# KERN HEALTH SYSTEMS

## POLICY AND PROCEDURES

| SUBJECT: Community Supports Services (CSS) Data Sharing | POLICY #: 17.05-P | | | |
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| DEPARTMENT:  Community Supports Services | | | | |

| Effective Date: 01/01/2022 | Review/Revised Date: 10/16/2023 | DMHC | | PAC | |
|---|---|---|---|---|---|
| | | DHCS | X | QI/UM COMMITTEE | |
| | | BOD | | FINANCE COMMITTEE | |

_____   Date_____
Emily Duran
Chief Executive Officer

_____   Date_____
Chief Medical Officer

_____   Date _____
Senior Director of Provider Network

_____   Date _____
Director of Claims

_____   Date _____
Director of Community and Social Services

## POLICY

KHS will develop data sharing relationships with CSS Providers in compliance with the Department of Health Care Services (DHCS) requirements, HIPAA, and other federal and state regulations.

## PURPOSE

To define the process by which Kern Health Systems (KHS) and contracted CSS Providers will share and access information regarding Community Supports benefits and services.

**DEFINITIONS**

| Term | Definition |
|------|-----------|
| HIPPA | Health Insurance Portability and Accountability Act, a 1996 Federal law that restricts access to individuals' private medical information |
| CSS Care Team | Internal KHS Staff working to assign Members identified for CSS, coordinating with CSS Provider Sites (often CBOs or Community Based Organizations), and connecting Members to all available resources. |
| PBM | Pharmacy Benefit Managers, or Management |

**PROCEDURES**

**A. Data System Requirements and Data Sharing to Support CSS**

1. KHS will use Electronic Medical Record (EMR) systems and processes capable of tracking CSS referrals, and grievances and appeals.
   a. All data collected during CSS Member interactions will be stored securely by the CSS Provider in their EMR or other electronic records system.
   b. To request a CSS authorization, the CSS Provider will access the provider portal and complete a referral assessment for the Member. Based on the answers of the assessment questions, the system will then create an OP episode and auto approve if the Member meets the determined criteria. If the Member does not meet the determined criteria, the system will pend the referral to the CSS Care Team for review and consideration. Once a decision has been reached, the Provider will be notified via the Secure File Transfer Protocol (SFTP) process.
   c. Information collected in the CSS Provider EMR will be used for reporting to KHS, as required for clinical quality improvement and care management activities.
2. As part of the referral process to CSS Providers and consistent with federal, state and, if applicable, local privacy and confidentiality laws, KHS will ensure CSS Providers have access to:
   a. Demographic and administrative information confirming the referred Member's eligibility and authorization for the requested service
   b. Appropriate administrative, clinical, and social service information the CSS Providers may need to effectively provide the requested service; and
   c. Billing information necessary to support the CSS Providers' ability to submit claims or invoices
3. KHS will use defined federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with CSS Providers and with DHCS, to the extent practicable.

**B. Data Exchange Procedures with CSS Providers**
   Examples of data sharing activities utilized by KHS include, but are not limited to:

1. Member assignment files
   a. A list of assigned CSS Members is sent securely to each CSS Provider for engagement and management through the Health X Provider Portal.

b. CSS Providers will receive notifications through the provider portal for Members once they are authorized to receive a CSS benefit. KHS will share information with CSS Providers on enrollment via SFTP file format daily.
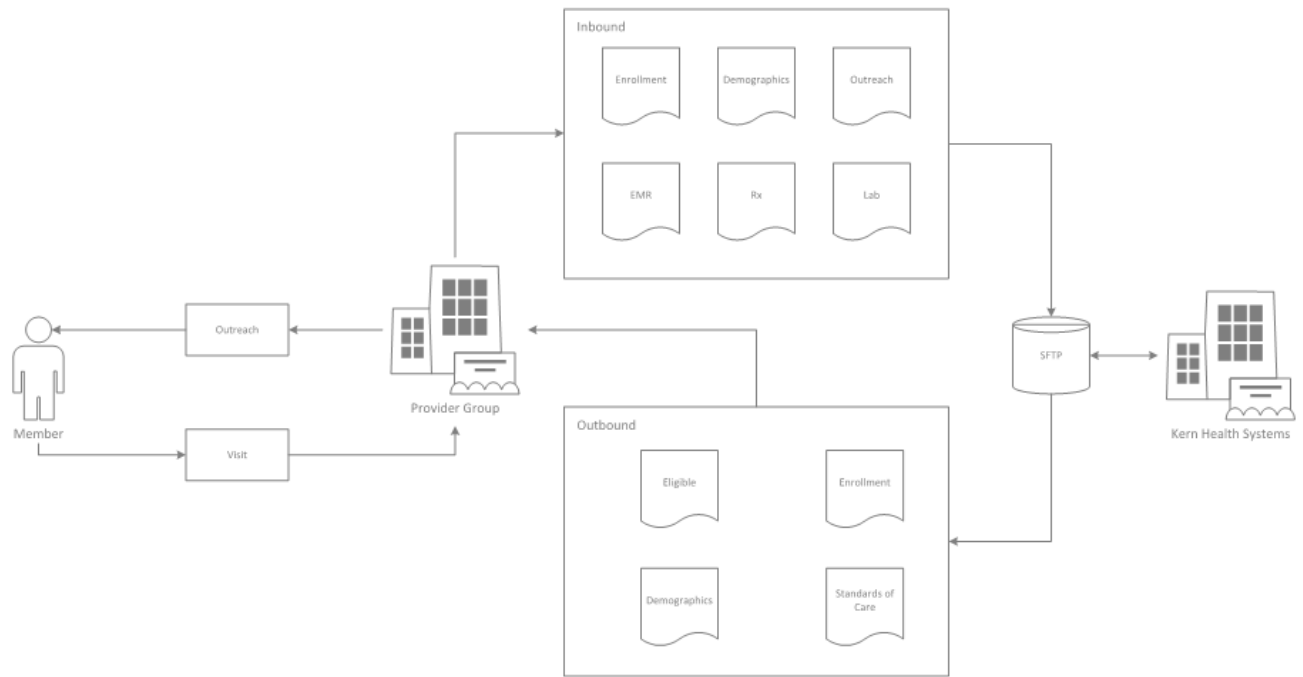
2. Encounter and claims data
   a. Encounter data will be submitted by Providers and facilities for payment of services rendered. This data can be submitted through multiple channels. The data provided allows payers to understand the clinical diagnoses and treatment(s) provided by health care clinicians and/or facilities.
   b. Contracted CSS Providers are responsible for gathering, processing, and securely submitting Encounter Data for the services provided to Members. Encounter Data is the primary source of information about the delivery of services provided to Members.
   c. KHS fully retains the management of institutional encounters relating to CSS Members to include concurrent medical necessity review, care transitions, care transition notifications, and discharge planning.
   d. KHS has formal utilization management processes, clinical criteria decision-making guidelines and support tools to ensure appropriate care is delivered. For more information regarding this process, please refer to KHS existing library of Utilization Management (UM) policies and procedures which outline in detail Member institutional and referral management activities.
   e. The KHS UM Department has established a fully operationalized comprehensive transitional care notification process for both planned and unplanned transitions to Members, Providers, inter-disciplinary care team (ICT), and hospital rendering Providers. This process will be used to support the contracted CSS Providers to obtain timely and pertinent CSS Member medical information. KHS has existing agreements with contracted hospital partners to access hospital EMR via the hospital's portal for KHS assigned Members.
      i. CSS Providers will have access to health information exchange forms to submit to local hospitals for access to CSS Members EMR.
   f. For skilled nursing facility encounters, KHS will utilize facsimile transactions containing pertinent medical record information for communication.
   g. KHS will provide a daily report to each CSS Provider identifying assigned Members who had utilization related to Inpatient admissions, Discharges [Including institutional facility changes, Emergency Department (ED) and Urgent Care (UC) visits].
   h. The census will prompt the assigned care team to perform institutional and post institutional contact with the Member to ensure a coordinated transition of care between settings.
   i. For non-contracted ER encounters, KHS will extrapolate information for this activity through claims payment processes.
   j. For non-contracted institutional encounters, KHS will also use facsimile transactions to promptly provide communication and coordination to the CSS Providers.
   k. The Member's care plan and other applicable care transition information will be included with the medical record information.
   l. Member care plan and care transition information is retrievable by hospital case managers via the KHS and hospital portal. The information will be delivered to the Member or Member's family by the hospital case manager while the Member is in the hospital. This process will also apply to the delay of discharge information (Including any authorized services arranged for the Member). The authorization notification information will be included with the discharge instructions at the time of the Member's discharge.
      i. This information may also be mailed to the Member's home.

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        ii.    If the Member is to receive home health services, the hospital will provide all pertinent hospital encounter information to the Home Health agency prior to the Home Health nurse visit.

        iii.   This information will be shared with the CSS Provider.

    m. KHS will also provide the Member access to the KHS member portal in order for Member's to retrieve select information.


3. Sharing Member physical, behavioral, and administrative, and SDOH data (e.g. HMIS data) with CSS Providers

    a. A Member profile is provided to the CSS Provider via the provider portal prior to CSS service delivery. The profile will focus on Member specific socio-economic elements and only share what is minimally necessary to provide the CSS service. When applicable and depending on referred CSS, the following information shared may include:

        i.    Member demographics

        ii.   Qualifying medical diagnoses

        iii.  Transition plan from acute care setting


4. Reports of performance on quality measures/metrics, as requested

    a. KHS has established Quality Management (QM) procedural process for capturing, analyzing and reporting the data to meet Centers for Medicare & Medicaid Services (CMS) specifications and requirements for these activities.

    b. Data measurement outcomes will be shared with contracted CSS Providers for development and implementation of quality improvement activities. KHS will also track, and report outcomes related to Health Effectiveness Data and Information Services (HEDIS) measures, encounters, enrollment, etc.

    c. The data utilized to support these activities will come from:

        i.    Billable claims

        ii.   DHCS data transmissions to KHS for carved out services paid by other DHCS contracted entities

        iii.  Non-billable encounters that have occurred at the primary care sites and submitted to KHS as encounter data

        iv.  KHS CSS Member assessment processes

        v.   KHS PBM data

    d. Quality and performance measures will be shared with CSS Providers on a quarterly basis. This will include scorecards outlining utilization patterns for both engaged and non-engaged Members enrolled in CSS.

**Illustration of KHS Data Exchange**



**REFERENCE:**

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