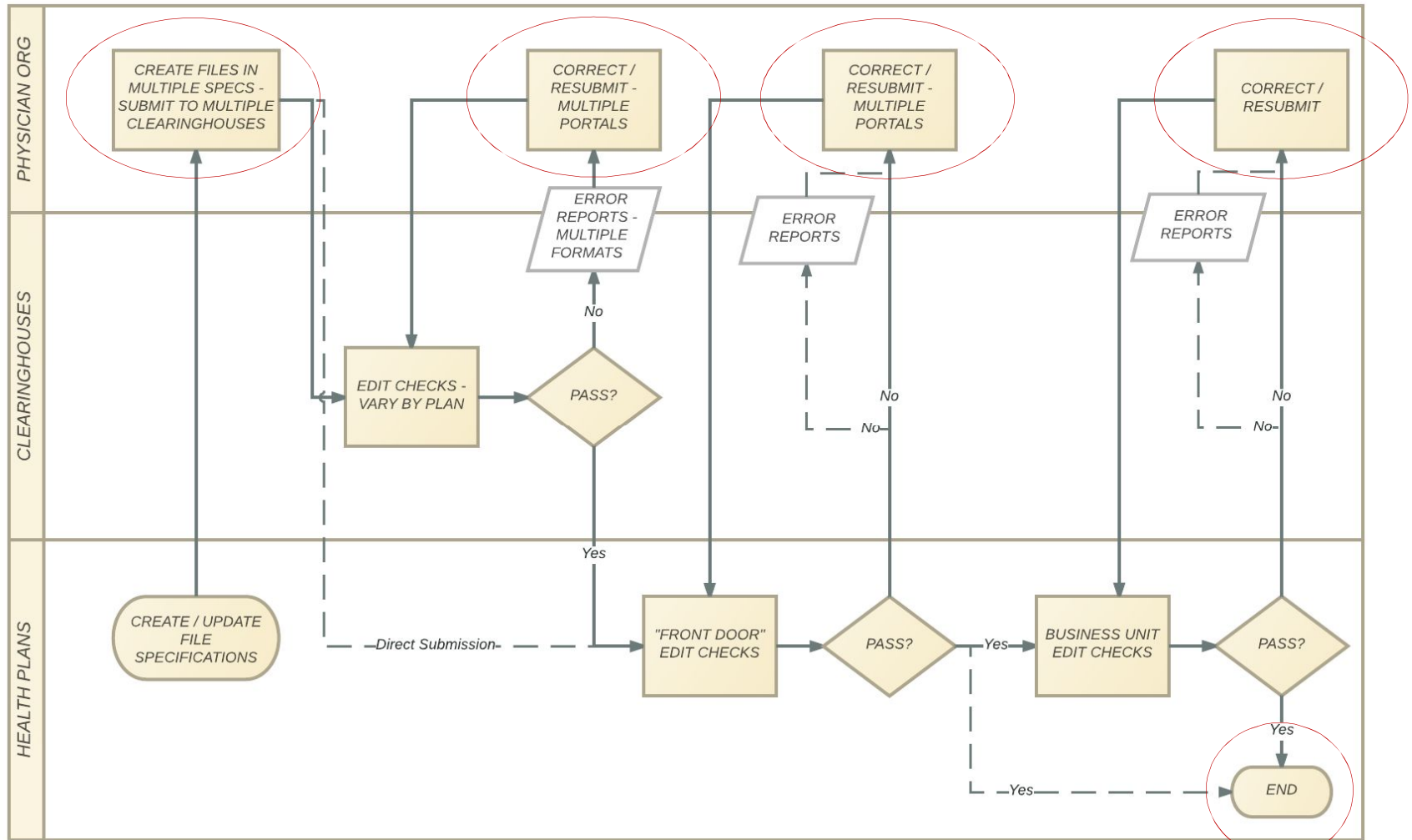
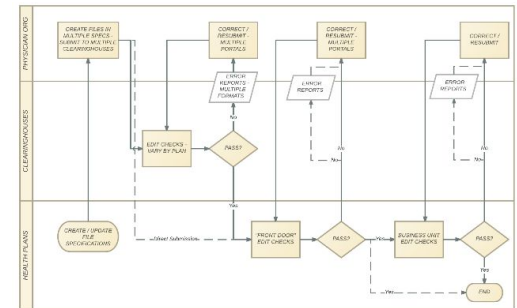# Now multiply that by six - what one PO faces when contracting with 6 health plans
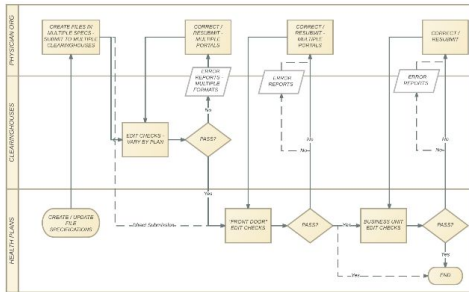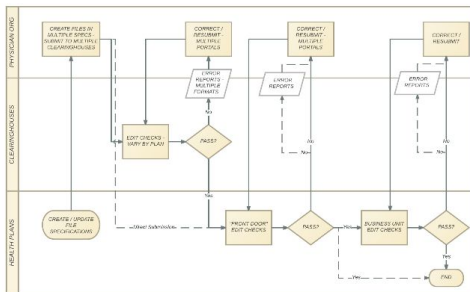

Plan A version

Plan B version

Plan C version

Plan D version

Plan E version
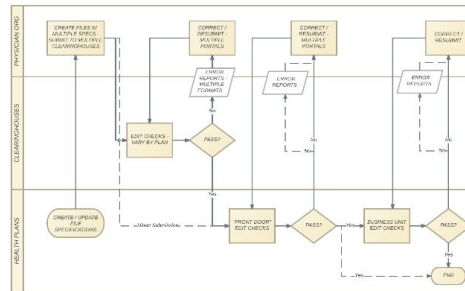
Plan F version

For edits: different processes and formats across plans create operational burden, data gets lost

Edit process grid by plan:

Payer	277 CA	Front End Edits		Back End Edits	Excel exporting Option
		Proprietary	Method of Receipt	Format	Yes
Plan 1	NO	YES	WEB	Combined	Yes
Plan 2	NO	YES	FTP and G-Drive	Combined	Yes
Plan 3	NO	YES	FTP and Email	Combined	Yes
Plan 4	NO	YES	WEB	Combined	No
Plan 5	NO	YES	FTP	Combined	Yes
Plan 6	YES	YES	Email	Proprietary edit Report	Yes
Plan 7	YES	YES	ENS	Separate but behind	Yes

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Work done with a large CA physician organization identified large volumes and variability of edits

2013 edits volume

2014 edits volume

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PO operational capacity

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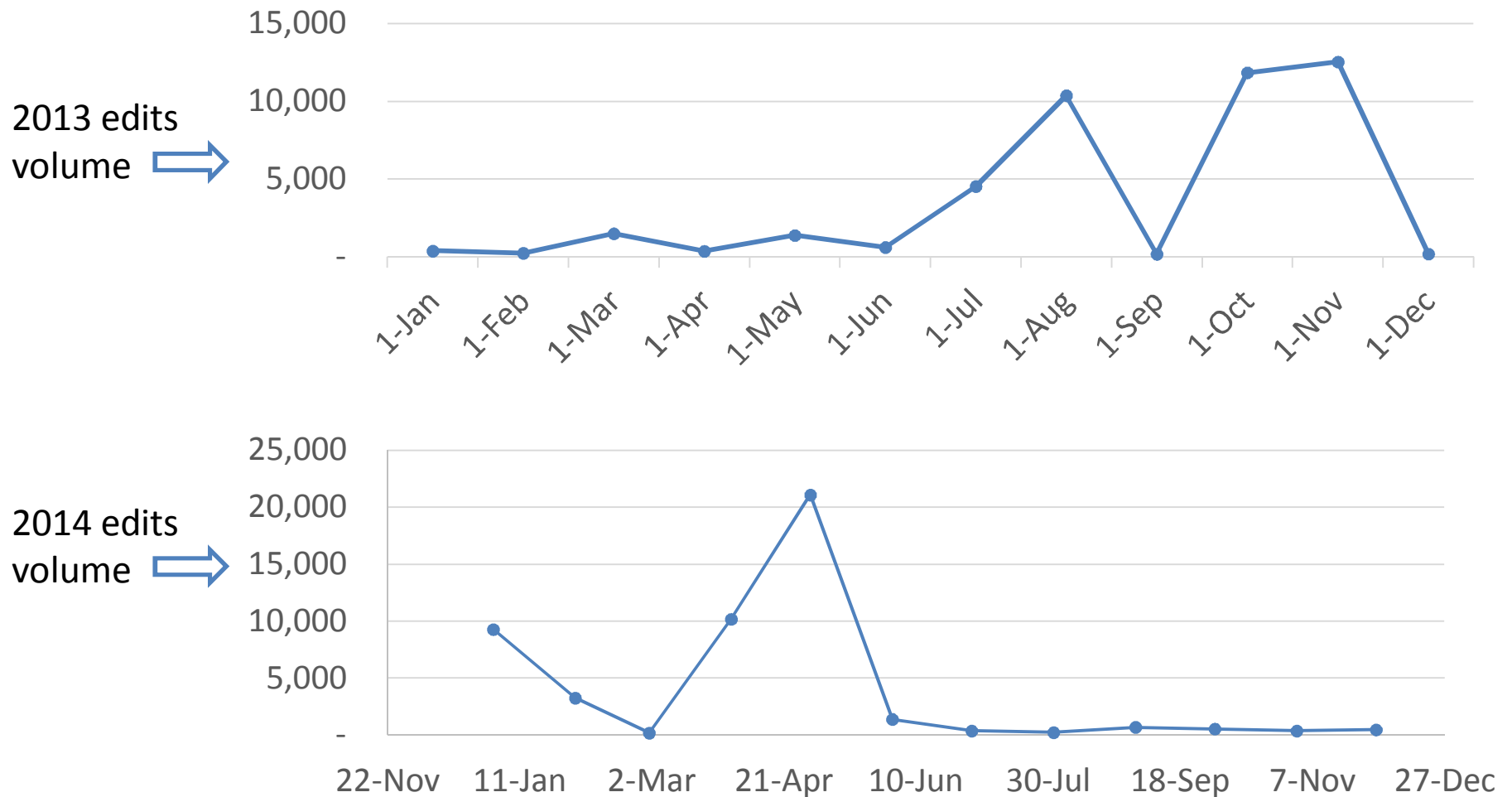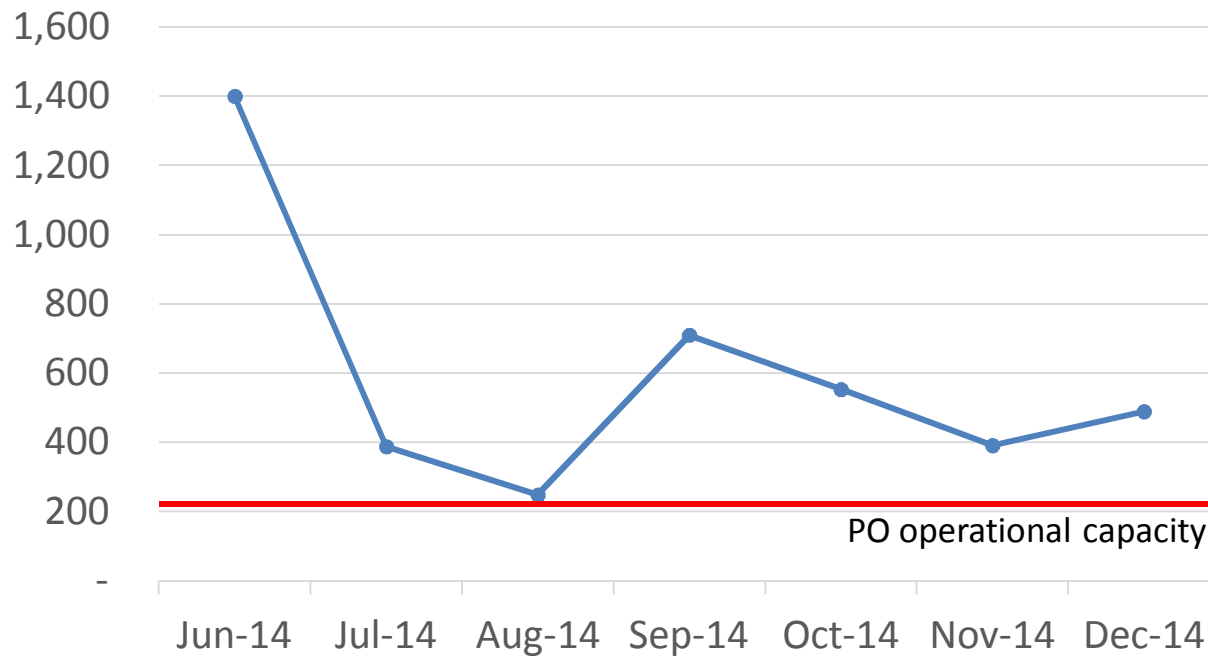
Breaking down PO edits by type will help IHA evaluate potential standard edit/rejection processes

Edit Types - Monthly Percentage
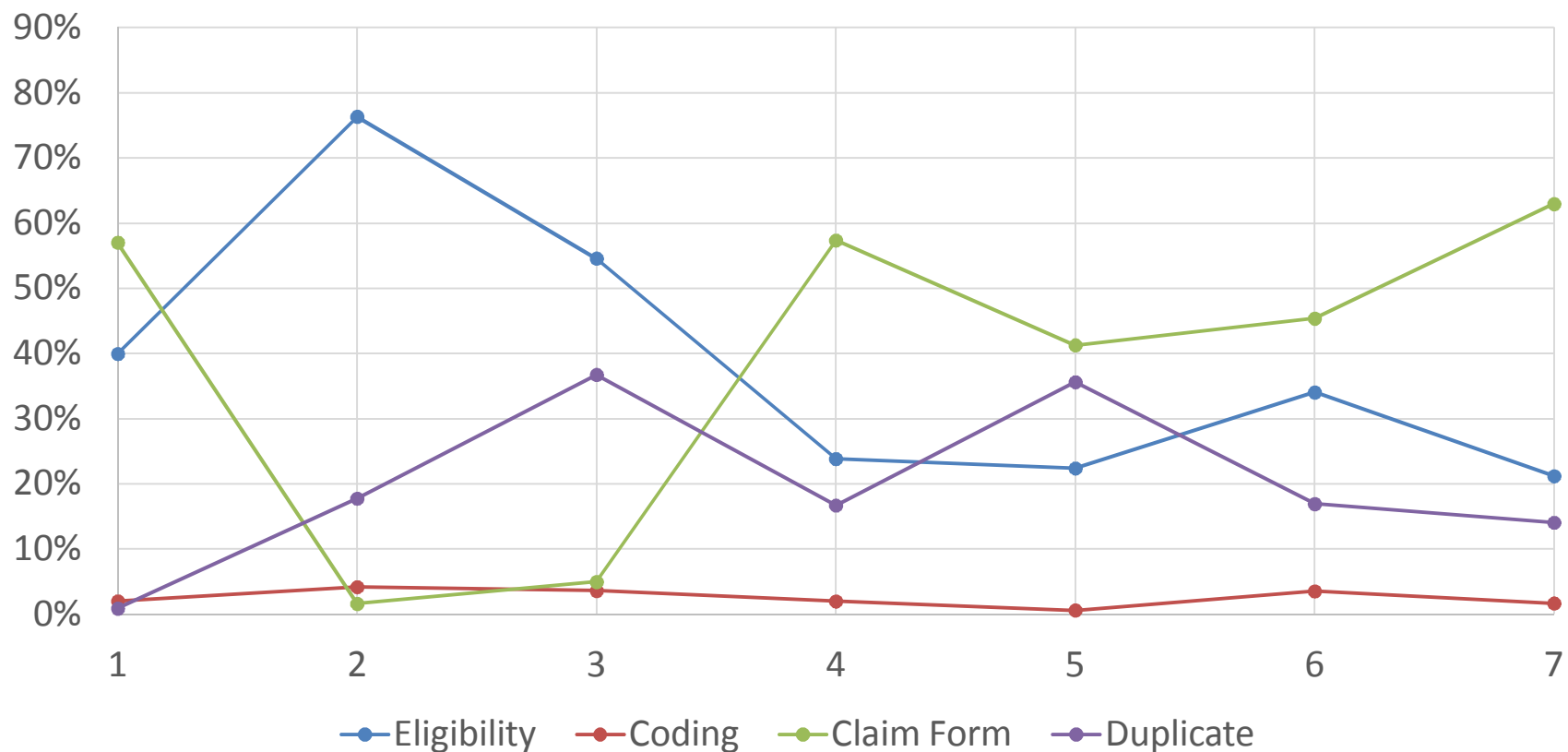
Smaller POs - there is more submission variability skewed towards lower volumes

Encounter PMPY Vs Member Months
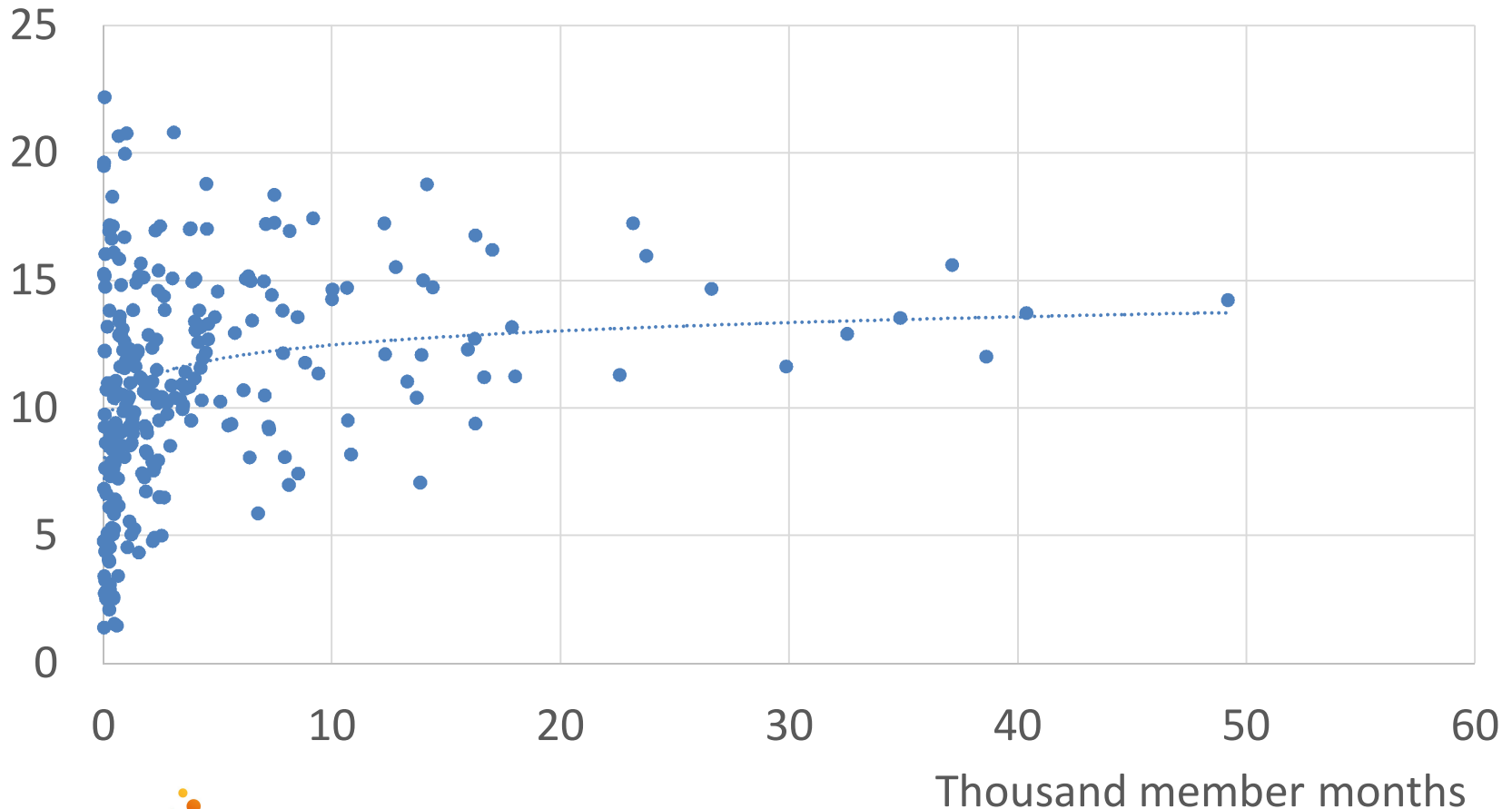
Thousand member months

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Project Plan

Integrated
Healthcare
A S S O C I A T I O N

Three main phases for IHA-led end-to-end process standardization project

Threshold reports

837 form

CMS
DMHC
DHCS

Physician Groups

Plans

Eligibility reports

Edits

Data inquiries

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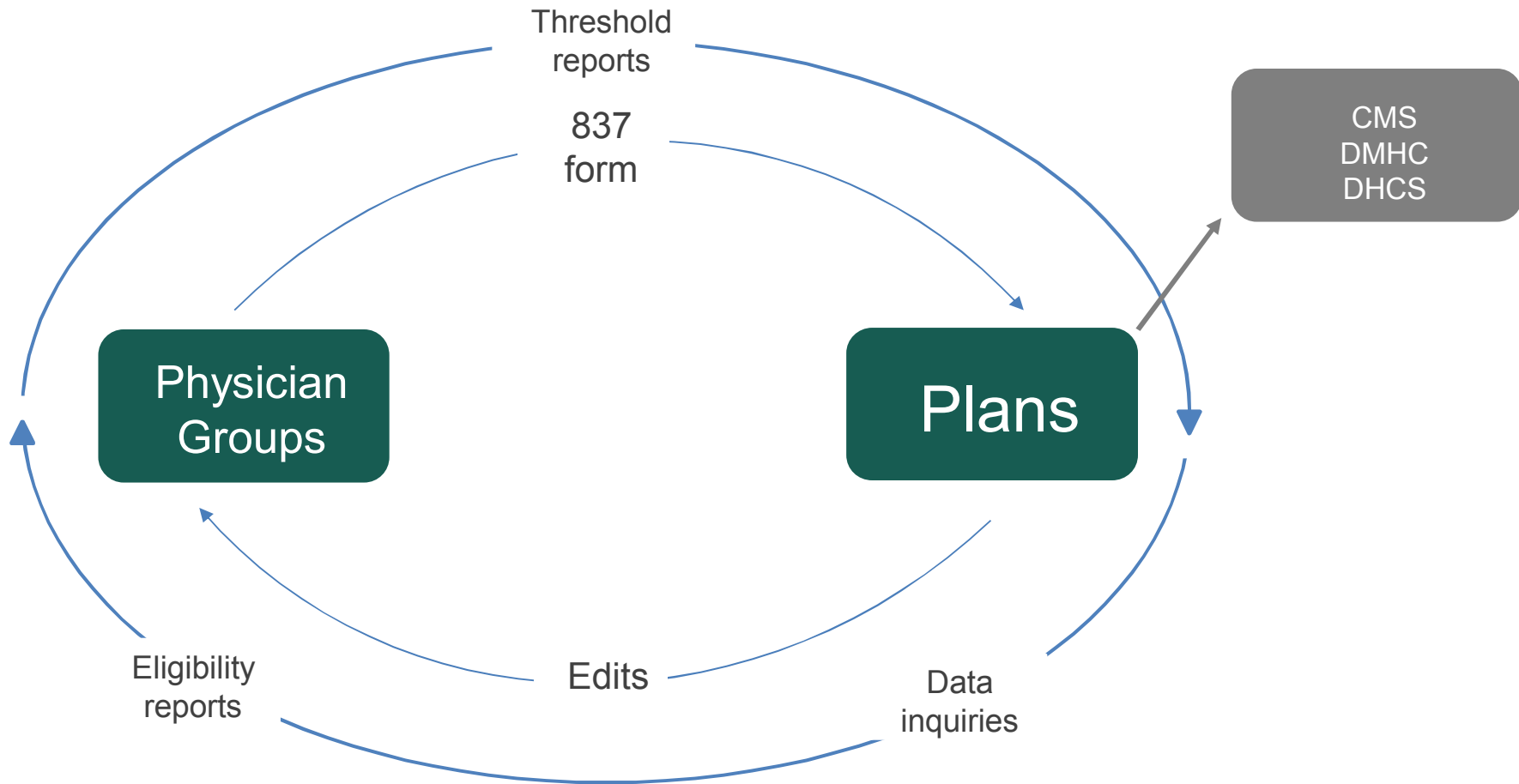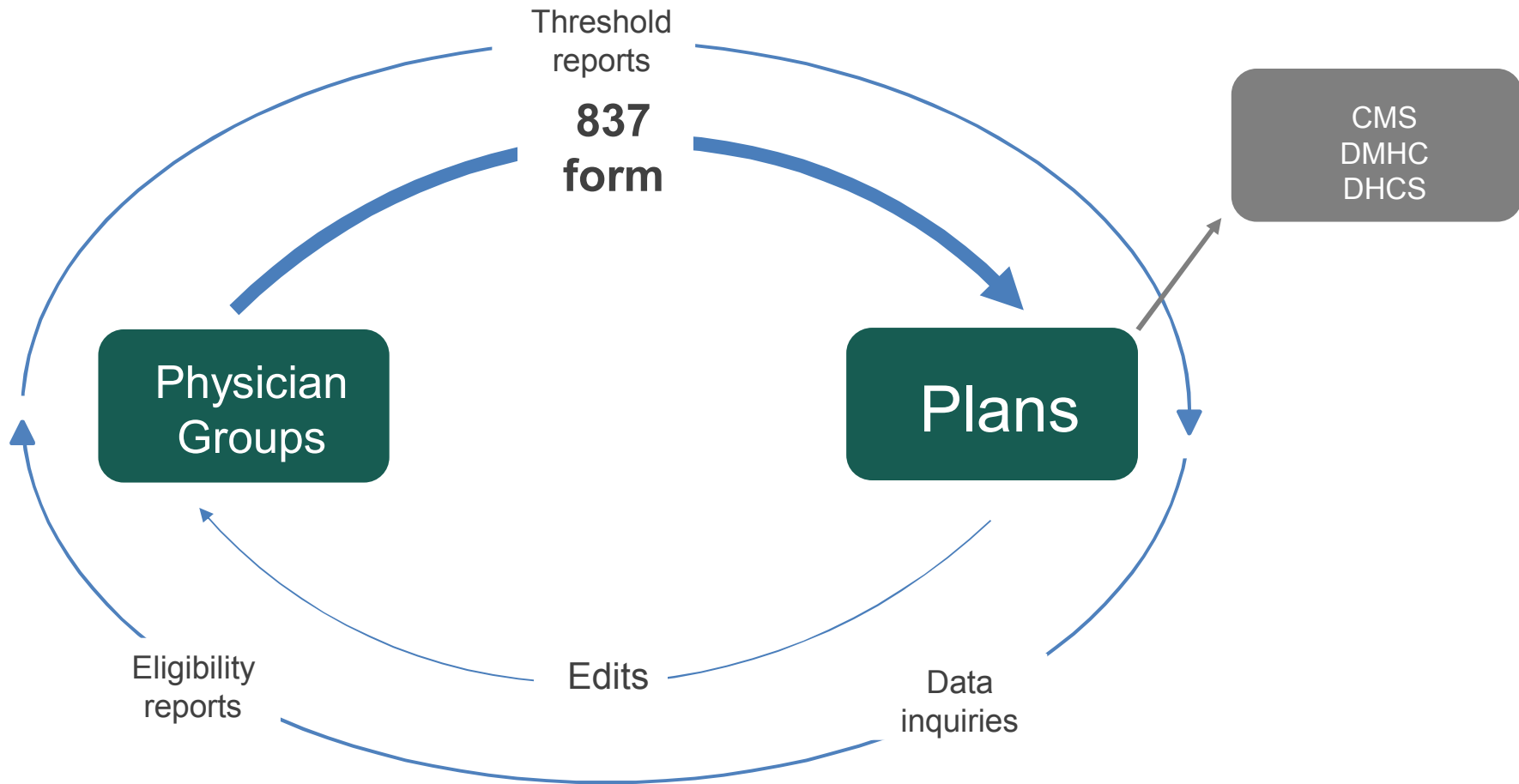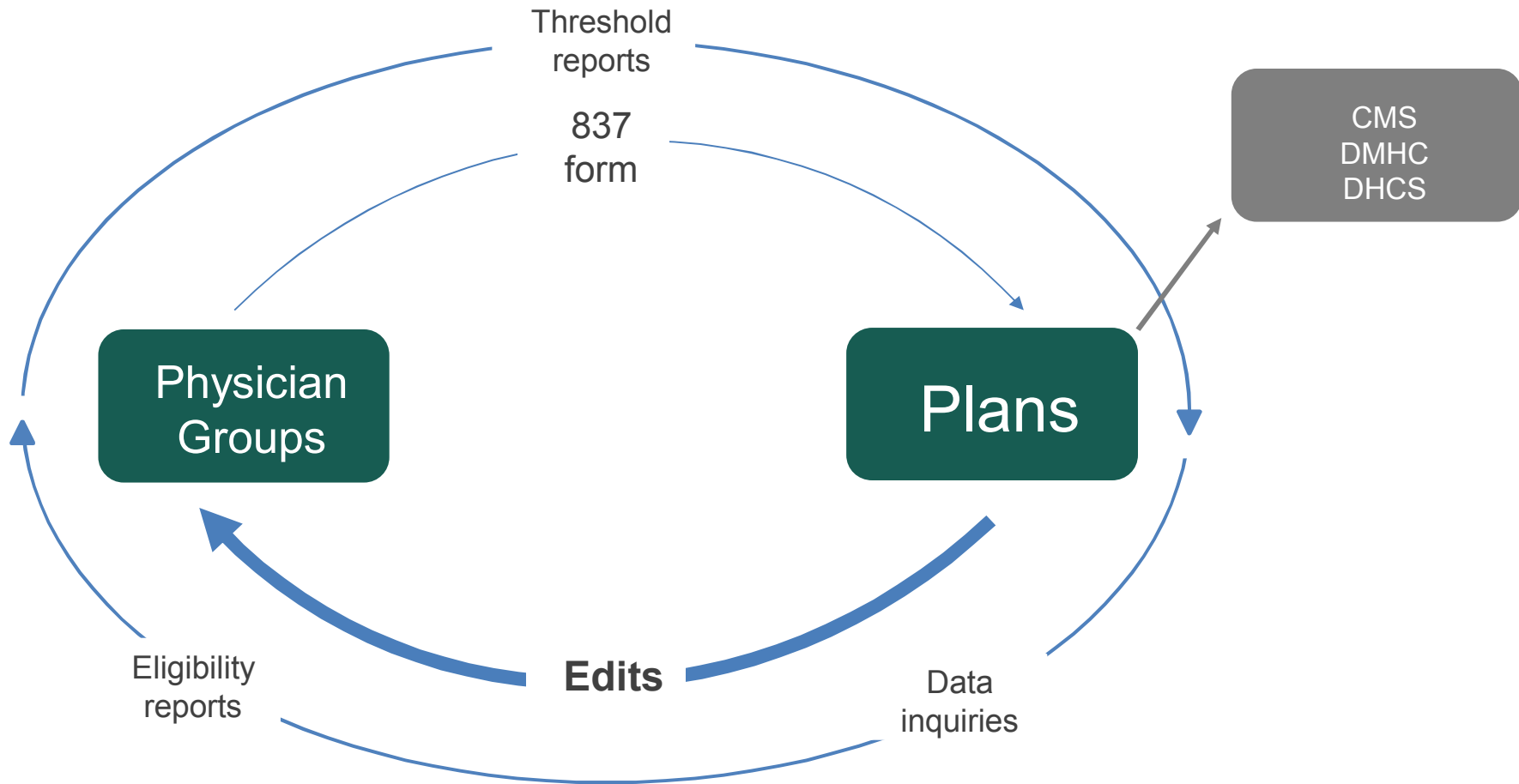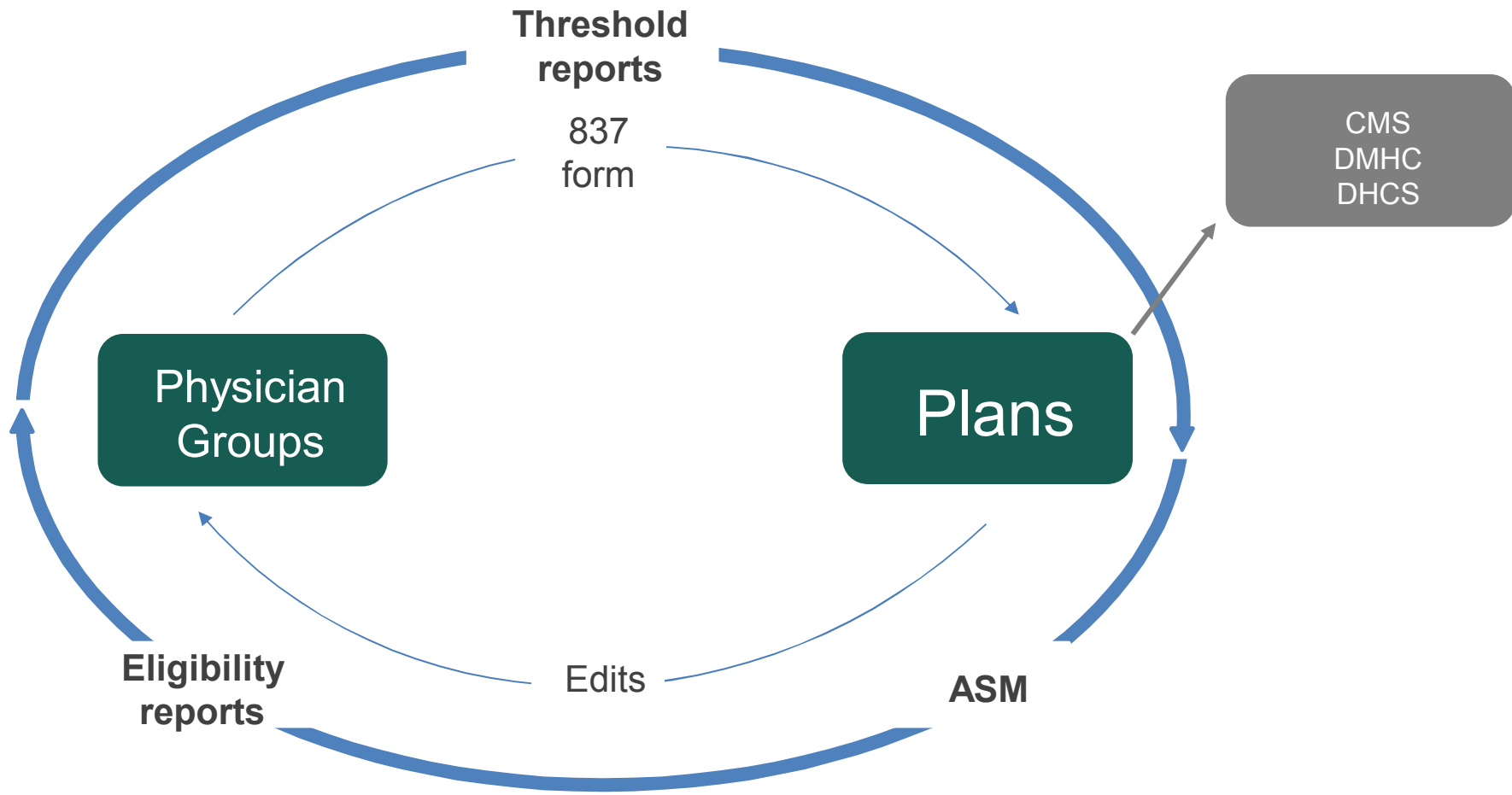
22 months timeline for project including IT implementation and roll out to non-IHA organizations

Phase 1

Standardization of the Outbound process from POs to plans (single interpretation of 837 form)

Phase 2

- Standardization of the edit forms/reports from Plans to POS
- Spec requirements for Clearinghouses that engage in encounter data submissions

Phase 3

- Standardization of threshold reports
- Standardization of eligibility reporting
- Addressing/removing ASM

1/2016	4/2016	7/2016	10/2016	1/2017	4/2017	7/2017

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Project Grid shows alignment on all items discussed in 2016, implementation scheduled for 2017

	Aetna	Anthem	Blue Shield	Cigna	Health Net	United	B&T	HCP	Hill	Monarch	Sharp	Sutter	Dignity	Memorial
837 form	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
Snip level 6 submission	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
Eligibility processes and logics	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
277 CA, single format, front + back end	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩	🟩
Threshold reporting														
ASM														

Next meetings agenda

Collaboration beyond IHA

- IHA hands off the brainstorming and standardization work to another work group

- ICE Encounter Standardization Team – Industry Collaborative Effort

- Team develops best practices and shares with IHA for broader input and buy in

- Team has developed best practices for:
  - Encounter Submissions
  - Newborn Encounter Layout
  - In process Electronic Misdirected Claim Layout

Challenges Remain

- Changing long standing claims and encounter workflows
- Software is not sufficient to provide data required in an encounter claim
- Payer claims and encounter teams operate in silos
- Provider reviewing and working edits
- Standardized edit reports
- Regulatory agencies have different encounter requirements

Questions

References

- http://www.iha.org

- https://www.iceforhealth.org/home.asp

- http://www.iceforhealth.org/library.asp?sf=&cid=392#cid392