CONTRACT YEAR 2024 D-SNP DATA ECM-LIKE SERVICES

Background

State Specific Reporting Requirements

Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage (MA) plans that provide specialized care and wrap-around services for dual eligible beneficiaries (eligible for both Medicare and Medicaid). To learn more about types of D-SNPs available in California, visit Medicare Advantage Options for Dual Eligible Beneficiaries.

The Centers for Medicare & Medicaid Services (CMS) requires several types of quality reporting for MA plans, which includes D-SNPs. In addition to all federally required MA reporting requirements, the California Department of Health Care Services (DHCS) has state-specific reporting requirements for D-SNPs, including Medi-Medi Plans, referred to here as Exclusively Aligned Enrollment (EAE) D-SNPs, non-EAE D-SNPs, and SCAN's Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). These requirements are detailed in the Reporting Requirements chapter of the CY 2024 D-SNP Policy Guide and the CY 2024 D-SNP Reporting Requirements Technical Specifications.

ECM-like Services (ECM) Measure

The tables below display the data that D-SNPs reported to DHCS for Quarters 1 and 3 for the state specific ECM-like Services (ECM) measure for Contract Year (CY) 2024.

For Quarter 1, Table 1 displays the number of members that received ECM-like services, by plan.

For Quarter 3, Table 2.1 displays the number of members who are eligible for ECM-like services, received ECM-like services, received an in-person ECM-like care management interaction, and who had an initial outreach attempt, by plan. Table 2.2 displays the number of members who identified as eligible for ECM-like services and received ECM-like services, the number of members who received ECM-like services and an in-person care management interaction, and the number of members who identified as eligible for ECM-like services and received an initial outreach attempt, by plan.

For Quarter 3, this document lists narratives D-SNPs submitted on assumptions and processes used to report data on the ECM-like Services measure.

Table 1 – Members Who Received ECM-like Services by D-SNP, Quarter 1 CY 2024

Plan Name	Plan Type	Members Who Received ECM-like Services
Anthem Blue Cross of California Partnership Plan	EAE	61
Blue Shield of California Promise Health	EAE	16,966
CalOptima	EAE	*
Community Health Group	EAE	6,500
Health Plan of San Mateo	EAE	1,204
Inland Empire Health Plan	EAE	1,623
Kaiser Permanente	EAE	126
L.A. Care Health Plan	EAE	106
Molina Healthcare	EAE	*
Santa Clara Family Health Plan	EAE	1,539
Wellcare by Health Net	EAE	10,864
SCAN Health Plan	FIDE SNP	130
Aetna Medicare	Non-EAE	*
Alignment Health Plan	Non-EAE	5,175
Anthem Blue Cross Life and Health Insurance Company	Non-EAE	*
Anthem Blue Cross of California Partnership Plan	Non-EAE	36
Blue Shield of California Promise Health	Non-EAE	1,124
Chinese Community Health Plan	Non-EAE	0
Humana (Arcadian)	Non-EAE	*
Imperial Health Plan of California	Non-EAE	0
Kaiser Permanente	Non-EAE	62

Plan Name	Plan Type	Members Who Received ECM-like Services
Molina Healthcare**	Non-EAE	94
Wellcare by Health Net	Non-EAE	6,335
Aggregate EAE (including FIDE SNP)		**39,119**
Aggregate Non-EAE		**12,956**
Total D-SNP		**52,075**

* Data is suppressed in instances where values were at least one but less than 11.

** Molina Healthcare includes Central Health Plan H5649, Molina Healthcare of California H3038, and Universal Care Inc., H0838 in their reporting for non-EAE plans.

Table 2.1 – Number of Members Eligible for ECM-like Services and Members Who Received ECM-like Services by D-SNP, Quarter 3 CY 2024

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Members with Initial Outreach Attempt
Anthem Blue Cross of California Partnership Plan	EAE	1,395	409	*	416
Blue Shield of California Promise Health	EAE	*	19	*	*
CalOptima	EAE	1,137	61	11	278
Community Health Group	EAE	2,805	2,805	604	517
Health Plan of San Mateo	EAE	57	57	57	57
Inland Empire Health Plan	EAE	1,441	34	28	241
Kaiser Permanente	EAE	1,357	249	47	621
L.A. Care Health Plan	EAE	897	113	113	294
Molina Healthcare	EAE	66	39	23	39
Santa Clara Family Health Plan	EAE	1,644	1,431	52	548
Wellcare by Health Net	EAE	35,885	9,289	0	1,557
SCAN Health Plan	FIDE SNP	132	122	122	132

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Members with Initial Outreach Attempt
Aetna Medicare	Non-EAE	*	0	0	*
Alignment Health Plan	Non-EAE	311	302	222	302
Anthem Blue Cross Life and Health Insurance Company	Non-EAE	172	83	0	83
Anthem Blue Cross of California Partnership Plan	Non-EAE	171	112	0	112
Blue Shield of California Promise Health	Non-EAE	0	0	0	0
Chinese Community Health Plan	Non-EAE	24	20	0	20
Humana (Arcadian)	Non-EAE	62	62	62	46
Imperial Health Plan of California	Non-EAE	407	0	0	15
Kaiser Permanente	Non-EAE	747	154	35	577
Molina Healthcare**	Non-EAE	9,049	69	0	80
Wellcare by Health Net	Non-EAE	25,272	6,237	0	912
Aggregate EAE (including FIDE SNP)		**46,816**	**14,628**	**1,057**	**4,700**
Aggregate Non-EAE		**36,215**	**7,039**	**319**	**2,147**

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Members with Initial Outreach Attempt
Total D-SNP		83,031	21,667	1,376	6,847

* Data is suppressed in instances where values were at least one but less than 11.

** Molina Healthcare includes Central Health Plan H5649, Molina Healthcare of California H3038, and Universal Care Inc., H0838 in their reporting for non-EAE plans.

Table 2.2 – Percentage of Members Identified as Eligible for ECM-like Services and Members Who Received ECM-like Services, Quarter 3 CY 2024

Plan Name	Plan Type	Members Identified as Eligible for ECM-like Services & Received ECM-like Services	Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction	Members Identified as Eligible for ECM-like Services & Received Initial Outreach Attempt
Anthem Blue Cross of California Partnership Plan	EAE	29.3%	*	29.8%
Blue Shield of California Promise Health	EAE	*	*	*
CalOptima	EAE	5.4%	*	24.5%
Community Health Group	EAE	100.0%	21.5%	18.4%
Health Plan of San Mateo	EAE	100.0%	100.0%	100.0%
Inland Empire Health Plan	EAE	2.4%	82.4%	16.7%
Kaiser Permanente	EAE	18.3%	18.9%	45.8%
L.A. Care Health Plan	EAE	12.6%	100.0%	32.8%
Molina Healthcare	EAE	59.1%	59.0%	59.1%

Plan Name	Plan Type	Members Identified as Eligible for ECM-like Services & Received ECM-like Services	Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction	Members Identified as Eligible for ECM-like Services & Received Initial Outreach Attempt
Santa Clara Family Health Plan	EAE	87.0%	3.6%	33.3%
Wellcare by Health Net	EAE	25.9%	0.0%	4.3%
SCAN Health Plan	FIDE SNP	92.4%	100.0%	100.0%
Aetna Medicare	Non-EAE	*	N/A	*
Alignment Health Plan	Non-EAE	97.1%	73.5%	97.1%
Anthem Blue Cross Life and Health Insurance Company	Non-EAE	48.3%	0.0%	48.3%
Anthem Blue Cross of California Partnership Plan	Non-EAE	65.5%	0.0%	65.5%
Blue Shield of California Promise Health	Non-EAE	N/A	N/A	N/A
Chinese Community Health Plan	Non-EAE	83.3%	0.0%	83.3%
Humana (Arcadian)	Non-EAE	100.0%	100.0%	74.2%

Plan Name	Plan Type	Members Identified as Eligible for ECM-like Services & Received ECM-like Services	Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction	Members Identified as Eligible for ECM-like Services & Received Initial Outreach Attempt
Imperial Health Plan of California	Non-EAE	0.0%	N/A	3.7%
Kaiser Permanente	Non-EAE	20.6%	22.7%	77.2%
Molina Healthcare**	Non-EAE	0.8%	0.0%	0.9%
Wellcare by Health Net	Non-EAE	24.7%	0.0%	3.6%
Aggregate EAE (including FIDE SNP)		31.2%	7.2%	10.0%
Aggregate Non-EAE		19.4%	4.5%	5.9%
Total D-SNP		26.1%	6.4%	8.2%

* Data is suppressed in instances where values were at least one but less than 11.

** Molina Healthcare includes Central Health Plan H5649, Molina Healthcare of California H3038, and Universal Care Inc., H0838 in their reporting for non-EAE plans.

D-SNP Narrative Summary of ECM-like Services Reporting, Quarter 3 CY 2024

Question 1: How does your plan identify members who are eligible to receive ECM-like services?

1. Aetna Better Health of California:

Our team evaluates each member for ECM eligibility when creating or reviewing a care plan and when collaborating with internal or external partners. During each member outreach we continually monitor our member's needs and eligibility for the program

2. Alignment Health Plan:

To identify the most vulnerable D-SNP Members, Alignment collects data using a proprietary software that is housed in AVA™ Technology. Alignment has developed an algorithm-based program that identifies utilization data, census information, gaps in care, pharmacy information, HEDIS® information, and stratifies the Member population to better understand the Member's health status risk score. Members with higher at-risk scores are eligible for ECM-like services.

3. Anthem Blue Cross of California Partnership Plan:

Identify members across all D-SNP enrollment who meet the Medi-Cal criteria for one or more ECM POFs discussed in the D-SNP's MOC.

Identify eligible members from Medi-Cal referrals and direct provider referrals.

4. Humana/Arcadian Health Plan:

Care Managers ask members a series of questions and input a relevant action code if the member answers yes. That data is stored in actions table that we can use to identify members that are eligible for ECM-like services.

5. Blue Shield of California Promise Health Plan:

We have predictive triaging based on eligibility, claims, member demographics, and authorization data that identifies members for care programs. We have care programs by ECM point of focus.

6. CalOptima:

CalOptima OneCare Members are identified by Population of Focus (POF) in accordance with the ECM Policy Guide. CalOptima Health analytics team uses the same logic utilized to identify Medi-Cal Members for ECM.

7. Chinese Community Health Plan:

CCHP uses member data, as available, to identify Members appropriate for ECM:

Enrollment data; encounter data; Utilization/claims data; member/member representative referral; provider referral; health risk assessment (HRA)

8. Community Health Group:

CHG developed a risk algorithm based on DHCS guidance for each population of focus for ECM. CHG utilizes the same algorithm and runs its D-SNP members through it to identify D-SNP members who are eligible for ECM like population of focus.

9. Health Plan of San Mateo:

HPSM uses several criteria to identify D-SNP members who are eligible to receive ECM-like services offered through our HomeAdvantage program, including: homebound status, lack of engagement with PCP, number of ED or IP admissions, diagnosis of high-risk health conditions (behavioral and non-behavioral), 6 or more total chronic conditions, need for post-discharge support, and more. These criteria are fitting of the criteria used to identify members who meet ECM POFs such as at risk for avoidable hospital or ED utilization, serious mental health and/or SUD needs, and at risk for long term care institutionalization.

10. Imperial Health Plan of California:

HRA

11. Inland Empire Health Plan:

IEHP has an ECM identification process in place for the Medi-Cal population. The ECM-Like criteria uses the same algorithm as the Medi-Cal population.

12. Kaiser Permanente:

NCAL: KP identifies members who are eligible to receive ECM-like services based on those identified as eligible via the ECM-like data mining process, in addition to those who were identified as eligible via internal and external referrals (i.e., the Member Information Files for the ECM-like population).

SCAL: Every month, KP data mines its entire D-SNP population using our ECM-Like Services algorithm to identify individuals who may qualify for ECM-Like Services. In addition, KP receives referrals from providers, care managers, and the community for members who are eligible for ECM-Like Services.

13. LA Care Health Plan:

L.A. Care uses two mechanisms to identify D-SNP members who are eligible to receive ECM-like services:

1) Predictive Analytics: L.A. Care uses predictive analytics to identify members who meet defined criteria for each of the 4 populations of focus outlined in our Model of Care. Members are reviewed for eligibility for each population of focus through predictive analytics upon enrollment and monthly thereafter.
2) Referral and Triage: L.A. Care's Care Management department encourages direct referrals for members who may benefit from ECM-like services. All referrals are reviewed against eligibility criteria to determine if member meets criteria for one or more populations of focus, which is documented in the system of record and tracked through operational reports.

14. Molina Healthcare:

1) All members on a D-SNP plan were included as eligible for ECM-like services. We only offer DSNP plan non-EAE so we do not provide the Medi-Cal product in which those members would be excluded from eligibility.
2) Case Management Staff are trained to administer an ECM assessment, when possible, to identify all relevant populations of focus. If a member meets the established criteria, they are eligible to receive ECM services.

15. Santa Clara Family Health Plan:

During the reporting quarter, D-SNP members are identified by the following populations of focus:

1) High utilizers adults with frequent hospital admissions, short-term skilled nursing facility stays or emergency room visits
2) Adults with serious mental illness (SMI)/substance use disorder (SUD)
3) Members eligible for Long Term Care (LTC) and at Risk of Institutionalization
4) Nursing Home Residents Transitioning to the Community

16. SCAN Health Plan:

Members are identified and referred from multiple pathways, both internally and externally, including member self-referrals. Pathways include, but are not limited to the following:

i. Internal sources, such as Member Services, Care Coordination staff, Sales, Complex Care Management (CCM), Peer Advocates

ii. Analysis of internal SCAN data to identify risk for housing instability or insecurity, such as via Health Risk Assessments (HRA), medical claims data, and/or Voice of the Member data (qualitative review of member feedback)

iii. External sources, such as Medical Groups, Primary Care Providers, Community Business Organizations (CBOs), shelters, and hospitals

iv. Monthly analysis of Homeless Management Information System (HMIS) provided by Los Angeles Homeless Services Authority (LAHSA) and Continuum of Care (COC) for member residing in Los Angeles County.

17. Wellcare by Health Net:

Members are identified through quarterly reporting for Care Management outreach. The criteria for the members is as follows: (a) Members experiencing multiple admissions (b) Members with SPMI/SUD (c) Members needing LTSS and at risk for institutionalization (d) Members experiencing homelessness (e) Members transitioning from incarceration (f) Members transitioning from adult nursing facilities to the community (g) Members with an I/DD.

Question 2: How does your plan identify members who received ECM-like services?

1. Aetna Better Health of California:

We use claims data with an ECM related procedure code.

2. Alignment Health Plan:

Alignment Health conducts outreach to all members who are deemed eligible to receive ECM-like services. If a member chooses to participate, we track members who receive in-person care management throughout the quarter.

3. Anthem Blue Cross of California Partnership Plan:

Case Managers enter clinical flag in case management system to document ECM-like service received.

4. Humana/Arcadian Health Plan:

We identify in person interactions in our transactions table to determine if a member received ECM-like services during the reporting period

5. Blue Shield of California Promise Health Plan:

We look at who had contact activity done by the case management team involved with the member after the ECM point of focus identification. We assume receiving ECM like services includes outreach regardless of outreach outcome, since ECM services include outreach from Case Management

6. CalOptima:

Members who agree to participate in case management at the ECM-like level, which includes in-person engagement, are flagged as enrolled in ECM-like services.

7. Chinese Community Health Plan:

Uses a care management documentation system that supports the documentation and maintenance of ECM Member care plans and the system have data reporting capabilities in which help identify members that received ECM services

8. Community Health Group:

The members that receive services are identified via our internal case management system CHGNet. Additionally, CHG's case management system has the capability to track care coordination activities.

9. Health Plan of San Mateo:

HPSM identifies members who received ECM-like services by tracking the number of D-SNP members enrolled and engaged in our HomeAdvantage program through monthly file shares and claims data.

10. Imperial Health Plan of California:

NON EAE HRA

11. Inland Empire Health Plan:

The business unit monitors engagement through active participation of the ECM like services program, active care plan, and accepts field visits.

12. Kaiser Permanente:

NCAL: KP identifies members who received ECM-like services through data provided and collected from our ECM-like service providers (i.e., the Return Transmission File).

SCAL: KP Southern California records program enrollment in our electronic medical record (EMR). We query our EMR to identify members who are enrolled in the ECM-Like Services program for reporting purposes. In addition, we access data provided by our community partners who serve KP members.

13. LA Care Health Plan:

Operational reports are used to identify members who received ECM-like services, including members who had a face-to-face encounter with a Care Manager or Community Health Worker. Data is pulled from the Care Management clinical documentation system to identify relevant care coordination activities for operational monitoring and oversight as well as ECM-like services regulatory reporting.

14. Molina Healthcare:

Members were identified in a two-prong approach: 1) Received referrals to specific Third-Party Supplemental Benefits (CBAS, Diabetic Care Partners, Healthrageous, In Home Safety-Tender Care/Pathways, In Home Support Services - Papa Pals, In Home Support Services - ADL Caregiving and SafeRide); 2) Member contact was successful/complete. 3) The ECM assessment includes a question regarding the member's preference to opt into the ECM program. Additionally, it prompts members to identify any duplicative services they may be receiving. If a member opts in and does not have any duplicative services, they become eligible to receive ECM services.

15. Santa Clara Family Health Plan:

D-SNP members present on the DualConnect Member Information File for the reporting period, enrolled in the following programs:

- » Annual Evaluation Program
- » Complex Care Management Program
- » Diabetes Management Program
- » Initial Enrollment Program
- » Transition of Care Services - Emergency Department
- » Transition of Care Services - Inpatient
- » Transition of Care Services - Long Term Care
- » Transition of Care Services - Skilled Nursing Facility

16. SCAN Health Plan:

SCAN utilizes a dedicated team of internal social workers and community health workers to provide enhanced case management to identified members. We systematically track all referrals and enrolled members within the ECM program using our case management platform, ensuring seamless coordination, monitoring, and data tracking.

17. Wellcare by Health Net:

During or after the ECM-like services have taken place with the member, the Care Management team documents "ECM" in the beginning of the note text field. This allows the data to be pulled by our reporting team showing the members receiving ECM-like services.

Question 3: Please share any additional information on your plan's approach to ECM-like services and assumptions used when reporting data.

1. Anthem Blue Cross of California Partnership Plan:

MOC and reporting do not include Transitioning from Incarceration or Birth Equity POF.

2. CalOptima:

As with Medi-Cal, Members cannot be enrolled in both ECM-like and CCM at the same time. Members who refuse in-person engagement, which would indicate ECM-like enrollment, would remain open to case management, but not at ECM-like level.

3. LA Care Health Plan:

As part of the Model of Care, L.A. Care provides intensive care coordination to members participating in High Risk and Complex care management programs that aligns closely with the 7 ECM core services. In order to distinguish ECM-Like services from the existing services provided to D-SNP members as part of High Risk and Complex care management, only members who receive in-person care coordination during the reporting period are being reported to DHCS as receiving ECM-Like services.