



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Enhanced Care Management Quality Oversight and Monitoring	Policy #	18.27-P
Policy Owner	Enhanced Care Management	Original Effective Date	01/2022
Revision Effective Date	04/2025	Approval Date	6/3/2025
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

To define Kern Health Systems (KHS) oversight role for the overall administration and operative functions of the Enhanced Care Management (ECM) Program.

To demonstrate systems are in place to meet compliance with the Department of Health Care Services (DHCS) guidelines.

II. POLICY

KHS will have strong oversight of internal processes and ECM Providers by performing regular auditing and monitoring activities to ensure that all core services occur as defined in the stipulated ECM DHCS requirements.

III. DEFINITIONS

TERMS	DEFINITIONS
N/A	

IV. PROCEDURES

- A. KHS will provide oversight and auditing of ECM Providers to monitor for delivery of ECM services, ensuring that all requirements set out in the ECM and Community Supports Contract and ECM and Community Supports Standard Provider Terms, and Conditions are fulfilled. Auditing and Oversight will occur through the following Activities:
1. Quarterly Auditing of contracted ECM Provider sites.
 2. Onsite ECM Provider site visits.
 3. KHS will collect and track operational and clinical data from ECM providers, as well as internal

data to manage and evaluate the effectiveness of ECM services provided including but not limited to:

- a. Quality measures and outcome data as required by DHCS
- b. Utilization metrics
- c. Financial outcomes
- d. Medi-Cal Managed Care Accountability Set (MCAS) outcomes
- e. ECM member and provider satisfaction surveys

- B. KHS will coordinate with ECM Providers ensuring all supplemental reports are received and consistent with DHCS required data specifications. KHS will initiate standard data exchange protocol with ECM Providers and send all ECM encounters and supplemental reports to DHCS compliant with DHCS reporting requirements. KHS will provide oversight and auditing, and technical assistance as necessary.

The ECM department will utilize collected data to complete formalized analysis to monitor the utilization and outcomes resulting from the provision of ECM. The results of formalized data analysis will be utilized to define and drive quality improvement activities and initiatives. This information will be relayed and expressed tangibly in a quarterly report prepared by the ECM team to the Quality Improvement program in the quarterly Quality Improvement Committee.

- C. The information obtained will serve to define and drive improvement through interventions and education with targeted providers who have unique or outlying issues or identified trends.

- D. Onsite ECM Provider Site Visit and Auditing Protocols Site visits

1. KHS ECM Team staff will perform onsite visits annually to assess ECM Provider activities. Onsite visits will evaluate both operational and care management activities of ECM Providers.

KHS will utilize an internally stored tracking mechanism to document site visit details, including but not limited to:

- a. Site Name
- b. ECM Site representative
- c. KHS ECM Representative
- d. Date of visit
- e. Content of visit
- f. Additional memos

2. Operational areas for review include but are not limited to:

- a. Staffing, including Care Manager Ratios
- b. Reporting and tracking systems
- c. Program Development
- d. Staff training

- E. KHS ECM Team Leadership will conduct routine operational meetings with ECM Providers to review any operational or technical issues. Feedback from the ECM Provider will be solicited during these meetings.

F. Auditing

On a quarterly basis the ECM auditing team will conduct an audit of the respective sites to monitor and oversee the implementation and quality of described ECM core services.

Assigned ECM staff complete an audit of 10 randomized members per site per quarter. Data regarding member identity and audit findings are recorded on the ECM Summary Sheet.

The auditing form will contain elements of Core Services as delineated in the operational guidance by the DHCS. These elements include but are not limited to:

1. Outreach and Engagement
2. Comprehensive Assessment & Care Management Plan
3. Enhanced Care Coordination
4. Health Promotion
5. Comprehensive Transitional Care
6. Member and Family Supports
7. Coordination of and Referral to Community and Social Support Services

These auditing points are subject to change based on any updates or new guidance given by the DHCS for ECM services. Any changes to auditing procedure will be discussed with each contracted ECM site through but not limited to electronic correspondence, operational meeting agenda items or a combination of these items.

G. Corrective Action Plans

It is the expectation of the Managed Care Plan (MCP) that contracted sites achieve a passing score of 80%. The numerator is calculated by total amount of findings congruent to the requirements delineated in the auditing form. The denominator is total applicable audit items.

ECM sites that successfully achieve a total score above 80% without any additional findings will be eligible for all site incentives and additional funds as delineated by the MCP.

Failure to achieve a score above 80% will result in a corrective action plan as leveraged by the MCP to the relevant ECM site.

These action plans are divided into a “High, Medium and Low” severity tiering methodology as below:

1. High Severity
 - a. Definition: Site performs at an overall score of 69.9% or less and demonstrates a need for improvement in one or more core components.
 - b. Process: Site receives an encrypted correspondence with the scoring and audit findings. Site is provided with a corrective action plan (CAP) for the respective areas of improvement.

Follow Up Procedure: Site will complete CAP activities within ninety (90) days, which include:

- a. Relevant ECM site will produce and return to KHS for review and approval a written action plan based on the findings within thirty (30) days of notification. The written action plan must include an internal audit plan.
- b. 2. Within sixty (60) days of notification of CAP findings, the site will produce audit findings as described in the written action plan
- c. Within ninety (90) days, KHS will reinstitute a full-scale audit as mentioned in the audit process above.

2. Medium Severity

- a. Definition: Site performs at an overall score of 70 – 79.9% or less and demonstrates a need for improvement in one or more core components.
- b. Process: Site receives an encrypted correspondence with the scoring and audit findings. Site is provided with a CAP for the respective areas of improvement.
- c. Follow Up Procedure: Site will complete CAP activities within ninety (90) days, which include:
 - i. Relevant ECM site will produce and return to KHS for review and approval a written action plan based on the findings within thirty (30) days of notification. The written action plan must include an internal audit plan.
 - ii. Within sixty (60) days of notification of CAP findings, the site will produce audit findings as described in the written action plan
 - iii. Within ninety (90) days, KHS will reinstitute a full-scale audit as mentioned in the audit process above.

3. Low Severity

- a. Definition: Site performs at an overall score above 80% or more but demonstrates a need for improvement in one or more core components. Sites with a low severity will still be eligible for relevant site incentives.
- b. Process: Site receives an encrypted correspondence with the scoring and audit findings. Site is provided with a CAP for the respective areas of improvement.
- c. Follow Up Procedure: Site will complete CAP activities within ninety (90) days, which include:

- i. Relevant ECM site will produce and return to KHS for review and approval a written action plan based on the findings within thirty (30) days of notification. The written action plan must include an internal audit plan.
- ii. Within sixty (60) days of notification of CAP findings, the site will produce audit findings as described in the written action plan
- iii. Within ninety (90) days, KHS will reinstitute a full-scale audit as mentioned in the audit process above.

H. Escalation Path

Failure to comply with the corrective action plan procedure will result in a patterned escalation sequence of disciplinary actions taken by the MCP leveraged to the sites. These actions following failure to comply are as below:

1. No response/Incomplete response to first corrective action plan

- a. The internal ECM team will escalate non-compliance in correspondence to their respective Compliance and Executive leadership.
- b. Potential additional funding eligibility suspension.
- c. Any ECM site expansion plans for the relevant contracted ECM Provider will be withheld and instituted indefinitely subject to consecutive quarters of passing audit scores.

2. No response/Incomplete response to second corrective action plan

- a. The internal ECM team will escalate non-compliance in correspondence to their respective Compliance and Executive leadership.
- b. Potential additional funding eligibility suspension.
- c. Any ECM site expansion plans for the relevant contracted ECM Provider will be withheld and instituted indefinitely subject to consecutive quarters of passing audit scores.
- d. Potential suspension of program incentives.

3. No response/Incomplete response to third corrective action plan

- a. The internal ECM team will escalate non-compliance in correspondence to their respective Compliance and Executive leadership.
- b. Potential additional funding eligibility suspension.

- c. Any ECM site expansion plans for the relevant contracted ECM Provider will be withheld and instituted indefinitely subject to consecutive quarters of passing audit scores.
- d. Suspension of program incentives.
- e. Potential suspension of membership eligibility and presumptive authorization.

4. No response/Incomplete response to fourth corrective action plan

- f. The internal ECM team will escalate non-compliance in correspondence to their respective Compliance and Executive leadership.
- b. Potential additional funding eligibility suspension.
- c. Any ECM site expansion plans for the relevant contracted ECM Provider will be withheld and instituted indefinitely subject to consecutive quarters of passing audit scores.
- d. Suspension of program incentives.
- e. Potential suspension of membership eligibility and presumptive authorization.
- f. Suspension of all ECM Quality related reimbursements.

I. Program Termination

If a site is unable to produce a passing score upon the fourth consecutive quarter, a one-time remediation audit within thirty (30) days will be instituted by the plan to determine if requisite corrective actions are in place to potentially pass the 80% threshold.

Failure to pass this final audit will lead to potential termination of ECM contract with written notice within sixty (60) days.

J. Quality Improvement Oversight and Content Review

KHS will measure the effectiveness of its ECM strategy at least annually to provide a formal ongoing process by which KHS and stakeholders utilize objective measures to monitor and evaluate the quality of services, both clinical and operational, provided to ECM members. KHS will use evidenced-based resources for clinical guidelines to include scientific evidence, or professional standards, or expert opinion.

At least annually, KHS will conduct a comprehensive analysis of the impact of its ECM strategy that includes:

- a. Quantitative results for relevant clinical, cost/utilization and experience measures.
- b. Comparison of results with a benchmark or goal.
- c. Interpretation of results.

1. Quantitative results:

Quantitative results include at least one clinical measure, one cost or utilization measure and member feedback measures from the ECM program. Relevant measures align with the areas of focus, activities or programs as described in the ECM Core Measures and Services Policy. The organization describes why measures are relevant. Measures may focus on one segment of the population or on populations across the organization. Measures may be outcome or process measures and can be activities, events, occurrences or outcomes for which data can be collected for comparison with a threshold, benchmark or prior performance.

Measures can include clinical measures and cost/utilization measures.

KHS will obtain and analyze member feedback from ECM programs, using focus groups or satisfaction surveys. Feedback covers, at a minimum:

- a. Information about the overall program.
- b. The program staff.
- c. Usefulness of the information disseminated.
- d. Members' ability to adhere to recommendations.
- e. Percentage of members indicating that the program helped achieve health goals.

KHS may also analyze complaints to identify opportunities to improve satisfaction.

Comparison of results:

KHS will perform quantitative data analysis that compares results with an established, explicit and quantifiable goal or benchmark. Analysis includes past performance, if a previous measurement was performed. Tests of statistical significance are not required but may be useful when analyzing trends.

Interpretation of results:

Measures are assessed together to provide a comprehensive analysis of the effectiveness of the ECM strategy. Interpretation is more than simply a presentation of results; it gives KHS insight into its ECM programs and strategy, and helps it understand the programs' effectiveness and impact on areas of focus.

KHS will conduct a qualitative analysis if stated goals are not met.

V. ATTACHMENTS

Attachment A: N/A

VI. REFERENCES

Reference Type	Specific Reference
Choose an item.	

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	04/2025	Annual review of Policy by ECM Department Leadership. Revisions made to update current processes to ensure proper alignment with operational processes.	D.D. ECM
Revised	04/2024	Annual review of Policy by ECM Department Leadership. Revisions made to update current processes to ensure proper alignment with operational processes.	D.D. ECM
Revised	2022-12	Policy received DHCS approval on 12/8/2022 per ECM MOC Addendum 1	-
Revised	2022-06	Policy received DHCS approval on 6/20/2022 per MOC 2022.	-
Created	12/2021	General approval for MOC Part 1-3 received by DHCS to implement ECM on January 1, 2022.	-

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	ECM MOC Addendum 1	12/8/2022
Department of Health Care Services (DHCS)	MOC 2022.	6/20/2022

Chief Executive Leadership Approval *		
Title	Signature	Date Approved
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Legal and Human Resources Officer		
Deputy Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		



KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 18.27-P ECM Oversight and Monitoring

Last approved version: 09/19/2024

Reason for revision: Annual review of Policy by ECM Department Leadership. Revisions made to update current processes to ensure proper alignment with operational processes

Director Approval		
Title	Signature	Date Approved
Robin Dow-Morales Senior Director of Claims		
Amisha Pannu Senior Director or Provider Network		
Loni Hill-Pirtle Director of Enhanced Care Management		

Date posted to public drive: 6/3/2025

Date posted to website ("P" policies only): 6/3/2025