

Enhanced Care Management: Implementation Progress and DHCS Policy Refinements

Monday, August 14th, 2023

2:00 – 3:00pm PT

Continuous Coverage Unwinding

- » **The continuous coverage requirement ended on March 31, 2023**
- » **Medi-Cal redeterminations began on April 1, 2023, and will continue for all Medi-Cal members through May 2024 based on the individuals established renewal date.**
- » **Top Goal of DHCS:** Minimize member burden and promote continuity of coverage.
 - DHCS implemented several federal flexibilities to make the renewal process simpler during the continuous coverage unwinding.
- » **How you can help:**
 - Become a **DHCS Coverage Ambassador**
 - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available
 - Check out the [Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan](#) (Updated March 7, 2023)

Continuous Coverage Unwinding Communications Strategy

- » On February 8, 2023, DHCS launched the Medi-Cal renewal campaign, a broad and targeted public information, education, and outreach campaign to raise awareness among Medi-Cal members about the return of Medi-Cal redeterminations when the continuous coverage requirement ended March 31, 2023. The campaign will complement the efforts of the [DHCS Coverage Ambassadors](#) that was launched in April 2022.
- » **DHCS launched the [Keep Your Community Covered Resources Hub](#)** which includes resources in all 19 threshold languages.
- » **DHCS released the new, interactive [Medi-Cal Continuous Coverage Unwinding Dashboard](#)** that will allow you to gain demographic and geographic insights to enrollment and renewal data.
- » **Direct Medi-Cal members to [KeepMediCalCoverage.org](#) or [MantengaSuMedical.org](#)**, which includes resources for members to update their information and find their local county offices. It will also allow them to sign up to receive email or text updates from DHCS.

Today's Agenda

1. Review recently-released Data on ECM Uptake and Delivery in 2022	15 min
2. DHCS Policy Refinements for ECM	35 min
3. Next Steps & Q&A	10 min

Reminder: What Is Enhanced Care Management (ECM)?

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.

- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.
- ECM is the **highest tier of care management** for Medi-Cal MCP Members.

Medi-Cal MCP Care Management Continuum

ECM

Complex Care Management
For MCP Members with higher- and medium-rising risk

Basic Population Health Management
For all MCP Members

**Plus:
Transitional
Care
Services**
*For all MCP
Members
transitioning
between care
settings*

Reminder: ECM Is Administered by MCPs and Delivered by Community-Based Providers

MCPs contract with community-based providers who are experienced and skilled in serving ECM Populations of Focus.



**Medi-Cal Managed Care Plans
(MCPs)**



Example: CBO serving children and families with social needs

Reminder: Who Is Eligible for ECM?

ECM is available to MCP Members who meet criteria for ECM “Populations of Focus” (POFs), which are launching in phases from January 2022 to January 2024.

ECM Population of Focus		Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	✓
7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	

Summary of ECM Implementation in Year One (Calendar Year 2022)



New! The ECM & Community Supports 2022 Implementation Report

DHCS in August 2023 released the ECM and Community Supports 2022 Implementation Report, summarizing data from the first year of the two initiatives.



Collection

Medi-Cal Enhanced Care Management and Community Supports

Year One Report: Data on Implementation in Calendar Year 2022

Published August 3, 2023

Get started

California has embarked on a multi-year journey to transform Medi-Cal and provide members with more coordinated, person-centered, and equitable care. In 2022, two cornerstones of this journey -- Enhanced Care Management (ECM) and Community Supports -- launched statewide and reached more than 125,000 managed care plan (MCP) members in the first 12 months of implementation.

Enhanced Care Management

109,004 Medi-Cal MCP members across California received ECM in 2022.

Community Supports

36,391 Medi-Cal MCP members across California received 80,859 Community Supports services in 2022.

Executive Summary



CalAIM: Population Health Management

Building a person-centered, equitable, and connected Medi-Cal system that proactively addresses beneficiaries' care needs

County-Level Data Summary of CITED Grant Awards, As of March 2023

County	Total MCP Members	HHP/WPC Status	Total CITED Funds Awarded	CITED Funds Per 10K Members
Alameda County	387,397	Y	\$8,608,176	\$222,206
Alpine County	250	N	\$34,534	\$1,381,365
Amador County	7,811	N	\$368,046	\$471,190
Butte County	71,787	N	\$502,102	\$69,943
Calaveras County	11,683	N	\$193,864	\$165,937
Colusa County	9,379	N	\$326,814	\$348,453
Contra Costa County	266,575	Y	\$450,781	\$16,910
Del Norte County	12,453	N	\$489,723	\$393,257
El Dorado County	35,873	N	\$1,694,606	\$472,390
Fresno County	468,312	N	\$1,537,068	\$32,821
Glenn County	11,998	N	\$1,710,184	\$1,425,391
Humboldt County	10,133	N	\$1,594,206	\$215,110

The interactive report includes:

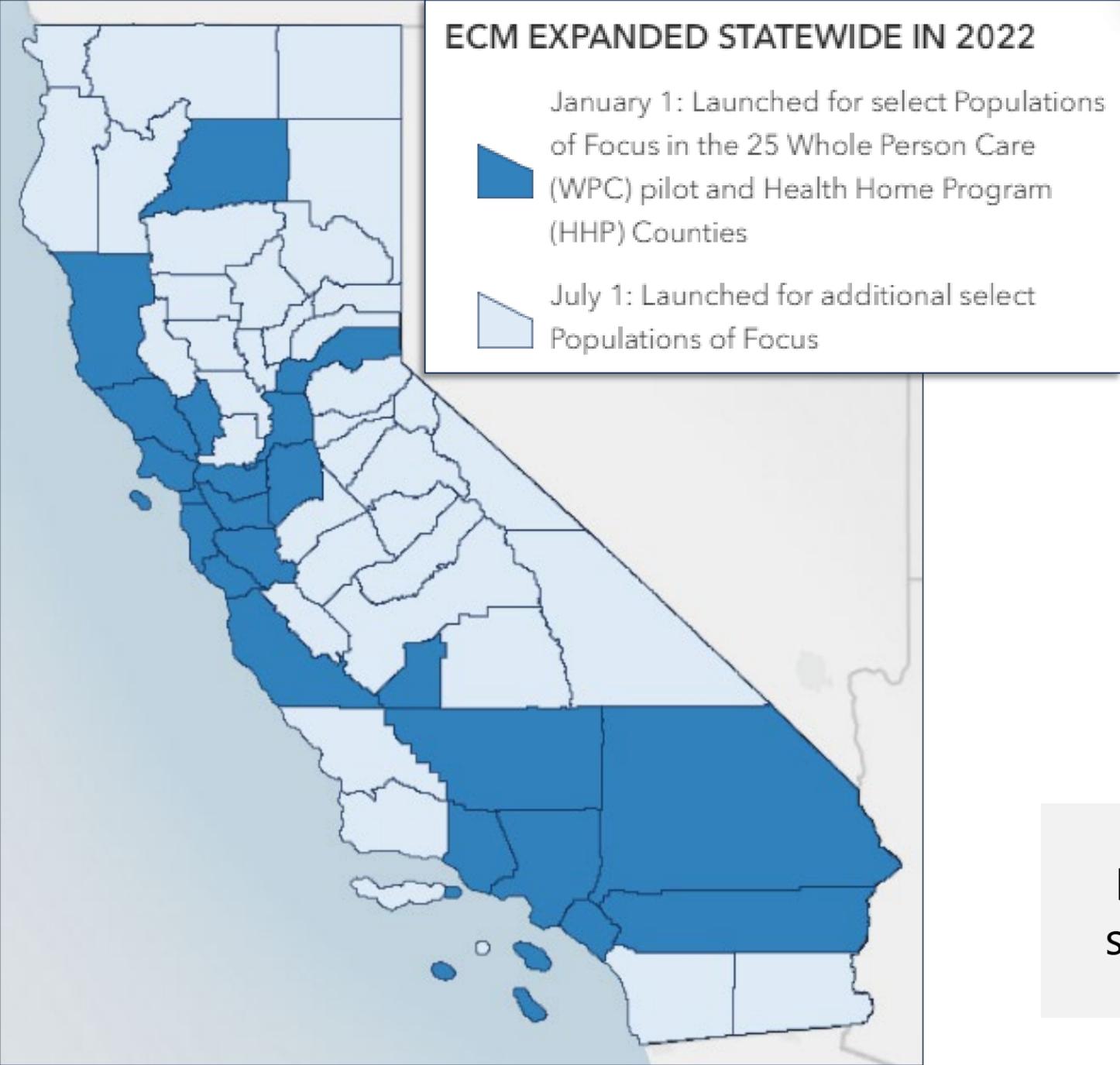
- » **State-level data** on utilization and provider networks
- » **County-level data** on utilization, and well as CITED data by county
- » **MCP-level data** on utilization

Access the report here:

<https://storymaps.arcgis.com/collections/53cc039bc1d54e2e9fc0ac92f5b6511a>

ECM Launched and Expanded in 2022

Three ECM POFs went live statewide in 2022.



Jan 2022

ECM launched in 25 counties that had Health Homes Programs and Whole Person Care for:

1. Adults at Risk of Avoidable Utilization
2. Adults Experiencing Homelessness
3. Adults with Serious Mental Health and/or Substance Use Disorder Needs

July 2022

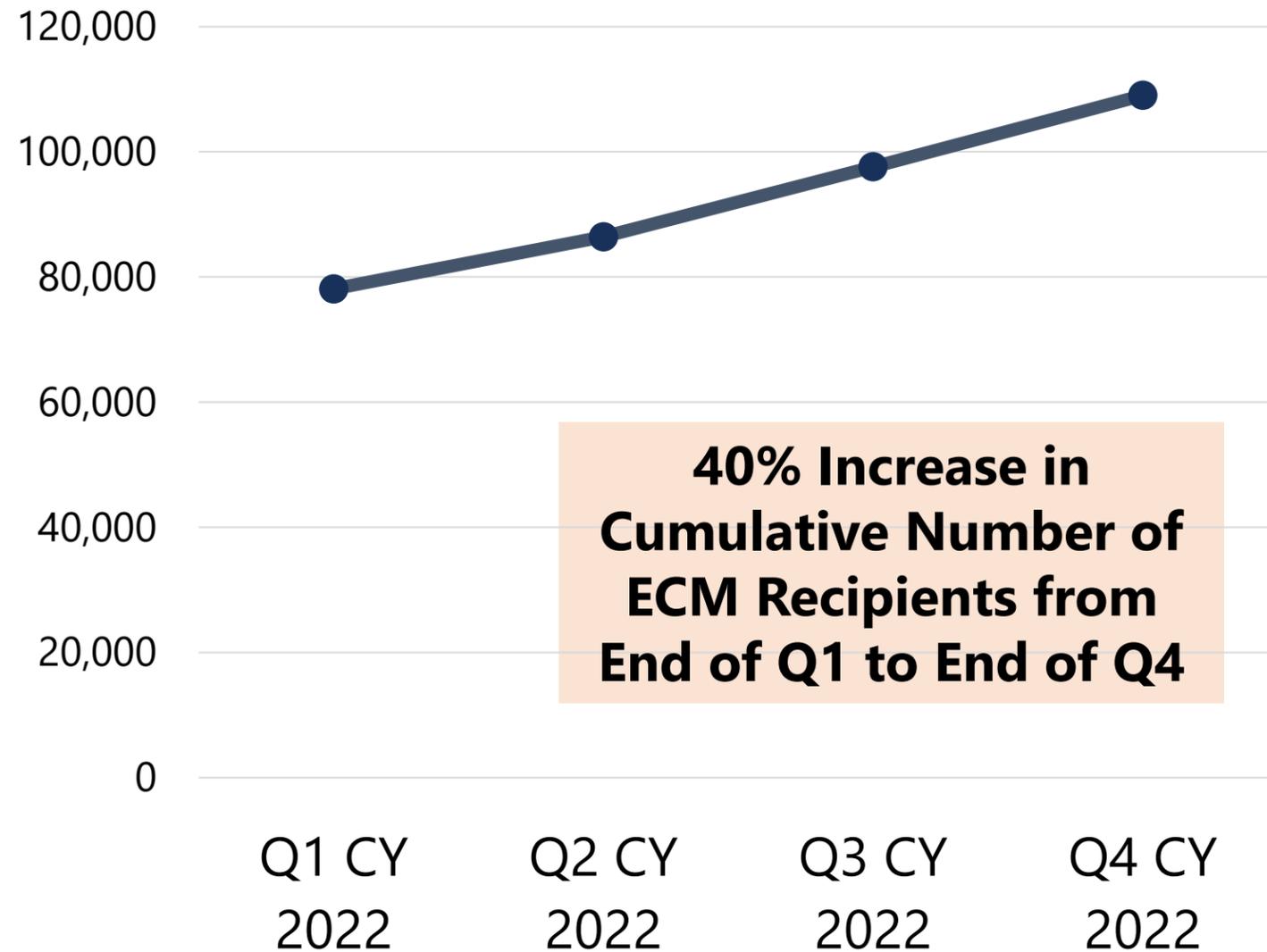
ECM launched in remaining counties for the initial three POFs.

ECM for Justice-Involved Individuals POF also launched in select former Whole Person Care counties in January 2022.

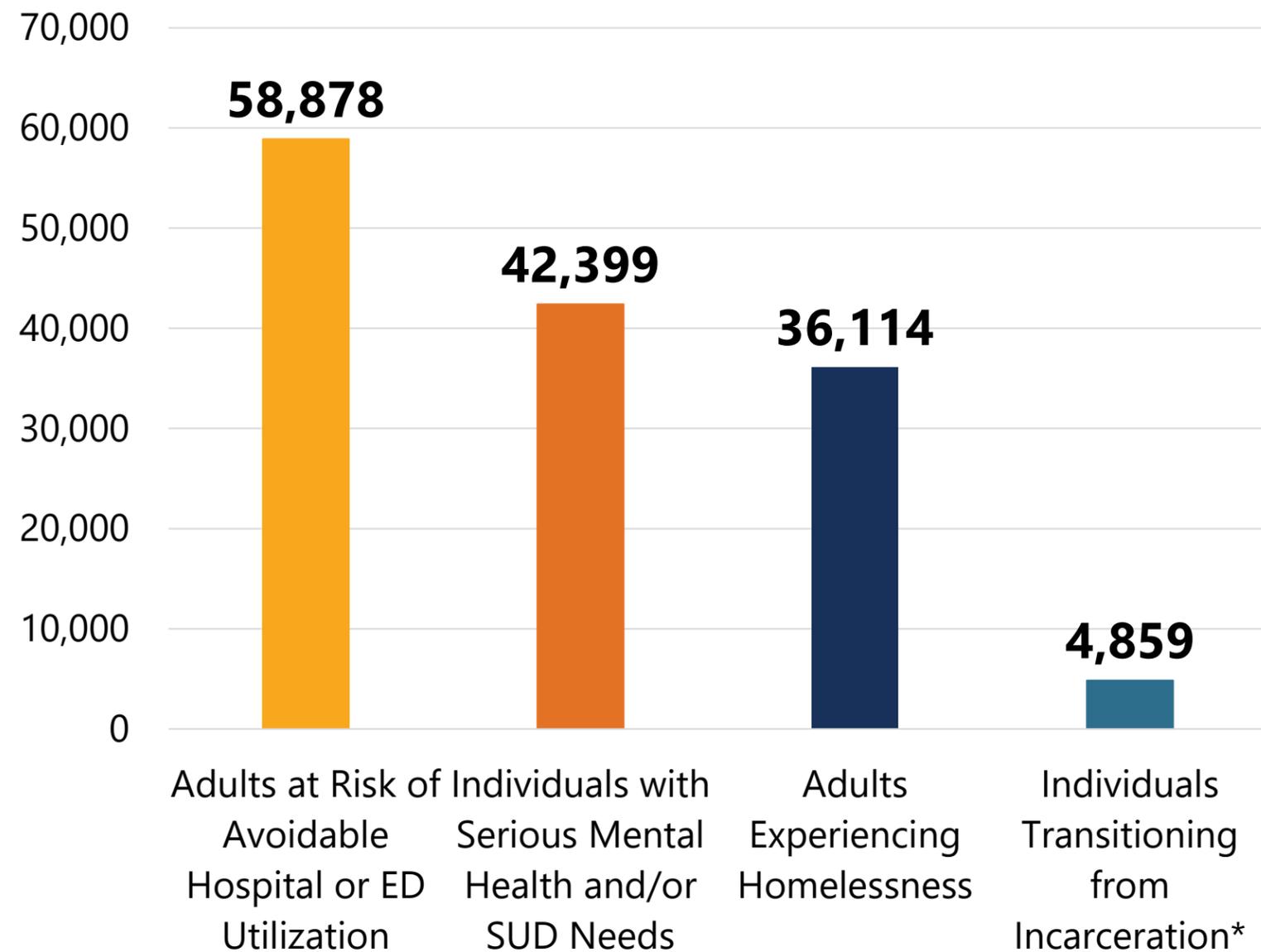
109,000 Medi-Cal Members Received ECM in CY 2022

About 50% of those Members were in the “At Risk of Avoidable Hospital or ED Utilization” POF.

Cumulative Number of Members Who Received ECM in CY 2022



Total Number of Members Who Received ECM by Population of Focus in CY 2022

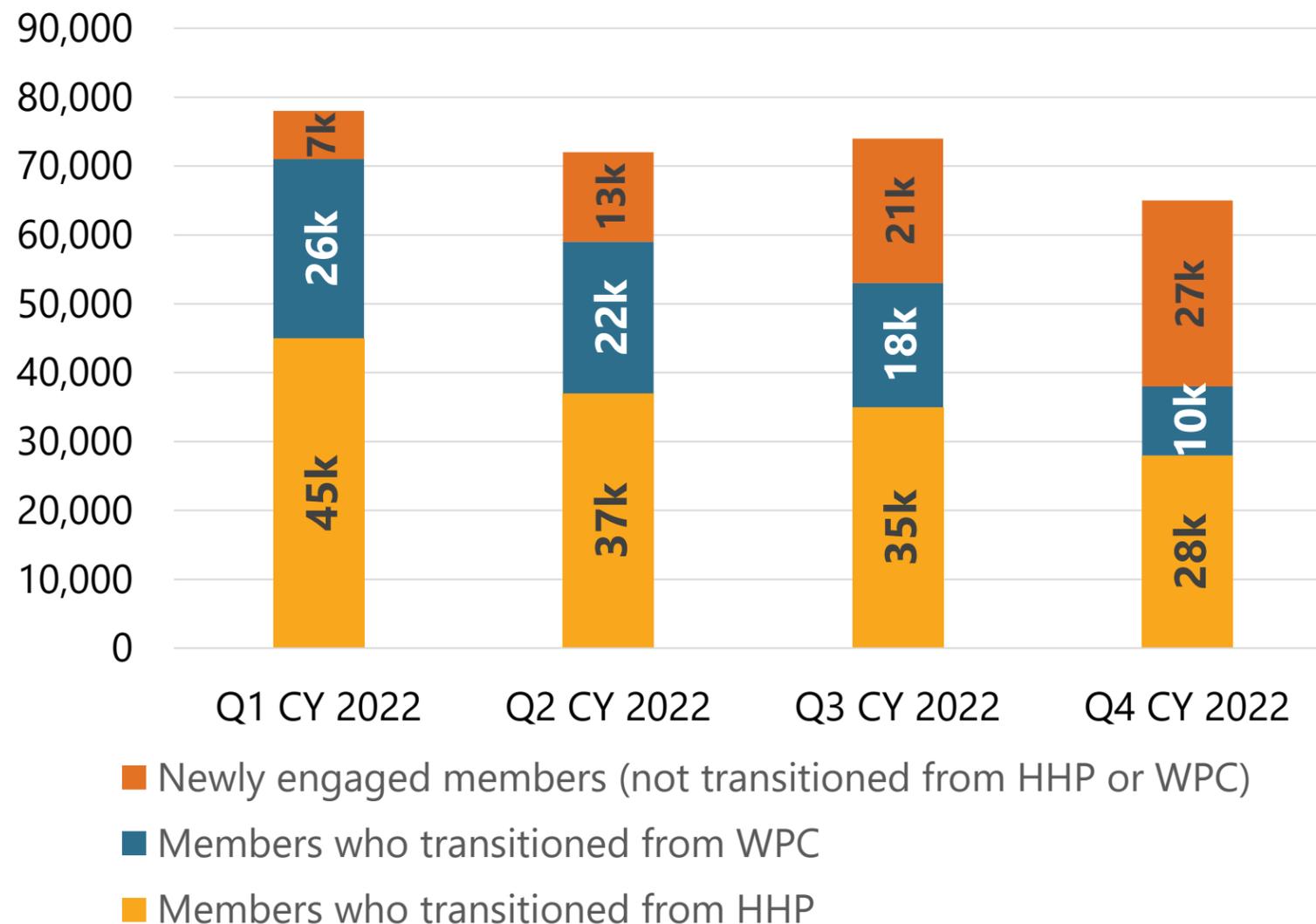


*Was available in select WPC counties only

Member Engagement in the 25 Counties With WPC or HHP Before 2022

In these 25 counties, Medi-Cal members being served by HHP, or care management within the Whole Person Care pilots, automatically transitioned into ECM in January 2023.

Total Number of Members Who Received ECM in Former WPC/HHP Counties, in Each Quarter of CY 2022

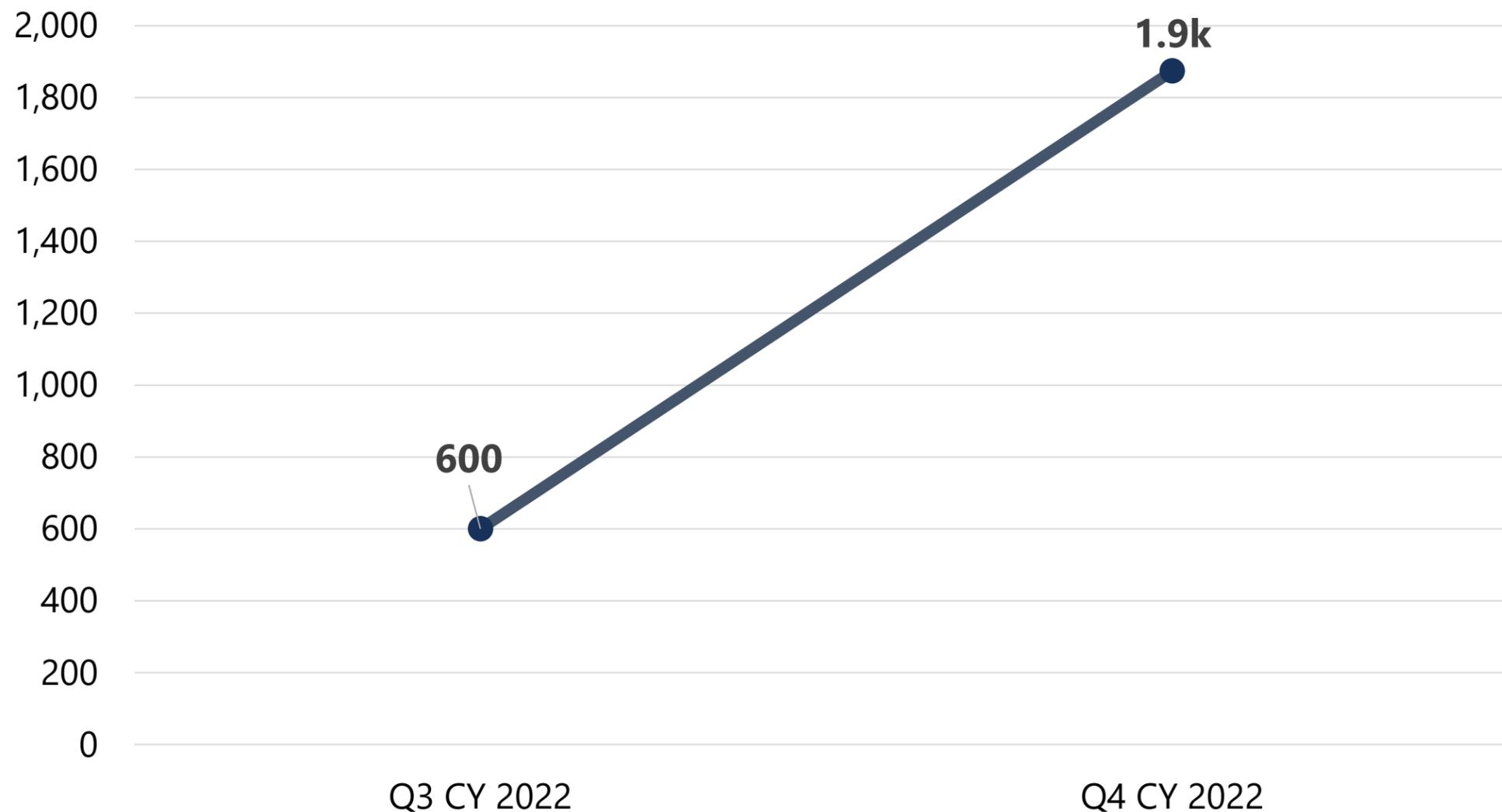


- » **The count of ECM members who automatically transitioned from those programs gradually declined quarter-over-quarter in CY 2022, as expected.**
 - This trend largely reflects members who "graduated" from ECM because their needs were met.
- » At the same time, **members newly enrolled in ECM grew throughout CY 2022**, suggesting growth in awareness of the benefit and infrastructure to support referrals and service delivery.

Member Engagement in the 33 Counties Without WPC or HHP Before 2022

As expected, the uptake of ECM in counties that did not previously have HHP or WPC experience was slower in CY 2022 than in the counties with the HHP/WPC experience.

Cumulative Number of Members Who Received ECM in Counties That Did Not Have HHP or WPC in CY 2022

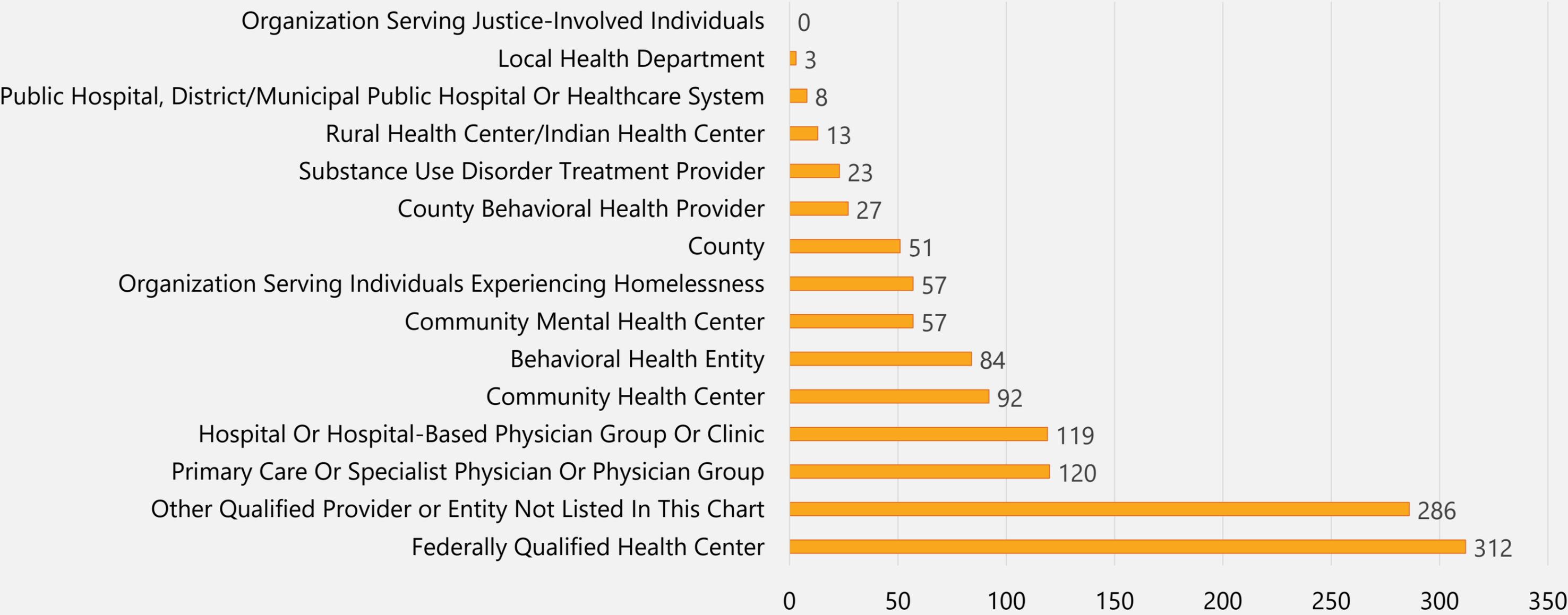


- » Compared with counties that previously had HHP or WPC, these counties are generally less populous and more rural.
- » These counties did not have HHP or WPC infrastructure to build from to launch ECM, meaning that more work was needed to stand up provider networks, strengthen referral pipelines, and more for the benefit in CY2022.

In 2022, the Most Common ECM Provider Type was FQHCs

MCPs also began to include non-traditional Medi-Cal providers as ECM Providers.

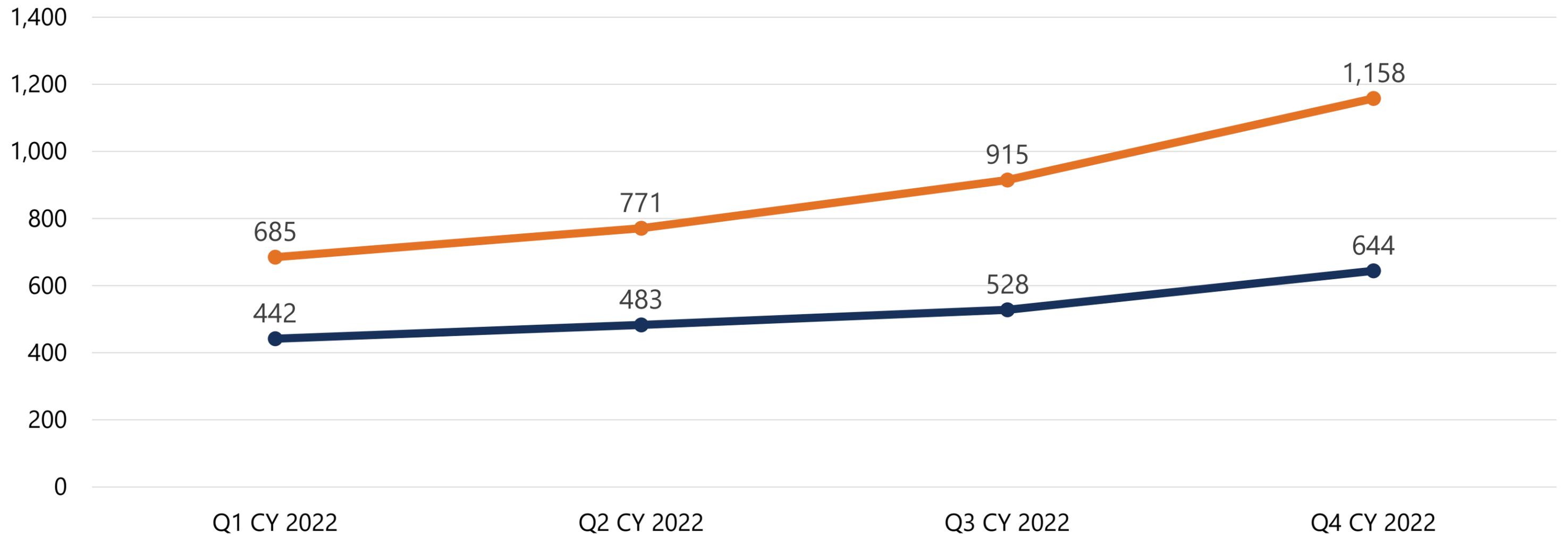
Total Number of ECM Providers by Provider Type in CY 2022



Networks of ECM Providers Were Modest, But Grew Substantially in 2022

At the end of 2022, there were 644 unique providers and approximately 1,158 provider contracts.

Cumulative Number of ECM Providers in CY 2022



● Cumulative individual ECM Providers in CY 2022, as measured by unique NPI

● Cumulative Provider "contracts" for ECM in CY 2022, as measured by combinations of NPIs, MCP, county, and provider type

DHCS' Policy Refinements for Enhanced Care Management



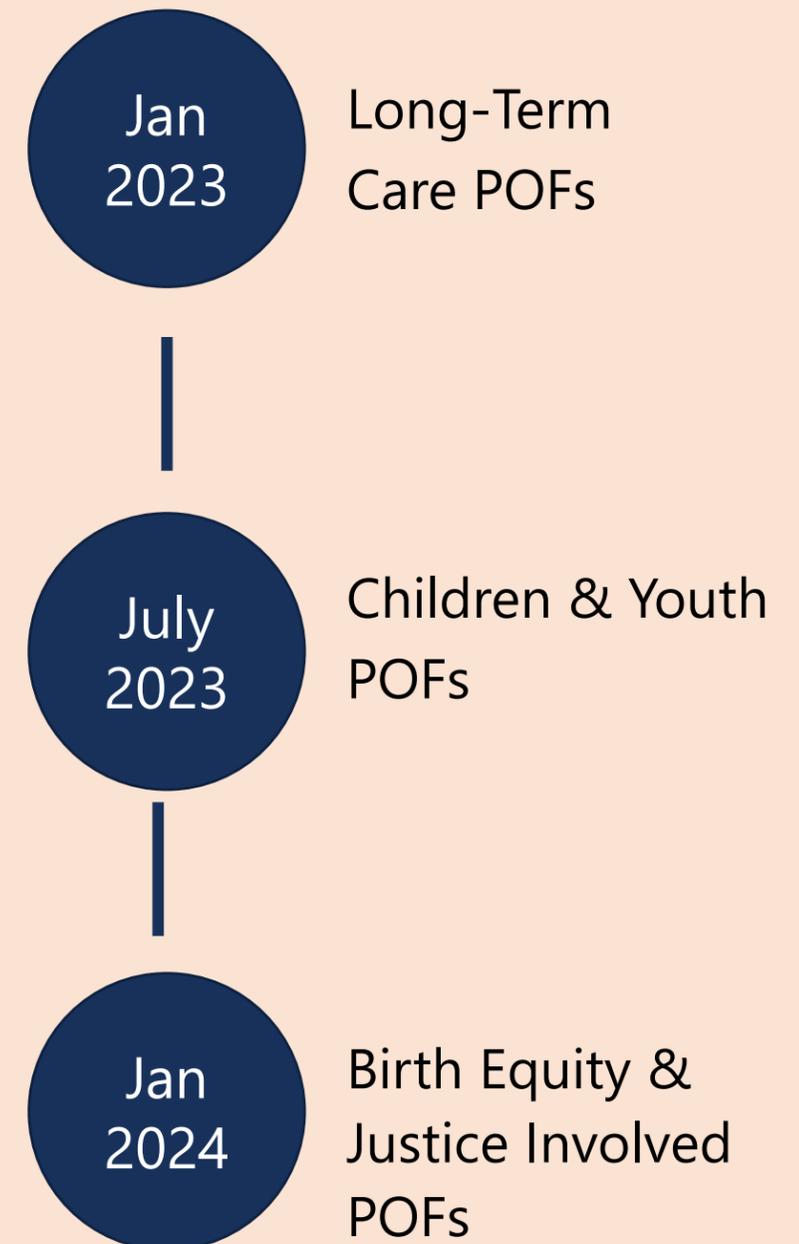
How DHCS Is Working To Expand Access to ECM

Building on the successes of year one, DHCS and its MCP partners are working to expand ECM by:

- **Launching ECM for additional POFs**
- Providing support to ECM Providers through **Providing Access and Transforming Health (PATH)**
- Incentivizing MCPs to increase ECM uptake and further support ECM Providers through the **Incentive Payment Program (IPP)**

- Breaking down barriers to ECM access through **continuous program and policy improvements**

Focus of Today's Webinar



DHCS' Approach to Continuous Improvement

DHCS regularly engages with stakeholders to inform updates to ECM policies.



**Stakeholder
Advisory Groups**



Surveys



Interviews



**DHCS Leadership
Listening Tours**



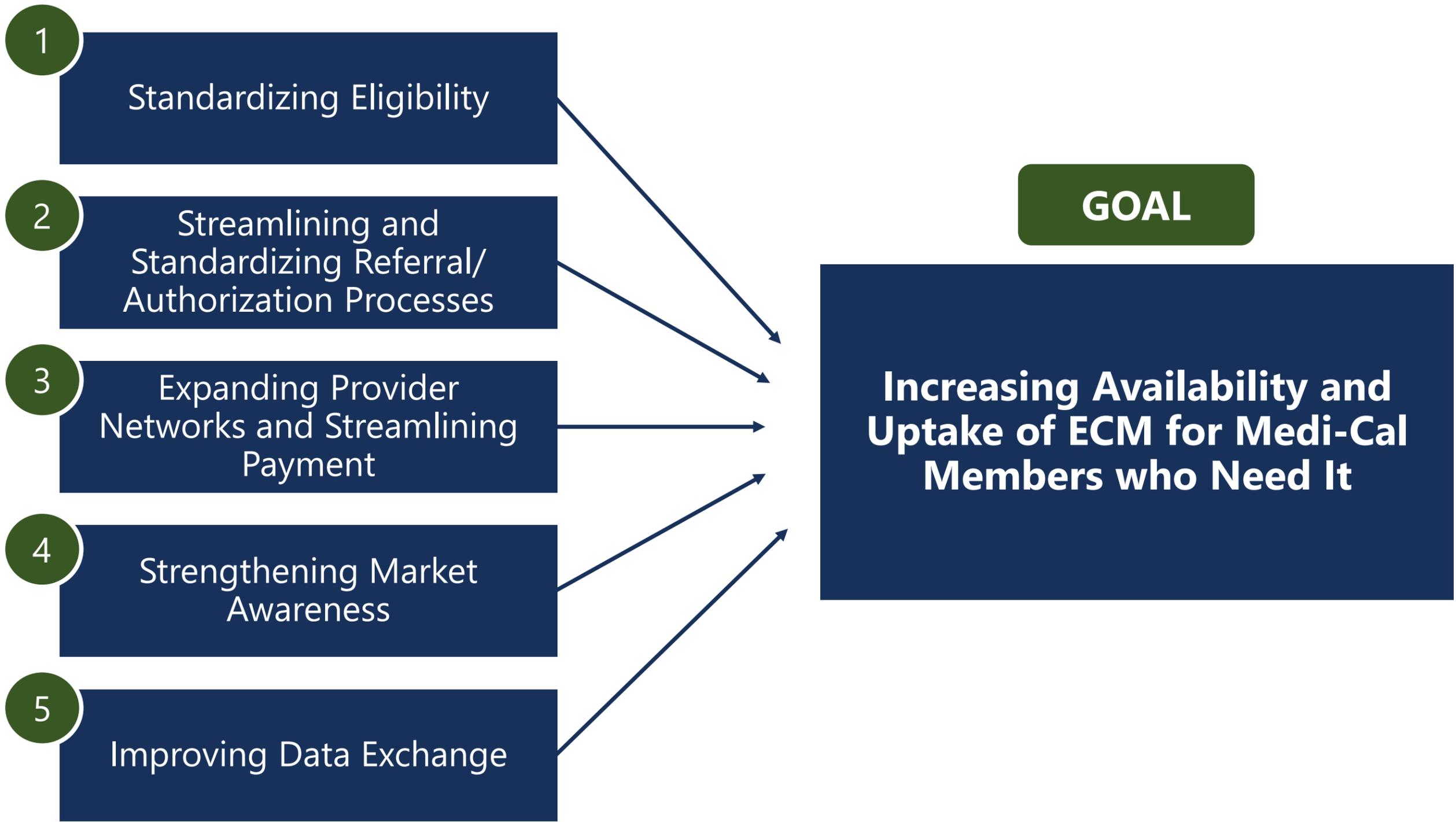
**Data Submitted
from MCPs**

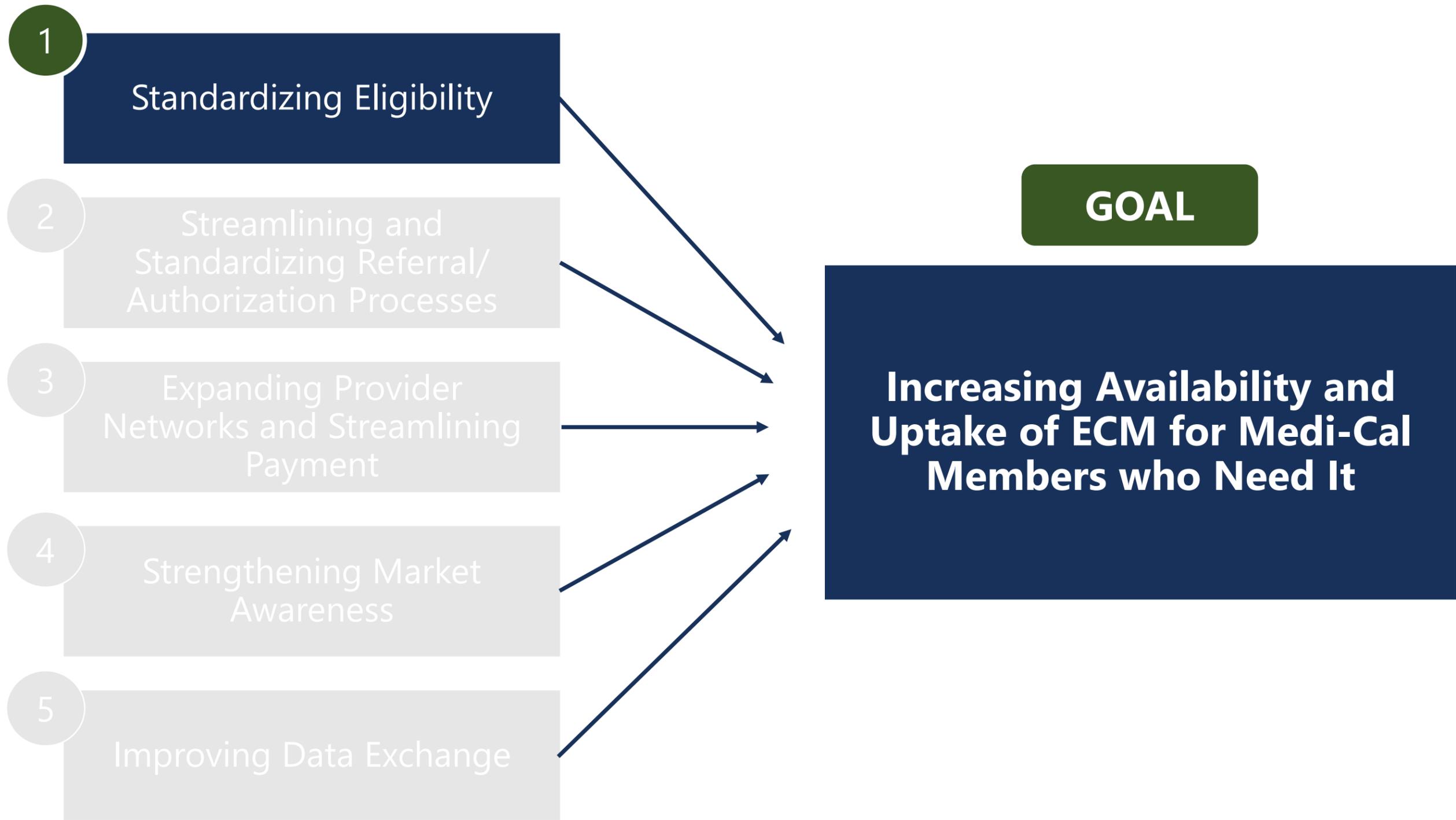
DHCS' Approach to Continuous Improvement

- At program launch, DHCS standardized some aspects of the ECM design while allowing flexibility for MCPs in other aspects through the “Model of Care” process.
- Now 12-18 months into implementation, DHCS has consistently heard feedback from providers and CBOs, as well as some MCPs, that increased standardization of the program design is needed. In particular, providers and CBOs point to heavy administrative burden, reimbursement gaps, and significant operational differences between MCPs.
- To address these challenges, DHCS recently released a set of ECM policy refinements and areas of reinforcement, which are available in the latest version of the [ECM Policy Guide](#).
- DHCS has also identified other priority areas for future design work and engagement with stakeholders, to be discussed during today's webinar.

Areas of DHCS Focus in Response to Data and Feedback

DHCS has identified the following priority areas and begun implementing program design refinements to increase the total number of Members served.

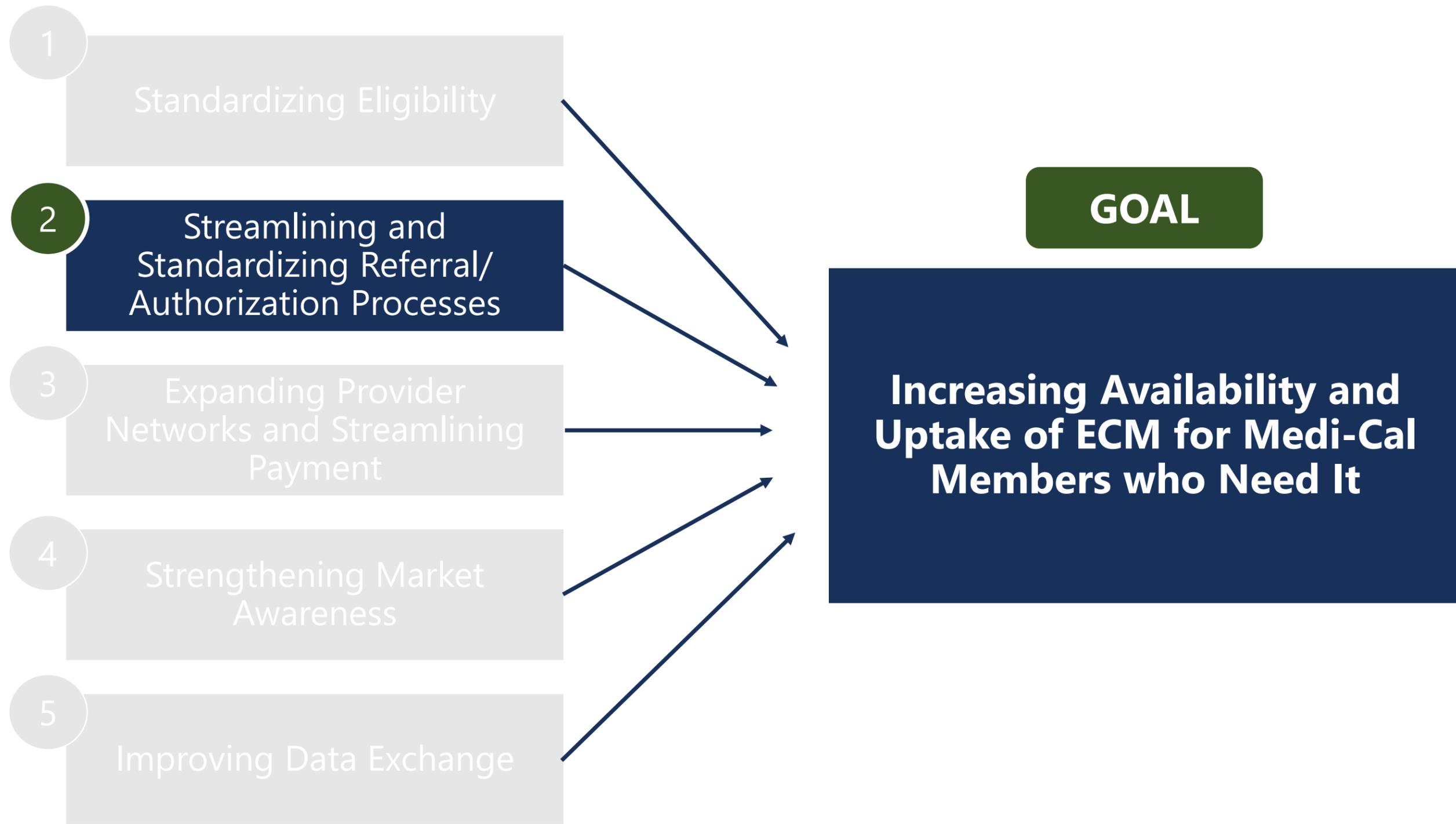




Issue: Variation in how MCPs are applying ECM Population of Focus criteria is causing confusion and limiting uptake.

DHCS Actions: Reinforcement of Existing Expectations in ECM Policy Guide

- » ECM is a statewide benefit.
- » MCPs **must** use the DHCS-established ECM Populations of Focus eligibility criteria to evaluate if Members qualify for ECM. DHCS does not intend to further modify the existing eligibility criteria at this time.
- » **MCPs may not impose additional requirements to authorize ECM services** beyond the DHCS established eligibility criteria. For example:
 - An MCP may not add any clinical or social factors to the eligibility criteria.
 - An MCP may not require that the ECM provider have a certain number of contacts with the member as a condition of authorization.
- » **MCPs may expand POF criteria to broaden eligibility for the “Individuals At Risk for Avoidable Hospital or ED Utilization ECM POF** (e.g. decrease the number of ED visits in 6 months that allows a Member to be eligible).



Issue: MCPs have disparate timeframes for initial ECM authorization, reauthorization and reassessment decisions. This creates lack of parity for Medi-Cal Members around the state, as well as administrative burden for providers who are contracted with more than one MCP.

DHCS Actions:

#1. Standardizing authorization and reauthorization timeframes for ECM

» **Effective July 1, 2023**, for all Members authorized to receive ECM:

- The initial authorization period will be **12 months**.
- Reauthorization periods thereafter will be **6 months**.

#2. Modifying the approach for how Members can be reassessed

» MCPs must no longer apply blanket reassessment timeframes to determine if a Member should continue receiving ECM. Instead, progress toward reaching care plan goals may be reassessed at the discretion of the ECM Provider throughout the 12-month authorization period based on the Member's needs (e.g., hospitalization, change in member medical/social status). Plans may still perform periodic chart review.

Issue: Presumptive authorization arrangements with trusted providers can help streamline access, yet MCPs have not widely adopted these arrangements so far.

DHCS Action: DHCS strongly encourages MCPs to implement presumptive authorization.

- » DHCS strongly encourages MCPs to allow trusted providers to screen members for ECM eligibility, attest to the member's presumed eligibility, and begin offering ECM services at the point of care.
- » For the Justice-Involved ECM Populations of Focus, DHCS will require presumptive authorization for ECM services on the day of release for individuals who received pre-release Medi-Cal services and are reentering the community from incarceration.

Issue: Disparate input, forms and processes for referrals and authorizations across MCPs creates high administrative burden for providers.



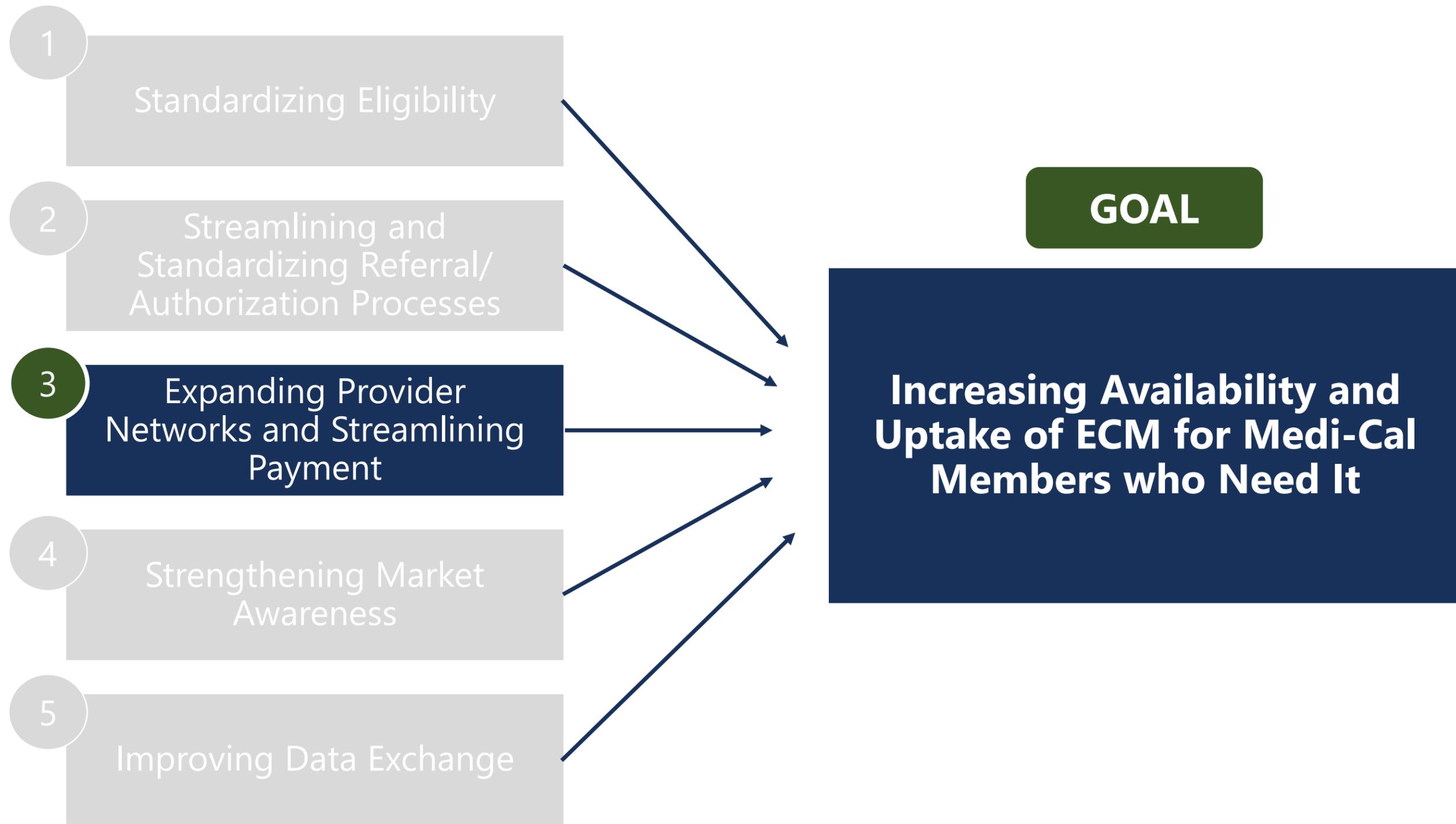
DHCS Actions (future design priority): DHCS will begin developing statewide referral standards in Q3 2023.

- » **DHCS expects MCPs to source most ECM referrals from the community.** Use of internal data to identify should be balanced with active community-based outreach and engagement.
- » DHCS will soon begin developing **statewide standards containing the information needed to evaluate authorizations for ECM.**
- » DHCS will engage directly with MCPs and ECM Providers in the design work.
- » DHCS anticipates rolling out the referral standards for statewide adoption in 2024.



Connection with the IPP:

IPP measures incentivize MCPs to provide training and TA on ECM and Community Supports referrals to all contracted providers.



Issue: MCPs are missing opportunities for partnering with a diverse group of additional providers that have specialized skills/expertise that may best serve Members with specialized needs.

DHCS Actions: New policies requiring partnerships with specific provider types.

- » MCPs must prioritize contracting with ECM Providers specializing in each of the specific Populations of Focus (*see next slide for examples*), in addition to clinic-based providers who may serve a generalist role.
- » MCPs should think creatively about how to engage providers in both ECM and the new CHW benefit.
- » MCPs' network directories must indicate which specific Population(s) of Focus each ECM Provider is equipped to serve.



Connection with the IPP:

IPP measures incentivize MCPs to increase uptake of the new CHW benefit in 2023-2024.

Suggested ECM Providers by POF (Non-Exhaustive)

DHCS will begin monitoring MCP network data to confirm that MCPs are actively contracting with diverse provider types, which are strongly encouraged to include the following:

Adult ECM Populations of Focus	Example Priority Provider Types
Adults with Serious Mental Health and/or SUD Needs	<ul style="list-style-type: none"> » County Departments of Behavioral Health » Community-Based Behavioral Health and Medication-Assisted Treatment (MAT) providers who also provide SMHS and/or DMC/DMC-ODS services
Individuals Experiencing Homelessness	<ul style="list-style-type: none"> » Street Medicine providers » Homeless Navigation Centers » Transitional Housing for Homeless Youth
Adult Nursing Facility Residents Transitioning to the Community	<ul style="list-style-type: none"> » California Community Transitions Lead Organizations » Affordable Housing Communities » Memory Care, Assisted Living, and Independent Living Organizations » Alzheimer’s Association
Adults Living in the Community and At Risk for LTC Institutionalization	<ul style="list-style-type: none"> » CBAS Centers » Area Agencies on Aging » Home Health Agencies » Centers for Independent Living » Alzheimer’s Association » Memory Care, Assisted Living, and Independent Living Organizations

Suggested ECM Provider Types By Population of Focus (Non-Exhaustive) (2)

Children/Youth ECM Population of Focus	Example Priority Provider Types
Children with Serious Mental Health and/or SUD Needs (includes children with high ACEs scores)	<ul style="list-style-type: none"> » School-based clinics/BH providers » Public Health & Social Service Programs » CBOs serving children and families with social needs » County behavioral health services
Children and Youth Enrolled in California Children’s Services (CCS)	<ul style="list-style-type: none"> » CCS paneled providers, including specialty care centers, and pediatric acute care hospitals
Children and Youth At Risk for Avoidable Hospitalization or ED Use	<ul style="list-style-type: none"> » School-based clinics » Medical providers depending on underlying reasons for ED utilization
Children and Youth Involved in Child Welfare	<ul style="list-style-type: none"> » CBOs, Public Health & Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.

Issue: The DHCS ECM HCPCS code set is being applied differently by different MCPs leading to increased administrative burden for providers.

DHCS Actions: DHCS intends to re-issue the HCPCS Coding with clarification that MCPs and ECM Providers must use the HCPCS coding options for ECM, as defined by DHCS, without additional codes or modifiers.

Issue: Widespread reports of non-payment or delayed invoice payments by MCPs, especially to CBOs new to billing Medi-Cal.

DHCS Action: Reinforce existing timely provider payment requirements.

- » ECM services are subject to the standard reimbursement timelines for other Medi-Cal services as specified in:
 - **The managed care boilerplate contract:** MCPs must pay 90% of all clean claims within 30 days of the date of receipt and 99% of all clean claims within 90 days.
 - **California Health and Safety Code Section 1371:** MCPs must reimburse claims or any portion of any claim, as soon as practicable, but no later than 30 working days after receipt of the claim and are subject to interest payments if failing to meet the standards.
- » **These requirements pertain to both claims and invoices.**
- » MCPs are required to train their contracted network of ECM Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues.

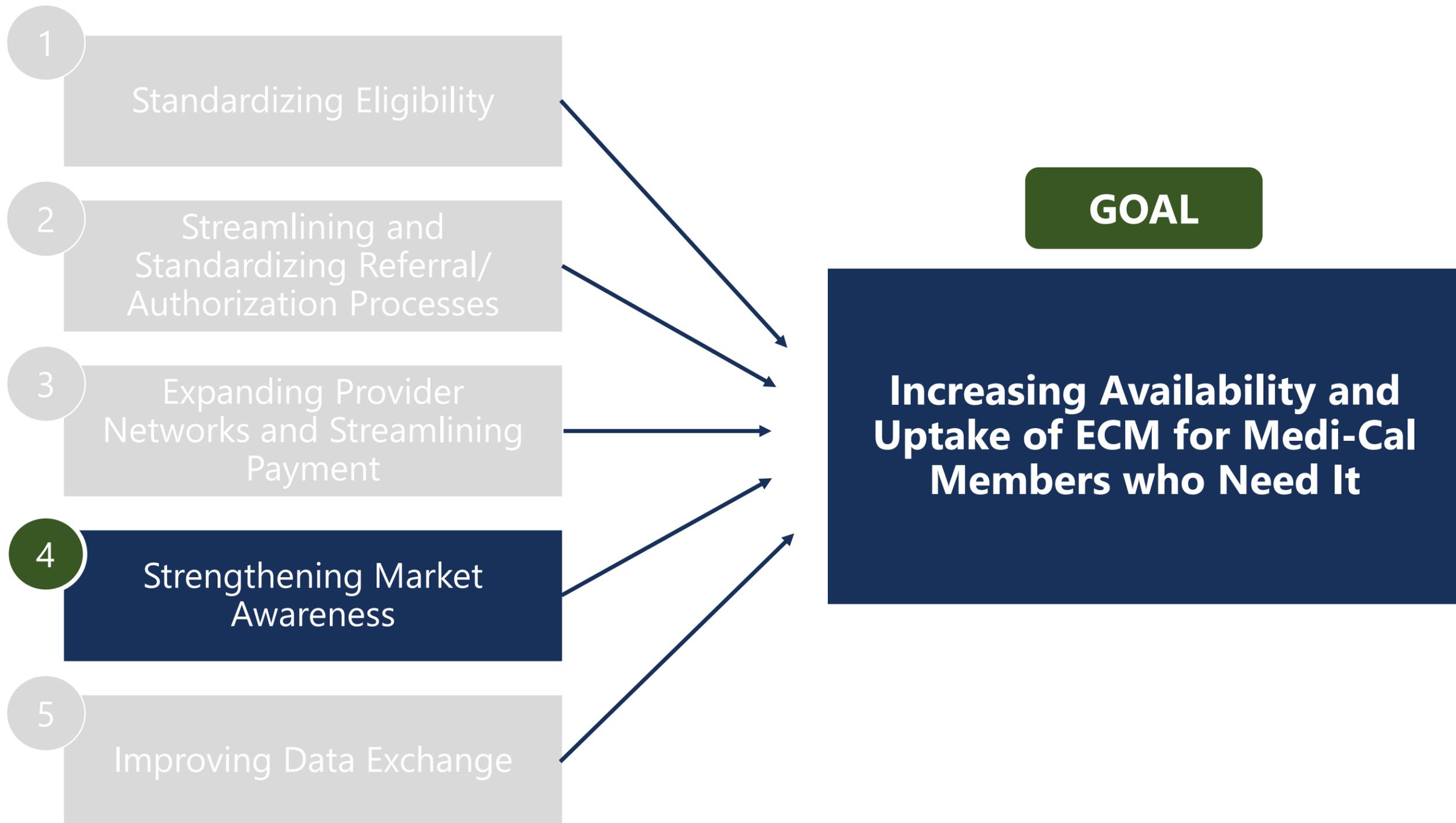
 **Recently-Released Guidance:**

In July 2023, DHCS issued [APL 23-020](#) offering clarifying guidance about timely payment of claims.

Issue: Providers are not consistently reimbursed for ECM outreach.

DHCS Action:

- » **MCPs are expected to reimburse ECM Providers for outreach, including for unsuccessful outreach that did not result in a Member enrolling into ECM.**
- » **MCPs' ECM rates already include assumptions about the cost of outreach** that providers must undertake, which include multiple attempts and outreach to Members who do not ultimately enroll in ECM.
- » DHCS is launching a Supplemental Data Request (SDR) to better understand the rates that ECM Providers are being paid, including for outreach.
- » DHCS intends to **further standardize the thresholds that should trigger payment** to ECM Providers, including for initial outreach (***future guidance priority***). 💡



Issue: Low awareness among contracted providers and MCP internal staff about ECM and how to access the benefit.

DHCS Actions: Reinforcement of Existing Guidance

- » MCPs must proactively **ensure their contracted networks of providers are aware** of the ECM benefit, what the eligibility criteria are for each population of focus and encourage and make clear the pathway for submitting referrals to the MCP.
- » MCPs must also train their **call centers** about how to take referrals for ECM.



Connection with the IPP:

IPP measures incentivize MCPs to implement a strategy for comprehensive provider education and training on ECM and Community Supports to their entire contracted provider networks.

Issue: Low awareness in the community about ECM and how Members can access the program.

DHCS Actions: Reinforcement of Existing Guidance

- » As a reminder, MCPs must ensure public-facing **websites, Member Handbooks, and Provider Directories** include the most up-to-date information about ECM Populations of Focus how to access the benefit.
 - DHCS has begun monitoring websites and handbooks and will follow up with MCPs where gaps are seen.
- » The DHCS ECM and Community Supports website contains fact sheets and other language that MCPs and other providers may use.
- » DCHS welcomes and encourages additional and creative ways of getting the word out.

PATH as a Catalyst for Scaling ECM

CPIs Promote Regional Collaboration around CalAIM

Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

- » CPI provides support for collaborative planning and implementation groups to promote readiness for ECM and Community Supports, including work to support standardization, public communications, and more.
- » Launched in January 2023, there are 25 collaborative groups—one in each county and/or region—and over 600 participating organizations.
- » **MCPs, Providers, Counties, and other stakeholders are encouraged to participate in their local CPIs to advance implementation and uptake of ECM and Community Supports.**

PATH as a Catalyst for Scaling ECM

CITED Provides Funding to Build Capacity and Infrastructure

Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

- » CITED provides grant funding to enable the transition, expansion, and development of capacity and infrastructure to provide ECM and Community Supports.
- » DHCS awarded over \$200 million in Rounds 1A and 1B this spring. Applications for Round 2 closed on May 31, and information on additional rounds of CITED grants is forthcoming.
- » **Provider organizations contracted to provide ECM or Community Supports are encouraged to apply, as well as those with an attestation from an MCP showing the intent to contact.**

PATH as a Catalyst for Scaling ECM

TA Marketplace provides support direct to ECM Providers

Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

- » The TA Marketplace Initiative provides off-the-shelf and hands-on TA to Providers, community-based organizations, county agencies, public hospitals, tribal partners, and others.
- » TA is available across seven domains and include resources for Providers building data infrastructure and navigating contracting with MCPs.
- » **Contracted and prospective ECM/Community Supports Providers are encouraged to shop for TA.**

PATH as a Catalyst for Scaling ECM

Justice Involved Capacity Building funding will support JI initiatives, including the connection to ECM

Four Major PATH Initiatives

Collaborative Planning and Implementation (CPI) Initiative

Capacity and Infrastructure Transition, Expansion and Development (CITED) Initiative

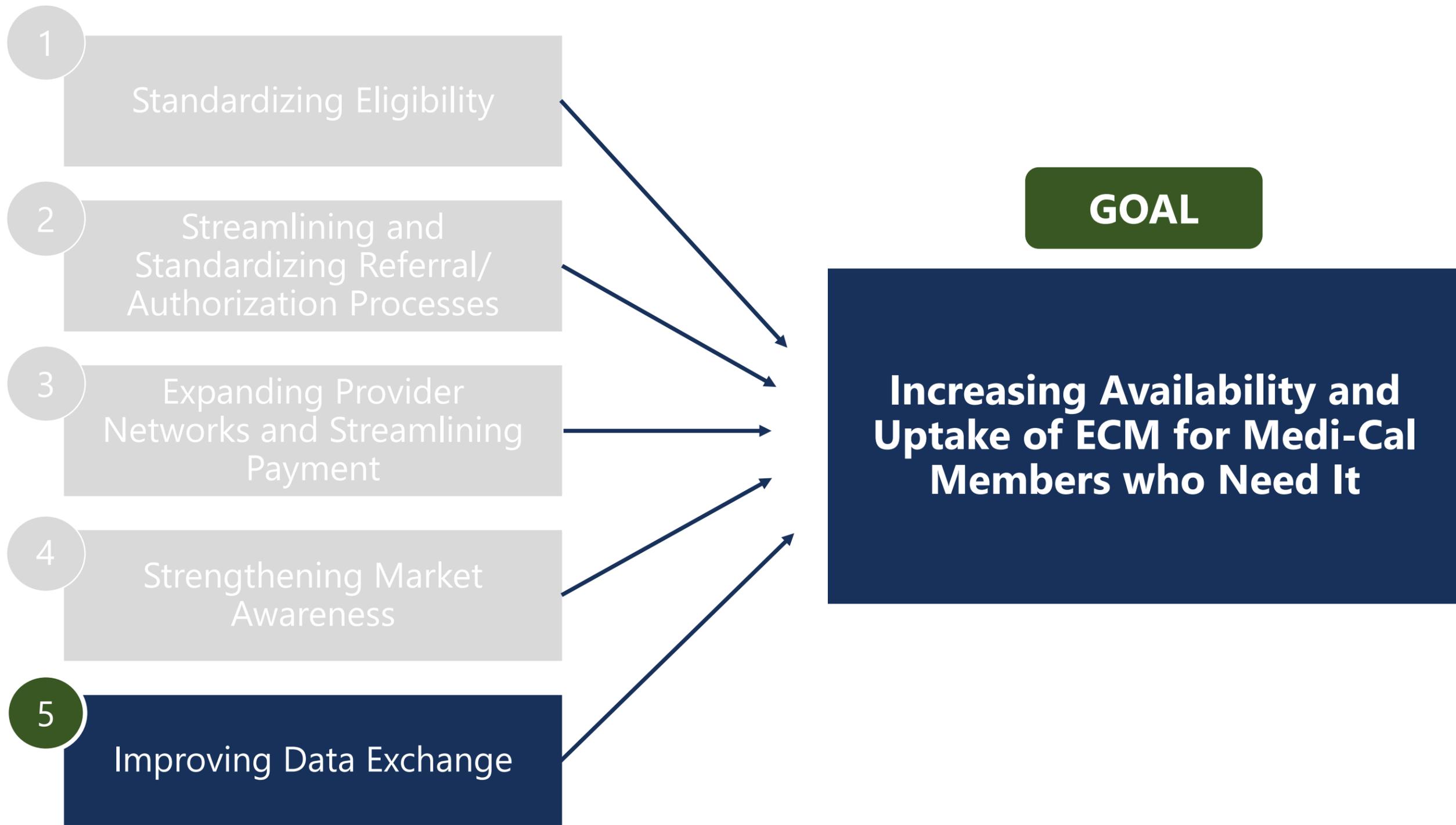
Technical Assistance Marketplace Initiative

Justice Involved Capacity Building

» PATH is providing funding to support the implementation of statewide CalAIM justice-involved (JI) initiatives, including pre-release Medi-Cal enrollment and suspension processes, as well as the delivery of Medi-Cal services in the 90 days prior to release.

PATH: Additional Information & Resources

For more information about PATH, please access:
<https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM-PATH.aspx>



Issue: Many Providers and CBOs are being required to document the detail of their ECM and Community Supports delivery in plan-specific IT portals.

DHCS Actions: Clarifications of Current Policy:

- » **MCPs must not require ECM (or Community Supports) Providers to use an MCP-specific portal for day-to-day documentation of services.**
- » MCPs **may** use their own portals to exchange member engagement lists and authorization information.

ECM & Community Supports Data Sharing Guidance Documents

At the start of the programs, DHCS developed guidance to standardize information exchange between MCPs, and ECM and Community Supports Providers, as well as between MCPs and DHCS.

Standardization is designed to promote efficiency and reduce administrative burden.

- » DHCS initially released standards for information sharing and reporting in 2021.
- » In April 2023, DHCS released new and updated ECM and Community Supports data sharing guidance documents:
 - *(New April 2023)*
 - Community Supports Member Information Sharing Guidance
 - *(Updated April 2023)*
 - Member-Level Information Sharing Between MCPs and ECM Providers
 - Quarterly Implementation Monitoring Report Guidance
 - ECM and Community Supports Billing and Invoicing Guidance
 - *(Coming Q3 2023)*
 - Updated HCPCS Coding Guidance Document for ECM and Community Supports

Next Steps



Next Steps

All MCPs and ECM Providers must adhere to the policy refinements described today, effective immediately, unless otherwise indicated.

- Further details about these policy refinements can be found in the [ECM Policy Guide \(Updated July 2023\)](#) on the DHCS ECM and Community Supports webpage.
- **MCPs will be required to complete an attestation form confirming to DHCS that they are compliant with the updated policies described in this presentation by Sept. 8**
- DHCS has also published a "[Cheat Sheet](#)" to help providers and other stakeholders navigate the ECM and Community Supports policy updates that summarizes the key policies, as well as the distinction between state-standardized policies and where there is flexibility for MCPs to define their own policies and procedures.
- Further updates to ECM policy guidance and the ECM and Community Supports HCPCS coding options guidance are forthcoming later this year.

Q&A



Thank You

Please visit the DHCS ECM & Community Supports Website for more information and access to the ECM & Community Supports documents and supporting resources:

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

Please send questions to CalAIMECMILOS@dhcs.ca.gov

