Kern Family Health Care™

KERN HEALTH SYSTEMS

POLICY AND PROCEDURES

SUBJECT: Enhanced Care Management Oversight and Monitoring		POLICY #: 18.27-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 _____
Senior Director or Provider Network

_____ Date _____
Director of Claims

_____ Date _____
Administrative Director of ECM

PURPOSE:

To define Kern Health Systems (KHS) responsibilities and oversight role for the overall administration 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.

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 DHCS requirements. KHS also performs annual vetting of all ECM Providers for whom there is no Medicaid enrollment pathway.

ECM will be comprehensive and address the clinical and non-clinical needs of high-need, high-cost Members through systemic coordination of services and comprehensive care management.

ECM Providers will serve as the central point for coordinating patient-centered care and will be accountable for:

1. Improving member outcomes by coordinating physical health services, mental health services, substance use disorder (SUD) services, community-based Long-Term Services and Supports (LTSS), palliative care, and social support needs
2. Reducing avoidable health care costs, including hospital admissions/readmissions, Emergency Department (ED) visits, and nursing facility stays

PROCEDURES:

A. Oversight of ECM Contracted Providers

1. 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:
   a. Quarterly Monitoring of ECM Provider data
   b. Onsite ECM Provider site visits and case file review
   c. 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:
      i. Quality measures and outcome data as required by DHCS
      ii. Utilization metrics
      iii. Financial outcomes
      iv. ECM Grievance and Appeals Reports
      v. ECM member and provider satisfaction surveys
      vi. Core service metrics healthcare quality measures established by Centers for Medicare & Medicaid Services (CMS)

2. 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.

3. KHS has a defined Quality Improvement Program. Under the auspices of the QI Program, the KHS Quality Management 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.

4. 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.

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5. KHS will receive encounter data and ECM reports from the ECM Providers at scheduled periodicities.
    a. ECM Providers will record all Member Care Plan activities within their Electronic Medical Records (EMR). These files will be transmitted daily to KHS via established Secure File Transfer Protocol (SFTP).
    b. Data received is integrated into the KHS care management platform.
    c. Data is shared with ECM Providers identifying gaps in Members care and is sent via SFTP back to ECM Provider with a requirement that the gaps should be closed within 90 days.

6. ECM Care Team will review applicable reports pertaining to care coordination and provide feedback or requests for additional information from ECM Providers:
    a. Reports are submitted monthly and are uploaded directly via SFTP
    b. KHS ECM Care Team will collect data monthly for review
    c. KHS ECM Care Team will have 30 days upon receipt of report to review ECM Provider submissions for content including but not limited to:
        i. Use of the correct report template
        ii. Reporting period
        iii. Content

7. If report does not appear to reflect ECM activities, ECM Care Team will follow up with the contracted ECM Provider to request clarification.

8. ECM Care Team will work with ECM Providers to identify solutions and close gaps.

9. If upon requested clarification additional concerns exist, a Corrective Action Plan (CAP) may be executed.

10. If CAP is executed and ECM Provider does not meet or is unable to meet CAP requirements, the case will be escalation to Chief Medical Officer or Designee for review and further corrective action and remediation to ensure that the ECM Provider is meeting ECM program delivery requirements

11. Continuance of non-compliance will be reported to the KHS ECM Steering committee which will determine further action that may include limitation of assigning new members and up to and including termination of contract.

B. Onsite ECM Provider Site Visit and Case File Review

KHS ECM Care Team will perform site visits to evaluate ECM Providers operational and clinical program activities and performance following this schedule:

Year 1 - During the first year, KHS ECM Care Team staff will perform onsite visits at least once during the first year and more frequently if issues identified through ECM Provider quarterly monitoring.

Year 2 and beyond - KHS ECM Care 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.

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Operational areas for review include:
   a. Staffing, including Care Manager Ratios
   b. Reporting and tracking systems
   c. Program Development
   d. Staff training

ECM Providers will receive report cards/score cards every six months that provide performance feedback. ECM Care Team Leadership will conduct monthly visits with ECM Providers to review any operational or technical issues. Feedback from the ECM Provider will be solicited during these visits.

C. Training

1. ECM providers and staff participating in the administration of ECM are required to receive training on the program. Required training modules shall describe the goals and scope of the ECM Provider, team member roles and how they should work together and the core services that should be provided. The training shall introduce topics related to caring for the eligible populations served under ECM.

2. Training and outreach modules are required to be audience appropriate and will require KHS approval. ECM training sources of information may include DHCS Toolkit for Providers, KHS internally developed training platforms, and from widely recognized subject authorities. Other acceptable training materials will come directly from the DHCS ECM website. Training materials may be in a variety of forms to include PowerPoint Presentations (PPT)s, on demand modules and condensed policies and procedures developed for ECM.

3. KHS will document training as evidenced by dates-times-locations and sign in sheets.

Staff Training	
ECM Program Overview Goal: Cover basic program components	Goals Eligibility and Enrollment Populations of Focus Core Measures Disenrollment/Transition
Care Plan, Care Coordination, and Care Transitions within the Enhanced Care Management Program Best practices for working with members and providers to design and implement a member care plan, conduct care coordination activities, and support patient	Handouts and review of Assessment Tools *Care Plan Template* *Drug Abuse Screening Test -DAST 10* *Screening, Brief Intervention, and Referral to Treatment- SBIRT* *Patient Health Screening for Depression- PHQ-9* *General Anxiety Disorder- GAD7* *Audit-C* *PRAPARE*

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	transitions between different levels of care.	Review of condensed versions of Policies and Procedures for:
		    Care Transitions
		    Care Plan
		    Interdisciplinary Care Team (ICT)
		    Member Health Profile
		
		Adoption of DHCS ECM Training PPTs for:
		    Comprehensive Case Management
		    Introduction to Care Coordination Services
		    Introduction to Care Transitions

	Community Resources and Referrals
	Provide information about available community resources, how to develop relationships with community partners, and best practices for connecting members to community services.
		A Hard Copy Binder has been Prepared as a resource Directory Manual for each ECM Provider and includes a comprehensive current listing of Kern County Community resources
		Training will be provided through the adoption of the DHCS ECM (PPT):
		    Connecting Members to Community and
		    Social Services

ECM Staff Training on Core Competencies		
	Populations of Focus Children or youth with complex physical, behavioral, or developmental health needs Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless, with complex health and/or behavioral health conditions High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits Individuals at risk for institutionalization who are eligible for long-term care services Nursing facility residents who want to transition to the community Individuals who are risk for institutionalization who have co-occurring chronic health conditions and SMI, SED, and SUD	**Homeless** *policy and resource section of the ECM Manual* **Alcohol Abuse** *PPT Screening, Brief Intervention, and Referral to Treatment (SBIRT)* **Substance Abuse** *Policy review and resource section of the ECM Manual* **SMI** *Behavioral Health Referral Policy and ECM Resource section of ECM Manual* **High Utilization** *Policy review and ppt resource* **At Risk for Institutionalization** *Policy review and ppt resource* **Nursing Facility** *Policy Review Nursing Facility Transitions of Care*

Social Determinants of Health Social determinants of health include gender, age, education, income and employment, social/cultural networks, housing and physical environments and other factors that impact health outcomes and access to care.	**Social Determinants** Adoption of the American Hospital Association PPT Training Deck on Social Determinants of Health which provides a global and community perspective
Motivational Interviewing	**Motivational Interviewing** KHS Developed an on-demand presentation: *Motivational Interviewing Training Deck & Interactive Role Playing*
Trauma-informed Care	**Trauma-informed Care** KHS Developed PPT Titled: Trauma Informed Care And review of Substance Abuse and Mental Health Services Administration (SAMHSA)'s concept of a **trauma-informed** approach protocols relative to staff positions
Health Literacy Assessment	**Health Literacy Assessment** The ECM Manual section which covers both Cultural Competency Assessment Scale and Cultural Sensitivity Health Plan Standard Procedures to assess Health Literacy

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.**Revision 2021-12**: General approval for MOC Part 1-3 received by DHCS to implement ECM on January 1, 2022.