

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

### Contents

Julian – 00:00:21 .....	5
Dana Durham – 00:01:00.....	5
Dana Durham – 00:01:52.....	5
Dana Durham – 00:02:25.....	6
Dana Durham – 00:02:47.....	6
Dana Durham – 00:03:49.....	7
Dana Durham – 00:04:51.....	7
Dana Durham – 00:05:56.....	7
Neha Shergill – 00:06:16 .....	8
Neha Shergill – 00:07:19 .....	8
Aita Romain – 00:07:35 .....	9
Aita Romain – 00:08:48 .....	9
Aita Romain – 00:09:48 .....	10
Michel Huizar – 00:10:10 .....	10
Michel Huizar – 00:11:33 .....	10
Michel Huizar – 00:12:08 .....	11
Michel Huizar – 00:12:45 .....	11
Michel Huizar – 00:13:24 .....	11
Michel Huizar – 00:14:02 .....	12
Aita Romain – 00:14:51 .....	12
Aita Romain – 00:15:48 .....	13
Aita Romain – 00:16:42 .....	14
Aita Romain – 00:18:15 .....	14
Aita Romain – 00:18:46 .....	15
Juliette Mullin – 00:19:33 .....	15
Jamie Almanza – 00:20:05 .....	15
Jamie Almanza – 00:21:04 .....	16
Jamie Almanza – 00:22:10 .....	16
Jamie Almanza – 00:23:03 .....	17
Jamie Almanza – 00:24:03 .....	17
Jamie Almanza – 00:24:58 .....	18

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

Jamie Almanza – 00:25:28 .....	18
Jamie Almanza – 00:26:19 .....	18
Shamima Abdullah – 00:26:29 .....	19
Shamima Abdullah – 00:27:35 .....	19
Shamima Abdullah – 00:28:11 .....	20
Shamima Abdullah – 00:29:04 .....	20
Shamima Abdullah – 00:29:59 .....	21
Jamie Almanza – 00:30:55 .....	21
Shamima Abdullah – 00:31:11 .....	21
Shamima Abdullah – 00:32:47 .....	22
Jamie Almanza – 00:33:57 .....	22
Renee Tripp – 00:34:00 .....	22
Renee Tripp – 00:34:54 .....	23
Jamie Almanza – 00:35:50 .....	23
Jamie Almanza – 00:36:36 .....	23
Juliette Mullin – 00:37:33 .....	24
Tyler Brennan – 00:37:59 .....	24
Tyler Brennan – 00:38:53 .....	24
Juliette Mullin – 00:39:29 .....	25
Jennifer Martinez – 00:40:00 .....	26
Jennifer Martinez – 00:42:13 .....	27
Jennifer Martinez – 00:43:05 .....	27
Jennifer Martinez – 00:44:11 .....	28
Jennifer Martinez – 00:45:07 .....	28
Jennifer Martinez – 00:45:58 .....	29
Jeanette Rodriguez – 00:47:00 .....	29
Jeanette Rodriguez – 00:48:03 .....	30
Jeanette Rodriguez – 00:48:37 .....	30
Jeanette Rodriguez – 00:49:16 .....	30
Jeanette Rodriguez – 00:50:09 .....	31
Bridget Nolan – 00:51:20 .....	31
Bridget Nolan – 00:52:14 .....	31

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

Bridget Nolan – 00:52:40 .....	32
Bridget Nolan – 00:53:39 .....	32
Bridget Nolan – 00:54:18 .....	33
Bridget Nolan – 00:55:12 .....	33
Bridget Nolan – 00:56:13 .....	34
Bridget Nolan – 00:56:53 .....	34
Bridget Nolan – 00:57:21 .....	34
Bridget Nolan – 00:58:19 .....	35
Bridget Nolan – 00:58:52 .....	35
Juliette Mullin – 00:59:38 .....	35
Karin Pimentel – 01:00:19 .....	36
Karin Pimentel – 01:01:12 .....	36
Karin Pimentel – 01:01:49 .....	36
Karin Pimentel – 01:02:16 .....	37
Karin Pimentel – 01:02:54 .....	37
Karin Pimentel – 01:03:33 .....	37
Karin Pimentel – 01:03:59 .....	38
Karin Pimentel – 01:04:56 .....	38
Karin Pimentel – 01:05:49 .....	39
Karin Pimentel – 01:06:21 .....	39
Karin Pimentel – 01:07:03 .....	40
Karin Pimentel – 01:08:15 .....	40
Dana Durham – 01:09:17 .....	40
Karin Pimentel – 01:09:27 .....	41
Karin Pimentel – 01:10:29 .....	41
Karin Pimentel – 01:11:43 .....	42
Karin Pimentel – 01:12:03 .....	42
Karin Pimentel – 01:12:57 .....	42
Karin Pimentel – 01:13:32 .....	43
Karin Pimentel – 01:14:07 .....	43
Karin Pimentel – 01:14:41 .....	43
Brenda Paulucci-Whiting – 01:15:22 .....	43

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

Brenda Paulucci-Whiting – 01:15:51.....	44
Brenda Paulucci-Whiting – 01:16:14.....	44
Karin Pimentel – 01:16:35.....	44
Karin Pimentel – 01:17:47.....	45
Karin Pimentel – 01:18:49.....	45
Karin Pimentel – 01:19:12.....	45
Karin Pimentel – 01:19:56.....	46
Karin Pimentel – 01:20:22.....	46
Karin Pimentel – 01:21:15.....	46
Karin Pimentel – 01:22:03.....	47
Karin Pimentel – 01:22:36.....	47
Karin Pimentel – 01:23:23.....	47
Karin Pimentel – 01:24:19.....	48
Karin Pimentel – 01:24:38.....	48
Karin Pimentel – 01:25:18.....	48
Brenda Paulucci-Whiting – 01:25:58.....	48
Brenda Paulucci-Whiting – 01:26:48.....	49
Karin Pimentel – 01:27:27.....	49
Brenda Paulucci-Whiting – 01:27:30.....	49
Karin Pimentel – 01:27:31.....	49
Karin Pimentel – 01:27:35.....	49
Juliette Mullin – 01:27:38.....	49
Dana Durham – 01:27:54.....	49
Dana Durham – 01:28:18.....	50
Dana Durham – 01:29:21.....	50
Dana Durham – 01:30:17.....	50
Dana Durham – 01:30:57.....	51
Juliette Mullin – 01:31:27.....	51
Juliette Mullin – 01:31:53.....	51
Julian – 01:32:33.....	51

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Julian – 00:00:21	Hello and welcome. My name is Julian, and I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q and A field, which is located on the Zoom panel at the bottom of your screen. We encourage you to submit written questions at any time using the Q and A. Finally, during today's event, live close captioning will be available in English and Spanish. You can find the link in the chat field. With that, I'd like to introduce Dana Durham with Managed Care Quality and Monitoring Division at the Department of Healthcare Services. Dana, you now have the floor.
Slide 2	Dana Durham – 00:01:00	Thanks so much, Julian. I'm going to ask you to turn to the next slide if you don't mind. So I know we've seen these slides for a while, but we are coming to the end of the public health emergency. So they're as important as ever, because we do expect the public health emergency to end soon. And the risk of that is that individuals can lose their coverage. So our goal is to make sure that they don't and to promote continuity of care for our beneficiaries. And the question becomes how can you, because we know that you want to? You can become a DHCS coverage ambassador and that would include downloading our outreach toolkit on the DHCS Coverage Ambassador webpage and then joining our mailing list to receive updated toolkits as they become available.
Slide 3	Dana Durham – 00:01:52	Next slide, please. There are two phases to the unwinding. The first is to encourage beneficiaries to update contact information and you can do that now. And we do encourage you to make sure everyone updates their contact information, including their address. And as you can, we'd love to have fliers in provider offices. We're doing things on social media, and include it on your website banner or if you've got a call center, include it in your call scripts.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 3	Dana Durham – 00:02:25	And then phase two is when the renewal packets come in the mail. And that will happen 60 days prior to the end of the public health emergency. Just once again, remind beneficiaries to watch out for their renewal packets. It's been a while since they've seen them, and so they may not remember that process, and we want to make sure that people don't lose coverage.
Slide 4	Dana Durham – 00:02:47	Next slide. So want to welcome you to today's session. We really are excited about being able to talk about billing and invoicing. It's one of the more important things because you need to get paid for the services you do. And in doing that, we're going to start by talking about just a high level background of ECM and community supports overall. And then we'll talk about enabling ECM and community supports through data. How do you share member level information? And then what is the process for billing and invoicing? And we're lucky enough to have people join us for those. Bay Area Community Services is going to join us to talk about member level information sharing. And then we'll have Alameda County Health Services agencies and the Community Project to talk about billing and invoicing. Finally, we'll talk about support and implementation data and reporting standards. And then we'll have a question and answer time.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 6	Dana Durham – 00:03:49	<p>Next slide. It's packed, so I'll try to get us there quicker. Do want to remind you of what CalAIM is overall. It really is our long-term commitment to transform and strengthen the Medi-Cal, and we really want to make sure that Californians are treated equitably and that their care is coordinated and person-centered so that we can maximize health and life trajectory. So the goals that are included in CalAIM really are threefold. The first being implement that whole person care approach and in that, address social drivers of health. Secondly, improve quality systems, reduce health outcomes and transform the way we offer care. And then finally, we want to make sure that Medi-Cal is consistent, efficient and seamless across the state in the way that you experience it. So hopefully you've started to see some of those changes, but we're continuing to learn and morph into some of what we're doing.</p>
Slide 7	Dana Durham – 00:04:51	<p>Next slide, please. So the first two things that launched were enhanced care management and community supports. And they began on January 1st, 2022. Enhance care management is a benefit, and it's a benefit meaning that if you qualify for it, you should get it. And it addresses clinical and non-clinical needs of high cost, high need individuals by coordinating services and doing care management. And that really is an important part of the way we feel like those who have high needs, we can really help them navigate the system. A compliment to that, and it can stand alone, sometimes people think it can't, but it can, are community supports. Those are services that a managed care plan can choose to offer, and they must be medically appropriate and cost effective. And they are alternatives to things such as emergency room visits, hospitalization or skilled nursing facilities.</p>
Slide 8	Dana Durham – 00:05:56	<p>Next slide. And I'm going to turn this over to Neha Sharma and she is going to... Shergill, she got married. Sorry, I forgot. And she will go through what community supports are and just talk about the 14 that we have pre-approved. Neha?</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 8	Neha Shergill – 00:06:16	<p>Appreciate that. Thanks so much, Dana. Hi, everyone. Just a quick run through here about what are community supports. So community supports are services, as Dana mentioned, that our Medi-Cal managed care plans are strongly encouraged but not required to provide as medically appropriate and cost effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions. And they really are designed to address social drivers of health, which are factors in people's lives that influence their health. And addressing these social drivers of health is really key to advancing health equity and helping people with high healthcare and social needs. So we do have 14 pre-approved community supports that MCPs may offer to members, and our team will gladly add a link to the Community Supports Policy Guide in the chat, which will include the service definitions and eligibility criteria for each of these supports. And different MCPs offer different combinations of community supports. A list of elections by MCP and county can be found on our DHCS website. And our team will also gladly drop a link to that in the chat as well.</p>
Slide 8	Neha Shergill – 00:07:19	<p>And MCPs must follow the DHCS standard Community Support Service definitions in the policy guide, but they may make their own decisions about when it is most cost effective and medically appropriate. And with that, I'll hand it over to my colleague, Aita Romain to talk more about ECM. Thank you.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 9	Aita Romain – 00:07:35	<p>Thanks, Neha. Hi everyone. My name is Aita Romain. I'm the Population Health Management Section Chief, and I oversee enhanced care management. Enhanced care management is a new Medi-Cal benefit intended to support comprehensive care management for MCP enrollees. And this benefit is designed to address the clinical and nonclinical needs at the highest need enrolls through intensive coordination of health and health related services. Enhanced care management is provided to enrollees wherever they are, whether that is at home, on the street, or at the doctor's office. And this is an essential component of the design of ECM. So ECM seven core services are outreach and engagement, comprehensive assessment and care management plan, enhanced care coordination, coordination of and referral to community and social support services, member and family supports health promotion, and comprehensive transitional care. ECM is part of the broader CalAIM population health management system design through which MCPs will offer care management interventions at different levels of intensity based on member need with ECM, as I mentioned before, as the highest intensity level. Next slide, please.</p>
Slide 10	Aita Romain – 00:08:48	<p>ECM is now live for the following populations of focus as listed here. As you will also see on this slide, we have noted that individuals with intellectual or developmental disabilities and adult pregnant and postpartum individuals at risk for adverse perinatal outcomes became eligible for enhanced care management since launch if they already met criteria for the populations of focus that are listed above, meaning if they already fell into a population of focus such as individuals and families experiencing homelessness, or adults at risk for avoidable hospital or emergency department utilization, or adults with serious mental health and substance use disorder needs, they are already live. So enhanced care management is also live for individuals transitioning from incarceration in some counties that have had whole person care pilots.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 10	Aita Romain – 00:09:48	Additional populations of focus will be going live in the months to come including long-term care populations of focus in January 2023, and children and youth populations of focus in July 2023. Next slide, please. Now, I'll hand it over to Michael Huizar.
Slide 12	Michel Huizar – 00:10:10	Thank you very much, Aita. So for the big picture with enabling enhanced care management community supports through data, the sharing of information is really critical to the successful implementation of enhanced care management community supports. It's expected that information is shared among providers, plans, counties, community based organizations and the department and DHCS. As you all may be aware, we've released guidance to standardize information exchange, to increase efficiency and reduce administrative burden between the department and our partner organizations and enhanced care management and community support providers, that is. So today we'll be explaining the member level information, sharing documents and information, as well as the billing and invoicing for enhanced care management community supports. In doing this, we'll be working or highlighting a couple of our providers that have worked with managed care plan partners to implement the guidance and enable data exchange. So for the participants who are looking for a deep dive into each guidance document that we'll cover today, we're going to go ahead and drop a link from the August webinar on this topic and feel free to check it out at your leisure. We can go to the next slide.
Slide 13	Michel Huizar – 00:11:33	So before we really do a deeper dive into the specific data flows, just wanting to showcase some of the data sharing and reporting guidance documents that we've made available. You'll note there's a link here, and you'll have the slide deck. But these are available to support organizations in implementing data for enhanced care management and community support. Our team will provide the links to these documents in the chat as we progress through the slides.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 13	Michel Huizar – 00:12:08	First though, the first guidance here is the enhanced care management member level information sharing guidance on the left. It provides standards for data exchange between our managed care plans and enhanced care management providers. On the other side is the coding options document, which provides guidance outlining the updated HCPCS codes, the HCPCS codes, and the associated modifiers for enhanced care management and community supports. Next slide. Thank you very much.
Slide 14	Michel Huizar – 00:12:45	So we will be rounding out also the billing and invoicing guidance as I previously mentioned, which provides standard minimum necessary data elements, which plans need to collect from their respective enhanced care management and community support providers if they're not able to submit claims to managed care plans. And then finally, the National Provider Identifier or NPI application guidance instructs our enhanced care management and community support providers of the nontraditional healthcare services on how to obtain a National Provider Identifier. Next slide.
Slide 15	Michel Huizar – 00:13:24	So the social determinants of health coding guidance contains a list of priority codes for managed care plans and providers to utilize when coding for social drivers of health to ensure correct coding and capture of reliable data. And then the quarterly implementation monitoring supports quarterly managed care plan reporting requirements and provides an Excel template related to the enhanced care management and community supports. Also, we're dropping in those links as you will see into the chat.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 16	Michel Huizar – 00:14:02	<p>So this slide I know can look like with a lot of arrows, but really wanting to, as we previously mentioned, focusing on the member information sharing guidance, the billing and invoicing, and the quarterly implementation and reporting guidance, so those boxes highlighted in a lighter blue. But they support the implementation of the data workflows as they're outlined here. The visual provides an overview of the workflows which support the overall implementation. And then we're going to focus on the member level information section, as I said, and the billing and invoicing section. So with that, I will transition it back over to my colleague, Aita Romain. Thank you everyone.</p>
Slides 18-19	Aita Romain – 00:14:51	<p>Thanks, Michael. Okay, so let's start with the member level information sharing. At a high level, this is the information that is exchanged between the managed care plan and enhanced care management provider to enable the identification and outreach to members for enhanced care management. The member information sharing guidance document defines standards for data sharing between managed care plans and enhanced care management providers and contains specifications for four files, the managed care plan member information file, the enhanced care management provider return transmission file, the enhanced care management provider and initial outreach tracker, and the potential enhanced care management member referral file. Our team has dropped the link to the member information sharing guidance document in the chat earlier in the webinar. Next slide, please. Thank you.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 20	Aita Romain – 00:15:48	<p>So in the member information file, DHCS has developed standardized requirements for data exchange between managed care plans and enhanced care management providers to ensure that enhanced care management providers receive needed information about members' clinical and nonclinical needs. DHCS is not providing a standardized template, however, this information could be shared via Excel based workbook or other mutually agreed upon file format. In terms of frequency, member engagement elements, for example, name and date of birth, need to be shared within 10 days of member assignment to an enhanced care management provider by a managed care plan. And all other elements must be shared at least monthly unless the enhanced care management provider and managed care plan mutually agree to an alternate cadence. Next slide, please.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slides 21-22	Aita Romain – 00:16:42	<p>Here we have the provider return transmission file. Given that enhanced care management providers will generally hold the primary relationship with members receiving enhanced care management, DHCS recognizes that certain key information besides claims and invoices will need to regularly flow back to managed care plans from the enhanced care management providers. DHCS has standardized this information as the return transmission file to streamline the reporting expected and to reduce administrative burden on enhanced care management providers. DHCS is not providing a standardized template for this purpose, and the frequency of transmission is to be mutually agreed upon between the managed care plan and the enhanced care management provider. Next slide, please. Thank you. There are two additional member level information sharing documents, the enhanced care management provider initial outreach tracker and the potential enhanced care management member referral file. ECM provider tracker document, here in the initial outreach to the managed care plan, members identified as eligible for enhanced care management are considered part of the ECM benefit and assumptions about the cost of that outreach are included in the capitation payments paid to manage care plans. To equip managed care plans with the information they need regarding outreach by ECM providers, DHCS has standardized provider outreach reporting across enhanced care management providers and managed care plans.</p>
Slide 22	Aita Romain – 00:18:15	<p>Enhanced care management providers may report the required information using one of two methods. The preferred method is for the enhanced care management providers to create compliant encounters for outreach using HCPCS codes, as Michael had mentioned before, which may be able to run reports to produce the required data elements. If enhanced care management providers are not creating encounters and, or automation is not possible, enhanced care management providers should populate the data elements manually.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 22	Aita Romain – 00:18:46	<p>And next, I'm going to cover the potential enhanced care management member referral file. So there are a number of ways that a member may be identified as eligible for enhanced care management. One of those ways is for an enhanced care management provider to identify them as belonging to an enhanced care management population of focus during their performance of duties outside the ECM benefits, such as when providing primary care. DHCS has provided a standardized format and method for MCPs to collect referrals for new enhanced care management enrollees from enhanced care management providers. And I am going to hand it over to Juliette.</p>
Slide 24	Juliette Mullin – 00:19:33	<p>Fantastic. Thank you so much, Aita. We're really excited to introduce our first set of featured speakers today. Today, we have three folks joining us from Bay Area Community Services, and they're going to talk to us about how they implemented some of the data workflows that Aita just spoke to. We're joined today by Jamie Almanza, the CEO of Bay Area Community Services, and Renee Tripp, the director of finance and administration, and Shamima Abdullah, the ECM program manager. So with that, I will hand it off to the Bay Area team.</p>
Slide 26	Jamie Almanza – 00:20:05	<p>Great, thank you so much. And hi, everybody. It's so nice to be a part of talking about data, which is one of my favorite things to talk about. I just want to give a little brief overview of who BACS is. We are, I would say, a mid-size nonprofit. I think it's important as we're talking about data and infrastructure, because we today don't have a unified electronic health record, as an example. And so as we were thinking of implementing ECM, it was a thoughtful process. But we are a behavioral health provider and a homeless housing provider. Those are our two core competencies. We're in seven counties, and our mission is to work with people who are distressed, who need our help with a variety of social services, behavioral health services, homeless outreach services. So we run the whole gamut and system of care. Next slide.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 27	Jamie Almanza – 00:21:04	<p>So this is where we are and I just really appreciated Dana saying one of the visions of CalAIM is consistency across the state, because we are in seven counties now as we've had a growth trajectory. As you know, there's been so many more crises and the epidemic of homelessness. And so as of today, without something like CalAIM with that kind of approach to have consistency across the state, we still are in this boat where each county or each funder does require different data elements. So CalAIM, we were very excited when we thought about taking on ECM and just the vision of CalAIM, particularly related to data infrastructure. Because the reason we don't have an electronic health record right now across all of our seven counties is because right now all of our seven counties require different stuff. So the beauty of CalAIM and ECM obviously, and as you get into kind of the data elements, is that consistency element, which I just very much appreciate. Next slide.</p>
Slide 28	Jamie Almanza – 00:22:10	<p>The last thing I'll say is, so BACS was part of the Whole Person Care Pilot in two counties formerly, Alameda County and Solano County. And so we had some good learning and then we transitioned to the health homes for that interim phase. And then we decided as an agency, as a localized community based organization, we had to go through a process. Do we want to do ECM right away? Do we want to wait? We're definitely part of doing community supports. We work now doing ECM and community supports in our home county, which is Alameda County. So it's nice to have my colleagues on the phone for part two of this presentation. But our county healthcare services agency really helped develop infrastructure for the providers. Everything from data to just like, how are we going to make this happen?</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 28	Jamie Almanza – 00:23:03	<p>And then I'll also say our local health plan, Alameda Alliance, when we were thinking about ECM and had that thoughtful process, because we don't have an electronic system across our whole system right now, we said we can do it. We know we have the core competency to go on the streets to work with the vulnerable populations, but we need your help as a health plan, and then certainly at the county level too, to help us really think about how to get the data exchange as pragmatic and as simple as possible for our programs. We couldn't go and invest right away in a whole system. And so you're going to hear about that from my colleague, Shamima, and certainly Renee, too, and just how we did it. But I'll stress that we worked with our health plan who was very amenable to really say, "Okay, let's make it simple for you to do ECM." And that enabled us to say yes, to do...</p>
Slide 28	Jamie Almanza – 00:24:03	<p>You to do ECM and that enabled us to say yes, to do ECM and you'll hear, but it actually became kind of a very pragmatic system that really enabled, because otherwise we wouldn't have been able to do it at this time. I know every community based organization has these dilemmas and so we didn't have a lot of time to kind of go out and build a big thing. And I think we've had success with that, with our health plan and certainly with the county. And then I wanted to say the last thing is that we were already a HIPAA organization because we do mental health and we were already a medical health serving organization with mental health but different. So we were serving or we always serve through specialty mental health through the waiver program at the state. So ECM and community supports was different for us and so we've had a lot of learning and I would talk to anybody offline that's interested as you contemplate or as you're going through it.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 28	Jamie Almanza – 00:24:58	Some of our learnings around, even though we've been billing Medical since 1971, it is different. And so we didn't have to deal with pick codes before because our county system is very supportive and they do all the billing and roll up to the state. And so there's some learnings there that I think would be interesting for as I pass it through to my colleague Shamima and Renee kind of what we've had to learn even though we thought we had a lot of medical infrastructure.
Slide 28	Jamie Almanza – 00:25:28	And then the last thing I'll say is the incentive program, that is helping us actually purchase more infrastructure for this electronic health record. That we just have this vision where we can have one electronic health records system that can cascade through the seven counties that we're serving. So we were very fortunate to leverage those funds from the state and locally to invest in kind of building that out so that we have kind of one set of data consistently because in all of our hearts, the practitioners on the ground, the people that are doing this work, doing the ECM community supports, all the social services. It has to be so simple to do this stuff to kind of meet the mission of CalAIM and to meet all of our collective missions as CPOs. Next slide.
Slide 29	Jamie Almanza – 00:26:19	So I'm going to pass this over to my colleague Shamima who's literally on the ground every day and can kind of talk through and Renee will certainly join in on any data and technical stuff as well. Thank you.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

*November 10, 2022*

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 29	Shamima Abdullah – 00:26:29	Thank you Jamie. Hi everyone. So BACS has been with ECM and serve ECM partners since January of 2022. We launched our program, we provide service throughout Alameda County. We serve from Berkeley, Hayward, Pittsburgh, not to the, excuse me, Livermore. We serve all across our Hayward area and we serve participants in a whole person care aspect. That means we're meeting individuals where they're at and we are modeling our critical time intervention and seeing what interventions these individuals need. Everyone needs primary care and mental health support and so we narrow in on their immediate needs and then from there we branch out and be able to support them with any other needs or goals that they have that will allow them to flourish within their healthcare back to serve at least 80 partners since January of 2022, we have successfully linked 80% of our partners back to medical services.
Slide 29	Shamima Abdullah – 00:27:35	And with that being said, we get a lot of our referrals and our services also through our eligibility list. But also we receive referrals directly from Alameda Alliance, which providers in the community are reaching out to Alameda Alliance requesting for their patients to have an additional layer of support connecting them to their appointments and so forth and specialties and some people have no support out there and we become their support. BACS' successfully supported about 90% of their partners remaining in connection to their case management team.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 29	Shamima Abdullah – 00:28:11	So we do a lot of collaborations with external agencies, case management teams, like I said, providers and physicians within our patients plan that is supporting them so they have a team and we incorporate that and collaborate with those teams in order to provide this client with the best service. We have successfully linked a 100% of our partners without case management to case management service teams. So that's part of our critical time intervention, finding out what support this individual needs of its behavior health. We're connecting you to a behavior health specialist, whether it's our pathways to wellness, our access services or our barrier community service mental health teams that we have. Successfully also serve partners in our clinical and case management teams. Next slide.
Slide 30	Shamima Abdullah – 00:29:04	Our outreach engagement, my favorite part. So outreach and engagement is one of my favorite parts of ECM or just overall with our service that we provide here at BACS is a time for us to build rapport with partners and members in the community in order to achieve that higher level of support and care for our partners with through outreach we make phone calls, we send text messages, emails, we go out and meet the person wherever they're at. There's not too many places that we won't go to make sure that our partners receive their service and get that engagement. We also participate with our partners and advocacy and supporting them with their medical healthcare, going to doctor's appointments with them, as well as just being that bridge and connecting areas that have been disconnected or never have been touched before. We're meeting individuals and we are walking them through the door rather than just telling them where to go.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 30	Shamima Abdullah – 00:29:59	<p>We actually are being present with them during those engagements. Comprehensive assessment and care management plan, this is where we are building the rapport and we're gathering information in order to know what services this partner needs and following their goals and what they would want to do for their healthcare promotions. So we, sorry my screen just went... We promote all around healthcare, so if the individual needs classes and workshops, we are out there researching these specialties and these agencies that are able to connect to our support, to our service. We also connect to Alameda Alliance because within our providers network there are resources and services that our partners are able to connect with and so our responsibility roles is to find those resources and connect the partner to those resources.</p>
Slide 30	Jamie Almanza – 00:30:55	<p>And Shamima, if I can just interject because I want to get to the data stuff too. If we could probably advance a couple slides because I think this group wants to really hear about kind of like what is the data, how do we go back and forth with the spreadsheets and those following slides. Sorry.</p>
Slides 30-39	Shamima Abdullah – 00:31:11	<p>No problem. Let's go another slide please. One more slide I think or two. So do you want to talk about the outreach? Can we go back one slide? So BACS utilizes the DHC proposed plan for outreach and has set a target of a minimum of three outreach attempts per week until a mission processing is completed. These outreaches include in person, office and over the phone. Next slide please. BACSA continues to enroll and utilize DHCS HAP plan to develop strength based treatment goals. Next slide. We can go to the next slide, it's more of our healthcare plan and health action plans. Excuse me. Next slide, next slide, next slide. Here we go, the fun part. Downloading and uploading the spreadsheet gives, sorry, gives at a beginning of the month of from Alameda alliance. So usually at the beginning of the month Alameda alliance sends over to our compliance team a member eligibility list along with individuals that are already enrolled and also individuals that have been outreached to over the course of a time.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slides 39-40	Shamima Abdullah – 00:32:47	<p>That member list goes through a database system where we are able to link between Alameda Alliance and ourself. Our compliance team is able to pull the document or the spreadsheet and they are able to send that document over to my department and on our team we service individuals add dates, it's pretty simple of how they have it for us. We just track our encounter dates on the spreadsheet that they provide separately we created a spreadsheet that documents at this time all the notes and encounters that we have with our partners. So we're currently do not send them the actual notes for the clients, we send them the service dates for these clients and then we keep track of them in our own database system with notes and any encounters that we have with these individuals. We add contacts and it enrolls by clients on the spreadsheet, submit the updated spreadsheet to Alameda Alliance. It goes in by the beginning of the month and we are receiving feedback at least by the middle or third week of the month. Next slide. Renee you want to jump on this one?</p>
Slide 40	Jamie Almanza – 00:33:57	<p>Yeah, I was going to ask Renee too, thanks Shamima.</p>
Slide 40	Renee Tripp – 00:34:00	<p>I know I'm not as fast on my unmute button as some, I don't know why but yes, so we receive a statement when the claims are paid. So just to step back, we do a lot of updating to our spreadsheet that we receive from Alameda Alliance at the beginning of the month. We do some cross-checking, making sure that nobody's dropped off the list, making sure that the new referrals are added onto the list so that we do have authorization to contact and work with those individuals. As Shamima said, she's updating and tracking her encounters every month and then we submit that back via the FTP site, which then the alliance intakes and audits that and then pays us.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 40-41	Renee Tripp – 00:34:54	So once we receive the check, it'll show who the claims they approved and what quantity, what the billable amount was for each of those. We also received back a denied claims file from the Alliance as well via FTP. And then we are tracking those and refreshing any claims that we feel need to be resubmitted. And then there's some deadlines around the 10th of the month. So we are able to retroactively bill as long as we have the corrected counter dates and so forth. And sometimes a digit is missing or a piece of data isn't correct, they will tell us what exactly they've rejected the claim for and then we can subsequently refile that claim. Next slide.
Slide 42 Slide 41	Jamie Almanza – 00:35:50	And as we wrap up, thank you so much Shamima and Renee too. I think the thing I'll say, so the guidance that came out from DHCS, if you're contemplating starting or you're in it, we're early in it as is everybody. Really absorbing the DHCS guidance documents. And then also our health plan was very helpful in just helping us kind of set up the structures that Shamima and Renee talked about and really helped us interpret some of the guidance and really came up with the streamlined approach. So I think it's really important to kind of obviously each CBO community based organization, we need to do our own stuff. And then just really that partnership with the health plan.
Slides 41-42	Jamie Almanza – 00:36:36	The last thing I'll say, so BACS has never worked directly with a health plan, as a funder in our 70 years. And so with ECM it's just opened up this real kind of opportunity in terms of setting up these infrastructures and these exchanges and doing it very pragmatically like I said and like you heard so that we can do boots on the ground like Shamima said and then we can make it kind of a seamless lowkey if you will, process to get paid. Because I think also, as someone said at the beginning of the call, the billing and data, it's like we have to get paid. And so it's been very successful I think in that process. So thank you very much... You're on mute I think.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 42	Juliette Mullin – 00:37:33	I am, double muted. I had a whole nice spiel and you didn't hear it. Thank you so much to the Bay Area team for that wonderful walkthrough of all of the work that you've done to stand up your ECM program and the data exchange components to enable that. With that, we will transition into billing and invoicing and I will hand it off to Tyler Brennan with the Department of Healthcare Services to give us an overview of the guidance in that space.
Slide 42-43	Tyler Brennan – 00:37:59	Hi. Thanks Juliette. Good afternoon everyone. So now we're going to transition into the billing and invoicing elements of ECM and community supports. So on the slide here and in this visual you can see that community supports and ECM providers send service invoices for service claims to MCPs. Please note that for community supports, the service units used for billing purposes may be different than the service units that are used for invoicing purposes. Next slide, please. All right. So ECM and community supports providers are expected to submit claims to manage care plans using national standards and to the greatest extent possible. Providers who are unable to submit compliant claims may instead submit standardized invoices to manage care plans. Those managed care plans will then use the invoices to pay providers and develop compliant encounters for submission to DHCS. DHCS has developed standardized guidance for standardized invoicing to reduce managed care plan and ECM and community supports provider burden.
Slides 43-45	Tyler Brennan – 00:38:53	And to improve data quality, MCPS and providers may mutually agree to share invoice information using a different format or transmission method than what is described in the DHCS guidance. Next slide please. All right. So DHCS has outlined common standards and methods for ECM and community support provider submission of invoices to manage care plans, and that's on your screen here. Our team will also drop the link in the chat to the billing and invoicing and guidance on the DHCS website and we would encourage you to reference that at your earliest convenience. And with that I'll pass things back to Juliette.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 46	Juliette Mullin – 00:39:29	Great, thank you so much Tyler. So now we're very excited to go into our next set of featured presenters today. We are joined by the team at the Alameda County Healthcare Services Agency and they're going to walk us through the work that they've done to establish billing and invoicing at Alameda County. We're joined today by Jennifer Martinez and Bridget Nolan from Walbrook Partners, as well as Jeanette Rodriguez, the housing services Director at Alameda County. So with that, I hand it off to the Alameda team.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

Slides 47-49	Jennifer Martinez – 00:40:00	<p>Great, thanks so much, Juliette. Hi as Juliette said I'm Jennifer Martinez. I was the program development director for Alameda County's Whole Person Care pilot and now a consultant working with Alameda and other communities to continue this type of work under CalAIM, so glad to have the chance to share about Alameda's experience moving out of Whole Person Care and now engaging with CalAIM. So today what we're going to walk through with you is that Whole Person Care infrastructure and the relationships that Alameda County built through Whole Person Care. That became much of the foundation for how we've engaged in CalAIM to date. And then some practical orientation around the CalAIM operations processes that the county has built for both authorizations and billing and claiming focused really specifically in this case on housing community supports. If we can go to the next slide please. So to provide a little bit of context, I want to go over a few of the many components of Alameda's Whole Person Care pilot that play into our current work with CalAIM. First, Alameda's pilot included a housing services bundle that included both housing navigation and tenancy sustaining service components that really closely matched the scope of those community supports. So to implement that work under Whole Person Care, the county built out a contracted network of CBOs with housing expertise throughout the county to provide those services. The county invested really heavily in developing those relationships with each CBO and for the CBOs with between one another as well as the contractual structures to do the work and workflows, including data collection and submission, so that's one piece. Secondly, Alameda's Whole Person Care Pilot also had a care management services bundle that was contracted out to our two managed care plans in the county and they in turn subcontracted out to a network of providers. That scope of services ended up matching really closely to CalAIM's enhanced care management. So in that space as well, the county had also really invested with our managed care plans with the relationships there, as well as working through</p>
-----------------	---------------------------------	---

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
		processes for data reporting structures and building out capacity to support those providers out in the field.
Slides 49-50	Jennifer Martinez – 00:42:13	And then finally, in the context of Whole Person Care, the county also stood up our social health information exchange, or we call it the SHE that brings together now 19 data feeds across sectors that are serving consumers with complex needs, really matching that data and then making it available for a number of applications including what was to come now under CalAIM. And specifically some of those data feeds have included the membership roster from both managed care plans confirming who's actually enrolled with each plan as well as a feed from the Homeless Management Information System or HMIS, which is the system that the network of housing focused CBOs are really accustomed to using. So we can go to the next slide. So with that background and context, as we then approach the transition from Whole Person Care to CalAIM, the county shifted a number of its structures to match this new model.
Slide 50	Jennifer Martinez – 00:43:05	So let me start first with the relationships. First, those care management services that had been contracted to the Managed Care Plans were really released to our health plan partners to now manage directly. They already had that initial set of contracted providers in place and the processes to work with them. So now the funder role really just had moved from the county as the Whole Person Care Lead know directly to DHCS. But in parallel then those contractual relationships really flipped in that now the managed care plans are now contracting with the county to administer the housing community supports. This is kind of a similar functional role that the county had played under Whole Person Care, but now the county's contracted with the Managed Care plans instead of DHCS through Whole Person Care. So though the like directionality of that contracting relationship with the Managed Care plans has switched during this transition, I think it's really the relationships and trust that was built through the Whole Person Care pilot that enabled really efficient and productive and renegotiations to get ready for this CalAIM space.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 51	Jennifer Martinez – 00:44:11	<p>We can go to the next slide. For the kind of a final area of context, Alameda also then has been really leveraging that data infrastructure in the Social Health Information exchange to support the billing processes for housing community supports specifically the contracted housing CBOs that are working with the county. Were able to continue during doing their documentation in HMIS, there was a few tweaks and adjustments that were needed, but there was no brand new system or portal that those providers had to learn from scratch. And then the Social Health Information Exchange then is taking that data coming through HMIS, matching it to the managed care plan membership data as well as demographics and some other data in the system to create claims for these housing community support services, sort of in the language and structure that's needed and preferred by the Managed care plans.</p>
Slide 51	Jennifer Martinez – 00:45:07	<p>So we'll get into some of those operational details on the following couple of slides, but from a strategic point of view, this has really allowed our housing provider CBOs, it's kept them from having to learn to sort of speak managed care in this space and instead have really relied on the sheet to do that translation of information in the background on their behalf. So that data transformation, I'll just say was refined through the negotiations that we had with the managed care plans to prepare for the transition to CalAIM and really leaning on those relationships that we had fostered over the past number of years through Whole Person Care. And just one example of that is that in HMIS, we didn't have a specific field to note the place of service. We know in reality these housing services happen in all kinds of places, McDonald's, on the sidewalk, what have you.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 51	Jennifer Martinez – 00:45:58	<p>But because HMIS didn't have a particular kind of discrete field to pull from to match this to the required element on the claim. In our work with the managed care plans, we agreed to a policy where the county would hard code the place of service on that claim to 99, which means other, acknowledging that these services don't typically occur in kind of standard clinical spaces. So the managed care plans were, they were comfortable in making that decision because of the approved code list that DHCS had published that included that code 99. There's more detail in the narrative notes in HMIS that includes that kind of specific information of where the service was provided. That can be referenced at any time for backup and audit purposes. But for the discrete data element that was necessary for the claim, this kind of negotiated policy through the relationships that we have with the managed care plans really allowed us to move forward. So I'm going to turn it over now to my colleague Jeanette Rodriguez to dive further into some of those operational details.</p>
Slide 52	Jeanette Rodriguez – 00:47:00	<p>Thank you, Jennifer. Next slide. Thanks. Oh, perfect. So to speak about collaborations that we have had since implementation within CalAIM in Community supports. It's been a really iterative and collaborative process with the Managed Care plans. What we started from December, I would say until about July, was ongoing weekly meetings that were data focused. We went met with the managed care plan and our healthcare services agency entities to discuss claims, submissions, authorizations, really to identify what the workflow would be and to troubleshoot any items that needed further streamlining. Included in those meetings would be key stakeholders from both sets of teams. We had our finance teams, our billing and claiming departments, data exchange units, as well as program and county leadership. And what we've done since that July time period is really tapered down our weekly meetings as we kind of came to really common understanding.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 52	Jeanette Rodriguez – 00:48:03	We would also have weekly meetings in regards to eligibility and authorizations with Alliance, as well as preparation with our other managed care plan, Anthem. Our weekly meetings are really focused strategy sessions on bringing common understanding in regards to our different sets of kind of acronym soup. We come from the different places of work and we really need to work through what was the Homeless Management Information system, what does that information contain? How is it commonly used with the homeless service providers that we're working with.
Slide 52	Jeanette Rodriguez – 00:48:37	In addition to that, we utilized these weekly meetings, what we're really troubleshooting through together are our authorizations process. What we utilize for an authorizations process is that we work on a twice per week cadence for dropping an authorization request in an Excel document, in a shared common data file with the managed care plan. And the managed care plan then uses that information to research and provide the authorization information and circle back to our healthcare services agency with information related to denials or additional requests,
Slide 52	Jeanette Rodriguez – 00:49:16	What our overarching goal within the healthcare services agency within the county too, was to serve as an intermediary between the service providers and the managed care plans, where we wanted the service providers to really focus on their ability to do supportive services in the community using HMIS. And we wanted to make the system as streamlined as possible toward the service providers and really connect with the managed care plans to really represent what the information was in terms of service encounters. Our weekly meetings continue. They are a great period of time for us to kind of troubleshoot at different items or to clarify our processes. It's also been really helpful in building trust and understanding between the teams.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slides 53-54	Jeanette Rodriguez – 00:50:09	<p>Okay, next slide. What we see in this next slide is actually a sample of what our authorization requests look like. As I mentioned earlier, they're dropped in an Excel template in a shared online file that's password protected. And the managed care plans receive this information. So what you see is essentially columns A through W, and that is pre-populated on our side, which we'll talk about shortly mix of the SHE Data and HMIS information and what's produced back from the managed care plans are columns X, Y, and Z. And that really gives us the opportunity to really streamline from what we were using as an eFax system of receiving authorizations to a system where we're able to use a shared set of documents that show the representation of who is served, notes related to any denial or clarifying questions, and then the authorization information. With that, I'm going to transition to my colleague, Bridget, to talk about our billing and claiming infrastructure.</p>
Slide 54	Bridget Nolan – 00:51:20	<p>Thanks so much, Jeanette. Yeah, so I'm going to talk about really the infrastructure that went into setting this up. But I do want to emphasize that a lot of the folks that were really key in the really nitty gritty of this couldn't be on today's call, but they will be able to be at the QA session that's coming up December 1st. And so one of the most critical pieces of infrastructure for us is the EDI 834 that comes every month from the health plans. This is the health plan's enrollment file, and these started coming to us during the Whole Person Care infrastructure set up that Jennifer had talked about. We use this for a couple of things. One, it's really helpful for us to know, it lets us bump a large number of people really quickly so HMIS doesn't have what health plan someone might be with.</p>
Slide 54	Bridget Nolan – 00:52:14	<p>So as we pull in that data from HMIS, it can bump with this file and let us know very quickly which health plan this individual is with. And then that lets us route that authorization directly to the correct health plan without the housing team having to do a lot of entry into multiple portals, trying to figure out which health plan someone is with. We can go to the next slide.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

*November 10, 2022*

## Transcript

<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 55	Bridget Nolan – 00:52:40	<p>As part of that effort, we've created a dashboard for the housing team that it pulls in the information from HMIS when a need for an authorization is triggered by an enrollment or a service. And I blurred out the phi, which is a most of what you would see in this dashboard, but you can see the column headers and they would keep going over. But that lets the team see who needs an authorization, what service it is that they need an authorization for, is it housing navigation, is it tenancy sustaining, housing deposits and what health plan that they're with. They're able to then run a report from this that pulls that information into those same columns that Jeanette showed you, that template that gets exchanged with the health plans, just trying to reduce some of the pain points that would've been really manual without these systems. And we can go to the next slide.</p>
Slide 56	Bridget Nolan – 00:53:39	<p>The other place that we use that enrollment file is for the billing file that we send. So this is a similar process. At the end of a month, we are pulling all of the services that have happened from HMIS, and we're bumping that again with that health plan information to double check that someone is still with that health plan and making sure that, again, we're billing the right health plan for the right person. The other thing that the enrollment file has been really helpful for is for those of you that are familiar with HMIS, you know it's a system that is based on self-report. And so sometimes that self-report can vary from system to system.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 56	Bridget Nolan – 00:54:18	<p>And when you're exchanging EDI files, this is the electronic way to exchange files for billing and other data exchange in healthcare, it can error out if you have a birthdate that's wrong by one year or one month or other information that's not matching up on a client. And so our system matches people up and then defaults in certain areas to the information that the health plans already have on file, trusting that that's the information that the health plan would like to receive from us on that client. And it prevents a lot of those files from unnecessarily erroring out and us having to go back and resubmit those. And apologies, I see there's a typo. It is just EDI and not EDDI there in this slide. We could go to the next slide.</p>
Slide 57	Bridget Nolan – 00:55:12	<p>I think the other thing I want to emphasize is that as we went through this process, even though Alameda County was really fortunate and had a lot of infrastructure set up, had really positive working relationships with the health plans, who were really just deep partners in this with us, there was this feeling of an interest in mutual success. It's been a really great partnership and still it was new for everybody. The county had never billed the health plans before. This was all new services for the health plans to be standing up. There was just so many new processes to be working through. And some of what was helpful was as Jennifer and Jeanette have highlighted, that the relationships that were already in place under Whole Person Care. And then it was also just so helpful to both teams, some of the guidance that had come out from DHCS that really gave us a defined sandbox or a defined universe to start our work in.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

*November 10, 2022*

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 57	Bridget Nolan – 00:56:13	So instead of having to come up with a billing template together on our own, starting from nothing, we were able to use the minimum required fields document that DHCS had put out and all of the guidance that they had around modifiers and codes. And so instead of talking about thousands of codes, we were talking about a specific set of codes that were already applicable to the service area we were talking about. And so that was just really incredibly helpful and it gave us reference points and just we were on the same page as we started talking about what both sides would need to make these files work.
Slide 57	Bridget Nolan – 00:56:53	The other thing that we were able to talk through is any place that it was going to be really challenging to get data to the health plan in that authorization file or in that billing file, we were able to work out processes where that information could be seen and given during audits and it could be requested. So then it didn't have to be part of really complex automation systems that we were setting up. We can go to the next slide.
Slide 58	Bridget Nolan – 00:57:21	And then on the county side, it was necessary to set up some new internal structures. As Jennifer mentioned, we had never billed the health plans for services in this way before. And so the county did a great job of bringing together their finance team, their data team, their program teams, and have set up a Medi-Cal administrative office, that's been a really great collaboration and it's really been necessary for all of those different pieces of the puzzle to be in the same room or on the same Zoom call to problem solve exactly what was needed, where information needed to go, when we were getting errors or rejections on claims. Sometimes that might be an issue program could solve. Sometimes it was something for the data team to solve. Other times finance could work that out. And so there's been a really positive collaboration between those different groups within the county as well.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 58	Bridget Nolan – 00:58:19	<p>And together, we've really created an infrastructure and a process for that full cycle of billing, including like authorization to the billing, to the files that come back, both the ones that are paid and the ones that error, out how to resolve those, how to resubmit those. And this has been a really important piece of our process that has not been one team on their own. It's not been up to the housing program team to just figure this out alone. But that deep partnership from finance and data has been great. We can go to the next slide.</p>
Slides 59-60	Bridget Nolan – 00:58:52	<p>So I just want to highlight just a couple of key takeaways, which is just that we've spent time building new structures, but really built on the foundation of relationships that were built under Whole Person Care. The other piece is that we've been really fortunate to work closely with our managed care plans as partners and really working together for each other's success. And finally that the county has taken the prime role in the case of housing as the prime contractor and subcontracted to our CBOs to relieve some of the administrative burden to them has been really great to watch unfold. And with that, I will hand it back to Juliette. Thanks so much.</p>
Slides 60-61	Juliette Mullin – 00:59:38	<p>Wonderful. Thank you so much for that great overview of all of the work that you've done in Alameda to stand up the billing and invoicing process for your CBOs. With that, we will transition into a second perspective on how to stand up billing and invoicing from Ceres Community Project. We are joined today by Brenda Paulucci-Whiting, and Karin Pimentel, the chief program officer and contracts managers respectively at Ceres Community Project. And they're going to walk us through the work that they have done with their CBO to get ready and launch community support from a data and billing perspective. I'll hand it off to you.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slides 62-63	Karin Pimentel – 01:00:19	Thank you, Juliette. Hi, I am Karin Pimentel. Thank you so much for having me as a presenter today. I'm always happy to have an opportunity to share best practices and learn from other organizations. So I'm thrilled and honored to have this chance to tell you guys what we've been up to and our journey towards becoming a community support provider. So I have been working here at Ceres for the past year or so, as the contracts manager and I was hired specifically to manage the launch of this community supports benefit. I have a background in healthcare. I came from a federally qualified health center in Marin City where I worked at all levels from the front desk registration through billing and revenue cycle management, quality improvement. And by the time I left, I was the director of operations and oversaw the front and back ends of our billing cycle.
Slide 63	Karin Pimentel – 01:01:12	And I have Brenda Paulucci-Whiting with me today. She's our chief program officer at Ceres and she also has a background in healthcare. In fact, we worked together at the clinic in Marin City, where she was the chief operating officer and was responsible for revenue cycle management and was heavily immersed in healthcare workflows prior to joining Ceres. So Brenda and I were hired in anticipation of signing this contract with Partnership Health Plan, our managed care plan and launching community supports. Our mission is... Sorry, mixed up my notes.
Slide 63	Karin Pimentel – 01:01:49	Our mission is to create health for people, communities, and the planet through love, healing, food and empowering the next generation. We are volunteer driven organization. Our meals are prepared and delivered by hundreds of volunteers annually, adult and youth alike. We're very proud of our youth development program, which provides a team leadership pathway, including two spots reserved on our board of directors for team leaders.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

*November 10, 2022*

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 63	Karin Pimentel – 01:02:16	We started in 2006 serving individuals with cancer and their families in Marin and Sonoma Counties. And our CEO and founder, Catherine Couch, started with four youth volunteers cooking out of a church kitchen for several cancer patients. We then expanded to serve families suffering from other health disparities and chronic conditions. And since that time, we've greatly expanded our meal volume to meet the needs of vulnerable populations. This is largely due to the extreme California fire events followed by the pandemic, which created a high need in our area, which we quickly scaled to meet.
Slide 63	Karin Pimentel – 01:02:54	We currently prepare and deliver over 200,000 medically tailored meals annually with a growing percent of our clients suffering from chronic illnesses. And for those of you who may wonder what a medically tailored meal is, we follow the California Food is Medicine Coalition guidelines, and we have a strict nutritional analysis and oversight of how we prepare our meals to be sure they are heart healthy, carb restricted, and low sodium. Our ingredients are locally sourced in organic and freshly prepared in our kitchen, and then delivered by our volunteer delivery angels throughout Sonoma and Marin County. You can go to the next slide please.
Slide 64	Karin Pimentel – 01:03:33	So Ceres signed a contract with our managed care plan Partnership Healthplan in January this year to become a provider of community supports for medically tailored meals and medically supportive foods. Partnership serves over 600,000 members across 14 northern California counties, including Marin and Sonoma, where Ceres is located. Next slide.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 65	Karin Pimentel – 01:03:59	<p>So in the year leading up to signing the contract with Partnership, we did a lot of work to prepare for the launch of community supports and to build capacity. And it started with hiring Brenda and myself, as I mentioned. Our organization was a volunteer based meal delivery organization and it was so important to have the right staff in place to help navigate the workflows, the technology and the data that's associated with launching community supports. Another part of that journey was working with HIPAA compliance. We were just a volunteer organization preparing meals, and now we're interacting with all this new medical data and PHI. So we contracted with a vendor, DueNorth, who assessed our HIPAA compliance and conducted an S2 audit. And they've worked with us over the past year to continuously improve our HIPAA standards, our policies, and our workflows.</p>
Slide 65	Karin Pimentel – 01:04:56	<p>Lastly, we had to ensure we had the right technology and the knowhow, and that was a journey with our outside IT department. Again, as a meal delivery organization, we're not previously set up to collect and protect this level of data. We were actually just about ready to switch our IT team when they hired someone with healthcare experience, who oddly enough, Brenda and I had worked with at the clinic. And this person helped us vet the different technology solutions and billing software to electronically submit claims, which is the preferred method of billing for Partnership. It took about three to four months talking to different vendors and organizations going through it alongside us, working with Partnership to understand their guidance and DHCS guidance. But once we did that, we were able to navigate more easily around how we'd be able to electronically submit claims.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

<b>VISUAL</b>	<b>SPEAKER – TIME</b>	<b>AUDIO</b>
Slide 65	Karin Pimentel – 01:05:49	We were just a volunteer provider, so part of our research was understanding the new level of data we would need to collect in order to submit a claim. For example, billing codes, diagnoses, and medical justifications, which is required to submit the treatment authorization requests prior to submitting a claim. So there's a lot of preparation we went through to be able to simply understand what we were going to do before even launching this contract. And go to the next slide, please.
Slide 66	Karin Pimentel – 01:06:21	For the year leading up to the launch, there was a series of very valuable trainings sponsored by CalAIM around HIPAA compliance and claims billing, which is where we actually heard of DueNorth, who conducted our S2 HIPAA audit. Along with these trainings and readily available on the DHCS website and partnership website came lots of resources that we kept and still keep in our back pocket while going through the process of launching community supports, for example, policy guidelines that clarify exactly what community sports is and who's eligible for these services, billing and invoicing guidelines that include minimum level of data submitted on claims and their definitions.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 66	Karin Pimentel – 01:07:03	<p>We also received step by step guidance and support from Partnership, our managed care plan. I went through a new provider orientation where I learned all about the HIPAA compliant methods of submitting claims and what codes and rates would be invoicing. Partnership also hosts regular round tables where we can bring our questions or hear from other ECM and community supports providers who often have similar questions. On both the Partnership in DHCS websites, there's recorded webinars that have been useful to go back and watch as refresher trainings. There's really a lot of great resources between DHCS and our managed care plan that I often reference during my work. Most importantly, we've been so fortunate to receive one-on-one support as needed from Partnership. And this was critical as they were willing to hop on a Zoom and meet with us to do step by step demonstrations, especially when it comes to actually submitting claims. And in the beginning, if I made an error and I had to submit a claim inquiry form and how to do that and all the one-on-one guidance was really invaluable.</p>
Slide 66	Karin Pimentel – 01:08:15	<p>Much of this work we've been doing has involved building the infrastructure and capacity to launch. So receiving the funding to be able to do this was critical. We received financial support from the Incentive Payment Program, which helped support the internal launch and build infrastructure, and we also submitted a proposal to receive the PATH fund, a DHCS initiative, which will help us implement, expand, and scale our community supports work. Although no decisions have been made yet. Ceres has also been part of many networking opportunities with other organizations that are at various stages of this launch where there are lots of opportunities for exchange of best practices, such as the Food is Medicine Coalition's annual symposium, and their regular healthcare contracting committee. You can go to the next slide, please. Oh, next slide, please. I hope you all can hear me still.</p>
Slide 66	Dana Durham – 01:09:17	<p>We can hear you. It looks like we're having a little technical thing. Can we go to the next slide?</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

*November 10, 2022*

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 67	Karin Pimentel – 01:09:27	<p>There we go. Thank you. Thought it wasn't me. So now we have the technology and we understand the data requirements and the next chapter was actually developing and introducing the new workflows to support the billing and the invoicing process. So like I said, we were a volunteer organization that delivered meals and there's been a huge change in the way we manage our intake process since we became a community supports provider. And this is where the healthcare workflow started to take shape in our organization. So we now had to implement a process to determine eligibility. So we trained our intake staff on eligibility criteria. For example, what are the qualifying diagnoses and how to actually verify that a client has active Medi-Cal. We also had to make sure our client facing staff were trained in HIPAA compliance. And that's another part that we are continuously striving to improve and how to collect the proper data and secure it.</p>
Slide 67	Karin Pimentel – 01:10:29	<p>We also have to demonstrate a client's need for a medical extension, meaning part of our package deal is 12 weeks of meals. So if we have a client that could greatly benefit for an extension, how do we document that justification and submit that to partnership? This has actually helped us develop a stronger relationship with our healthcare providers. I keep saying it, we were just a meal provider. We were not a healthcare entity. So being able to have medical justification on behalf of our clients and their diagnoses has not always been readily available to us. We had to implement a medical referral process. It's still an ongoing priority for us, especially as we continue to work on efficiently interfacing our current system, which we use Salesforce for our client management, and how can we interface that with our billing software? We're working towards adding diagnoses codes to our medical referral, requiring medical referrals upon intake. So we have the justification up front. And eventually working towards collecting lab data, which will help us evaluate impact and fortified justifications for extensions.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 68	Karin Pimentel – 01:11:43	Okay. Next slide please. Busy slide. So this is a snapshot of the community supports workflow, starting with screening for eligibility and ending with submitting a claim and tracking its payment. Prior to this, there was three steps. We would screen for eligibility, we would assign a menu and we would schedule and we would schedule a delivery window.
Slide 68	Karin Pimentel – 01:12:03	So, as you can see here, there are several more steps to our workflow and we start with verifying a client's medical health active. Then we assess for eligibility based on diagnosis criteria. If we believe a client is eligible, we submit a treatment authorization request to Partnership Health plan and their portal and it's either approved or denied. And if the client is approved, they're now an active client, community supports client in our system, and they enter the billing cycle. Each month, we submit claims for the previous month of service, and we need to check that the client is still active with Medi-Cal since their eligibility may change from month to month. And as claims are submitted, we track their payment in our billing software. So, if a client's eligible for an extension of meals, we have all this data to start the process over and submit another treatment authorization.
Slide 68	Karin Pimentel – 01:12:57	I also should mention that's not on this slide, that this is our internal process for clients that we refer to community supports ourselves. There's also another workflow where partnership can directly refer clients to us who could benefit from this program. And in that case, it's slightly simpler because we know they have active Medi-Cal and then we can submit the treatment authorization knowing what their diagnosis is.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 69	Karin Pimentel – 01:13:32	Okay, next slide please. Okay, so the fun part, the technology, it's a huge part of all this. Previously, we had one client tracking system, salesforce, as I mentioned. And now with the launch of community supports, we're in multiple platforms. So, you saw on the last slide the workflow where we submit treatment authorizations to the portal that is done directly in partnerships portal separate from salesforce and separate from billing. We learned back in our research and preparation stage all about the ANSI format, the HIPAA compliant format required to submit claims.
Slide 69	Karin Pimentel – 01:14:07	And before we had the right tech support and I reached out to partnership for more information on ANSI, I was given a 208 page manual to familiarize myself with the specific format. So, you can really imagine how important that first step was inventing the technology and leaning on our IT department, to help us understand this requirement. We landed on the EZClaim for our billing software that has the capability to submit claims in the ANSI required format. I worked with an onboarding coach to build and launch EZClaim.
Slide 69	Karin Pimentel – 01:14:41	We had to also set up a secure file transfer protocol site SFTP with Partnership because the way EZClaim works, it submits our claims data directly to Partnership SFTP site. And we had to go through a testing phase where we submitted 10 claims to Partnership to be sure that the data exchange was compliant and smooth. And that meant building a connection between Partnership and EZClaim to do this, which took a bit of troubleshooting. Again, much of manuals I was looking through for a long and full of jargon and it wasn't always easy to understand. So, having the right team and support was extremely helpful.
Slide 69	Brenda Paulucci-Whiting – 01:15:22	And I'll just add to this, that Partnership had various methods that we could have used, and we chose to go with the ANSI format because we understood that to be a preferred method and we knew that that at the end was where we would need to go and then work. We also chose not to go with a clearing house and because we both had familiarity with clearing houses, we didn't feel that we would be at sufficient scale to warrant working with a clearing house.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 69	Brenda Paulucci-Whiting – 01:15:51	And even working with a clearing house, it's not a magic bullet because you still have to have the workflows there. So, one of the things that we learned very well at the clinic is that 80% of revenue cycle management is what happens before you even submit the claim. It's all about the workflows and how you're collecting data and tracking data and doing so accurately and training your front desk staff.
Slide 69	Brenda Paulucci-Whiting – 01:16:14	And so, we chose to go with EZClaim and that was new EZClaim had not worked with Partnership. Partnership had not worked with EZClaim. So, there's a bit of trailblazing. I think that's happened with this as a potential solution, especially for smaller organizations that would not really warrant the scale of a clearing house.
Slides 69-70	Karin Pimentel – 01:16:35	Yes, thank you. Okay, so when... Yes. Thank you, Brenda. And then can you switch to the next slide please. Okay, so this is EZClaim billing software. So, as Brenda said, when we were assessing claim software, we bet at different possibilities. The Clearing House, which we both agreed. We didn't want to go that route. We weren't working on the level of claims billing that warranted a clearing house. And so, we chose EZClaim and our IT department actually suggested EZClaim and like the title implies it's easy, it was a very simple setup, it took 30 days to get it up and running and it's very inexpensive. So, that was what we went with and it's very user friendly and does everything we needed to do pretty simply. So, this is a screenshot of the homepage in EZClaim. We had to build out our libraries here to include all of our client profiles, which are known as patients in EZClaim.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slides 70-71	Karin Pimentel – 01:17:47	<p>And we had to build out our procedure codes, which luckily as a medically tailored meal provider there are only three. So, we bill for meals, grocery bags, and nutrition counseling. So, within the EZClaim we create the profile, we create a claim that attaches to the patient profile and then we send the claim and we track the payments here in EZClaim, there are several reporting features that we're still learning to use in a meaningful way that is reliable for us to know where we are in real time. Since EZClaim is considered our source of truth for what has been billed and what is outstanding. So, making sure we keep our data up to date and reliable is extremely important. Okay, next slide please. So, we meet regularly with Partnership, our managed care plan to resolve billing road bumps. This has been so helpful as we learn to navigate the billing process from scratch at series. Meeting with them, they give us clear guidance that helps us avoid possible claim denials or rejections.</p>
Slide 71	Karin Pimentel – 01:18:49	<p>We spent a lot of time in the beginning trying to figure out why certain claims weren't going through and Partnership has been so supportive in helping us align on proper coding and really understand their workflow on their end. Being a community supports provider has also changed the way we communicate with clients and referral partners. We want to break down accessibility barriers that our clients may have.</p>
Slide 71	Karin Pimentel – 01:19:12	<p>So, we're implementing an ROI process, so we can communicate directly with our clients health care providers to get their medical referrals for them. We're also in the process of updating our medical referral to be more accessible for health care providers and include the necessary data needed to submit TARs and claims. As much as we prepare, we're learning as we go. And once we launched, we were able to get a regular meeting scheduled with our managed care plan. And that meeting has a representative from someone from the treatment patient department, the claims department, they have someone from leadership and because we're all learning, as Brenda said, we're really blazing a trail here.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 71	Karin Pimentel – 01:19:56	<p>Having the right representation and support has been so helpful. Transparency at series is very important. So, we have been using Salesforce to build dashboards to help us track all the data that's being fed from all these multiple sources since now we're in the Partnership portal, we're in EZClaim, we're in Salesforce, how can all of that come together and really let us know in real time where we are at in this process.</p>
Slide 72	Karin Pimentel – 01:20:22	<p>Okay, next slide. Here's a snapshot of a dashboard that's in development. Again, claims data's house in a different database and this is one of the challenges that we've had solving how we show this data in Salesforce because we do not have an electronic health record either. So, being able to show this in a meaningful way has been a fun challenge. And you can see in this snapshot how many clients eligible, how many TARs we have submitted and been approved, where we're at in the claims process, how many have been billed and paid and what phase they're in and how many are actively being served by different funding sources. This was all part of the technology build out where we had to bring Salesforce up to speed with what we were doing in EZClaim and Partnership.</p>
Slide 73	Karin Pimentel – 01:21:15	<p>Next slide please. So now, we're in the next phase. We went through the preparation and launch and now we're ready to scale. However, there are considerations that we need to take in order to scale efficiently. For example, continuously working on better workflows. This is where I get to employ the fun PDSA work I used to do in my health care life before series. PDSA, it stands for Plan Do Study Act. And this is a method of testing a change and measuring its impact. And generally, you start small and you make adjustments on a smaller level before rolling it out to a larger group. And that's exactly what we did with our first batch of claims. We submitted 10, we watched them go through the process, we adjusted as needed, we submitted another 10 and then 20.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 73	Karin Pimentel – 01:22:03	<p>And now, we're at the point of scaling, where we can bring on over a 150 more clients that are eligible for this program. And it's just really important that we're regularly up to date on the guidance and understand who's eligible for... Not only the first 12 weeks but who's eligible for an extension. If we have the proper documentation, a lot of our clients are really sick, and 12 weeks is not enough. So, how can we document an extension for these clients that are in need?</p>
Slide 73	Karin Pimentel – 01:22:36	<p>There's still work to do with our technology. We're working in three different platforms between Partnership portal for TARs and EZClaim for billing and Salesforce for client management. We are also moving to job form to help us collect medical referral data and we need to figure out a way to have all these systems mapped together to seamlessly talk to each other. We're working with our referral partners and healthcare providers to increase our clients reached advertising that we're ready to help your patients and we have this program of beautiful, nutritious and delicious meals that we can offer. Next slide please.</p>
Slide 74	Karin Pimentel – 01:23:23	<p>So, some of our challenges have obviously been balancing the need to scale while still developing. Brenda referred to this as building while living in the house and that's exactly what it is. We had to learn how to do all this work, implement all the systems, but we didn't want to delay services to our clients. So, we're doing it side by side. So, adopting the right workflows since we're not a health care provider for example, documenting that a client has a medical justification, we are now in a position to treat our clients as if we were their case managers, which is a brand-new approach for us. Previously, just delivering meals. Technology, I can't say enough on technology and how much of a challenge it's been to figure this piece out. There are many requirements that was outside our bandwidth and in-house capacity. So, the DHCS guidance and support from Partnership has been extremely helpful in that regard.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 74	Karin Pimentel – 01:24:19	And we also know that a key to being able to scale is going to involve our use of technology. So we really have to solve for getting these disparate systems to talk to each other and we have to track meticulously where claims are in a billing cycle and technology will continue to be a challenge and a solution.
Slide 74	Karin Pimentel – 01:24:38	Victories, seeing our claims getting paid, that is such a huge victory. All the upfront work and preparation and then actually seeing it work and being able to help fund this program meals for our clients in need, that's a huge victory. We're currently serving about 80 clients through the community supports benefit and we're scaling to serve more. And a huge victory was just building a relationship with Partnership Healthplan, having their one-on-one support the regular meetings. It's just been a huge help and huge victory for us.
Slide 74	Karin Pimentel – 01:25:18	So, our future, we are expanding our geography to serve more individuals in need and enhancing our ability to collect and analyze health impact and changes. This will likely be the most rewarding part of all of this work once we get to the point of collecting lab data for example, and A1C for our clients with diabetes and being able to demonstrate what we already know that nutrition is an extremely valuable intervention for individuals struggling with chronic illnesses. I'm so excited to get to that point and I really look forward to scaling and serving more clients in need. And-
Slide 74	Brenda Paulucci-Whiting – 01:25:58	I want to add just one thing. There's a question from Rachel and it's a really great way to sum up and Rachel asks, "Is the juice worth the squeeze?" Right. So, all of the infrastructure that we have to put in versus the reimbursement rates. And what I will say to that is I have a background for about 30 years in fundraising and I've worked almost only with non-profits. And when you're philanthropically funded to have a sustainable funding line such as something like this is really, really important and invaluable. So, that is one piece of the draw. But the second piece is to be able to really expand and serve more people. So, part of the key to this is expanding geographically and we serve two counties now. We're planning to serve at least three more in our budget for next year.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 74	Brenda Paulucci-Whiting – 01:26:48	We have half a million dollars that we believe we're going to have come from claims billing. So, I definitely think that it's worth it. You have to be ready and you really have to do the preparation right because claims billing is something that can very, very quickly get confusing and the data and the technology piece is really key to keeping our eye on the ball with that piece. And I would say Karen and I must really love a big challenge. It has been a journey and we've learned a tremendous amount and we're really finally starting to sail.
Slide 74	Karin Pimentel – 01:27:27	Yeah. They're not bad problems to have.
Slide 74	Brenda Paulucci-Whiting – 01:27:30	Yeah. Exactly.
Slide 74	Karin Pimentel – 01:27:31	Yeah.
Slide 74	Karin Pimentel – 01:27:35	Yeah, Juliette.
Slides 74-76	Juliette Mullin – 01:27:38	No, I was going to say thank you so much Brenda and Karen for sharing your experience setting this up a series. I think in our last two minutes we will close if we could go to the next slide with Dana speaking to us a little bit about how you can get support for building capacity in this space. Dana,
Slide 76	Dana Durham – 01:27:54	Thanks Juliette. And I just want to thank all the speakers. I learned so much and y'all the way that you're putting your lives into impacting other people's lives just is great. It's what we were hoping for and it's great to hear about it but it's hard to get this off the ground. So, how do we help build the capacity to do it? And there are two programs that really are aimed at doing that.

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

November 10, 2022

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 76	Dana Durham – 01:28:18	<p>The first one is the Incentive Payment Program and it's a voluntary program that is run by the managed care plans and it's intended to support the implementation and expansion of ECM and community supports. So, if you're in a contract with a managed care plan, see if you can talk with them about their IPP program and if you're not get a contract and talk to them about their IPP program, there is another funding opportunity and it's called Providing Access and Transforming Health. And that is a five-year, 1.85 billion initiative, which is in our 1115 waiver. And it does the same thing, which is building and capacity to deliver community support. They are complimentary to each other and the funds cannot be duplicated across the two programs. Next slide please.</p>
Slides 77-78	Dana Durham – 01:29:21	<p>This is just a little bit more about the Incentive Payment Program. I'll just give you a second to look at it because I want to concentrate a little bit more on path. Okay, next slide please. And you'll get these slides, so you can look at them later. PATH really has several different areas and I want to focus you on a couple. One is the collaborative planning and the implementation initiatives. Those are launching not in the fall of this year, but actually in the beginning of next year. You can go ahead and apply to be part of them. In your community, there should be one and as you want to make a difference in an impact in your community, like these experience we've heard about get connected, so you can hear your voice, so you can have your voice be heard and see how you fit into making sure that your community is healthier overall.</p>
Slide 78	Dana Durham – 01:30:17	<p>Another one is our CITED grants and those are grants that really do fund infrastructure and capacity for providers. We're in our first round right now, but we'll be launching our second round later and just be aware of that. We got a lot of applications and it's been fun to look at the things people are doing or are thinking about doing. And finally, if you're still trying to figure things out or you're working on some of this, we expect to announce our technical assistance marketplace.</p>

# CalAIM ECM and Community Supports: Data Sharing and Billing Technical Assistance Webinar

*November 10, 2022*

## Transcript

VISUAL	SPEAKER – TIME	AUDIO
Slide 78	Dana Durham – 01:30:57	We've got an applications for those who want to be TA marketplace vendors. And if you have a specific need, there is a place that you will be able to put your need and we'll have a webinar about it, but the need that you have for training, just let us know and we'll make sure that we work to have people who are experts in the area who can help with your training. There's a whole lot more I could say, but I know I'm already one minute over and I'll hand it back over to Juliette to end our time.
Slides 79-80	Juliette Mullin – 01:31:27	Thank you so much, Dana. Could we go to the next slide please. So, we know we've received plenty of great questions in the Q and A. We are tracking those questions, some of them as we been able to, we've responded to them directly in the Q and A today, but this is not your last chance to ask the question of all of these wonderful panelists today. They will be joining us again for a Q and A session on December 1st at 2:00 PM.
Slides 80-82	Juliette Mullin – 01:31:53	We'll drop a link in the chat right now to the registration for that. And we invite you all to join us for that session, so we can ask some follow up questions and have a conversation about data exchange with this group. If you have a question about DHCS guidance or policy that we haven't addressed in the Q and A or verbally today, please send it to us at the CalAIM ECM ILOS mailbox that's listed here, so that we can track that and include it in our office hours or follow up directly as needed. With that, thank you all for joining us today. We will wrap there and have a great rest of your day.
Slide 83	Julian – 01:32:33	Thank you for joining. You may now disconnect.