

KERN HEALTH SYSTEMS POLICY AND PROCEDURES POLICY #: 18.28-P SUBJECT: Enhanced Care Management Program Content Review DEPARTMENT: Enhanced Care Management Effective Date: Review/Revised Date: **DMHC PAC** 1/2022 3/29/2023 DHCS X QI/UM COMMITTEE BOD FINANCE COMMITTEE

Emily Duran Chief Executive Officer	Date
Chief Medical Officer	Date
Senior Director of Provider Network	Date
Director of Claims	Date
Administrative Director of ECM	Date

POLICY:

To define Kern Health Systems (KHS) responsibilities for content review and adoption of practice guidelines for the content of the Enhanced Care Management (ECM) Program.

To demonstrate the organization uses evidenced based clinical practice guidelines in making decisions regarding the implementation of appropriate health care services for meeting Member clinical needs.

PROCEDURES:

A. KHS Quality Improvement Committee will adopt evidence based clinical practice guidelines for program content. The guidelines will align with the Member's clinical needs supported by valid clinical evidence or provider consensus with all employed and contracted providers incorporating the accepted clinical guidelines with appropriate education in the Member's plan of care.

- B. KHS will use evidenced-based resources for clinical guidelines to include scientific evidence, or professional standards, or expert opinion. Providers utilized as expert resources will be board-certified or specialist in the specific clinical area of review.
- C. KHS Quality Improvement Committee will review its program content against clinical evidence at least every two years, or if the national clinical guidelines change within the two-year period.
- D. Practice guidelines will be communicated to the providers by mail, fax, email, on the internet, or in the ECM Program Guide and should also be made available to Members upon their request.

Data Source: Documented Process, Clinical Guideline Review, Materials

Goals

KHS has a defined Enhanced Care Management Program. Program Goals will be developed in collaboration with the Quality Improvement Committee using evidenced based protocols to be reviewed and revised every two years, or as needed with any clinical practice guideline update during that timeframe. Practice Guidelines will be available to the providers and Members.

REFERENCE:

NCQA Standards & Guidelines for the Accreditation of Health Plans.

2021-12: Policy received DHCS Approval per 2021 MOC deliverable.