



Policy: GG.1308  
Title: **Monitoring Health Network Compliance via Case Management Reports**  
Department: Medical Management  
Section: Case Management

CEO Approval: /s/ Michael Hunn 12/14/2023

Effective Date: 05/01/1999

Revised Date: **01/01/2024**

Applicable to: ☒ Medi-Cal  
☐ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy outlines CalOptima Health's process for monitoring Health Network compliance through monthly Case Management reports.

## II. POLICY

- A. A Health Network shall submit a monthly Case Management Log to CalOptima Health's Secure File Transfer Protocol (SFTP) site in accordance with CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting.
- B. On at least an annual basis, CalOptima Health shall provide the Health Networks with a Timely and Appropriate Reporting Schedule (Schedule). The Schedule shall be updated as reporting requirements are revised by regulatory agencies. The Schedule shall include information regarding the submission process, naming conventions to be utilized, a list of the reports, frequency, and SFTP posting instructions.
- C. CalOptima Health's Case Management designated staff shall access the SFTP site and retrieve reports for review and monitoring of Health Network compliance with Case Management requirements.
- D. CalOptima Health shall exchange available information and data, including Member-level data, with Health Networks to facilitate care coordination activities. CalOptima Health shall conduct such information and data sharing in compliance with all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements, and other state and federal laws and regulations, including applying the Minimum Necessary standard, when applicable and CalOptima Health Policy HH.3011: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations.

## III. PROCEDURE

### A. Case Management Log

- 1. Not later than the fifteenth (15<sup>th</sup>) calendar day of each month, a Health Network shall submit a Case Management Log to CalOptima Health's SFTP site. The Case Management Log shall be submitted and include the information as provided in CalOptima Health Policy HH.2003:

Health Network and Delegated Entity Reporting, and the Timely and Appropriate Submission Grid (“Report Grid”).

2. CalOptima Health’s Case Management Department shall monitor the Health Network for compliance with Case Management Standards as defined in CalOptima Health Policy GG.1301: Comprehensive Care Management Process.

#### **IV. ATTACHMENT(S)**

Not Applicable

#### **V. REFERENCES**

- A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- B. CalOptima Health Policy GG.1301: Comprehensive Care Management Process
- C. CalOptima Health Policy GG.1313: Coordination of Care for Transplant Members
- D. CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting
- E. CalOptima Health Policy HH.3011: Use and Disclosure of Protected Health Information (PHI) for Treatment, Payment, and Health Care Operations
- F. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-006: Delegation and Subcontractor Network Certification (Supersedes APL 17-004)
- G. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
- H. Timely and Appropriate Submission Grid (“Report Grid”)

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
07/03/2017	Department of Health Care Services (DHCS)	Approved as Submitted
04/20/2022	Department of Health Care Services (DHCS)	File and Use

#### **VII. BOARD ACTION(S)**

None to Date

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	05/01/1999	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal
Revised	01/01/2006	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal
Revised	02/01/2016	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal
Revised	07/01/2017	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal
Revised	08/01/2018	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	04/01/2019	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal
Revised	08/01/2020	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal
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Revised	01/01/2024	GG.1308	Monitoring Health Network Compliance via Case Management Reports	Medi-Cal

## IX. GLOSSARY

Term	Definition
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information as subsequently amended.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Health Risk Assessment (HRA)	A health questionnaire used to provide Members with an evaluation of their health risks and quality of life.
Individual Care Plan (ICP)	A plan of care developed after an assessment of the Member's social and health care needs that reflects the Member's resources, understanding of his or her disease process, and lifestyle choices.
Interdisciplinary Care Team (ICT)	A team comprised of the primary care provider and care coordinator, and other providers at the discretion of the Member, that works with the Member to develop, implement, and maintain the Individual Care Plan (ICP).
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Minimum Necessary	The principle that a covered entity must make reasonable efforts to use, disclose, and request only the minimum amount of protected health information needed to accomplish the intended purpose of the use, disclosure, or request for Treatment, Payment or Health Care Operations.