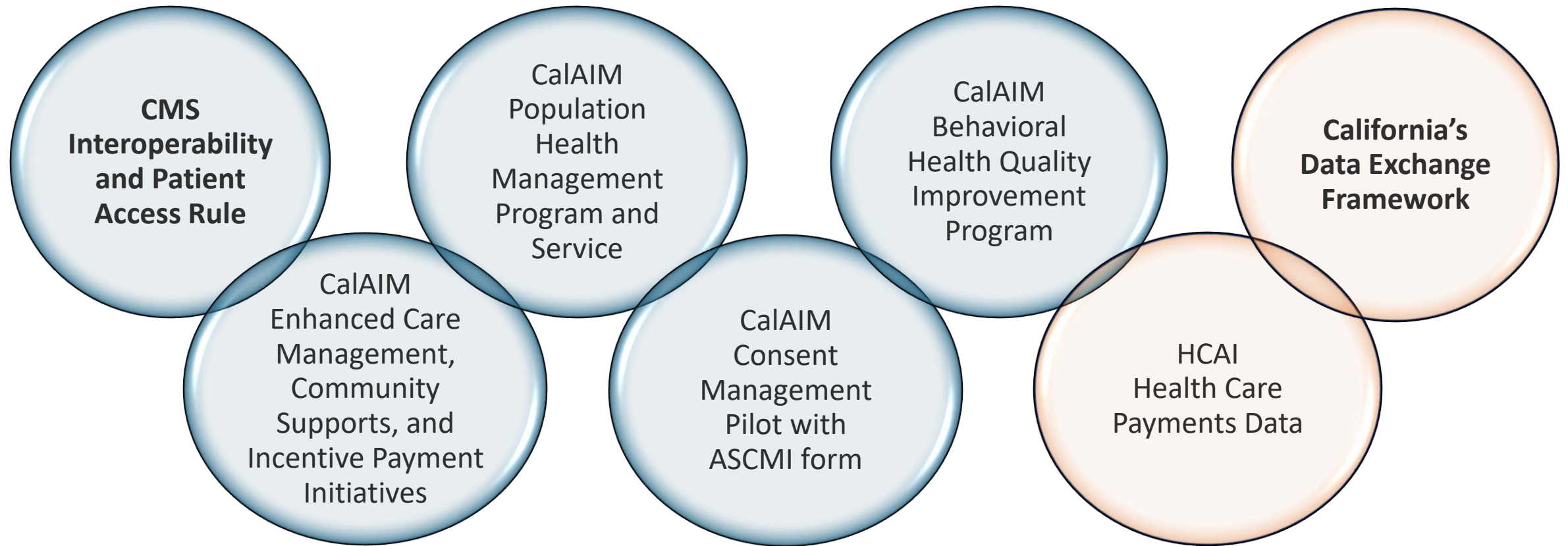# Opportunities to Improve Data Interoperability and Exchange: Medi-Cal and Medicare Initiatives

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DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Improving Health Care Data Sharing and Exchange
California Association of Health Plans
May 17, 2023

May 2023

Fitting the Pieces Together

CMS Interoperability and Patient Access Rule

CalAIM Population Health Management Program and Service

CalAIM Behavioral Health Quality Improvement Program

California's Data Exchange Framework

CalAIM Enhanced Care Management, Community Supports, and Incentive Payment Initiatives

CalAIM Consent Management Pilot with ASCMI form

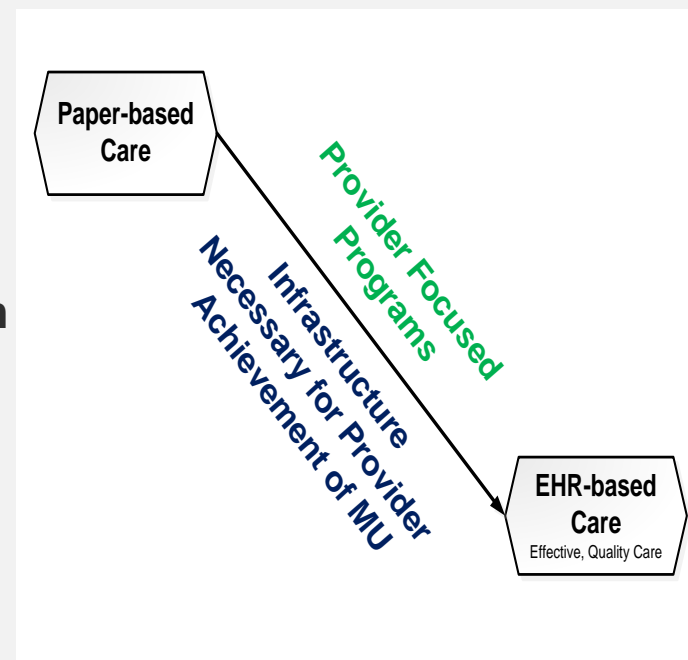HCAI Health Care Payments Data

HITECH Initiatives Created a Base: 2009-2021

HIE Cooperative Program   Promoting Interoperability Program   CA Technical Assistance Program (CTAP)

CA HIE Onboarding Program (Cal-HOP)

Federal Health Information Technology for Clinical Health (HITECH) Act of 2009

CalAIM technical assistance and funding is intended to build on past efforts including the HITECH Act and CMS Interoperability Rules

- **Incentivized the adoption and use of health information technology**
  - California received a $38.8M grant to support expansion of health information exchanges (HIEs)
- **DHCS Medi-Cal Promoting Interoperability Program, formerly the Medi-Cal Electronic Health Record (EHR) Incentive Program**
  - Extended HIPAA privacy and security requirements to all HIPAA business associates
  - Supported adoption and meaningful use of electronic health record systems by over 25,000 providers and 330 hospitals in California and distributing $1.6 Billion in incentive payments

Paper-based Care

Provider Focused Programs

Infrastructure Necessary for Provider Achievement of MU

EHR-based Care
Effective, Quality Care

HHS HITECH Act

CMS Interoperability and Patient Access Rule and Proposed Prior Authorization Rule

This federal rule expanded electronic health information exchange and interoperability gains from HITECH programs.

CMS Interoperability and Patient Access Rule (2020)

- Required Fast Healthcare Interoperability Resources (FHIR) as the foundational standard to support data exchange via secure application programming interfaces (APIs):
    - Patient Access API, enabling beneficiaries to download health records to mobile devices
    - Provider Directory API
    - Payer to Payer Data Exchange API

CMS Advancing Interoperability and Improving Prior Authorization Processes (proposed in December 2022)

- Additional API requirements, including expanding Patient Access API to include information on prior authorization decisions
- New response time requirements and ability to accept electronic prior authorizations

1. CMS Interoperability and Patient Access Rule Fact Sheet
2. CMS Proposed Rule Update. Public Comment closed on 3/1/2023.

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM integrates Medi-Cal Member care coordination and case management across physical health, behavioral health, and social services providers

Select CalAIM Initiatives

» Population Health Management (PHM)

» Enhanced Care Management (ECM)

» Community Supports

» Justice-Involved

» Behavioral Health Delivery System Transformation

» CalAIM initiatives require the exchange of information about Medi-Cal members, including an array of administrative, clinical, social, and human services information across sectors

» Exchange must occur in compliance with federal and state data privacy and data sharing consent laws, regulations, and other data sharing rules

For more information, please see DHCS's CalAIM website.

Notification Requirements to Support Care Coordination and Transitions

DHCS is using policy drivers through CalAIM Population Health Management and Managed Care Plan Contracts to put focus on care coordination and transitions
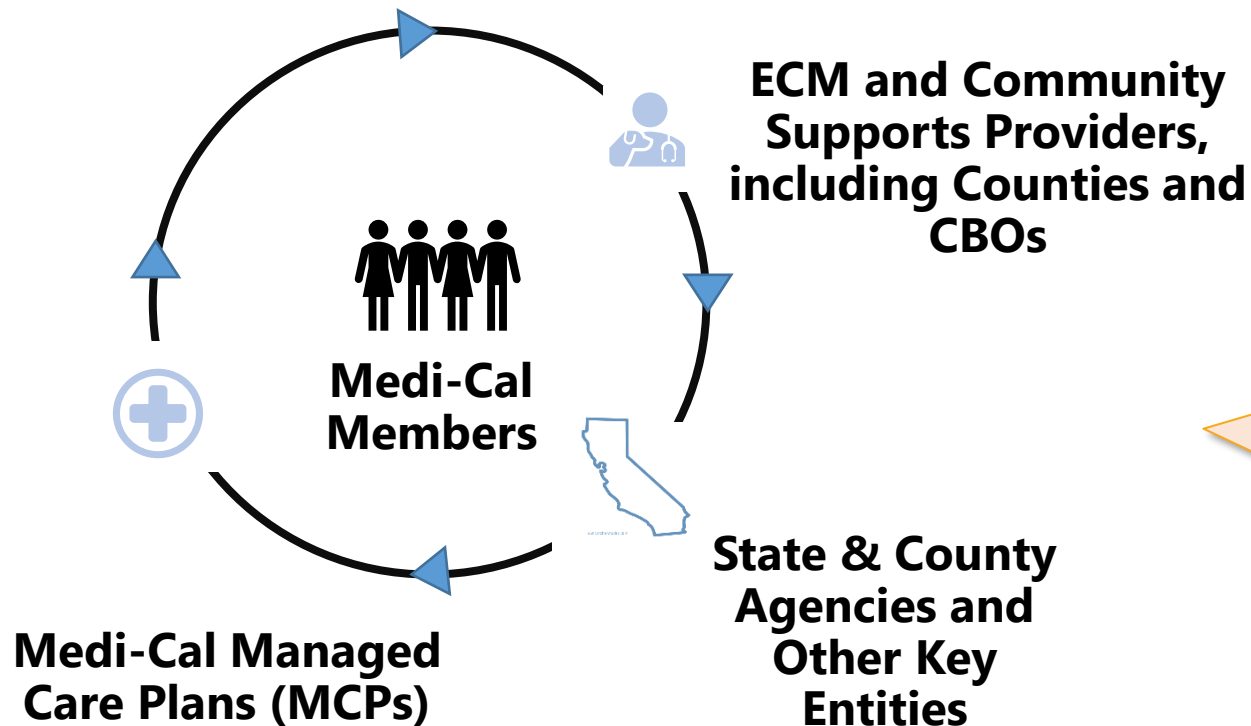
Population Health Management

» To the extent that ADT feeds exist, Medi-Cal managed care plans are expected to use them to know when their members are admitted, discharged or transferred, consistent with the requirement to use ADT feeds for risk stratification and segmentation

» ADT feeds are required as a distinct data source in Medi-Cal managed care plans' Population Needs Assessment beginning in January 2023

» Population Health Management Service will incorporate ADTs in future phases

Medi-Cal Managed Care Contract Requirements

» Include robust new language on transition of care services that requires:

- Timely prior authorizations
- Transitional care manager
- Member and family consent
- Other requirements to facilitate transfers from one level of care to another

» Allows for delegation of these requirements to providers and subcontractors

ECM and Community Supports Data Sharing

Information sharing among plans, providers, counties, community-based organizations, and DHCS is critical to ensuring the successful implementation and adoption of ECM and Community Supports <u>as well as other CalAIM initiatives</u>

ECM and Community Supports Providers, including Counties and CBOs

Medi-Cal Members

State & County Agencies and Other Key Entities

Medi-Cal Managed Care Plans (MCPs)

Information sharing is critical for:

» Identifying eligible individuals

» Developing a care plan

» Coordinating care and services

» Conducting referrals

» Monitoring and reporting

Incentive Payment Program (IPP)

IPP supports the implementation and expansion of CalAIM through funding for MCPs to to support capacity building and infrastructure development

Overview
Supports the implementation and expansion of ECM, Community Supports, and other CalAIM initiatives by incentivizing MCPs to: • Build sustainable provider capacity and delivery system infrastructure • Bridge current silos across physical and behavioral health care service delivery • Reduce health disparities and promote health equity • Achieve improvements in quality performance • Encourage take-up of Community Supports

DHCS IPP Webpage (currently part of ECM & Community Supports Webpage)

Providing Access and Transforming Health (PATH)

PATH is designed to build the capacity and infrastructure of on-the-ground partners to successfully participate in the Medi-Cal delivery system, as California implements CalAIM initiatives

Overview
Funding to maintain, build, and scale capacity and infrastructure necessary to ensure successful implementation of ECM, Community Supports, and Justice Involved services under CalAIM   • Supports community level service delivery networks to strengthen capacity statewide and help advance equitable access to health care services and resources   • Funding is available to a wide variety of entities such as providers, counties, public hospitals, Community-Based Organizations (CBOs), tribes and others

For more information on the PATH initiatives and how to apply: See DHCS PATH Webpage

Behavioral Health Quality Improvement Program (BHQIP)

BHQIP is an incentive payment program to support County Behavioral Health Plans as they prepare for changes in the CalAIM initiative and other approved administration priorities

Overview

- **"County Behavioral Health Plan"** includes Mental Health Plans (MHP), Drug Medi-Cal State Plans (DMC) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS)

- Each County Behavioral Health Plan can earn incentive payments in the CalAIM BHQIP by completing deliverables tied to program milestones

- Funds may be used at each county's discretion to accomplish CalAIM requirements including but not limited to staffing, technology and infrastructure, contracting, training and/or technical assistance

DHCS BHQIP Webpage

CalAIM Data Sharing Authorization Guidance

DHCS developed CalAIM Data Sharing Authorization Guidance to improve understanding of data privacy and data sharing consent laws, regulations, and rules for CalAIM Partners while also navigating important legal protections
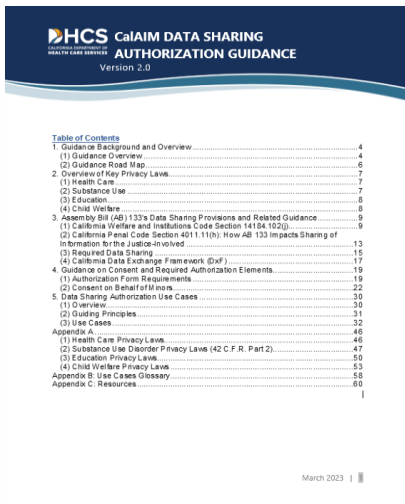
DHCS released the [first version of the Guidance](#) in Spring 2022. An updated Version 2.0 will be released in Spring 2023.

Contents of Guidance

✓ **Key Privacy Laws**
- Health care
- Substance use disorder (SUD)
- Education
- Child welfare

✓ **Assembly Bill 133**
- Guidance on how AB 133 limits certain state privacy laws to enable data sharing for care coordination under CalAIM

✓ **Consent and Required Authorizations**
- Authorization Forms
- Consent on behalf of minors

✓ **Data Sharing Use Cases**
- Scenario-based examples of when personally identifiable information can be disclosed under CalAIM for
  - ECM
  - MCP and County Behavioral Health coordination

# Authorization to Share Confidential Medi-Cal Information (ASCMI) Pilot

DHCS developed a universal consent form and partnered with HIEs/CIEs to launch a consent management service pilot in 3 counties

Service providers (County BH, ECM, Community Supports, primary care, hospitals, and others) provides information on ASCMI form and requests member's signature

Member's ASCMI Form is stored in a **consent management service,** centralized platform to **store Medi-Cal member's consent** and can be accessed and amended by members and service providers via website and/or electronic health record (EHR) system
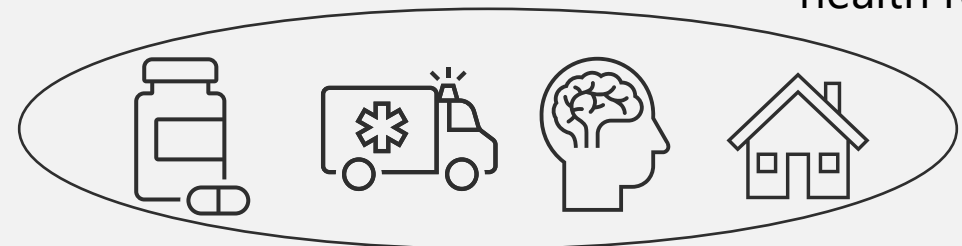
Organizations can check if they have consent to share information, such as substance use disorder treatment, emergency department visits, mental health, involved information and housing status can be shared. **Care managers can coordinate care** between MCP, SMHS, CBOs, and other county agencies and their respective providers

DHCS ASCMI Webpage

Continuous Coverage Unwinding

Continuous Coverage Unwinding

» **The continuous coverage requirement ended on March 31, 2023, and Medi-Cal members may lose their coverage.**

» **Medi-Cal redeterminations began on April 1, 2023, for individuals with a June 2023 renewal month.**

» **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.

» **How you can help:**

- Become a **DHCS Coverage Ambassador**

- Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

- Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated January 13, 2023)

Continuous Coverage Unwinding Communications Strategy

» On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ends on March 31, 2023. The campaign will complement the efforts of the DHCS Coverage Ambassadors that was launched in April 2022.

» **Download** the Phase 2 Toolkit that focuses on Medi-Cal renewals and **customize for your use.**

» **Direct Medi-Cal members to the newly launched** KeepMediCalCoverage.org, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Appendix

Enhanced Care Management (ECM) and Community Supports

ECM and Community Supports went live in January 2022 and are a key part of CalAIM's whole person care approach.

Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that addresses the clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

Community Supports

Services addressing the social drivers of health that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions.

For more information, please see DHCS's ECM and Community Supports website.

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs.

» ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home.

Seven ECM Core Services

Outreach and Engagement

Member and Family Supports

Comprehensive Assessment and Care Management Plan

Health Promotion

Enhanced Coordination of Care

Comprehensive Transitional Care

Coordination of and Referral to Community and Social Support Services

For more details, see ECM Policy Guide (December 2022).

What are Community Supports?

Community Supports are services to address the social drivers of health needs.

» Community Supports are medically appropriate, cost-effective alternative services that are provided as a **substitute for more costly services or settings**, such as hospitalization, SNF admissions, or ED use.

» Plans offer different combinations of Community Supports.

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

See Community Supports Policy Guide (January 2023) and Community Supports Elections Grid (February 2023).

Assembly Bill (AB) 133

The CalAIM Provision in AB 133 allows for information disclosures necessary to implement applicable CalAIM initiatives.

» AB 133[1] amended California Welfare and Institutions Code Section 14184.102(j) to permit CalAIM Partners to disclose personally identifiable information (PII) among one another so long as such disclosure helps implement CalAIM and is consistent with federal law.

» **"CalAIM Partners" refers to all individuals and entities providing services to CalAIM Enrollees[2]**

  • Medi-Cal managed care members and qualified inmates are "CalAIM Enrollees"

1. AB 133 Bill Text (ca.gov)
2. Examples of CalAIM Partners include: DHCS, other state departments, Medi-Cal managed care plans, Medi-Cal Behavioral Health Delivery Systems, counties, health care providers, social services organizations, care coordination and case management teams, and other authorized provider or plan entities, and contractors of all of those entities.

AB 133 (continued)

AB 133 added Section 14184.102 to Welfare & Institutions Code

*(j) **Notwithstanding any other state or local law**, including, but not limited to, Section 5328 of this code and Sections 11812 and 11845.5 of the Health and Safety Code, **the sharing of health, social services, housing, and criminal justice information, records, and other data** with and among the department [of health care services], other state departments, including the State Department of Public Health and the State Department of Social Services, Medi-Cal managed care plans, Medi-Cal Behavioral Health Delivery Systems, counties, health care providers, social services organizations, care coordination and case management teams, and other authorized provider or plan entities, and contractors of all of those entities, **shall be permitted to the extent necessary to implement applicable CalAIM components described in this article and the CalAIM Terms and Conditions, and to the extent consistent with federal law**. The department [of health care services] shall issue guidance identifying permissible data sharing arrangements to implement CalAIM*