KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Enhanced Care Management Outreach and Engagement				POLICY #: 18.21-P	
DEPARTMENT: Enhanced Care Management					
Effective Date: 1/2022	Review/Revised Date: 3/29/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date_____

Emily Duran
Chief Executive Officer

_____ Date_____
Chief Medical Officer

_____ Date_____
Chief Operating Officer

_____ Date_____
Senior Director of Provider Network

_____ Date _____
Director of Claims

_____ Date _____
Administrative Director of ECM

POLICY:

Kern Health Systems (KHS) will identify, engage, and enroll Enhanced Care Management Program (ECM) eligible Members in compliance with the Department of Health Care Services (DHCS) guidelines.

DEFINITIONS:

Term	Definition
HCPCS	Healthcare Common Procedure Coding System

PROCEDURES:

A. Population of Focus
   1. ECM is designed for populations who have the highest levels of complex health care needs as well as social factors influencing their health.
   2. The mandatory ECM Population of Focus populations are:
      a. Children or youth with complex physical, behavioral, or developmental health needs (e.g., California Children's Services, foster care, youth with Clinical High-Risk syndrome or first episode psychosis).
      b. Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless, with complex health and/or behavioral health conditions;
      c. High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits;
      d. Individuals at risk for institutionalization who are eligible for long-term care services;
      e. Nursing facility residents who want to transition to the community;
      f. Individuals who are at risk for institutionalization who have co-occurring chronic health conditions and:
         i. Serious Mental Illness (SMI, adults);
         ii. Serious Emotional Disturbance (SED, children and youth);
         iii. Substance Use Disorder (SUD)
      g. Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.

B. Member Program Information
   1. Members are provided with information explaining ECM at the time of plan enrollment and annually thereafter. Every Member receives a plan benefit guide that explains ECM and provides information to the Member or other responsible individuals on how to request ECM. Self-referrals or referrals by family members, caregivers or support networks will be evaluated by the KHS ECM team to determine eligibility. KHS will determine eligibility within 5 working days for routine authorizations and within 72 hours for expedited requests.
      a. If Member meets eligibility, an authorization for a period of 12 months will be given. Authorized Members will be sent to the ECM provider(s) and PCP within 10 business days of authorization.

b. If a Member does not meet eligibility criteria, the Member's referral will be reviewed by a KHS medical director for approval or denial.
c. Notification of approval or denial will be sent to the referring Member.
    i. If approved, the ECM Provider will receive an outpatient notification form identifying the approved authorization. The ECM Provider will outreach and enroll the authorized Member.
    ii. If denied, the Member will receive a Notice of Action from KHS and be provided with notification of grievance and appeal rights.
d. Denials will go through the KHS appeals and grievance processes.

C. ECM Eligibility Criteria

1. KHS will authorize ECM for all Members (adults and children), identified as eligible in one of the Population of Focus. KHS will also transition all Members currently served by HHP or WPC programs or those in the process of enrolling in HHP or WPC. Members who are transitioned from these programs will be reassessed for appropriateness within 6 months of transition.
2. KHS will identify eligible Members through monthly stratification of the KHS population. Populations of Focus will be identified through defined criteria and methodologies utilizing data elements including but not limited to medical and pharmacy claims, DHCS fee for service claims, care management program information, ACG modeler files, EMR data, HRA results, and other external supplemental data. Please see data matrix for additional methodologies related to individual populations of focus.
3. To be eligible for the ECM, a Member must fall into one of the mandatory targeted populations.
4. If an ECM Member is not on the ECM list but may be eligible, the ECM Provider can explore their eligibility by submitting a referral form to KHS via the Provider Portal on the KHS website.

D. Assignment to ECM Provider

1. Utilizing KHS's internal technology algorithms and data KHS will assign every Member authorized for ECM to an ECM Provider or the KHS ECM Care Team within ten (10) business days of authorization, for individuals not currently receiving HHP or WPC.
2. Each ECM Provider will be notified of all new assignments weekly through secure data exchange.
3. KHS will notify each Member's PCP and other key Providers, if different from the ECM Provider, by written notification within ten (10) business days of authorization of the assignment to the ECM Provider.
4. The system has embedded logic that identifies all ECM Providers that are also community PCP providers. Within the system, Members are attributed to a PCP provider or the KHS ECM Care Team.
5. 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.

6. If KHS is aware that a Member receives services from a Specialty Mental Health Plan for SED, SUD, and/or SMI and the Member's Behavioral Health (BH) Provider is a contracted ECM Provider, KHS will assign that Member to that BH Provider as the 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.
7. ECM Providers will assign all Members a Lead Care Manager. ECM Providers will assign the Lead Care Manager with experience and knowledge based on the unique needs of the Member and Member preferences identified on assessment. KHS will ensure Lead Care Managers assigned to members with long-term services and supports needs are trained in person-centered planning, as required by federal law (42 CFR § 438.208; 42 CFR § 441.301(c)(1) and (2)).
8. KHS accommodates Members who request to change ECM Providers and/or ECM Lead Care Manager regardless of the reason. Members are provided with details on how to request a different ECM Provider and/or Lead Care Manager in the Welcome Package they receive when they enroll in ECM and on the KHS website. These requests are handled through the KHS ECM Department.
    a. The assignment to the new ECM Provider or KHS ECM Care Team will occur within (30) thirty days of the request. The former ECM Provider and the New ECM Provider will be notified of the change in writing.
9. ECM Providers, Member PCPs, and other key Providers will provide feedback to KHS via written communication if they determine that the ECM Member assignment was not appropriate at any time during the authorization period.
10. Based on Provider feedback and evaluation of the information received, KHS ECM staff will reassess and reassign the Member as appropriate.
11. KHS will complete analysis of all Provider assignment feedback and the results will be presented at the Quality Committee and Community Advisory Committee meetings on an annual basis at minimum. KHS may use the information to adjust KHS ECM Member stratification.

E. Outreach and Engagement Process
1. Weekly and through secure data exchange, KHS will provide ECM Providers with a list of all assigned Members. The KHS ECM Team is notified of Members identified for ECM through the internal care management platform.
2. KHS will also identify any new ECM Members previously enrolled in another plan through the presence of ECM service HCPCS codes within the prior 90 days. The presence of such historical utilization data received by KHS via Plan Data Feed will initiate both the standard assignment and outreach and engagement processes for Members within 30 days of KHS notification.
3. KHS ECM Team will collaborate and support the ECM Provider to conduct outreach and engagement calls to Members identified for ECM. The KHS ECM Team will support ECM Providers to conduct outreach calls to Members and will conduct outreach calls to Members who are assigned to the internal KHS ECM Team. Outreach calls will be prioritized based on the identified risk status of the ECM Member.
4. All ECM Provider staff and KHS ECM Care Team staff responsible for outreach to the Member for engagement into the ECM program receives training on outreach and engagement processes.
5. The responsibilities of ECM Providers are provided in the contract and in the training materials.
   The responsibilities include:

a. Initial outreach attempt is the responsibility of the ECM Provider and will be supported by the KHS ECM Team as necessary to ensure timely initiation and delivery of ECM. Initial outreach is targeted to occur within 30 days of the ECM Provider or KHS ECM Care Team receiving their list of eligible Members.
    i. The eligibility list that KHS provides to the ECM Providers and KHS ECM Care Team will prioritize Members for outreach based on the KHS modeling program which indicates Members assigned risk tier.
b. The ECM Provider Staff and KHS ECM Team will utilize call scripts provided by KHS to introduce the program to the Member, review Member preferences, and schedule an appointment with the ECM Provider.
c. The Member is informed at the time of initial outreach by the ECM Provider staff and KHS ECM Team that they may decline participation in the program and that they may request a different ECM Provider.
d. The ECM Provider and KHS ECM Team must make (2) two outreach attempts within (30) thirty days at different times during the day and on different days of the week.
e. After (2) two unsuccessful attempts to contact the Member by the ECM Provider Staff, the ECM Provider staff will submit the attempts to the KHS ECM Team via secure data file exchange. The KHS ECM care team will document attempts in the KHS medical management platform.
f. Upon receiving notification that Member has not been contacted, KHS will implement the Unable to Contact Process workflow, which includes sending letters to the Member every 20 days for a total of 120 days. The Member's PCP will also receive notification of eligibility and inability to contact on days 100 and 120.
g. If after 120 days of implementing the Unable to Contact Process, the Member does not respond to KHS or the ECM Provider, the Member will be internally referred to KHS Case Management for evaluation to participate in other programs.
h. All communication to the Member must be culturally and linguistically appropriate and this is ensured via review of all Member communication materials and on-going staff training.
i. ECM Providers and KHS ECM Team will actively seek to engage patients in care through "in reach" and "outreach" strategies to the extent possible such as: mail; email; social media; texts; telephone; community outreach; and in-person meetings where the Member lives, seeks care, or is accessible.
j. Schools, health care providers, and other governmental and non-governmental social service providers are avenues to meet an individual for introduction and engagement.
k. ECM Providers and KHS ECM Team will be expected to conduct outreach primarily in person prioritizing in-person contact where the Member lives, seeks care or is accessible
l. ECM Providers and KHS ECM Team must engage all target populations and implement specific processes to engage and reach Members that are typically hard to reach such as those who are experiencing homelessness.

F. ECM Program Disenrollment

a. After 2 unsuccessful outreach attempts by the ECM Provider will notify KHS ECM Care Team.

b. Additional reasons for discontinuing outreach may include:
    i. Member declined to participate
    ii. Member is well-managed and not in need of ECM
    iii. Member has met Care Plan goals
    iv. Duplicative service(s) in place
    v. Member displays an unsafe behavior
    vi. Unable to contact/reach Member
    vii. Member is not eligible
    viii. Member is deceased

G. Engaging with Members experiencing homelessness

a. KHS has multiple ways to identify homeless Members and to share this information with ECM Providers:
    i. Addresses: Based on experience with this population there are specific addresses associated with the homeless population used to identify homeless Members.
    ii. Discharge planning: Homeless Members are identified during discharge planning in acute and post-acute facilities.
    iii. Participation in the Kern County Homeless Collaborative and with the Kern County Housing Authority to identify ECM eligible homeless Members.
    iv. Kern County Medical HMIS System

b. The ECM Provider shall maintain logs and/or documentation of outreach engagement attempts in their EMR systems. This information will be shared with KHS via SFTP data exchange and stored in KHS database.
c. The KHS ECM Team will document, and track outreach attempts within the Member records held within the KHS medical management system.
d. All information sharing with ECM Providers is conducted through SFTP files and meets local, State and Federal privacy and security rules and regulations.

REFERENCE:

Revision 2022-12: Policy received DHCS approval on 12/8/2022 per ECM MOC Addendum 1.
Revision 2022-06: Policy received DHCS approval on 6/20/2022 per MOC 2022. **12/21/2021:** General approval to implement ECM on January 1, 2022.