KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Health Homes Member HAP & GAP Report				POLICY #: 18.09-P	
DEPARTMENT: Health Homes					
Effective Date: 08/14/2019	Review/Revised Date:	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward — Date 8/14/19
Chief Executive Officer

M Tasinga — Date 8/12/19
Chief Medical Officer

Date 8/13/19
Chief Operating Officer

Deborah Lucero — Date 8/8/19
Senior Director of Health Services

Julie Williams — Date 8/8/19
Administrative Director Health Homes Program

POLICY:
Kern Health System will ensure compliance with compressive assessment and HAP development by providing a monthly GAP in care report to contracted CB-CME's.

PROCEDURE:
1. GAPS in care Reports will be distributed to CB-CME's to inform them of:
   a. Achievement or lack of maintaining key indicators of quality at the patient level.
   b. Specific element of care that are indicated based on the members diagnosis but who have not received this element of care. Provide a record of gaps in care, for whom specific elements of care are indicated, based on their conditions, but who have not received these elements of care, referred to as "care gaps."

c. Deliver comprehensive patient encounter and care coordination information to CB-CME to assist them in maintaining a current and comprehensive patient profile.
d. Serve as a resource document in HHM ICT Conferences

2. CB-CME ICT will review the reports and attempt to address care gaps by regularly connecting with patients.
    a. This can include Inter-disciplinary team conferences and touch points to engage the member and or member care giver in action plans for improving health, through providing care and services to eliminate the GAP and assure ongoing routine visits.

3. In addition to the GAPS in HAP developed by ICT, KHS sends a gap report of quality indicators which are metrics developed from HEDIS standards. The Health Home has specific Core Measures to include:
    a. Utilization
    b. Preventive Screening
    c. Pediatric Well Care
    d. Adult Initial Health assessment
    e. Specialty Care and ancillary care i.e.
    f. Diabetes Care
    g. Respiratory Care
    h. Cardiac Care

4. CB-CMEs will receive reports showing their assigned patients who have gaps in care.

5. Data is collected in multiple ways:
    a. The majority of the data is claims based. However, since claims have multiple limitations in the degree to which they reflect the care provided; KHS will enhance the data using additional data sources.
    b. KHS Pharmacy Benefit Management data uploads
    c. KHS receipt of Encounter data that is not billable
    d. Carved out services
    e. CB-CME clinical data extracted from EMR clinical documentation or KHS medical record.

6. CB-CMEs will review the comprehensive member report and Care Gap Report and reconcile with their records to determine if a gap exists.

7. If so, then attempts should be made to close the gap.
    a. Consider appointment data to see if the member is already scheduled for a visit or determine if additional outreach efforts are needed.

8. If the gap has already been closed, then practices should close the gap by submitting claims, as appropriate, or submitting supporting medical record documentation or encounter data to KHS.

Revision: 2019-07: Policy created to comply with the Medi-Cal Health Home Program Guide. Previously approved by DHCS.