



Policy:	HH.3023
Title:	Information Sharing
Department:	Office of Compliance
Section:	Privacy

CEO Approval:	/s/ Michael Hunn 11/13/2024
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Effective Date:	10/05/2023
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Revised Date:	10/01/2024
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Applicable to:	<input checked="" type="checkbox"/> Medi-Cal
	<input checked="" type="checkbox"/> OneCare
	<input type="checkbox"/> PACE
	<input type="checkbox"/> Administrative

I. PURPOSE

This policy establishes CalOptima Health's process to share information with participating First Tier, Downstream, and Related Entities (FDRs), local health jurisdictions, county and/or other public agencies, and other Managed Care Plans (MCPs), as necessary, for purposes of coordinating Medicare and Medi-Cal Covered Services between settings of care.

II. POLICY

- A. CalOptima Health shall participate in data sharing exchanges, such as health information exchanges and community information exchanges, that permit the sharing of Personally Identifiable Information (PII) and/or Protected Health Information (PHI), as defined by the California Health and Human Services Data Exchange Framework (DxF) and in accordance with Health & Safety (H&S) Code section 130290. CalOptima Health shall comply with federal and state privacy laws and each data sharing agreement, as applicable.
- B. CalOptima Health shall execute the DxF Data Sharing Agreement (DSA) on or before January 31, 2023. By January 31, 2024, CalOptima Health shall exchange health and social services information or provide access to health information as specified in the DSA and its policies and procedures.
- C. CalOptima Health shall integrate disparate information to support the California Advancing and Innovating Medi-Cal (CalAIM) and Population Health Management (PHM) programs by performing key PHM functions and providing authorized users with access to timely, accurate, and comprehensive data on Member's health history and needs.
- D. CalOptima Health interoperability shall enhance PHM services, in support of population health principals, integrated care and care coordination across delivery systems.
- E. CalOptima Health shall integrate additional data sources in accordance with all NCQA PHM standards to ensure the ability to assess the needs and characteristics of all Members.
- F. CalOptima Health shall share the United States Core Data for Interoperability (USCDI) as specified in Title 45 Code of Federal Regulations (CFR) 170.213, as necessary, to allow for data exchange with Health Information Technology (HIT) systems and Health Information Exchange (HIE) networks as specified by the Department of Health Care Services (DHCS).

- G. CalOptima Health shall exchange necessary data to implement Continuity of Care (CoC) protections. CalOptima Health shall complete all data sharing requirements as a previous MCP or a receiving MCP, as applicable, as specified in the 2024 DHCS Medi-Cal Managed Care Plan Transition Policy Guide, Section VIII. Continuity of Care Data Sharing Policy.
- H. CalOptima Health shall provide the DHCS with administrative, clinical, and other data requirements as specified by DHCS when requested.
- I. Disclosure of PII/PHI for treatment, payment, and/or health care operations is permitted under many circumstances; however, to the extent required by applicable law, CalOptima Health shall not disclose PII/PHI unless a legally valid authorization from the subject Member of that PII/PHI has been obtained.
- J. CalOptima Health shall adhere to stricter patient confidentiality laws when it applies and, when applicable, the federal substance use disorder confidentiality regulation, 42 CFR Part 2.
- K. When information may be shared under HIPAA and other applicable laws, CalOptima Health may share only the minimum information necessary to accomplish the purpose of the disclosure, pursuant to CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls.
- L. Where a Business Associate Agreement (BAA) applies, CalOptima Health's BAA template must be effectuated before sharing PII and/or PHI with an external party, pursuant to CalOptima Health Policy HH.3022: Business Associate Agreements.
- M. A Member may request to restrict or limit information sharing in accordance with applicable statutory, regulatory, and contractual requirements, as permissible under CalOptima Health Policy HH.3007: Member Rights to Request Restrictions on Use and Disclosure of Protected Health Information.

III. PROCEDURE

- A. As a Previous MCP, CalOptima Health shall transmit utilization data, authorization data, Member information, including preferred form of communication, accompanying data for Special Populations, and any additional data elements identified by DHCS for data transfer directly to receiving MCPs, in accordance with the CoC Data Sharing Policy.
- B. CalOptima Health shall provide the following information to Enhanced Care Management (ECM) Providers:
 - 1. Member assignment files, which include listing of Members authorized and assigned to the ECM Provider;
 - 2. Historical encounters/claims data for assigned Members;
 - 3. Physical, behavioral and administrative information, and information indicating Member Social Drivers of Health (SDOH) needs;
 - 4. Reports of performance on quality measures, as requested.
- C. Admission, Discharge, and Transfer (ADT) information

1. CalOptima Health shall require contracted Hospitals and Skilled Nursing Facilities (SNFs) to provide timely notifications of Member admissions, discharges, and/or transfers (ADT). Hospital and SNF information shall be exchanged in shared information systems.
 2. CalOptima Health shall maintain contracts with vendors to supply ADT messages in support of this policy.
 - a. Hospitals shall notify CalOptima Health of ADT information either immediately, prior to, or at the time of the Member's discharge or transfer from the Hospital's inpatient services.
 - b. For SNF admissions, the SNF shall notify CalOptima Health within 48 hours of admission.
 - c. For SNF discharges or transfers, the SNF shall notify CalOptima Health in advance if at all possible, or at the time of the discharge or transfer.
 3. CalOptima Health shall ensure that data exchanged is appropriately linked to the correct, real person.
- D. In accordance with all NCQA PHM standards, CalOptima Health shall exchange the following data to ensure the ability to assess the needs of all Members:
1. Medical and behavioral claims or encounters;
 2. Pharmacy claims;
 3. Laboratory results;
 4. Health appraisal status;
 5. Electronic health records; and
 6. Health services programs within the organization
- E. In accordance with California Penal Code Section 4011.11, disclosure of PII is permitted if the disclosure is:
1. Reasonably necessary to facilitate a county jail or youth correctional inmate's enrollment in CalOptima Health;
 2. Reasonably necessary to facilitate a county jail or youth correctional inmate's behavioral health treatment post-release; and
 3. Complies with federal laws.
- F. External data sharing requests shall undergo CalOptima Health's data sharing review procedure.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

1. CalOptima Health Contract with Department of Health Care Services (DHCS)

2. California Health and Human Services Data Exchange Framework: Single Data Sharing Agreement
3. CalOptima Health Policy HH.3002: Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls
4. CalOptima Health Policy HH.3007: Member Rights to Request Restrictions on Use and Disclosure of Protected Health Information
5. CalOptima Health Policy HH.3022: Business Associate Agreements
6. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-024: Population Health Management Program Guide (Supersedes APLs 17-012 and 17-013)
7. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
8. 2024 Department of Healthcare Services (DHCS) Medi-Cal Managed Care Plan Transition Policy Guide, March 22, 2024
9. CalAIM Enhanced Care Management Policy Guide, September 2023
10. CalAIM Data Sharing Authorization Guidance, March 2022
11. CalAIM D-SNP Policy Guide, January 2024
12. CalAIM Population Health Management Policy Guide, MAY 2024
13. Title 45 Code of Federal Regulations (CFR) 170.213
14. California Penal Code Section 4011.11

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
04/03/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
10/05/2023	Regular Meeting of the CalOptima Health Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	10/05/2023	HH.3023	Information Sharing	Medi-Cal OneCare
Revised	10/01/2024	HH.3023	Information Sharing	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Continuity of Care	<p><u>Medi-Cal</u>: Services provided to a Member rendered by an out-of-network provider with whom the Member has pre-existing provider relationship.</p> <p><u>OneCare</u>: Continuity of care refers to the continuous flow of care in a timely and appropriate manner. Continuity includes:</p> <ol style="list-style-type: none"> 1. Linkages between primary and specialty care; 2. Coordination among specialists; 3. Appropriate combinations of prescribed medications; 4. Coordinated use of ancillary services; 5. Appropriate discharge planning; and 6. Timely placement at different levels of care including hospital, skilled nursing, and home health care.
Covered Services	<p><u>Medi-Cal</u>: Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS.</p> <p>Covered Services do not include:</p> <ol style="list-style-type: none"> 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services);

Term	Definition
	<ol style="list-style-type: none"> 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012. <p><u>OneCare</u>: Those medical services, equipment, or supplies that CalOptima Health is obligated to provide to Members under the Centers of Medicare & Medicaid Services (CMS) Contract.</p>

Term	Definition
Department of Health Care Services (DHCS)	<p><u>Medi-Cal</u>: The single State department responsible for the administration of the Medi-Cal Program, California Children’s Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.</p> <p><u>OneCare</u>: The single State Department responsible for administration of the Medi-Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.</p>
Downstream Entity	Any party that enters into a written arrangement, acceptable to DHCS and/or CMS, with persons or entities involved with a CalOptima Health Program benefit, below the level of arrangement between CalOptima Health and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of both health and administrative services.
Enhanced Care Management (ECM) Provider	A Provider within the community that have a contractual relationship with CalOptima Health (such as a delegated Health Network) to provide ECM services to Members authorized to receive ECM. ECM Providers have experience and expertise providing intensive, in-person care management services to individuals in one or more of the Populations of Focus.
First Tier Entity	<p><u>Medi-Cal</u>: Any party that enters into a written arrangement, acceptable to DHCS and/or CMS, with CalOptima Health to provide administrative services or health care services to a Member under a CalOptima Health Program.</p> <p><u>OneCare</u>: Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the MA program or Part D program.</p>
Member	<p>Medi-Cal: 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.</p> <p>OneCare: A beneficiary enrolled in the CalOptima Health OneCare program.</p>
Personally Identifiable Information (PII)	<p>PII is —any information about an individual maintained by an agency, including:</p> <ol style="list-style-type: none"> 1. Any information that can be Used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, biometric records, race, ethnicity, language (REL), sexual orientation and gender identity (SOGI); and 2. Any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information

Term	Definition
Protected Health Information (PHI)	<p>Has the meaning 45 Code of Federal Regulations Section 160.103, including the following: individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium.</p> <p>This information identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. The information was created or received by CalOptima Health or Business Associates and relates to:</p> <ol style="list-style-type: none"> 1. The past, present, or future physical or mental health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.
Related Entity	Any entity that is related to CalOptima Health by common ownership or control and that: performs some of CalOptima Health's management functions under contract or delegation; furnishes services to Members under an oral or written agreement; or leases real property or sells materials to CalOptima Health at a cost of more than two thousand five hundred dollars (\$2,500) during a contract period.
Skilled Nursing Facility (SNF)	<p><u>Medi-Cal</u>: Any facility, place, building, agency, skilled nursing home, convalescent hospital, nursing home, or nursing facility as defined in 22 CCR section 51121, which is licensed as a SNF by California Department of Public Health (CDPH) or is a distinct part or unit of a hospital, meets the standard specified in 22 CCR section 51215 of these regulations, except that the distinct part of a hospital does not need to be licensed as a SNF, and has been certified and enrolled for participation as a SNF in the Medi-Cal program.</p> <p><u>OneCare</u>: A facility that meets specific regulatory certification requirements that primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.</p>
Social Drivers of Health (SDOH)	The environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk.