KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES

Policy Title	Enhanced Care Management Data Sharing	**Policy #**	18.22-P
Policy Owner	Enhanced Care Management	**Original Effective Date**	01/2022
Revision Effective Date	2025-04	**Approval Date**	06/02/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I.   PURPOSE

The Enhanced Care Management (ECM) Data Sharing Policy outlines the policy regarding the sharing of information between Kern Health Systems and ECM program providers, in addition to procedures utilized to ensure information is shared timely, accurately, and securely.

II.   POLICY

Kern Health Systems (KHS) and contracted Enhanced Care Management (ECM) providers will share and access information regarding ECM Members' services and care.

Data sharing relationships will be supported with a KHS standardized data-sharing agreement with ECM contracted providers. The agreements will include specifications to ensure compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other relevant federal and state regulations. KHS will develop data sharing relationships with ECM Providers in compliance with HIPAA and other federal and state regulations.

KHS has an established Secure File Transfer Protocol (SFTP) site to facilitate data file exchanges with contracted providers. Participating providers are required to have a SFTP application. Providers will access the KHS SFTP site via a designated address via assigned portal and will use a unique username and password.

KHS has implemented a robust infrastructure of technology and data sharing procedures for the ECM program.

III.   DEFINITIONS

TERMS	DEFINITIONS

N/A	

IV. PROCEDURES

A. Data Exchange Procedures

Examples of data sharing activities utilized by KHS include but are not limited to:

1. **Eligibility**

   a. Individuals eligible for the ECM program will be identified by KHS following the Department of Health Care Services (DHCS) requirements for eligibility.

   b. KHS has launched ECM for all Members identified in the ECM Populations of Focus definitions for adults and children/youth according to the ECM Implementation Timeline as required by DHCS. KHS also transitioned all Members previously served by Health Homes Program (HHP) or Whole Person Care (WPC) programs.

   c. KHS will identify Members for ECM using analysis of internal Enrollment, claims, and other relevant data and available information. KHS will use data analytics to identify Members who may benefit from ECM and who meet the criteria for the ECM Populations of Focus. KHS will consider data sources, including but not limited to:

      i. Enrollment data.
      ii. Encounter Data.
      iii. Utilization/claims data.
      iv. Pharmacy data.
      v. Laboratory data.
      vi. Screening or assessment data.
      vii. Clinical information on physical and behavioral health.
      viii. Severe Mental Illness (SMI)/Substance Use Disorder (SUD) data, if available.
      ix. Risk stratification information for Members under 21 years of age in Contractor's California Children's Services (CCS) program.
      x. Information about Social Determinants of Health, including standardized assessment tools including Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences (PRAPARE) and International Classification of Diseases, Tenth Revision (ICD-10) codes.

xi. Results from any available Adverse Childhood Experience (ACE) screening; and

xii. Other cross-sector data and information, including housing, social services, foster care, criminal justice history, and other information relevant to the ECM Populations of Focus such as Homeless Management Information System (HMIS), and available data from the education system.

d. The frequency in identifying new ECM eligible members is based on an automated stratification process that is updated on a weekly basis. KHS ECM Program will incorporate the above data sources in addition to Plan Data Feed to identify Members for ECM who are (1) Adults Living in the Community who are at risk of Long-Term Care (LTC) Institutionalization and (2) Nursing Facility Residents Transitioning to the Community. KHS will also use provider and member/family referrals to identify eligible Members for each Population of Focus. KHS assesses both internal and external data available in order to better incorporate the following sources:

i. Diagnosis and social determinant ICD codes from the Member's medical record

ii. Relevant information collected as part of assessments administered to the Member either by a Primary Care Physician (PCP), social worker, nurse, etc.

iii. External data (as available) such as 1915 Home and Community-Based Services (HCBS) waiver program wait lists, section Q of the Minimum Data Set (MDS) assessment data, etc.

e. To be eligible for ECM, a member must fall into one of the mandatory Populations of Focus.

f. ECM eligible members are risk stratified using John Hopkins risk stratification rule and each member is assigned a risk score.

g. Utilizing KHS's internal technology algorithms and data KHS will assign every member authorized for ECM to an ECM Provider within ten (10) business days of authorization.

i. The system has embedded logic that identifies all ECM Providers that are also community PCP (Primary Care Physician) providers. If the Member is currently assigned to a PCP Provider that is also an ECM Provider, the system will utilize rules and mapping to automatically assign the Member to the same PCP and ECM Provider unless the Member has expressed a different preference, or KHS identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

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  ii. List of assigned members are sent securely to ECM Providers for engagement and management.

    1) ECM Providers will receive eligibility lists for members that are authorized to participate in the ECM program. In addition, ECM providers will receive a weekly file identifying any newly identified eligible members and approved referrals.

    2) Some ECM Providers may not receive eligibility lists if they are leveraging a community-based referral program.

2. Enrollment

 a. ECM Provider will send daily, or at the least, weekly enrollment files to KHS.

 b. KHS will share information with ECM Providers on enrollment via SFTP file format regularly, to reconcile between KHS and Provider.

3. Notify the ECM Providers of inpatient admissions and Emergency Department (ED) visits/discharges:

 a. KHS fully retains the management of institutional encounters relating to ECM members to include concurrent medical necessity review, care transitions and care transition notifications, and discharge planning.

 b. KHS has formal utilization management processes and 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.

 c. 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, and hospital rendering providers. This process will be used to support the contracted ECM Providers to obtain timely and pertinent ECM member medical information. KHS has existing agreements with contracted hospital partners to access hospital electronic health records via the hospital's portal for KHS assigned members.

 d. ECM Providers are provided health information exchange forms to submit to local hospitals for access to ECM member medical records.

 e. For skilled nursing facility encounters, KHS will utilize facsimile transactions to include most recent and pertinent medical record information to and from the skilled setting.

f. KHS will provide a daily report of Inpatient admissions, Discharges which includes institutional facility changes, Emergency Department (ED) and Urgent Care (UC) visits to the contracted ECM Providers.

g. The census will prompt the assigned care team to perform institutional and post institutional care to ensure member care continuum is not disrupted.

h. For non-contracted ER encounters, KHS will extrapolate information for this activity through claims payment processes.

i. For non-contracted institutional encounters, KHS will also use facsimile transactions contemporaneously to the ECM Providers upon KHS receipt of the information. The member's care plan and other applicable care transition information will be included with the medical record information.

   i. Discharge information, such as any authorized services arranged for the member, will be included with the discharge instructions at the time of the member's discharge.

j. This information may also be mailed to the member's home.

k. 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.

l. This information is shared with the ECM Provider.

   i. KHS will also have member access to the KHS member portal designed for member use to retrieve select information.

   ii. Communications with the ECM member or responsible person about the care transition process and changes in the Member's health status and plan of care shall occur within two (2) business days and;

   iii. The ECM Lead Care Manager is notified by KHS with transition information to support the ECM member through the transition process within two (2) business days.

4. **Track and share data with ECM Providers regarding each member's health history:**

a. A member profile is available to the ECM Provider prior to ECM member initial appointment. The member profile can be accessed by the ECM Provider at any time using the KHS Provider Portal in compliance with HIPAA and other state and federal regulations. The report will include but not be limited to:

   i. Demographic member updates
   ii. Medical Diagnoses

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iii. Medication activity through the Pharmacy Benefit Manager (PBM) system
iv. Lab testing results
v. Radiology and diagnostic testing results
vi. Institutional encounters
vii. Specialty and ancillary authorized services
viii. Unused authorized services that have lapsed beyond 90 days
ix. Preventive health screening services

5. **Tracking and reporting**

   a. Various measures have been incorporated into the KHS Quality Management Program and Processes.

   b. KHS has established a 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.

   c. Data measurement outcomes will be shared with contracted ECM Providers for development and implementation for quality improvement member activities. KHS also tracks and reports on Health Effectiveness Data and Information Services (HEDIS) measures, encounters, enrollment, etc.

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

      i. Billable claims
      ii. 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 are submitted to KHS as encounter data.
      iv. KHS ECM Member assessment process
      v. KHS Pharmacy Benefit Manager (PBM) data

   e. Quality and performance measures are shared with ECM Providers on at least a quarterly basis which includes reports showing utilization patterns pertaining to both engaged and non-engaged enrolled members.

6. **Medication management tools including e-prescribing, drug formulary checks, and medication reconciliation.**

   a. KHS utilizes DHCS-required data exchange elements to communicate a member's medication history.

   b. Medication reconciliation activities are performed during care transition encounters.

c. Medication changes initiated by the PCP are documented in the member's Electronic Medical Record (EMR).

d. Members are educated to bring a list or their medications with them to include over the counter (OTC) meds each time they visit the doctor.

e. The ECM Provider is responsible for maintaining an accurate and up-to-date medication profile.

f. KHS has developed a member profile template which can be used by the ECM Provider to reconcile the ECM member's current medication list.

g. KHS ECM providers have access to a health plan pharmacist for consultation and review of medication profiles to assist with medication management issues or challenges. This process can be achieved through health plan data exchange to the provider and discussed telephonically.

7. Electronic Medical Record

a. All data collected during ECM member interactions is stored securely by the ECM Provider in their ECM Provider Electronic Medical Record (EMR)/Electronic Health Record (EHR) and/or electronic record system.

b. All data collected during ECM member interactions by the ECM Team will be stored securely in KHS's internal Care Management Platform

c. The ECM Provider will keep signed data sharing consents from the member and stored in their respective electronic record system when it is required by federal law (note: ECM Providers are not required to obtain data sharing consents when not required by federal law). The ECM provider will provide data sharing authorization preferences back to KHS through daily/weekly data exchange.

d. The ECM Team will store data sharing consents from the member in KHS's internal Care Management Platform as needed.

e. The ECM Provider will document all Community Supports Service (CSS) referrals appropriately.

f. The ECM Team will document all CSS referrals in KHS's internal Care Management Platform that are made by the KHS internal ECM Team.

g. Information collected in the ECM Provider electronic medical records is used for reporting to KHS as required for clinical quality improvement and care management and coordination activities.

h.   Information collected and documented in KHS's internal Care Management Platform is also used for reporting as required for clinical quality improvement and care management and coordination activities.

i.   Data collected and stored in the Electronic Medical Record (EMR) is accessible to all members of the Multidisciplinary care team for care planning and care coordination with each member. Shared decision-making tools are used with each member to allow them to participate in identifying and setting their health care goals. This is accomplished in part by educating and helping support the members with what they need to make the best care decisions. The member's Care Plan encompasses those goals created and a copy is provided to each member by their ECM program provider for reference as they work at attaining their defined goals.

j.   Health information review/change/corrections: Members who want to change or correct any health information will do so through their assigned ECM Provider or ECM Team by written request. ECM Providers will follow HIPAA compliant rules for allowing members to view and submit changes to their medical records. KHS member portal provides member's demographic, eligibility, and Treatment Authorization Request (TAR) information but does not contain medical records for member review.

8. **DHCS Reporting**

a.   KHS will send all ECM encounters and supplemental reports to DHCS compliant with DHCS reporting requirements (Attachment A: Logical Process Flow Standard Program Data Exchange).

V.   ATTACHMENTS

Attachment A:	Logical Process Flow Standard Program Data Exchange

VI.   REFERENCES

Reference Type	Specific Reference
Choose an item.	N/A

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.	L.H.P. Enhanced Care Management
Revised	04/2024	Annual review of Policy by ECM Department Leadership. Revisions made to update current	L.H.P. Enhanced Care

		processes to ensure proper alignment with operational processes.	Management
Revised	08/2022	Policy revised to comply with ECM operational readiness. Policy received DHCS approval on 12/08/2022.	Enhanced Care Management
Revised	06/2022	Policy received DHCS approval on 6/20/2022 per MOC 2022.	Enhanced Care Management
Effective	01/2022	General approval for MOC Part 1-3 received by DHCS to implement ECM on January 1, 2022.	Enhanced Care Management

VIII. APPROVALS

Committees | Board (if applicable)	Date Reviewed	Date Approved
Choose an item.	N/A	

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	Policy revised to comply with ECM operational readiness	12/08/2022
Department of Health Care Services (DHCS)	MOC 2022	06/20/2022
Department of Health Care Services (DHCS)	MOC Part 1-3	01/01/2022

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: 18.22-P ECM Data Sharing

Previous implemented version: 2024-04

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**
Loni Hill-Pirtle Director of Enhanced Care Management		
Amisha Pannu Senior Director of Provider Network		
Robin Dow-Morales Senior Director of Claims		

Date posted to public drive: _____6/3/2025_____

Date posted to website ("P" policies only): _____6/3/2025_____

Logical Process Flow Standard Program Data Exchange

Inbound

Outbound

frequency

Trading Partner External Entity Vendor

Vendor = Provider Company Name
App / Process = Site Name (QNXT Attribute)
Grouping = Program Name

Inbound

Demographics

Enrollment

Outreach

Lab

RX

EMR

Exception

Bi Report for logged data that doesn't pass Business Rules so data does not go into EDW

Bi Report for logged data that doesn't pass requirements for outbound file

EDW Data Vault

Infomart   Infomart   Infomart

frequency

Stage   Edifecs

Outbound

Enrollment

Demographics

Referrals

Eligibility

SOC

Notification on receipt

Orchestrator

Don't meet basic Validation Edifecs logged

Don't meet basic Validation Edifecs logged

Edifecs   Stage

Notification on sent

Orchestrator

Response File [original file name]_RESP

18.22 -P Attachment A