



Policy and Procedure No: MC IT 7.2	Revision No: 2
Division: Care Management	
Department: IT Data Management	
Title: PHC-CA PHM Data Integration and Exchange	
Effective Date: 1/1/2024	
Supersedes Policy No: IT 7.0, IT 7.1	
Reviewed/Revised by: Xing Liu	Review/Revision Date: 12/3/2025
Approving Committee: Compliance Committee	Date: 12/15/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

To describe how PHC California (the Health Plan) leverages a broad set of data sources to support Population Health Management information gathering, inform Risk Stratification and Segmentation (RSS), and provide a broader understanding of the health needs and preferences of Medi-Cal members.

Background:

With the launch of Medi-Cal Connect, the Department of Health Care Services (DHCS) provides a wide-range of Medi-Cal stakeholders with data access and availability for Medi-Cal members’ health history, needs, and risks, including historical administrative, medical, behavioral, dental, social service data, and other program information from current disparate sources. Medi-Cal Connect will utilize this data to support risk stratification, segmentation, and tiering; assessment and screening processes; potential medical, behavioral, and social supports; and analytics and reporting functions. Medi-Cal Connect will also improve data accuracy and improve DHCS’ ability to understand population health trends and the efficacy of various PHM interventions and strengthen oversight.

Policy:

1. The Health Plan integrates data sources as required in accordance with National Committee for Quality Assurance (NCQA) PHM standards to ensure the ability to assess the needs and characteristics of enrollees. These data sources include:
 - a. Medical and behavioral claims or encounters
 - b. Pharmacy claims
 - c. Laboratory results
 - d. Health appraisal results
 - e. Electronic health records
 - f. Health services programs within the Health Plan (i.e. utilization management, care management)
 - g. Enrollee application program interface (API) data

- h. Advanced data sources (aggregated data from the PHM Service and other entities as required, including all-payer claims systems, regional health information exchanges and community collaboratives.)
2. The Health Plan maintains systems that allow for data exchange with Health Information Technology (HIT) systems and Health Information Exchange (HIE) networks as specified by DHCS.
 3. The Health Plan maintains systems that enhance interoperability of Medi-Cal Connect in support of population health principles, integrated care, and care coordination across delivery systems.
 4. The Health Plan provides DHCS with administrative, clinical, and other data requirements as specified by DHCS and described in the following Policies & Procedures documents:
 - a. IT PHC-CA Encounter Data Submissions for Managed Care
 5. The Health Plan complies with all data sharing agreements, including data exchange policies and procedures, as defined by the California Health and Human Services (HHS) Data Exchange Framework (DxF) in accordance with Health & Safety Code section 130290.
 - a. The Health Plan complies with CMS Interoperability and Patient Access Final Rule (CMS-9115-F) by maintaining an application programming interface (API) that allows enrollees to easily access their claims and encounter information, including cost, as well as a defined subset of their clinical information. Enrollee-facing API shall also include access to health services programs (health appraisal data, case management/coordination, etc.) and advanced data sources (immunization registries, health information exchanges, etc.).
 6. As required by DHCS' PHM Policy Guide, the Health Plan seeks to enter agreements with contracted general acute care hospitals and emergency departments, as defined by HSC §1250, who are "Participating Facilities" and signatories to the HHS DxF Data Sharing Agreement, Signatories to HHS DxF are required to transmit Admit/Discharge/Transfer (ADT) notifications whenever an enrollee is admitted, discharged or transferred.. The Health Plan seeks similar arrangements with skilled nursing facilities, as defined by HSC §1250, who are signatories to the DxF (Data Exchange Framework) Data Sharing Agreement whenever possible.
 7. The Health Plan is a participant in the Los Angeles Network for Enhanced Services (LANES) and receives ADT notifications from Participating Facilities when enrollees are admitted, discharged, or transferred through LANES. LANES is a Qualified Health Information Organization (QHIO).
 8. The Health Plan seeks to enter into sharing data agreements with local health jurisdictions (LHJs) in ways that support the community health assessment (CHA) and community health improvement plan (CHIP) process. Such data sharing may employ a range of mechanisms and formats based on the level determined to be the best fit for LHJ capacity and priorities. Data is shared in a timely manner when requested by the LHJ. The Health Plan shares member-level data in accordance with all applicable law. Data sets apply deidentification and suppression according to LHJ or the Health Plan's organizational guidelines for public use in collaborative analysis. Data is disaggregated to the extent possible by REaL (race, ethnicity, and linguistic), SOGI (sexual orientation and gender identity), age and zip code.

Procedure:

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1. The Health Plan Administrator or designee, in collaboration with the Health Plan's operational business owners, is responsible for fielding data integration requests from DHCS and NCQA, as well as overseeing the exchange of data with various Medi-Cal stakeholders as contractually required.
2. The Health Plan Administrator or designee is responsible for identifying the business requirements of each data integration or data exchange task and communicating those requirements to the IT Department. The IT Department is responsible executing technical aspects of the request.
3. The Associate Director of Data & Information Systems Architecture or designee is responsible for maintaining a Management Information Systems (MIS) capable of accurately collecting, integrating and reporting data from multiple internal and external sources.
4. The Associate Director of Electronic Data Interchange (EDI) and Data Analytics or designee is responsible for the exchange of data files between the Health Plan and the PHM Service as required by DHCS.
5. The National Director of Quality is responsible for ensuring the Health Plan meets NCQA standards for population health management.
6. The Health Plan Administrator is responsible for collaboration with DHCS on population health management initiatives.
7. The Quality Improvement & Health Equity Committee is responsible for reviewing PHM data to identify population health trends and study the efficacy of PHM interventions.
8. As described in PHC California Policy and Procedure UM 37, Communication Protocols with Emergency Departments, the Utilization Management (UM) Department uses a Health Information Exchange (HIE) to receive notification regarding enrollees' admissions to Emergency Departments and Facilities. The UM Department consults LANES' portal daily to monitor ADT events.
9. As described in PHC California Policy and Procedure UM 2, Transitions of Care, planned member admissions to an acute hospital or SNF are communicated by the facility to the Health Plan via authorization request, and may also be communicated via LANES. Unplanned member admissions to an acute hospital are communicated according to contract requirements to the Health Plan by the facility within one (1) business day of admission/change in level of care. The admissions may also be communicated by LANES.

Definitions:

1. Population Health Management (PHM): A process for improving the health and well-being of individuals within a specific population through preventive care, early intervention, chronic disease management, improved care coordination and other interventions, supported by appropriate data collection and analysis.
2. Risk stratification and segmentation (RSS). A process by which an identified population is segmented by care requirements, and individuals within each segment are identified as being at risk of a significant health events/health deterioration and are therefore appropriate recipients of PHM-driven interventions.



3. Qualified Health Information Organization (QHIO). An entity designated by the California Health & Human Services Agency (CalHHS) to support statewide data exchange under the Data Exchange Framework (DxF).

Monitoring:

This policy is updated, as necessary, reviewed and approved annually by the Care Management Compliance Committee and the Quality Improvement and Health Equity Committee.

Reference(s):

1. Population Health Management, NCQA 2023 HP Standards and Guidelines, Effective for Surveys on or after July 1, 2023.
2. DHCS CalAIM Population Health Management (PHM) Policy Guide, updated July 2025.
3. DHCS Operational Readiness Contract #22-20597, Exhibit A Attachment III Section 4.3.3 Data Integration and Exchange
4. Center for Medicare and Medicaid Services, Interoperability and Patient Access. <https://www.federalregister.gov/documents/2020/05/01/2020-05050/medicare-and-medicaid-programs-patient-protection-and-affordable-care-act-interoperability-and>

Regulatory Approval(s):

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