<table>
<tr><td colspan="6">KERN HEALTH SYSTEMS
POLICY AND PROCEDURES</td></tr>
<tr><td colspan="3">SUBJECT: Enhanced Care Management Data Sharing</td><td colspan="3">POLICY #: 18.22-P</td></tr>
<tr><td colspan="6">DEPARTMENT: Enhanced Care Management</td></tr>
<tr><td rowspan="3">Effective Date:
1/2022</td><td rowspan="3">Review/Revised Date:
3/29/2023</td><td>DMHC</td><td></td><td>PAC</td><td></td></tr>
<tr><td>DHCS</td><td>X</td><td>QI/UM COMMITTEE</td><td></td></tr>
<tr><td>BOD</td><td></td><td>FINANCE COMMITTEE</td><td></td></tr>
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_______________________________________ 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 Enhanced Care Management

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 Health Homes Program (HHP) that will be leveraged for ECM. The following describes many existing processes that have been modified for ECM.

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 will launch ECM for all Members identified in the ECM Populations of Focus definitions for adults and children/youth according to the most updated ECM Implementation Timeline as required by DHCS. KHS will also transition all Members currently served by HHP or Whole Person Care (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.
        i. 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:
            a) Enrollment data;
            b) Encounter Data;
            c) Utilization/claims data;
            d) Pharmacy data;
            e) Laboratory data;
            f) Screening or assessment data;
            g) Clinical information on physical and behavioral health;
            h) SMI/SUD data, if available;

i) Risk stratification information for Members under 21 years of age in Contractor's Whole Child Model (WCM) program;

j) 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;

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

l) 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.

ii. 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 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:

a) Diagnosis and social determinant ICD codes from the Member's medical record

b) Relevant information collected as part of assessments administered to the Member either by a PCP, social worker, nurse, etc.

c) External data (as available) such as 1915 HCBS waiver program wait lists, section Q of the Minimum Data Set assessment data, etc.

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

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

c. 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.

i. The system has embedded logic that identifies all ECM Providers that are also community PCP (Primary Care Physician) providers. Within the system members are attributed to a PCP provider or the KHS ECM Care Team.
ii. 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.
iii. List of assigned members are sent securely to each to each ECM Provider for engagement and management.
    a) ECM Providers will receive a monthly eligibility list for members that are authorized to participate in ECM program. In addition, ECM providers will receive a weekly file identifying any newly identified eligible members and approved referrals.

2. **Enrollment**
    a. ECM Provider will send daily enrollment files to KHS.
    b. KHS will share information with ECM Providers on enrollment via SFTP file format monthly, to reconcile between MCP 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.
        i. ECM Providers are provided health information exchange forms to submit to local hospitals for access to ECM members medical records.
    d. 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.

e. 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.
f. The census will prompt the assigned care team to perform institutional and post institutional care to ensure member care continuum is not disrupted.
g. For non-contracted ER encounters, KHS will extrapolate information for this activity through claims payment processes.
h. For non-contracted institutional encounters, KHS will also use facsimile transactions contemporaneously to the ECM Providers upon KHS receipt of the information. The members 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.
    i. This information may also be mailed to the member's home.
    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 is shared with the ECM Provider.
j. KHS will also have member access to the KHS member portal designed for member use to retrieve select information.
k. 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
l. The ECM Care Coordinator 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
    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

2019 Core Set of Health Care Quality Measures for Medicaid Health Home Programs (Health Home Core Set)

NQF #	Measure Steward	Measure Name
Core Set Measures		
0004	NCQA	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-HH)
0018	NCQA	Controlling High Blood Pressure (CBP-HH)
0418/ 0418e	CMS	Screening for Depression and Follow-Up Plan (CDF-HH)
0576	NCQA	Follow-Up After Hospitalization for Mental Illness (FUH-HH)
1768	NCQA	Plan All-Cause Readmissions (PCR-HH)
NA	NCQA	Adult Body Mass Index Assessment (ABA-HH)
NA	AHRQ	Prevention Quality Indicator (PQI) 92: Chronic Conditions Composite (PQI92-HH)
Utilization Measures		
NA	CMS	Admission to an Institution from the Community (AIF-HH)[a]
NA	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-HH)
NA	CMS	Inpatient Utilization (IU-HH)

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; NA = Measure is not NQF endorsed; NCQA = National Committee for Quality Assurance; NQF = National Quality Forum.

[a] For the 2019 Health Home Core Set, NFU-HH was revised and renamed Admission to an Institution from the Community (AIF-HH).

a. These measures have been incorporated into the KHS Quality Management Program and Processes.
   i. 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 ECM-Provider 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.
c. 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 submitted to KHS as encounter data
   iv. KHS ECM Member assessment process
   v. KHS PBM data
d. Quality and performance measures are shared with ECM and Community Supports services (CSS) Providers on a quarterly basis which includes scorecards showing utilization patterns pertaining to both engaged and non-engaged enrolled members.

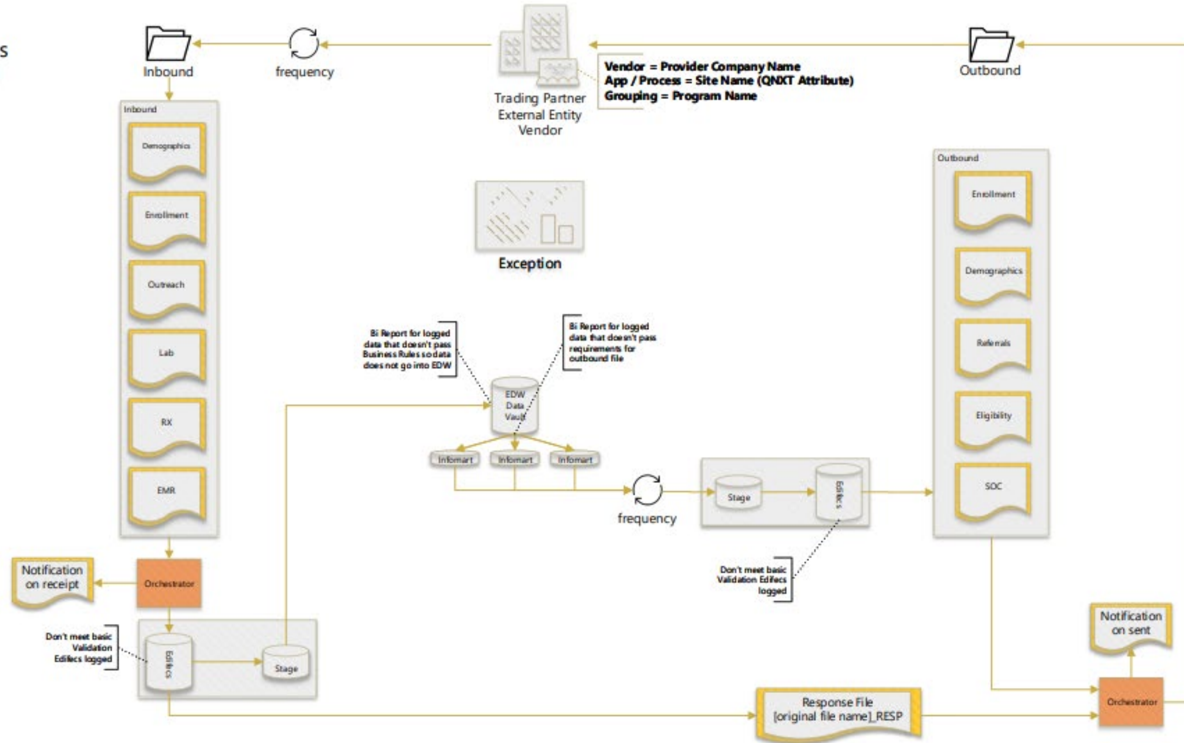
6. **Medication management tools including e-prescribing, drug formulary checks, and medication reconciliation.**
    a. KHS utilizes formatted PBM reports as illustrated in the table below to communicate with contracted ECM Providers regarding member medication history and utilization activities.

Medications: (All medications filled in the past 90 days)				
Medication Name	**Fill Date**	**Quantity**	**Days Supplied**	**Pharmacy Name**
GEMFIBROZIL 600 MG TABLET	12-14-18	4	2	RITE AID PHARMACY 05
HUMULIN R 100 UNITS/ML VIAL	12-14-18	10	28	EL TEJON PHARMACY
LANTUS 100 UNIT/ML VIAL	12-23-18	10	28	JJ TRINITY COMPOUNDI
METFORMIN HCL 500 MG TABLET	12-28-19	28	14	JJ TRINITY COMPOUNDI
ONDANSETRON HCL 8 MG TABLET	12-31-18	30	10	JJ TRINITY COMPOUNDI
SERTRALINE HCL 100 MG TABLET	01-05-19	14	14	JJ TRINITY COMPOUNDI
TRAZODONE 100 MG TABLET	12-14-18	30	30	EL TEJON PHARMACY

    b. Medication reconciliation activities are performed during care transition encounters.
    c. Medication changes initiated by the PCP are documented in the member's EMR.
        i. 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.
    d. The ECM Provider is responsible for maintaining and accurate and up-to-date medication profile.
        i. KHS has developed a member profile template which can be used by the ECM Provider to reconcile the ECM member's current medication list.
    e. KHS ECM provider 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).
    b. All data collected during ECM member interactions by the ECM Care 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 the EMR 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 data exchange
    d. The ECM Care Team will store data sharing consents from the member in KHS's internal Care Management Platform
    e. The ECM Provider will document all CSS referrals in the ECM members EMR and send via SFTP file format, to KHS for integration into the medical management platform for tracking and reporting purposes.
    f. The ECM Care Team will document all CSS referrals in KHS's internal Care Management Platform
    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 members Care plan encompasses those goals created and a copy is provided to each member 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 Care Team by written request. ECM Provider's will follow HIPAA compliant rules for allowing members to view and submit changes to their medical records. KHS member portal provides members 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.



REFERENCE:

Revision 2022-08: Policy revised to comply with ECM operational readiness. Policy received DHCS approval on 12/08/2022 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.