

	Program: UTILIZATION MANAGEMENT	
	Policy No. HH-010	Effective Date: 1/1/2019
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Title of Policy: DATA EXCHANGE AND INFORMATION SHARING		

PURPOSE:

This policy and procedure is established to define data exchange requirements and establish data sharing processes between the health plan and Community-Based Case Management Entities (CB-CMEs - Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare) (HPN) rendering services for members enrolled in the Medi-Cal Health Homes Program.

POLICY:

In accordance with DHCS contractual requirements and regulatory guidance, Molina Healthcare of CA (MHC) provides Health Homes Program (HHP) services to eligible members as defined by the DHCS Health Homes Program Guide.

The Health Homes Program is designed to coordinate the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by members with chronic conditions and severe mental illness diagnoses.

The HHP is responsible for the provision of six core services as follows: Comprehensive Care Management, Care Coordination, Health Promotion, Comprehensive Transitional Care, Individual and Family Support Services, and Referral to Community and Social Supports. To facilitate the delivery of these services, the plan utilizes data exchange platforms and/or processes combined with alternate methods, to ensure communication and information sharing between the member, HPN and the health plan.

PROCEDURE:

1. All care coordination activities and documentation for HHP members will be stored in HPN’s electronic care management platform. This includes, but is not limited to, the following:
 - a. Member’s Health Action Plan (HAP) and management of the care plan
 - b. Assessments and other clinical tools and/or educational resources
 - c. Contact attempts and outcomes
 - d. Progress notes and relevant clinical information
 - e. Member risk stratification information
 - f. Notes regarding referrals and appointments
 - g. Referrals to community/social support services, such as housing or food banks.

2. Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare will have access to and document all HHP activities and services in the electronic care management platform, qCare, and this system will be made available to the Molina Healthcare of CA when required.). Direct access to the system allows for efficient and timely updates to the

member's record and facilitates the sharing of information, such as the Health Action Plan (HAP), referral notes, etc. This approach also enables standardized reporting and data exchange. Training will be provided to all Molina staff as needed on documentation standards and processes to facilitate monitoring and reporting.

3. However, the plan acknowledges the limitations and risks in establishing a fully electronic and/or automated data exchange system and considers other alternate methods to facilitate data exchange.
 - a. Where appropriate and in the best interest of the member, the plan may also send documents via secure fax/email to expedite real time notification of member's health status (i.e. discharge summaries faxed by the hospital).
 - b. Although care plans are stored in system, the HAP is also automatically mailed to the member, PCP, and other providers as relevant and per the member's consent.
 - c. Depending on the member's situation, communication and sharing of information may also occur telephonically or face-to-face (i.e. sharing of patient/condition specific resources).
 - d. All contacts (telephonic, email, fax, etc.) will be documented in the care management platform to ensure that both the plan and Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare have line of sight and tracking of HHP members.
 - e. Updates to the HAP and management of the care plan
 - f. Information received or sent through other means (not received through or entered directly into the electronic care management platform) will be documented and uploaded to the care management system as attachments to ensure that all activities for the HHP member are stored in one central repository.
4. Where HPN does not have the IT infrastructure or capability to access Molina's system will be assessed on an individual basis to establish the best method of data exchange. Alternate methods of data exchange include secure file transfer protocol (sFTP), secure email and/or fax. Information exchanged by any of these alternate methods will be loaded to the care management system as stated above.
5. By ensuring that all HHP related activities are stored in the care management platform, Molina addresses the following HHP data and information sharing requirements and implements alternate solutions where electronic/automated system capabilities are limited:
 - a. **Identify cohort and integrate risk stratification information:** The system will perform preliminary risk stratification based on available data. This information is included in the membership file provided to HPN, exchanged via sFTP site. Additionally, the information is stored in the care management platform. Risk levels are to be updated, if needed, upon assessment of the member's current health status and needs.
 - b. **Shared care plan management – standard format:** As mentioned, the HAP will be stored in the care management system. The standardized format is provided to HPN. HPN will not be managing the HAP directly within the application, but in the qCare system.
 - c. **Clinical decision support tools to ensure appropriate care:** Is delivered are within qCare and will be utilized for HPN to document and be able to produce reporting stats. Molina will be able to access this system as applicable to be able to audit and do oversight as needed.
 - d. **Electronic capture of clinical quality measures to support quality improvement:**
 - e. Administrative data is captured through encounter submission. For those HEDIS measures based on medical record review, the provider will supply Molina with the appropriate medical records for chart review and verification. Any applicable documentation will be uploaded and stored in CCA.
 - f. **Ability to electronically capture and share the patient-centered care plan across care team members:** The HAP, which functions as the patient-centered care plan is developed

and stored in CCA. Alternatively, Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare will generate the HAP using the standardized template provided by Molina and transmit HAP data to the plan through sFTP or secure email for load into qCare. Upon creation and revision, the HAP is mailed to the member, member’s PCP (if different from the CB-CME) and other providers that are part of the member’s care team (with member consent). Furthermore, having the HAP available in qCare allows for export and transmission of the data as needed to facilitate care coordination.

- g. **Tools to support shared decision-making approaches with patients:** The aforementioned Healthwise® Knowledgebase tool allows the care team to share educational materials with the member to support informed sharing decision-making. HPN will leverage this tool, as well as other existing resources, to facilitate shared decision-making with HHP members.
- h. **Secure electronic messaging between providers and patients to increase access outside of office encounters:** Providers that have the capability to do so are encouraged to establish electronic messaging/communication with members, provided that the member has access to receive messages through email, text or other electronic means. However, acknowledging, system and resource limitations, Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare and care team will facilitate the communication as needed between the member and their providers.
- i. **Medication management tools including e-prescribing, drug formulary checks, and medication reconciliation:** qCare allows for medication management with a direct feed from the Caremark pharmacy system, to perform medication reconciliation. HPN will not be utilizing CCA will receive the pharmacy data extract to conduct medication reconciliation within their own systems and/or according to their existing process. Drug formularies are easily accessible online and the Molina pharmacy team is available for consult. Some providers may have capabilities for e-prescribing, however, where e-prescribing capabilities are not available, traditional methods will be applied, with follow up from Heritage Provider Network and its affiliated Medical Groups – Regal Medical Groups and Desert Oasis Healthcare and care team.
- j. **Patient portal services that allow patients to view and correct their own health information:** Members have limited self-service capabilities through the Molina member portal, allowing them to make demographic changes, PCP changes, request ID cards and other materials.
- k. **Telehealth services including remote patient monitoring:** Telehealth services vary among providers. Those with the proper capabilities will leverage the technology to facilitate member care.
- l. **Automated care transition notifications/alerts, e.g. when a patient is discharged from the hospital or receives care in an ER:** Though automated care transition/notifications for discharge are not yet available, Molina does have access to certain electronic health record (EHR) systems used by contracted hospitals. This access will be leveraged to communicate discharge and ER information to HPN. For those hospital systems where direct access is not available, Molina actively outreaches to obtain pertinent discharge information. When the plan is able to obtain them, discharge summaries and all pertinent information will be shared with HPN via fax. The information will also be uploaded to CCA and transmitted electronically, either through secure email or sFTP to HPN qCare as HPN does not access CCA.
- m. **Ability to electronically share care summaries/referral notes at the time of transition and incorporate care summaries into the EHR.** All notes and care plan information is stored within CCA, either through direct documentation or import/upload for those CB-

CMEs that do not have direct access. Export capabilities allow for the sharing of this information in the provider's preferred format (email, sFTP, fax, etc.).

- n. **Referrals tracking to ensure referral loops are closed, as well as e-referrals and e-consults:** Certain providers/IPAs may have the capability for e-referrals and e-consults, which will be encouraged and leveraged for HHP. However, all referral activity and care coordination needs will be documented and/or otherwise stored in CCA so that the care team can follow up as needed to ensure that referrals are not only made but appointments are scheduled and kept.
- o. **Patient specific education resources tailored to specific conditions and needs:** The Healthwise® Knowledgebase tool within CCA allows the care team to share specific patient education resources specific to the member's identified conditions/goals. CB-CMEs that are not utilizing CCA will use their existing resources, and will receive support from Molina when needed.
- p. **Electronic capture of social, psychological and behavioral data (e.g. education, stress, depression, physical activity, alcohol use, social connection and isolation, exposure to violence):** This data will be captured within the member assessments and the HAP, both of which are stored in CCA.
- q. **Ability to electronically refer patients to necessary services:** Referrals to certain county mental health plans (MHPs) for carved-out services are done via email notification through established processes through the county. Certain IPAs may have capabilities to support electronic referrals within their network. As Molina does not require referrals for in office consultations/visits to specialists, electronic referrals may not occur for directly contract providers. However, all referral activity, including referrals for carved out services, will be documented and/or uploaded to CCA, or HPN's qCare system.