



<b>Policy and Procedure No: MC IT 1.1</b>		<b>Revision No: 1</b>
<b>Division: Care Management</b>		
<b>Department: IT Data Management</b>		
<b>Title: PHC-CA CalAIM Data Infrastructure and Data Sharing</b>		
<b>Effective Date: 8/30/2021</b>		
<b>Supersedes Policy No: MC IT 1.0</b>		
<b>Reviewed/Revised by: Michael O'Malley</b>		<b>Review/Revision Date: 6/19/2025</b>
<b>Approving Committee: Compliance Committee</b>		<b>Date: 12/15/2025</b>
<b>Executive Oversight Committee Date: 12/16/2025</b>		

**Purpose:**

To establish PHC California’s (the Health Plan) policy and procedure for information technology (IT) infrastructure, data sharing, and monitoring.

**Policy:**

1. The Health Plan utilizes data sources including, but not limited to:
  - a. Enrollment data
  - b. Encounter data
  - c. Utilization/claims data
  - d. Pharmacy data
  - e. Laboratory data
  - f. Direct collection from members / representatives via screenings or assessments
  - g. Clinical information on physical and/or behavioral health
  - h. Serious Mental Illness (SMI)/Substance Use Disorder (SUD) data, as available
  - i. Social Determinates of Health (SDOH) data
  - j. Results from Adverse Childhood Experience (ACE) screenings; and
  - k. Other cross-sector data and information, including housing, social services, criminal history, and other information relevant to ECM Populations of Focus.
  
2. From an infrastructure perspective, the Health Plan’s data infrastructure aggregated in the Health Plan’s data warehouse and loaded into the care management and utilization review system. The Health Plan’s IT department produces reports that identify members potentially eligible for CalAim services, including Population Health Management (PHM), Enhanced Care Management (ECM) and Community Supports (CS) which are reviewed by the Health Plan Care Management leadership team. The Health Plan’s roadmap moving forward is to build BI reports and/or leverage capabilities of the care management and utilization review system for PHM/ECM/CS services.

3. The Health Plan maintains data described above in our integrated medical record which includes the care management and utilization review system, which functions as a data repository.
4. The care management and utilization review system provides a reporting structure to necessary reports for ECM/ILOS, such as identifying members for services, among other functions.
5. The Health Plan utilizes data received to assign members for ECM and ILOS services based on criteria met and described in PHC-CA CalAIM ECM Service Member Identification.
6. The Health Plan maintains all member records within the care management and utilization review system up to ten (10) years, including but not limited to, referrals, authorizations, care plans, and pertinent data to the member's profile.
7. The Health Plan securely shares data inclusive is of Personal Health Information (PHI) such as name, date of birth, member ID, race/ethnicity. language & SOGIE (sexual orientation, gender identity and expression) data with providers in support of the PHM, ECM and CS program per HIPAA requirements.
  - a. Such data can be used to provide health care services and customer services, evaluate benefits and claims, administer health care coverage, measure performance (utilization review), detect fraud and abuse, review the competence or qualifications of health care professionals, support quality improvement activities, identify and address health disparities, and fulfill legal and regulatory requirements.
  - b. This data may not be used for marketing, solicitation, or any activity that could result in discrimination, stigmatization, or any purpose unrelated to improving care delivery and health equity
8. The Health Plan receives and processes PHM/ECM/CS provider claims, encounters, and invoices, as applicable; and sends encounters to DHCS, utilizing the format established by DHCS.
9. The Health Plan receives and processes supplemental reports from PHM/ECM/CS providers.
10. The Health Plan sends PHM/ECM/CS supplemental reports to DHCS in the format established by DHCS as requested/required by contract.
11. The Health Plan opens, tracks, and manages referrals to PHM/ECM/CS providers through the process described in PHC-CA CalAIM ECM Service Member Identification.
12. The Health Plan shares data elements with PHM/ECM/CS providers in the format established by DHCS.

**Procedure:**

Provider-to-Plan Data Sharing Platform:

1. The Health Plan establishes a secure data exchange portal consistent with HIPAA regulations for providers to submit and receive pertinent information related to PHM/ECM/CS members the provider is servicing. Providers shall also sign an attestation, attesting that security measures are in place on workstations that house PHI.



2. The Provider should register an account the Health Plan's Serv-U MFT secure file transfer platform by identifying primary billing contact(s) who need access to invoice submission portal. Associate Director of EDI or designee will reach out to billing contact to establish account and appropriate access.
3. The Provider has the capability to submit invoices using the Health Plan's developed Excel template available on the Serv-U MFT platform, using either the Serv-U MFT web interface or through SFTP.
4. Once submitted, the Health Plan validates invoices to ensure all DHCS required data elements are present and values provided are valid.
5. If the submitted invoice passes validation, the Health Plan informs the provider via email that invoices were received and have been forward to the Accounts Payable department for processing. IT will place the invoice in a designated location on a network drive for further processing.
6. If the submitted invoice(s) fails to pass validation, the Health Plan informs the provider via email that the invoice has been rejected and advises the provider to check their Serv-U MFT folder for a detailed rejection report in Excel format. IT places rejected invoices in a designated location on a network drive for record-keeping purposes.
7. Providers must retrieve and download rejection reports within fourteen (14) days. Files will be removed from folder after fourteen (14) days and will be resent upon request by provider.
8. As part of Provider onboarding, the Provider Relations Department shall instruct providers on SFTP site usage of standard naming conventions for files. The Associate Director of Data Analytics and Information technology or designee shall develop and maintain step by step instructions for submitting invoices via the data sharing platform.
9. Pertinent member information that should be shared with an ECM/ILOS provider can be sent/received using the Ser-U MFT platform.
10. Providers must have or register for a type two (2) billing NPI to ensure that encounters can be submitted to DHCS.

#### Member Information File

1. At the request of the Care Management Leadership Team, IT will produces Member Information Files on a standardized Excel format, according to DHCS guidelines.
2. Member demographic data is maintained and extracted from the Health Plan's enrollee and provider data management, utilization management and claims processing system. All PHI is stored on workstations with reasonable safeguards (please Policy & Procedure HI 201 Privacy Safeguards).
3. ECM Authorizations are identified and extracted from the care management and utilization review system.

4. Chronic condition, long-term care, SDOH, High Costs/Utilizer indicators are extracted based on assessments/issues identified by Care Management staff in the care management and utilization review system and/or diagnosis codes submitted to the Health Plan.
5. Any additional SDOH Diagnosis reported on claims within the past twelve (12) months (per DHCS).
6. Emergency room and inpatient admissions will be extracted from the Health Plan's enrollee and provider data management, utilization management and claims processing system.
7. Drug listings for prior twenty-four (24) months shall be extracted from pharmacy encounters provided by PBM.
8. MCP Contact/ECM Care Manager information shall be extracted from the care management and utilization review system.
9. Member information files are posted by Associate Director of EDI and Analytics or designee to a provider's Serv-U folder by Plan. Providers will then be notified that they can download files from Serv-U web interface or via SFTP. File will be available.
10. Providers shall acknowledge receipt of member information and acceptance of member into program via member information response file format, notify relevant contact, and upload completed template to the provider's Serv-U folder.
11. If providers identify inaccuracies with data sent on the Health Plan's Member Information File, the provider will notify their Provider Relations representative of Health Plan of inaccuracy and post corrected data to their Serv-U folder using the plan-provided naming convention. The Health Plan's Associate Director of EDI and Analytics or designee will then distribute corrections to the ECM Care Manager or designee and/or the Member Services department to reconcile and update data in the Health Plan's systems as appropriate.

#### ECM Provider Member and Member Engagement Information Files

1. The Health Plan's Associate Director of EDI and Analytics or designee creates an Excel template based on DHCS guidance for providers to use when reporting Provider Member and Member Engagement Information.
2. Providers upload files to the Serv-U MFT folder, using standard naming conventions based on instructions by the Health Plan. Upon receipt, an automated response shall be sent to the provider via email acknowledging receipt of the file.
3. If the file includes invalid values or is in invalid format, an automated process shall notify the provider of rejection via email and request a corrected file.
4. Upon receipt of the valid file, the Associate Director of EDI and Analytics or designee forwards data to Care Management Leadership Team for review.

#### Encounter Transmission to DHCS

1. For ECM/ILOS providers who can submit electronic claims, the Associate Director of EDI and Analytics or designee shall utilize standard encounter submission process to report these encounters to DHCS.
2. For providers who are unable to submit electronic claims and must invoice, Associate Director of EDI and Analytics or designee produces encounters utilizing invoice data collected on Provider Invoice Files. An automated process will validate that submitted invoices contain complete and accurate encounter information as required by DHCS prior to forwarding to the Accounts Payable department for adjudication and payment. If the submitted invoice does not pass validation the provider will receive rejection reason(s) and be asked to send a corrected invoice. Accounts Payable shall notify the Associate Director of EDI and Analytics or designee when invoices are paid, at which point encounter submissions will be made.
3. The Health Plan's Associate Director of EDI and Analytics or designee submits encounter data files to DHCS.

#### Authorization for Data Sharing

1. When authorization for data sharing is required by Federal law between the Health Plan and an ECM/Community Supports provider, the Health Plan generates a business associate agreement that documents approval between the Health Plan and the provider. The business associate agreement complies with HIPAA regulations pertaining to covered entities sharing patient protected health information (PHI):
  - a. Both covered entities must have or have had a relationship with the patient.
  - b. The PHI requested must pertain to the relationship.
  - c. The discloser must disclose only the minimum information necessary for the health care operation at hand.
2. The Community Supports provider is responsible for obtaining member authorization in writing for data sharing with the Health Plan for information that is beyond claims/invoice submission.