CalAIM All Comer Webinar: ECM and Community Supports Data Sharing Guidance Updates

April 13, 2023

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Ethan – 00:27	Hello and welcome. My name is Ethan 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&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&A. Finally, during today's event, live closed captioning will be available in English and Spanish. You can find the link in the chat field. With that, I'd like to introduce Susan Philip, Deputy Director of Healthcare Delivery Systems at DHCS.
Slide 1	Susan Philip – 00:58	Great. Thanks so much, Ethan. Good afternoon everyone. Thank you all so much for joining us. So the purpose of our webinar today is to discuss the release of new member information data-sharing guidance for Community Supports, and we'll be providing updates to the existing Enhanced Care Management and community support guidance documents that are related to data sharing, data reporting, billing, and coding. So these updates and new data standards that we'll be walking through today really have been informed by feedback that the Department has received from the field to really streamline data exchange and reduce administrative burden for ECM and Community Supports. So before I dive into the content, I wanted to spend a moment just to go over the agenda and what we like to cover. We can go to the next slide.
Slide 2	Susan Philip – 01:53	So first, we'll be sharing a quick overview of the rollout of Enhanced Care Management Community Supports. Then we'll be spending time reviewing the new standards for data, an exchange between managed care plans and community support providers. And then the team will provide updates to existing ECM and community support data guidance. And then we'll discuss DHCS's expectations around timing for implementing the data standards. And finally, we definitely want to leave a bit of time at the end for questions and answers. We can move to the next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 3	Susan Philip – 02:30	So for those who are not familiar with Community Supports and ECM, but both of these programs are part of course our broader CalAIM initiative that went live back in January of 2022. So I'm going to start today by providing a brief reminder about these programs and describe some of the department's key priorities now that we are really in the second year of implementation. Go to the next slide.
Slide 4	Susan Philip – 03:00	Okay. So Enhanced Care Management, as a reminder, is a new Medi-Cal benefit under CalAIM that's really designed to support comprehensive care management for members with complex health and social needs. As we know, folks with complex health and social needs must often engage with several delivery systems to access care, including primary and specialty care, mental health care, substance use disorder services, long-term services and support services, and of course social services. So ECM is really intended to address both the clinical and non-clinical needs of our highest need enrollees through intensive coordination of health and health related services. It's really intended to be high-touch and meet members where they are, whether it be in their homes, in their residential facilities, or in their doctor's offices. ECM of course is part of our broader vision and initiative under CalAIM to really build a population health management system designed to match the intensity of care management interventions with the needs of the member.

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Slides 4-5	Susan Philip – 04:06	Of course, the second key initiative is Community Supports, which refers to 14 services designed to help address social drivers of health and advanced health equity. So these are services that are considered medically appropriate and cost-effective alternatives to medical services. We can go to the next slide. Okay. So with ECM, I did think it was important to point out here that there are a few core services that ECM providers really need to be able to provide. So this includes outreach and engagement, comprehensive assessment and care planning, enhanced care coordination, not just among healthcare services but also among social services, and ECM providers really need to be able to provide member and family support when needed, health promotion to help engage members to really engage in their own care management, comprehensive transition care when that care would be transitioned between healthcare settings, for example. And finally, coordination of and referring to community and social support services. We can go to the next slide.
Slide 6	Susan Philip – 05:18	Okay. As I mentioned, we tend to focus on individuals with high needs and we're calling that population of focus. So for those targeted populations, we're calling populations of focus and we have a phase-in approach for how we are rolling out Enhanced Care Management among the populations of focus. So those counties and plans that participated in Whole Person Care and Health Home pilots went live back in January of 2022. And then all other counties for the first population of focus went live in July of 2022. And as a reminder, the slide shows the first population of focus are adults and families experiencing homelessness, adults at risk for avoidable hospital or emergency department utilization, adults with SMI or substance use disorder needs, and then individuals transitioning from incarceration in those whole person care counties.

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Slide 6	Susan Philip – 06:21	And then earlier this year, back in January, the second populations of focus went live and that has to do with adults living in communities who are at risk for institutionalization and then adults who are in nursing home facilities who transition to the community. And then this coming July, the next population of focus is around children and youth, and that will again go live this coming July. And then finally in January 2024, the populations of focus are birth equity populations of focus as well as individuals transitioning from incarceration. And this is statewide, so of course the whole person care counties went live January 2022, so now this is really statewide.
Slide 7	Susan Philip – 07:15	Okay. We can go to the next slide. So then switching gears now to Community Supports. So Community Supports are 14 pre-approved set of community support services that Medi-Cal managed care plans are really strongly encouraged to provide. And these services are considered, as I mentioned, medically appropriate, cost-effective alternatives to other services or settings that might be considered more costly. So for example, hospital or skilled nursing facility admissions or emergency department use. So this slide really lists out the 14 services that are considered in the suite of community support services. I won't read them all to you, but those are all available here. And of course more information is available on our website. We've got quite a lot of detail in our community support policy guide, and so all of that information is available on our website. We can go to the next slide.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 8	Susan Philip – 08:17	So this slide provides a bit of initial data and I just do want to say that the Department is really committed to providing transparency and periodic reporting about these programs. We're really hearing that everyone is interested in learning how it's going and everyone is interested in understanding who's actually taking up these services and how implementation of ECM and Community Supports is going. So as you can see from this slide, this provides a total number of members served in ECM and Community Supports during 2022. And one of the key areas that the Department is focusing on this year is really increasing the number of individuals who are really connected to these important programs and services. We can go to the next slide.
Slide 9	Susan Philip – 09:11	So I want to reiterate what I stated at the beginning, that the department is really committed to engaging and really understanding how implementation is going. We've been live now for about 15 months or less for certain populations of focus. And during this implementation phase, we are really looking to identify areas for improvement and potential standardization where it makes sense. So we've spent significant time soliciting and analyzing feedback from our stakeholders including managed care plans, Enhanced Care Management and community support providers. Ultimately, one of the key themes that we have heard is the market is concerned with the lack of standardization and high administrative burden, so really wanted to acknowledge that. And so based on this feedback, we are really engaging in longer-term efforts to establish more standardization and really drive a reduction in administrative burden for managed care plans and the ECM and community support providers who are key to implementing these initiatives.

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Slide 9	Susan Philip – 10:20	So part of this effort, the Department's, as I mentioned, development standards for data exchange between managed care plans and community support providers. And DHCS is also, again, issuing updates to several of existing ECM and community support data exchange documents, and so both of these are going to be unveiled and discussed today in more detail. So before I pass it off to the team to get into the details, I just want to, on behalf of the Department, just really thank all the stakeholders who've taken the time to engage with the Department and provide your feedback. It's really critical that we are receiving your feedback during this implementation phase to design these programs, to ultimately ensure as many eligible members are connected to ECM and Community Supports as possible. So this presentation is just one of the steps of the Department will be taking this year to help promote more standardization and again reduce administrative burden. So we look forward to engaging with you all throughout the course of the year and provide additional information and updates. So thank you all, and with that, I will turn it over to Tyler Brennan.
Slides 9-10	Tyler Brennan – 11:35	Hi. Thanks so much, Susan. And hello everybody. My name is Tyler Brennan and I'm a health program specialist with the Department here, here to talk to you some more about data sharing guidance, so let's dive right in. So before we get into the content today, our team thought it would be helpful to provide a brief background on data sharing for ECM and Community Supports, so that is where we will start. Information sharing among managed care plans, providers, counties, community-based organizations and DHC S is critical to ensuring the successful implementation and adoption of both ECM and Community Supports, as you can see on slides here. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 11-12	Tyler Brennan – 12:14	So at the start of the programs, DHCS developed guidance to standardize information exchange between managed care plans and ECM and Community Supports providers, as well as between managed care plans and DHCS. Standardization is designed to promote efficiency and to really reduce the administrative burden associated with implementing these two programs. DHCS initially released standards for information sharing and reporting in 2021, which we'll look at on the next two slides. But today, we'll focus on two things. First, unveiling new standards, standardizing information exchange between Community Supports providers and managed care plans, and two, sharing key updates that have been made to the existing data sharing guidance documents. Next slide, please.
Slide 12	Tyler Brennan – 12:58	So these next two slides really provide a reminder of the core data guidance documents that were originally published in 2021 by the department. So first we have the ECM and the Community Supports billing and invoicing guidance, which included standard minimum necessary data elements that plans need to collect from ECM or Community Supports providers who may not be able to submit the 837P claims to their managed care plans. The second is the ECM member-level information sharing guidance, and this included the standards for the exchange of member information between managed care plans and ECM providers to initiate, support and track the delivery of ECM. Next slide, please.
Slide 13	Tyler Brennan – 13:40	Third, we have the ECM and Community Supports coding options guidance, which contains the DHCS-established HCPCS codes, or HCPCS codes, and modifiers for ECM and community support services. And fourth, we've got the quarterly implementation monitoring report, which is the quarterly managed care plan reporting requirements and also inclusive of the Excel template as it relates to ECM and Community Supports implementation across multiple domains. So this is a supplemental report that is necessary as a supplement to the encounter standard process reporting. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 14	Tyler Brennan – 14:18	So this slide might look familiar to some of you, but this graphic really is a visual representation of all of the key data flows that support the Enhanced Care Management and Community Supports programs. Each of the data guidance documents contain requirements for data exchange. So each one of these boxes that you see here on screen represents a separate piece of guidance or information flow between entities. So you can see there's a lot of back and forth between managed care plans and ECM providers, which is definitely an area of focus for us, but really it's a very pretty graphic that loops it all in and neatly portrays the information flow between entities. Next slide, please.
Slide 15	Tyler Brennan – 14:58	So DHCS, in response to market feedback, has developed new standards for data exchange and updated the existing data guidance documents based on that market feedback. Throughout the first year of implementation, DHCS heard feedback about the need for data exchange standardization from many different areas between managed care plans and Community Supports providers. From Q2 to Q4 2022 last year, DHCS conducted over 10 interviews and launched a survey that had hundreds of respondents to collect feedback on updates to the existing data dip guidance documents and to see if new standards should be created. The rest of this presentation will focus on the new standards that the Department has created as well as the updates that we have made to the existing data guidance documents. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 16-17	Tyler Brennan – 15:49	So first, we're going to provide an overview of the new standards that the department has developed for data exchange between managed care plans and Community Supports providers. Next slide, please. So starting off, why did DHCS develop data sharing standards for Community Supports? Starting off with the rationale behind why we did this in the first place, we heard a lot of compelling feedback in year one. Community Supports providers reported variation in how managed care plans shared information about members who have been assigned to them to receive Community Supports, resulting in significant administrative burden to reconcile and track member information across contracted MCPs. Community Supports providers noted that member data for managed care plans was often not available in batch queries and required manual processes to obtain updated information in aggregate about the clients that they serve. Managed care plans also indicated that it would be helpful for DHCS to develop a minimum set of necessary data elements required for Community Supports providers to share more timely updates about service delivery. Next slide, please.
Slide 18	Tyler Brennan – 16:54	With this context in mind, here on screen are the goals of what these data sharing standards are trying to achieve. So first we are seeking to implement batch reporting for managed care plans to Community Supports providers with member-level information including the status of auth authorizations. Two, facilitate more efficient outreach to members. Three, improve the managed care plan's ability to track the status and progress of service delivery. And four, hopefully reduce the administrative burden both for managed care plans and for Community Supports providers. And we can go to the next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 19-20	Tyler Brennan – 17:30	So this guidance document comprises standards for two types of data exchange. So the first we have the managed care plan Community Supports authorization status file. So this is a file that managed care plans generate a cumulative list of all members referred by and/or assigned to their organization to receive community support services. The second, the Community Supports provider return transmission file, is for providers to be able to share timely updates about member-level service delivery with the managed care plans they are contracted and working with. And next slide, please. So first, not much of a change on the screen here, but the first data flow we're going to talk about and walk through is the managed care plan Community Supports authorization file. Next slide, please.
Slide 21	Tyler Brennan – 18:21	In the authorization status file, managed care plans generate a cumulative list of all member entries for members referred by and/or assigned to their organization to receive community support services. By having standardized, aggregated, member-level information, Community Supports providers will be able to follow up on member authorizations more easily as well as access and utilize information to better engage and serve members. This new data flow is not intended to disrupt or delay existing managed care plan systems and/or processes for real-time or near-real-time authorization status alerts and sharing of member level information with Community Supports providers. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 22-24	Tyler Brennan – 19:03	Hey, I think we have to go one more slide. Thank you. All right, so this next slide provides an example of some of the required data elements the managed care plans are required to share with their Community Supports providers. I won't read this in detail, but we definitely did want to sort of give a visual representation and show you a few examples to help bring this new piece of guidance to life. Next slide, please. The second data flow that we've described is the Community Supports member information sharing guidance. I'm sorry. The second data file that is described in the Community Supports member information sharing guidance is the Community Supports provider return transmission file. Next slide, please. The purpose of this file is to allow Community Supports providers to share timely updates about their service delivery with their managed care plans in a standardized and streamlined manner. Although managed care plans can track Community Supports service delivery through invoices and claims, there is an inherent data lag that's associated with that with solely relying on these data sources. Next slide, please.
Slides 25-26	Tyler Brennan – 20:12	So same thing as before. Here are some examples of some of the required data elements that Community Supports providers will be required, again, to share with their managed care plans. DHCS very deliberately tried to minimize the number of required data elements that Community Supports providers will have to mandatorily share, and engaged extensively with stakeholders on this as minimizing provider burden really is important to us. Next slide, please. So here again is that graphic, the ECM and Community Supports data flow, from before, but as you can see, we've added and called out the new Community Supports member information sharing data flows at the bottom. And with that, I believe now's the time I'm going to pass things off to Dr. Bonnie Kwok, who will lead us through reviewing the key changes to the existing ECM and Community Supports guidance documents. Dr. Kwok?

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VISUAL	SPEAKER – TIME	AUDIO
Slides 26-27	Bonnie Kwok – 21:05	Thank you, Tyler. Hello everyone. I am Bonnie Kwok, a family medicine-trained medical consultant at DHCS in the equality and population health management division. I hope many of you woke up this morning and was excited like me to come together to discuss Enhanced Care Management, Community Supports, data guidance, billing and invoicing. I work alongside Dr. Shaw Natsui, who will be presenting later on as well. We just heard from Tyler about the new standards for data exchange between plans and community support providers, and now I will pivot to updates to the existing ECM and Community Supports data guidance documents based on stakeholder feedback. And when I say ECM, that stands for Enhanced Care Management, and CS stands for Community Supports.
Slide 28	Bonnie Kwok – 22:01	This section contains a summary of the updates that have been made to the existing data guidance documents. Next slide, please. In the interest of time today, we will not cover this entire section, so there will be parts where I speed up, slow down, or intentionally skip. The most critical section is the first section for HCPCS codes. We'll discuss a few of the essential changes and talk through summary updates that happen made to one or two of the existing data guidance documents. One analogy that comes to mind is that you can think of this portion of the webinar as a data guidance buffet, so to speak. You'll get a taste of some of the changes and updates to the ECM and CS data guidance documents. But if you are craving more flavors and a deeper dive, then we would highly encourage you and your team to review the details offline in the guidance documents themselves. For those of you ravenous about data guidance, all the documents and corresponding compendium slide deck will be posted to the DHCS website in the coming days. Next slide, please.

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Slide 29	Bonnie Kwok – 23:21	There's been some confusion in the market about HCPCS codes for ECM and Community Supports and we want to take this opportunity to clear this up. I'm going to slow down here because out of all the slides I'm presenting on today, this one is the most critical, and the most important part is in the dark blue rectangle. Plans cannot add their own codes or modifiers beyond those established by DHCS. I'm going to use the buffet analogy once again to illustrate this vital take home point. In this analogy, DHCS are like the cooks creating the food or HCPCS codes. The plans are the servers setting the HCPCS codes buffet. The plans must use the HCPCS codes as defined by the Enhanced Care Management and Community Supports coding options.
Slide 29	Bonnie Kwok – 24:22	The plans are not allowed to bring their own dishes or garnishes, meaning they cannot add more HCPCS codes or create modifiers beyond those established by DHCS. This is a buffet in an establishment and not a potluck. The rationale for this came from feedback from the field indicating that some MCCs are requiring ECM and CS providers to submit additional codes or modifiers, which is outside of the existing guidance. This is also for some providers creating unsustainable administrative burden and in some cases non-payment for services. So these providers or patrons don't get to eat at the buffet even though they pay their entry fee, so to speak, via the provision of services. So just to be extra clear, plans that have been adding additional codes or modifiers will be required to stop doing so, effective immediately. And this is such a critical point that we will be emphasizing this once again at the end of the presentation. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 30	Bonnie Kwok – 25:36	As a reminder, member-level information sharing between plans and ECM providers guidance contains data standards for four different data flows. And those are MCP member information file, which goes from the plans to the providers, and the last three are from the providers to the plans. And the last three buckets are ECM provider return transmission file, ECM provider initial outreach tracker file, and potential ECM member referral file. In an attempt to illustrate the types of changes that have been made to the data guidance documents, we'll walk through two of these files today. Next slide, please.
Slide 31	Bonnie Kwok – 26:25	Starting with the MCP member information file overview, this slide describes what this file is, the file format, and the transmission frequency standards. So ECM providers need information about their members' clinical needs as well as their health-related social needs. However, many of them may not have the technical capacity in the immediate term to derive such information from the encounters and the encounter file-sharing. So to address this need, plans are required to create member information files and share them with contracted ECM providers. Files must include information such as consolidated demographic utilization and other information about all provider-assigned ECM members. Next slide, please.

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VISUAL	SPEAKER – TIME	AUDIO
Slides 32-33	Bonnie Kwok – 27:23	Some of the key updates were made to this file have been highlighted here and namely some of the fields that have been added for the ECM long-term care populations of focus that went live in January 2023. We have included a few examples here, but the key takeaway from this slide is in the yellow box on the far right, we've made a number of changes based on stakeholder feedback and we encourage you to look at the full list of these updates in the appendix or in the updated document itself. Next slide, please. The ECM provider return transmission file specifies that key information should flow regularly back from ECM providers two plans, and that is separate and supplemental to claims and invoices. Again, the setup is exactly like it was in the previous slide we just covered, so I won't go over this in detail and will keep us moving to the next slide.
Slide 34	Bonnie Kwok – 28:39	There were many updates or fields added to the ECM provider return transmission file, and two of the most significant ones are summarized here on this slide. For example, the benefit start date is defined as the date of the first billed claim when ECM services were rendered once the member is enrolled in ECM, so this is not intended to capture initial ECM provider outreach efforts. And the rationale for this was stakeholders indicated the previous definition was an MCP-defined field, which was confusing. And the Department agreed with this and felt it was important to provide clarification and further standardize how the benefit start date is determined. Excuse me. Similarly, the Department has also clarified how ECM providers should report ECM service information back to plans. And in previous reporting, ECM providers were asked to share the number of ECM encounters during the reporting period and the market asked for more clarity about how ECM encounters are defined, and so we've included those details here on this slide to this field. Next slide, please.

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Slide 37	Bonnie Kwok – 30:13	We are effectively going to skip over slides 35 and 36 on this slide deck and this is the ECM provider initial outreach tracker review and 36 is the potential ECM member review file overview, because they provide an overview of the other files in the ECM member-level information guidance document. Excuse me. There have been either no or very minimal changes to these files. Next slide, please. We can just spend a moment on the billing and invoicing guidance document. As a reminder, ECM and Community Supports providers are expected to submit claims to managed care plans using national standards to the greatest extent possible. ECM and Community Supports providers who are not able to submit compliant claims, may instead submit standardized invoices to plans and plans must then develop compliant encounters for submission to DHCS. DHCS has developed guidance to standardized invoicing to reduce MCP and provider burden and to improve data quality. Next slide, please.
Slides 38-39	Bonnie Kwok – 31:44	It's important to mention that very few updates were made to this data guidance document and the most significant one is called out here, specifically if an ECM provider indicates a member is experiencing homelessness, then the plan is expected to record one of the ICD-10 SDOH Z-codes that specify homelessness. Next slide, please. In the interests of time and to ensure that we can take questions, we aren't going to cover the two slides on the quarterly implementation monitoring report. QIMR is only used by plans, so instead of covering the changes to the QIMR in detail on today's all-comer webinar, the Department has allocated time in other upcoming meetings with the plans themselves to discuss these changes. For example, the MCP technical assistance call on April 25th.

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Slide 41	Bonnie Kwok – 32:47	Hopefully, these examples are helpful to give you a flavor for the types of changes that have been made to the existing data guidance documents. Most importantly, we highly encourage you to review the data guidance documents in detail so you can see what changed. The changes have been clearly outlined throughout the documents and they've also been summarized in the appendices throughout the documents. I'm going to hand it off now to Shaw Natsui to discuss the Department's expectations for the timing of implementations of these data standards.
Slide 42	Shaw Natsui – 33:29	Great. Thank you, Bonnie. Good afternoon everybody. I think we're actually doing pretty good on time, and so we can go to the next slide, please. And so as Bonnie mentioned, this is really a recap and a timeline related to everything you've heard so far during this session. And so to briefly walk through this, I want to emphasize again, as was mentioned, that the managed care plans cannot add their own codes or modifiers beyond those established by DHCS in the ECM and Community Supports coding options guidance document. And this is more of a reminder but also essentially effective immediately in terms of guidance and clarification. And knowing from the field in terms of ways we can help the Department reduce burden administratively, this is definitely something that we wanted to bring forth today and provide that clarity.
Slide 42	Shaw Natsui – 34:39	Next, the member-level information sharing between MCPs and ECM providers guidance and the guidance from billing and invoicing are both intended for implementation on or by July 1st, 2023. Again, a lot of this has to do with some of the ECM populations of focus and supporting that alignment as the children youth population focus goes live. And so ECM, Community Supports providers and MCPs alike may opt to adopt these changes sooner in their own interests and to facilitate their own processes, and so they may choose to do this earlier than July 1st.

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Slide 42	Shaw Natsui – 35:29	Next is the Community Supports member information-sharing guidance with the intention to be implemented by September 1st of this year. And then as a reminder, the cadence of the quarterly implementation monitoring reports remain the same, but the updated template is intended to be adopted for the 2023 Q3 submission, which would then be due subsequently November 14th of this year. And so hopefully that helps capture the timing of these related updates that the teams have shared with you. And I think that brings us to our next slide, which is for some Q&A based on what you all heard today.
Slide 39	Bonnie Kwok – 36:18	Shaw, sorry for interrupting, but it's one of those great days when you realize you have extra time and I got the thumbs up from Manatt's consultants that we have time to actually walk through the two slides on the quarterly implementation monitoring report. So if we can just take a minute to go through that, and then we'll hop right into the Q&A. So the quarterly implementation monitoring report has been established for the first several years of ECM and CS, and it's in the name. We really want to monitor how these programs are going. There are six key reporting domains. Three of them belong to the ECM and three belong to CS. The three in the E ECM bucket are ECM members and services, ECM requests for services and outreach, and ECM provider capacity. Network capacity is so integral and we are working hard to measure this. The last three buckets are the Community Supports members and services, Community Supports provider capacity, and Community Supports requests and denials.
Slide 39	Bonnie Kwok – 37:40	The ECM and Community Supports providers are responsible for providing plans with information needed to complete many of the reporting requirements, so this format is currently in an Excel format and, as the name implies, this is requested quarterly and supplemental reporting is expected to continue for the next three years. Next slide, please.

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Slide 40	Bonnie Kwok – 38:12	The updates to the QIMR, some examples include the following there. I'm not going to read through that because I think it's so critical to have time for Q&A. I see that many questions have come up already in our chat box, so I think I'll just have that slide up there for a second. And again, I really encourage you to look at our data guidance documents themselves, which will be again coming up, posted on the DHCS website in the upcoming days. Thank you again for your attention today and joining us. There are 539 participants, which is really exciting and we want to thank you all for not just your feedback but all your hard work in the field and making these programs work and a really huge drive for improvement in quality data reporting and evaluation. So I'm going to hand it back to Shaw to lead our Q&A. Thank you.
Slide 43	Lori Houston-Floyd – 39:33	Hi everyone, this is Lori Houston-Floyd. I'm a senior manager with Manatt. I work really closely with the teams here that have been speaking today. I'm going to actually help facilitate some of the Q&A. So there's a lot of great questions in the chat. Where to start? I think Tyler, I would like to kick it over to you. This is a question that we got early on. If you could just talk about and clarify, who sets the eligibility requirements for ECM and Community Supports?
Slide 43	Tyler Brennan – 40:00	Sure. I'm going to keep this at a relatively high level, but Enhanced Care Management is a state plan service, which means it's a benefit, and there is a standardized eligibility criteria that we have for each of the populations of focus and as part of ECM. For Community Supports, on the other hand, the Department has developed standardized eligibility criteria and that's included in the service definitions that we have in the Community Supports policy guide that is available on our website and linked to several places throughout the presentation.

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Slide 43	Lori Houston-Floyd – 40:32	Excellent, thank you so much. So another one for you, Tyler, this comes from Sarah Arquist in the chat. The question is, so back to the Community Supports data-sharing guidance documents specifically, she asked if DHCS is setting the minimum standards, the minimum data elements. Are MCPs allowed to add additional fields at their own discretion? Are they allowed to have different formats from each other? Can you clarify that?
Slide 43	Tyler Brennan – 41:02	Yeah, sure. That's a great question and I did post an answer in the chat, but in the guidance we state very clearly that managed care plans may not impose additional reporting requirements on their Community Supports providers that exceed the minimum necessary data elements that we've established in the guidance unless those additional reporting elements have been mutually agreed upon or mutually agreed to with the Community Supports provider, so there has to be an agreement there.
Slide 43	Lori Houston-Floyd – 41:30	Perfect. Something came in from Karen, and I think Bonnie, this is a perfect one for you. So she's asking about the use of additional modifiers. So in this case for in-person visits, can the MCP require the use of an additional GQ modifier?
Slide 43	Bonnie Kwok – 41:56	Thank you for asking that question. I hope that during the presentation we were very clear that we're not allowing additional modifiers or additional codes to be added to the HSPCS coding options at this time. We really want to be streamlined and standardized and have all plans follow the Enhanced Care Management and Community Supports coding options, and we have a document for that. So if someone can put that in the chat box, that would be great so you can refer back. Thank you.
Slide 43	Lori Houston-Floyd – 42:40	Thanks so much, Bonnie. Another question actually Bonnie for you is about the benefit start date. And this is a really important concept, so maybe we could slow down here. The question is, the definition of benefit start date seems to exclude the first core service of ECM, so that's outreach and engagement. And is that what DHCS is doing moving forward?

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Slide 43	Bonnie Kwok – 43:13	Thank you for this question. I can relate to this. Taking off my DHCS hat just momentarily and putting my provider hat on, I used to lead diabetes group visits and I felt like maybe nine out of 10 patients we were recruiting for our group visits were not interested or we were unable to reach. And so I understand that it's very challenging to reach our members sometimes and to have them enroll in these services. And to answer the question directly, for the benefit start date, we wanted to try and better capture when a member is really engaged and receiving services. So as you know, just because outreach is happening doesn't necessarily mean that contact has been made with a member or that a member has agreed to enroll in the benefit. So outreach is still a core and highly necessary service, but it doesn't necessarily indicate a member's benefit start date. And that's why we made this update to this definition, and it was also based on stakeholder feedback. So thank you again for your asking.
Slide 43	Lori Houston-Floyd – 44:40	Thank you, Bonnie. So helpful. Tyler, I think one for you that is really relevant and there's a lot of different flavors of this question in the chat, but if you could just speak to the corresponding Excel-based template that the MCPs submit to the department with the QMIR data? There's a lot of questions about when that will be ready, how people can get it. Can you talk about that?
Slide 43	Tyler Brennan – 45:07	Sure. Yeah. DHCS is currently finalizing the new changes to the actual QIMR reporting template and we will be communicating that out at the earliest possible opportunity. DHCS is not expecting plans to use this reporting template right away, but it will be useful and able to be used in future reporting periods.
Slide 43	Lori Houston-Floyd – 45:28	Thank you. And then to really shed light on and clarify another related question, can you respond to Brianna's question about is there a specific template that the MCPs will use for the new Community Supports data exchange standards that you covered earlier?
Slide 43	Tyler Brennan – 45:45	Sure. And I did answer this question in chat, but we do have example templates that are included in the guidance that we're communicating out today, and there's an appendix also in the guidance with some example templates towards the end.

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Slide 43	Lori Houston-Floyd – 46:00	Thank you. Okay. Just responding to a lot of questions here in real time. So this question comes from Erica. For the September 1st go live for the Community Supports member information sharing file, will that be dependent on provider's interests and willingness to participate? So what is the managed care plans requirement here if the Community Supports provider is not interested in participating? Can you speak to, Tyler, when these standards are required for use and a contract relationship with a managed care plan and a community support provider?
Slide 43	Tyler Brennan – 46:47	Sure. And please correct me if I'm speaking off-key here, but I believe that the requirements will be going into effect on September 1st, so all providers and managed care plans will be expected to adhere to the guidance that we're communicating out today at that time.
Slide 43	Lori Houston-Floyd – 47:01	Yep, that's exactly right. And I think another part of Erica's question here that I didn't read out but which I will read out is she's concerned about if there's low volume, if there's kind of anything that can be done between the managed care plans and the Community Supports providers. Essentially, can they adopt their own standards if they mutually agree to do so?
Slide 43	Tyler Brennan – 47:22	Yes, they can. We include that in the guidance and we definitely talk about that specifically related to the timeframes associated. So I think we recommend a biweekly cadence for information-sharing for most folks, but we absolutely understand and recognize that that will not be necessary for a lot of providers and managed care plans working with smaller volumes, so that option is built into the guidance. Yes.
Slide 43	Lori Houston-Floyd – 47:47	Thanks so much for clarifying that, Tyler. Wondering if you could take another one from David. He was wondering about the word of the use Z-code and this was when we were talking about, Bonnie, the updates that you covered to the billing and invoicing guidance specifically. His question is, does that mean that we can only count a member as having homelessness if and when a provider submits that Z-code?

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Slide 43	Tyler Brennan – 48:20	If I'm understanding the question correctly, I think there is some discretion that you would have to be able to use those Z-codes. DHCS did release an APL on recommended use for SDH coding and we suggest you read and review that one. But no, I don't think it's only counted if the provider submits that Z-code. I think the managed care plan does have the ability to record that.
Slide 43	Lori Houston-Floyd – 48:50	That's exactly right. And just to elaborate on that a little bit, you're absolutely right that the Department released optional Z-codes that managed care plans are encouraged to roll out to their contracted providers. In this case, what's being asked here is for when the plan is converting member information into an encounter, the plan would indicate the use of the proper homelessness Z-code and the encounter that they're submitting to the Department, so irrespective of whether or not the provider actually submitted that particular Z-code
Slide 43	Tyler Brennan – 49:28	And the APL number on that is 21-009. I was just grabbing that.
Slide 43	Lori Houston-Floyd – 49:33	Thanks, Tyler. Okay. Tyler, another one for you from Sarah in the chat. This was, are MCPs allowed to require providers to use their specific assessments and care plan templates and insist they be uploaded into their provider portal one by one or will this be standardized or, at a minimum ,require that they accept the files in batches?
Slide 43	Tyler Brennan – 50:06	So I think DHCS's expectation is that the guidance that we're releasing today is adhered to. We're really not intending to disrupt or delay any of the currently existing systems or processes or to delay authorizations themselves, but there is an expectation that you can't really go beyond what's included in the guidance unless that is mutually agreed to with the Community Supports providers that you're working with. So there does have to be that tacit back and forth agreement confirming their ability to do that.

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Slide 43	Lori Houston-Floyd – 50:44	Thank you, Tyler. Going back to the discussion we were having a few questions ago about the new Community Supports data exchange standards, and there was the concerns around low volumes between smaller Community Supports providers and managed care plans and if they want to agree to different standards, Katherine is asking how are smaller volumes defined? Is it up to each plan to define or smaller in portion to other providers doing like services? Can you speak to the mutually agreeable concept here, Tyler?
Slide 43	Tyler Brennan – 51:20	Sure. And I think there's a lot of flexibility in how low provider or low volumes in general are determined. Some providers that don't have as many administrative staff to help them process these sort of in information flows, I think there's a lot of discretion on the provider end, and to be able to communicate up to the managed care plan what their capabilities are. It's also a burden on the managed care plan to really take upon themselves to understand and appreciate what they're being told by their Community Supports providers, also recognizing that a lot of these providers may not be fully familiar with the Medi-Cal system. They might be participating in the system for the first time and there's definitely a learning curve associated with that.
Slide 43	Lori Houston-Floyd – 52:08	Thank you. So a question from Carolyn. This is a good question I think Shaw or for you, Bonnie. This is, what should be done if a provider doesn't have the infrastructure to meet the minimum data requirements? Can MCPs screen providers and the provider certification process for data requirements?

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Slide 43	Bonnie Kwok – 52:42	I can try to answer that first, Shaw. If the providers do not have the requirements or meet the requirements initially, I believe that the plans are being asked to provide the infrastructure for the reporting requirements. And I think that there's a mutually agreed-upon data sharing if one of the different file types are not available, let's say in Excel or in a secure file transfer portal for example. Then, if there's a mutually agreed-upon data transfer, then that would be okay. But I think that's my understanding, but I think I'll pass it to Shaw to see if he can clarify further. But essentially, I don't think that the providers will be dinged in any way if they don't have that infrastructure available essentially.
Slide 43	Shaw Natsui – 53:54	Yeah, and I think that captures the spirit is that the plans and the payment providers to work together to achieve the data exchange that needs to happen, but that will depend on capacity infrastructure that the provider side is able to meet. And usually that oftentimes gets ironed out through the contracting process and insert implementation case after that.
Slide 43	Lori Houston-Floyd – 54:27	Thank you both so much. Another question, just to really clarify this concept back to you, Tyler, I think we answered it, but just to be crystal clear, do SDOH codes need to be used by every ECM provider or is it just the HCPCS codes that are mandatory?
Slide 43	Tyler Brennan – 54:47	Well, I will hedge this and say at this time it's just the HCPCS codes that are necessary, and adhering to AP L21-009. DHCS, as a Department, we strongly encourage the use of SDOH codes. It really goes a long ways towards helping facilitate the information flow and member success in these two programs, but it's not a mandated requirement at this time.
Slide 43	Lori Houston-Floyd – 55:14	Thank you. Another one from Sarah. I think we've touched on this. It's a general overarching question about can an MCP make an agreement to different above and beyond standards as a condition of contracting? Bonnie, I wonder if you could take that one?

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Slide 43	Bonnie Kwok – 55:34	Yes, I can take that. As described in our data guidance document, yes. If the provider, if the ECM provider or Community Supports provider agrees to those standards, then that is okay, but it must be mutually agreed upon.
Slide 43	Lori Houston-Floyd – 55:53	Perfect. And so an MCP just can't go out to the field and say, "You have to actually meet this higher bar of data exchange standards than what the Department has put out as a condition for contracting that." That cannot be done. Okay. I think Mary has a comment in the chat that I'm likely guessing the Department will want to take back, but I'll just voice it here. And actually so many comments are coming in real time that has completely escaped me. Here we go. She's concerned that the biweekly sharing of Community Supports authorization files will be confusing for providers when establishing which file should drive their response file. Would DHCS consider identifying dates for transmission to help further standardize? And so I think it's a really interesting comment and all I'll say is wouldn't be able to respond to that necessarily in real time, but thank you for raising it. We'll take it back to the Department. Ashley has an interesting question, Shaw, wondering if you'll take it, not related necessarily to data exchange, but are all ECM case managers going to have the same required caseload? Can you talk about the current requirement?
Slide 43	Shaw Natsui – 57:27	Do you want me to update that?
Slide 43	Lori Houston-Floyd – 57:28	Sure, thank you.

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Slide 43	Shaw Natsui – 57:34	So is there a required caseload? And so, DHCS did not explicitly prescribe a certain model in terms of the specifications of the staffing and then the caseloads, so we do recognize there is a variation out there and a lot of it depends on the ECM providers in terms of their approach to providing that care management and the general ECM services in terms of team-based models, and there's different models that are out there. And furthermore, the best model also depends on the population of focus and oftentimes local considerations as well in terms of resources, resource navigation and so forth, access questions and things like that. And so the short answer or the medium answer is there is there's not a required definition, you should say, but that further, these sorts of expectations are oftentimes, again, worked out between that individual SEP and the provider through their agreements. And oftentimes, again, in consideration of which population of focus the provider is supporting.
Slide 43	Lori Houston-Floyd – 58:53	Thank you so much. Recognizing that we have one minute left, I think we'll end with a question that I think has been asked by many of you, but just hoping, Tyler, you can reinforce with the audience where these updated data guidance documents will be, or where they'll live, excuse me, how people can access them would be great if you could close with that.
Slide 43	Tyler Brennan – 59:17	Sure. So DHCS will be sharing out this guidance to meeting participants as far as I know. And then at the earliest opportunity we will be posting this, all of the documents, and making them available on our ECM and Community Supports webpage on dhcs.ca.gov. Hopefully you're all familiar with that, but if not, we encourage you to check it out. There's a lot of great information on there. We're just going through the process of making the documents ADA accessible, so that's the reason for the slight delay.
Slide 43	Lori Houston-Floyd – 59:47	Thank you so much. So we'll just conclude by thanking you all so much for your engaging questions and for joining us this afternoon and really appreciate your time, so we'll go ahead and end on time. Thank you.