

Enhanced Care Management (ECM) and Community Supports Data Sharing Guidance Updates



Agenda

1. Medi-Cal Transformation through Enhanced Care Management & Community Supports *(15 min)*
2. New Standards for Data Exchange Between Managed Care Plans (MCPs) & Community Supports Providers *(15 min)*
3. Updates to Existing ECM and Community Supports Data Guidance *(15 min)*
4. DHCS' Expectations Around Timing for Implementing the Data Standards *(5 min)*
5. Q&A *(10 min)*

1. Medi-Cal Transformation through Enhanced Care Management and Community Supports



Enhanced Care Management (ECM) and Community Supports

ECM and Community Supports went live in January 2022.

Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that addresses the clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

Community Supports

Services addressing the social drivers of health that **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.

For more information, please see DHCS's ECM and Community Supports website.

What is ECM?

ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs.

» ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home.

Seven ECM Core Services



Outreach and Engagement



Member and Family Supports



Comprehensive Assessment and Care Management Plan



Health Promotion



Enhanced Coordination of Care



Comprehensive Transitional Care



Coordination of and Referral to Community and Social Support Services

Populations of Focus for ECM

	Go-Live Date	ECM Populations of Focus
Live Now	Jan 1, 2022 (WPC / HHP counties)	<ul style="list-style-type: none"> » Adults and Their Families Experiencing Homelessness » Adults At Risk of Avoidable Hospital or ED Utilization
	Jul 1, 2022 (all other counties)	<ul style="list-style-type: none"> » Adults with Serious Mental Health and/or SUD Needs » Individuals Transitioning from Incarceration (some WPC counties)
	Jan 1, 2023	<ul style="list-style-type: none"> » Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization » Adult Nursing Facility Residents Transitioning to the Community
Upcoming	Jul 1, 2023	<ul style="list-style-type: none"> » Children & Youth Populations of Focus
	Jan 1, 2024	<ul style="list-style-type: none"> » Birth Equity Population of Focus » Individuals Transitioning from Incarceration (<i>statewide, inclusive of the former WPC counties that already went live on January 1, 2022</i>)

What are Community Supports?

Community Supports are services to address the social drivers of health needs.

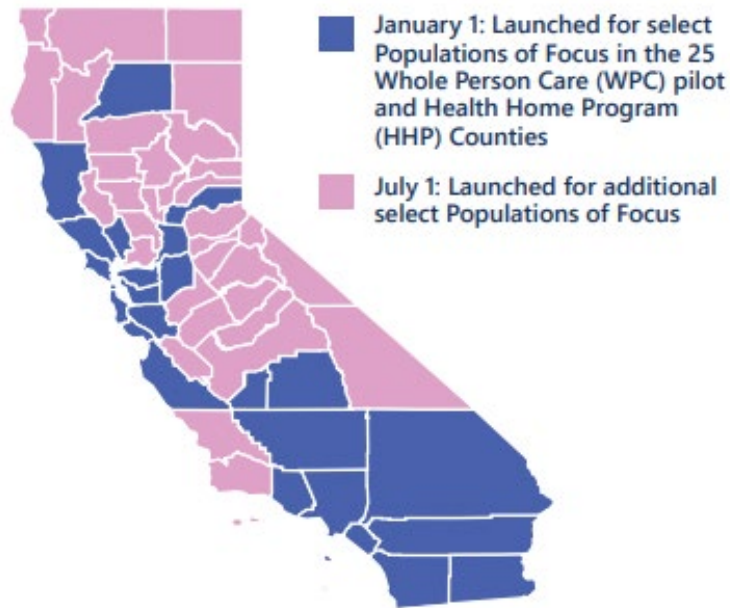
- » Community Supports are medically appropriate, cost effective alternative services that are provided as a **substitute for more costly services or settings**, such as hospitalization, SNF admissions, or ED use.
- » Plans offer different combinations of Community Supports.

Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

Growth of ECM and Community Supports

ECM EXPANDED STATEWIDE IN 2022



Through September of 2022:

- » **956** ECM Providers
- » Over **88,000** utilizers of ECM

Community Supports

Through September of 2022:

- » **1212** Community Supports Providers
- » Over **27,000** MCP members received at least one Community Support service
- » At least **six** Community Supports were available in each county

Note: Data are correct as of February 2023 and are currently being refreshed for re-release on the ECM/Community Supports website

DHCS Continuously Listens to Feedback to Inform Updates to ECM and Community Supports



Stakeholder Advisory
Groups



Surveys



Interviews



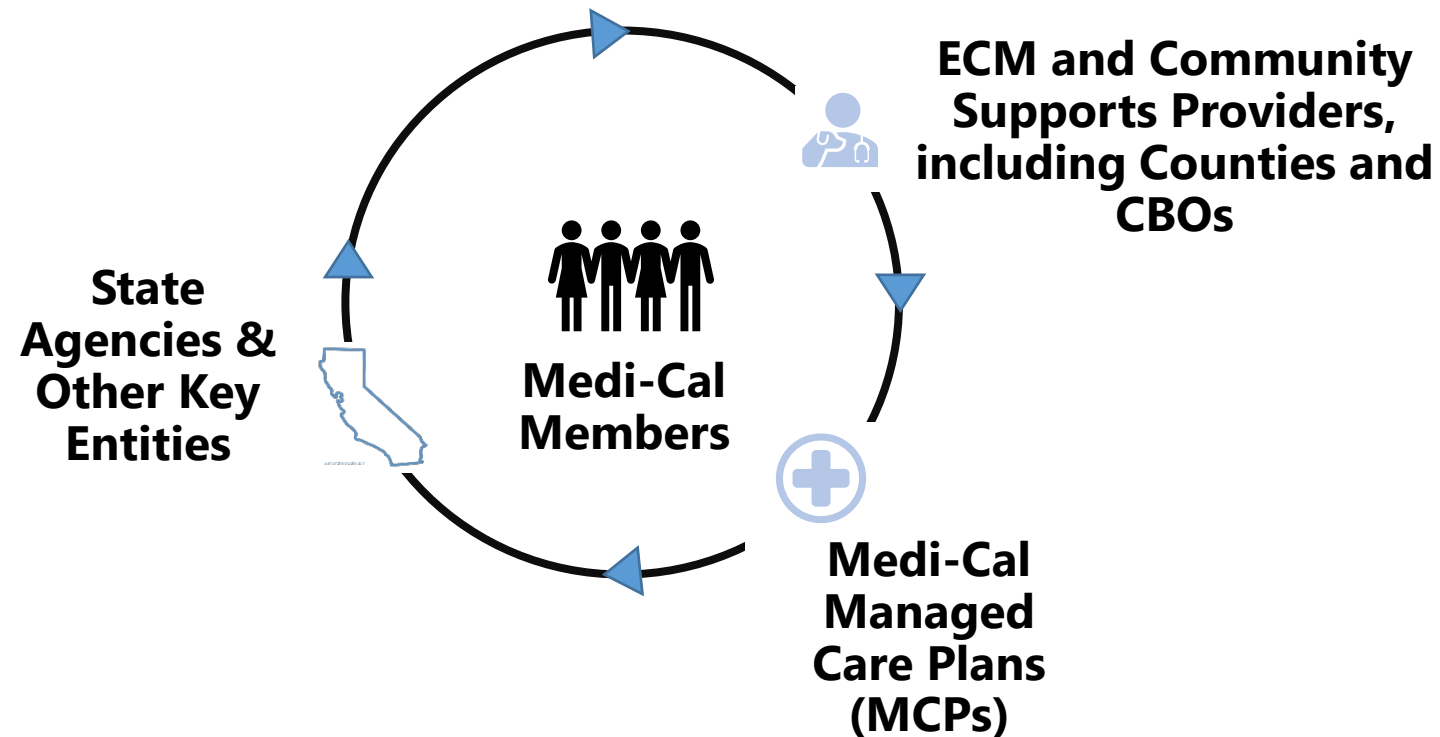
DHCS Leadership Listening
Tours



Data Submitted from MCPs

Background on ECM and Community Supports Data Sharing

Information sharing among MCPs, providers, counties, community-based organizations, and DHCS is critical to ensuring the successful implementation and adoption of ECM and Community Supports.



ECM & Community Supports Data Sharing Guidance Documents

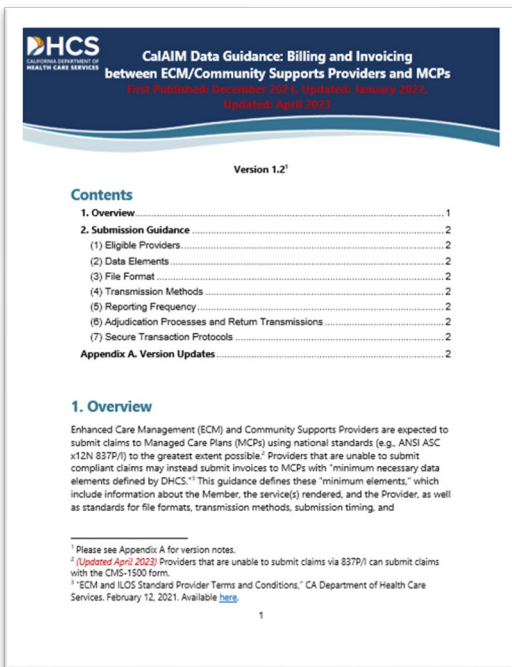
At the start of the programs, DHCS developed guidance to standardize information exchange between MCPs, and ECM and Community Supports Providers, as well as between MCPs and DHCS.

Standardization is designed to promote efficiency and reduce administrative burden.

- DHCS initially released standards for information sharing and reporting in 2021 (*detailed on the next two slides*).
- Today we will focus on:
 - Unveiling **new** standards standardizing information exchange between **Community Supports Providers** and MCPs.
 - Sharing key updates that have been made to the existing data guidance documents.

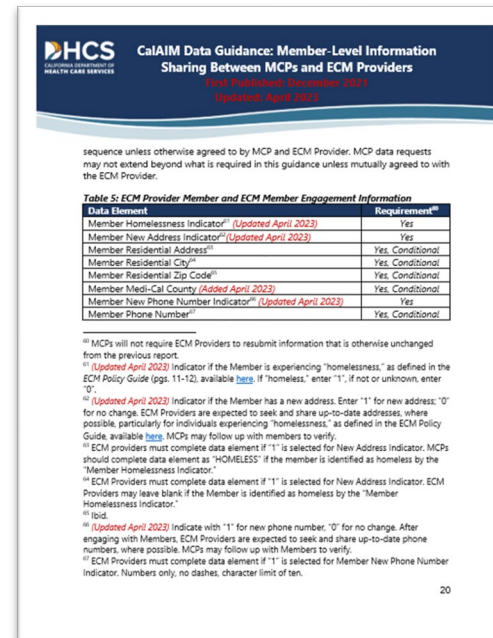
ECM/Community Supports Data Sharing & Reporting Guidance Documents Published in 2021

1. ECM and Community Supports Billing and Invoicing Guidance



Standard, "minimum necessary" data elements MCPs will need to collect from **ECM or Community Supports Providers** unable to submit ANSI ASC X12N 837P claims to MCPs

2. ECM Member-Level Information Sharing Guidance



Standards for the exchange of Member information between **MCPs and ECM Providers** to initiate, support and track the delivery of ECM

ECM/Community Supports Data Sharing & Reporting Guidance Documents Published in 2021 - continued

3. ECM & Community Supports Coding Options

Enhanced Care Management and In Lieu of Services Coding Options
Updated October 25, 2021

Encounter Data Submission Process

The Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Health Plans (MCP) to submit encounter data in accordance with requirements in the MCP contract and All Plan Letter 14-010, or any subsequent updates. For Enhanced Care Management (ECM) and In Lieu of Services (ILOS), MCPs will be required to submit encounter data for these services through the existing encounter data reporting mechanisms for all covered services for which they have incurred any financial liability, whether directly or through subcontractors or other arrangements, using ASC X12 837 version 5010 x223 Institutional and Professional transactions and the new ECM and ILOS coding requirements outlined in this document, to the Post-Adjudicated Claims and Encounters System (PACES) beginning on January 4, 2022.

Enhanced Care Management – Coding Options

MCPs must use the healthcare Common Procedure Coding System (HCPCS) codes listed in the table to report ECM services. The HCPCS code and modifier combined define the service as ECM. As an example, HCPCS code G9008 by itself does not define the service as an ECM service. HCPCS code G9008 must be reported with modifier U1 for the care coordination service to be defined and categorized as an ECM service. If an ECM service is provided through telehealth, an additional modifier GQ must be used. All telehealth services must be provided in accordance with telehealth policy.

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description
G9008	ECM In-Person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services
G9008	ECM Outreach In Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single in-person Enhanced Care Management outreach attempt for an individual member.
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	US, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member.

¹ For more information refer to the DHCS [Medi-Cal Provider Manual](https://www.dhcs.ca.gov/Information/Pages/Health-Care-Delivery-Systems)
Department of Health Care Services | Health Care Delivery Systems | Page 14 of 6

Contains the DHCS-established HCPCS codes and modifiers for ECM and Community Supports services

4. Quarterly Implementation Monitoring Report*

CalAIM Data Guidance: Community Supports Member Information Sharing Guidance
First Publication: November 2021
Revised: April 2022

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- 3. Quarterly Implementation Monitoring Report Elements 2
- Quarterly ECM Implementation Monitoring Report Elements 2
- Quarterly Community Supports Implementation Monitoring Report Elements 2
- Appendix A. Version Updates 2

1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports

As articulated in Proposal¹ Enhance components of Health Management, implementing ECM monitor their im Capacity, and Q through ongoing data sources, including DHCS.

ECM and Community Supports Transition Reporting Template Instructions

The Department of Health Care Services (DHCS) is requiring MCPs that operate in counties that have an existing Health Homes Program (HHP) and/or Whole Person Care (WPC) to submit a single report that will provide data about members that transitioned from the HHP and WPC to Enhanced Care Management (ECM) and Community Supports (LOS).

The ECM and Community Supports Transition Reporting Template is to include data from the time period of January 1, 2022 through March 31, 2022 and is due May 15, 2022. The report must be submitted by DHCS/ACR/ODM/Reporting before the DHCS provider data refresh date (April 1st). The file name must include the ECM/CS Transition MCP Health Plan name, the appropriate reporting period and date of submission. For example: ECM/CS-Transition_MCPName_20220331. Each MCP must have its own data file per reporting period. All submissions must be done up with the main MCP file. The file must be in Excel format. When submitting member data, include HPIV and the number at the end of the file name. For example: ECM/CS-Transition_MCPName_20220331_MEV1.

Column Name	Explanation
1 Plan Name (column A)	From the drop-down list, select the plan name.
2 Plan Code (column B)	From the drop-down menu, select the plan code. This plan code must match the county listed in the County column.
3 County (column C)	From the drop-down menu, select the county name. The county must match the plan code listed in the plan code column.
4 Member ID# (column D)	Enter the member's ID# as a nine-character number that consists of eight numbers and one letter.
5 Member First Name (column E)	Enter the member's first name.
6 Member Last Name (column F)	Enter the member's last name.
7 Member Date of Birth (column G)	Enter member's date of birth. MM/DD/YYYY.
8 Member to ECM Transition (column H)	Was the member transitioned from HHP to ECM by March 31, 2022? Enter 1 for Yes, Enter 0 for No. Each member that transitioned from HHP to ECM between 1/1/22 and 3/31/22, should be reported, regardless of the amount of time they remained in ECM.
9 WPC to ECM Transition (column I)	Was the member transitioned from WPC to ECM by March 31, 2022? Enter 1 for Yes, Enter 0 for No. Each member that transitioned from WPC to ECM between 1/1/22 and 3/31/22, should be reported, regardless of the amount of time they remained in ECM.
10 Member's ECM Provider NPI (column J)	Enter the member's assigned ECM provider NPI.

2. HHP and WPC Transition to Community Supports

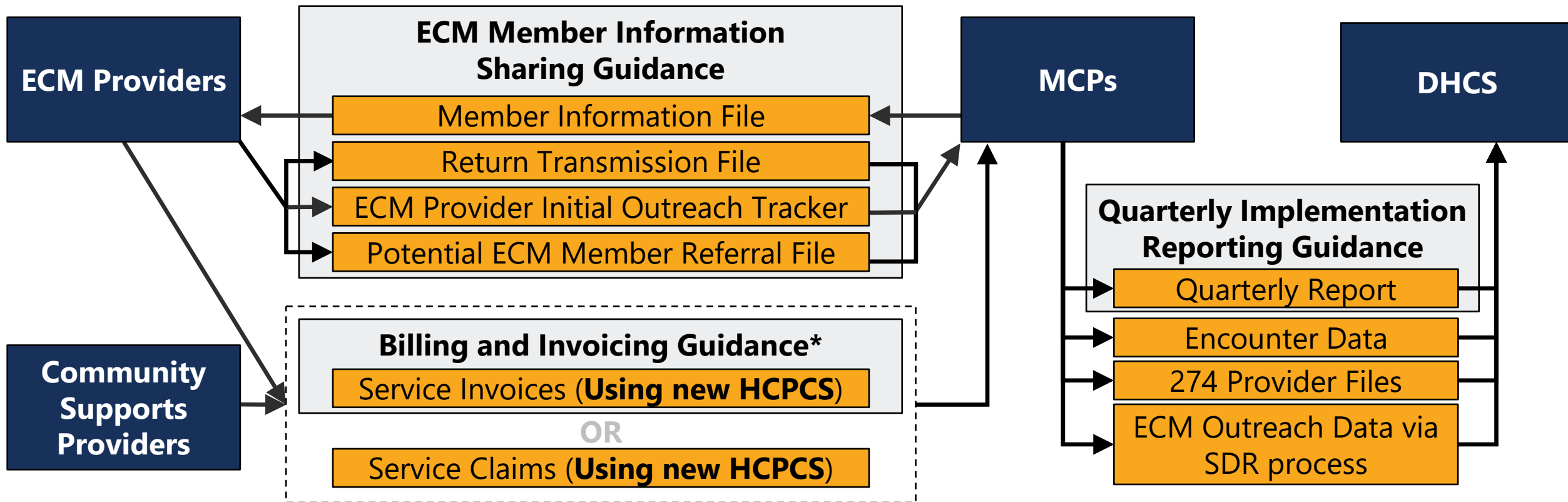
Column Name	Transition to ECM	Transition to Community Service
11 Instructions	Transition to ECM	Transition to Community Service

Quarterly MCP reporting requirements and Excel template related to ECM and Community Supports implementation across multiple domains: "supplemental" to encounters

*The Quarterly Implementation Monitoring Report fulfills AB 133 Reporting Requirements. All items are posted on the [ECM & Community Supports \(ILOS\) Website](https://www.dhcs.ca.gov/Information/Pages/Health-Care-Delivery-Systems).

ECM and Community Supports Dataflows

These key dataflows supported implementation prior to the updated being discussed today.



Responding to Market Feedback

DHCS has developed new standards for data exchange and updated the existing data guidance documents based on market feedback.

- Throughout the first year of implementation, DHCS heard feedback about the need for data exchange standardization between MCPs and Community Supports Providers.
- From Q2 – Q4 2022, DHCS conducted **10+ interviews** and **launched a survey (200+ MCP & Provider respondents)** to collect feedback on updates to the existing data guidance documents and if new standards should be created.



Interviews



Survey

2. New Standards for Data Exchange Between Managed Care Plans (MCPs) & Community Supports Providers

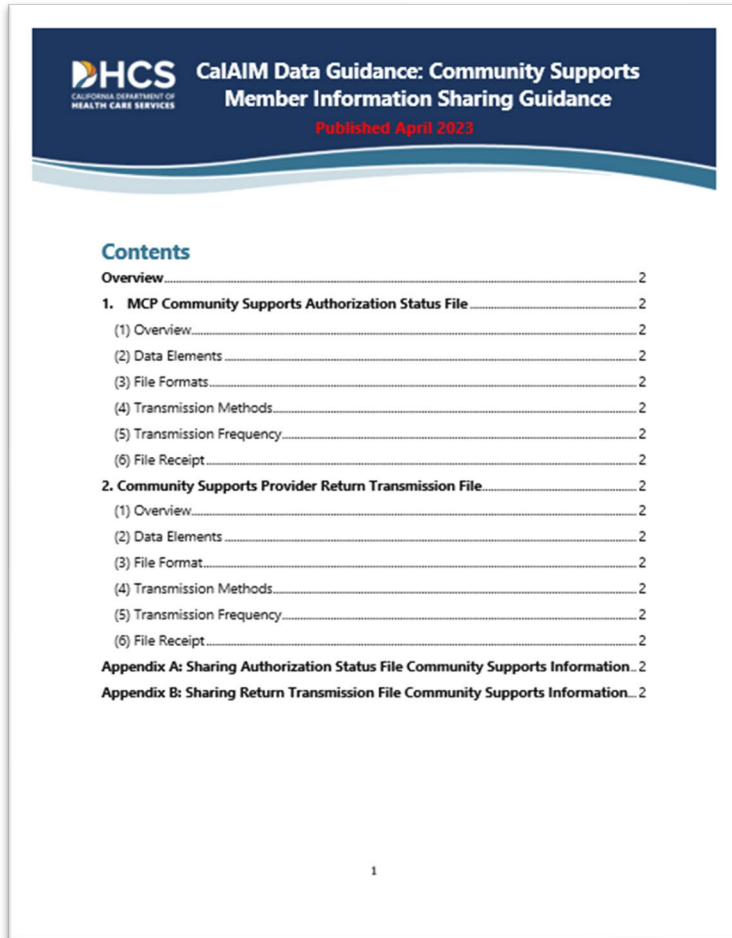


Why Did DHCS Develop Data Sharing Standards for Community Supports?

Feedback DCBS Heard in Year 1:

- » During the first year of implementation, Community Supports Providers **reported variation in how MCPs shared information** about Members who had 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 from MCPs was often not available in batch queries** and required manual processes to obtain updated information in aggregate about the clients they serve.
- » MCPs also indicated 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.**

Introducing the Community Supports Member Information Sharing Guidance



HCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
CaAIM Data Guidance: Community Supports Member Information Sharing Guidance
Published April 2023

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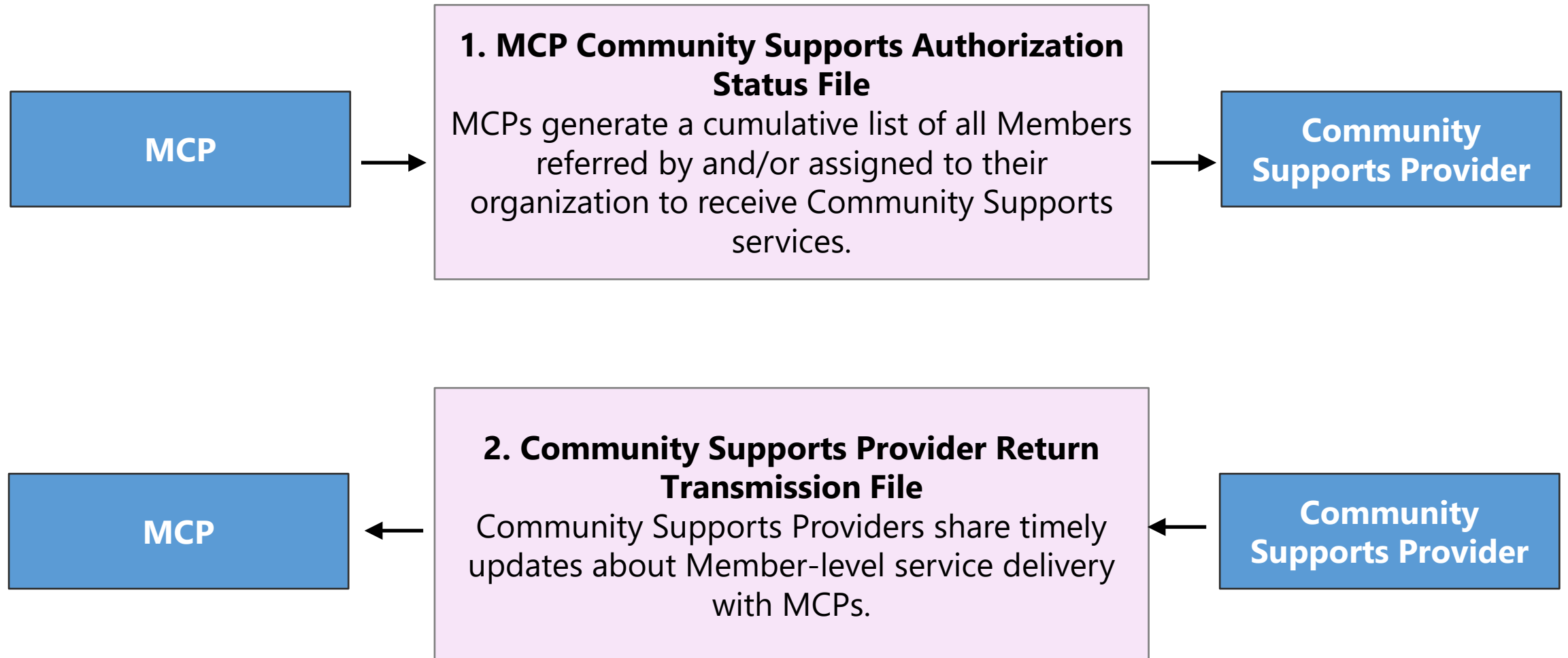
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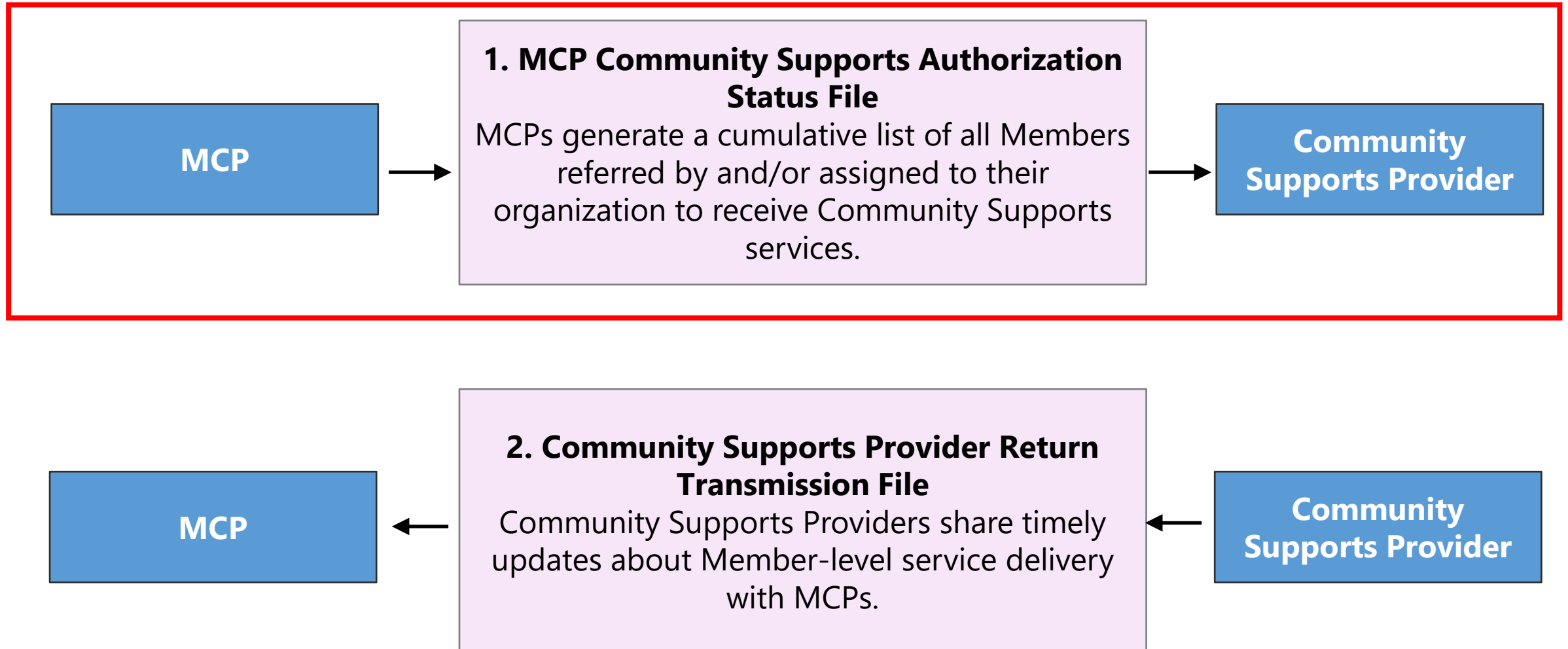
Goals of this guidance based on stakeholder feedback:

- Implements batch reporting from MCPs to Community Supports Providers with Member-level information, including the status of authorizations
- Facilitates more efficient outreach to Members
- Improves MCPs' ability to track the status and progress of service delivery
- Reduces administrative burden for MCPs and Community Supports Providers

This Guidance Document Comprises Standards for Two Types of Data Exchange



Overview of the MCP Community Supports Authorization Status File



1. MCP Community Supports Authorization Status File

- MCPs generate a **cumulative list** of all Member entries for Members referred by and/or assigned to their organization to receive Community Supports services.
- By having **standardized, aggregated Member-level information**, Community Supports Providers will be able to:
 - Follow up on Member authorizations more easily
 - Access and utilize information to better engage and serve Members
- This **new data flow is not intended to disrupt or delay existing MCP systems and process for real time or near real time authorization status alerts** and sharing of Member-level information with Community Supports Providers.

Types of Data in the Community Supports Authorization Status File

MCPs are required to share a set of minimum necessary data elements with each of their Community Supports providers at least bi-weekly across the following domains:

- **Member Information**

- *Example Fields:*

- Medi-Cal Member Client Index Number
- Member address, contact information, preferred language (written and spoken)

- **Community Supports Information**

- *Example Fields:*

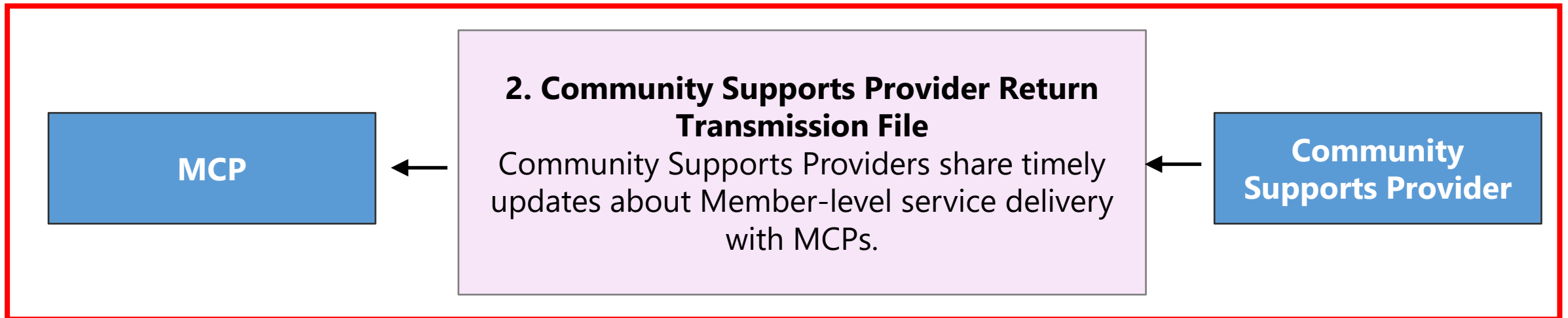
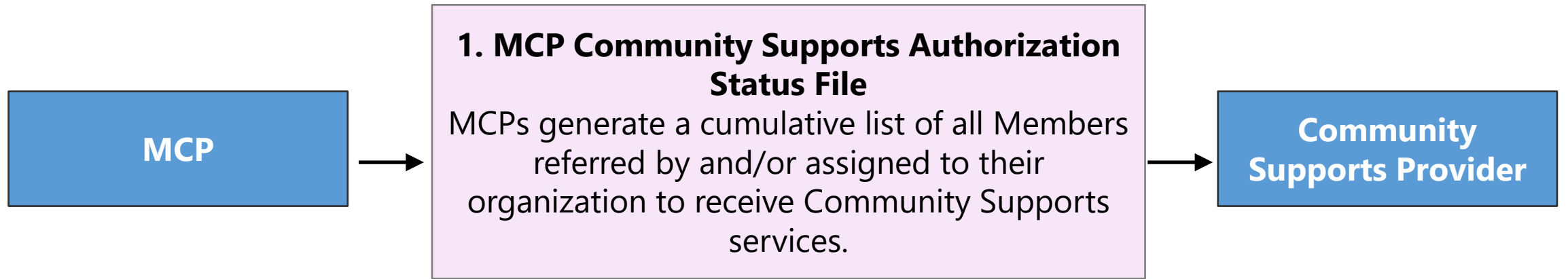
- Community Supports service(s) the Member has been referred to for authorization
- Authorization end and start date

- **Administrative & Plan Information**

- *Example Fields*

- Community Supports Authorization Status File Reporting Period
- MCP Community Supports Person Phone Number

Overview of the Community Supports Provider Return Transmission File



2. Community Supports Provider Return Transmission File

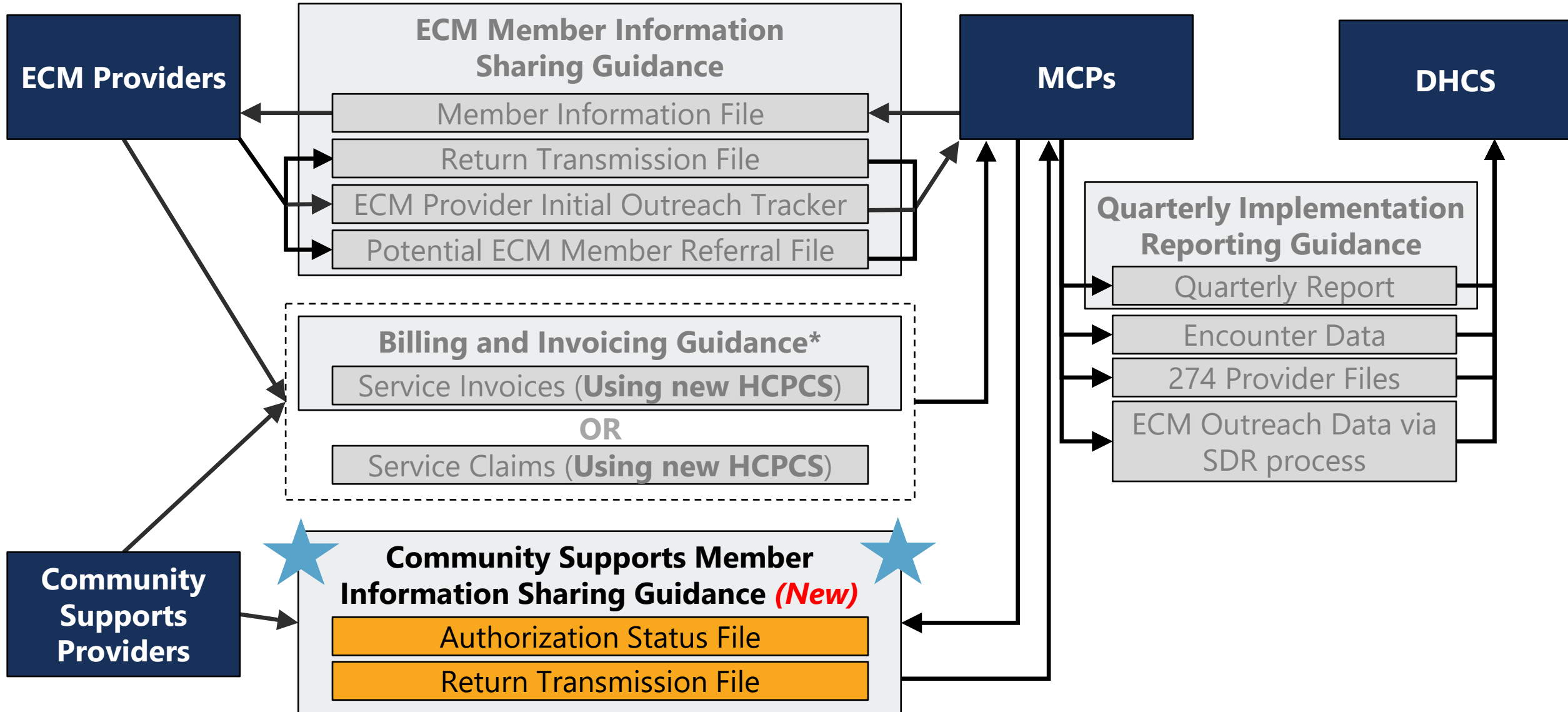
- The purpose of this file is to allow **Community Supports Providers to share timely updates about service delivery with MCPs** in a standardized and streamlined manner.
- Although MCPs can track Community Supports service delivery through invoices and claims, there is an inherent data lag with solely relying on these data sources.

Types of Data in the Community Supports Provider Return Transmission File

Community Supports Providers are required to share a set of minimum necessary data elements with each of their MCP partners at most once per month across the following domains:

- **Member Information**
 - *Example Fields:*
 - Member New Address Indicator and new address information
- **Community Supports Information**
 - *Example Fields:*
 - Community Supports services the Member is receiving
 - Current Status of Member Engagement
- **Administrative and Community Supports Provider Information**
 - *Example Fields:*
 - Community Supports Provider Return Transmission File Reporting Period
 - Community Supports Provider National Provider Identifier (NPI)

Updated ECM and Community Supports Data Flows



3. Review of Key Changes to Existing ECM and Community Supports Data Guidance Documents



Summary of Updates to Existing Data Guidance Documents

- 1. ECM and Community Supports HCPCS Coding Options**
- 2. ECM Member Information File Guidance Changes**
- 3. ECM & Community Supports Billing and Invoicing Guidance**
- 4. Quarterly Implementation Monitoring Report (QIMR)**

DHCS' Expectations Regarding the Use of ECM and Community Supports HCPCS Codes

MCPs cannot add their own codes or modifiers beyond those established by DHCS.

Key Update	Summary of Updates	Rationale
<p>DHCS' Expectations About the Use of HCPCS Codes</p>	<p>MCPs must use the HCPCS coding options for Community Supports and ECM, as defined in the Enhanced Care Management and Community Supports Coding Options, and cannot add their own codes or modifiers.</p>	<p>Feedback from the field indicates that some MCPs are requiring ECM and Community Supports Providers to submit additional codes or modifiers (outside of the existing guidance). This is creating unsustainable administrative burden for providers and resulting in the non-payment for services in some cases.</p>

Reminder: Overview of Member-Level Information Sharing Between MCPs and ECM Providers Guidance

- DHCS developed standards for how MCPs and ECM Provider exchange information about Members in four types of exchanges:
 - 1. MCP Member Information File
 - 2. ECM Provider Return Transmission File
 - 3. ECM Provider Initial Outreach Tracker File
 - 4. Potential ECM Member Referral File

1. MCP Member Information File Overview

- » ECM Providers need information about their Members' clinical and non-clinical needs; however, many may not immediately have the technical capacity to derive such information from encounter file sharing.
- » To address this information need, MCPs are required to create *Member Information Files* and share them with contracted ECM Providers.
- » Files must include consolidated demographic, utilization and other information about all Provider-assigned ECM Members.

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format. • DHCS reserves the right to further standardize file formats/ transmission methods in the future. 	<ul style="list-style-type: none"> • "Member engagement" elements (name, date of birth, etc.) need to be shared within 10 days of member assignment; all others to be shared at least monthly.

MCP Member Information File Updates

Key updates were made to account for the new ECM Populations that have gone or will go live.

Example Fields Added to the ECM Member Information File

Field Added / Updated	Description	Rationale
Member Dually Enrolled in Medicare	Required field for the MCP to provide to the ECM Provider to indicate if a Member is dually enrolled in Medicare	ECM Providers requested this field; aligns with CalAIM focus on duals.
Name of Skilled Nursing Facility	A conditionally required field for MCPs to provide to ECM Providers for individuals who meet the "Adult – Nursing Facility Residents Transitioning to Community" ECM Population of Focus.	Important information for ECM Providers to have to contact prospective ECM Member
Skilled Nursing Facility Phone Number		

Note: A number of new optional fields were also added based on stakeholder feedback; for a comprehensive list, please refer to the Appendix slides 53-56.

2. ECM Provider Return Transmission File Overview

- » Since ECM Providers generally hold the primary relationship with Members receiving ECM, DHCS recognizes certain key information should flow regularly **back from ECM Providers to MCPs** that is **separate and supplemental to claims and invoices**.
- » DHCS standardized this information as the “Return Transmission File” to streamline the reporting expected of ECM Providers and reduce administrative burden.

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format. • DHCS reserves the right to further standardize file formats/ transmission methods in the future. 	<ul style="list-style-type: none"> • Frequency mutually agreed to between the MCP and ECM Provider. • MCPs may wish to align reporting due dates from ECM Providers with DHCS’ timeline for MCPs to submit the <i>Quarterly Implementation Report</i>.

2. ECM Provider Return Transmission File Updates

Major updates include how the “ECM Benefit Start Date” is defined and how ECM Providers should share service-level information with MCPs.

Example Fields* Updated in the ECM Provider Return Transmission File

Updated Fields	Description	Rationale
Benefit Start Date	Field has been updated: Defined as “the date of the first billed claim when ECM services were rendered once the member is enrolled in ECM; this is not intended to capture initial ECM Provider outreach efforts.	Stakeholders indicate that previous definition as an “MCP-defined field” was confusing; important to clarify and further standardize how the benefit start date is determined.
ECM Service Information	Field has been updated: Number of ECM interactions the Member received during the reporting period. <ul style="list-style-type: none"> • ECM In Person • ECM Phone/Telehealth • ECM Outreach In Person • ECM Outreach Telephonic/Electronic 	Previous reporting asked ECM Providers to share the number of “ECM encounters” during the reporting period. New field definition clarifies that reporting should capture the delivery of all ECM core services including outreach.

*For a comprehensive list of fields added/modified, please refer to the Appendix slides 57-62

3. ECM Provider Initial Outreach Tracker Overview

- The purpose of this tracker is to standardize provider outreach reporting.
- **ECM Providers may report the required information using either of the following methods:**
 - Preferred: ECM Providers creating compliant encounters for outreach using HCPCS codes may be able to run reports to produce the required data elements.
 - If ECM Providers are not creating encounters and/or automation is not possible, ECM Providers should populate the data elements manually.

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format. • DHCS reserves the right to further standardize file formats/ transmission methods in the future. 	<ul style="list-style-type: none"> • Frequency mutually agreed to between the MCP and ECM Provider. • MCPs may wish to align reporting due dates from ECM Providers with DHCS' timeline for MCPs to submit the <i>Quarterly Implementation Report</i>.

Significant updates were not made to this file

4. Potential ECM Member Referral File Overview

- The ECM Provider Potential ECM Member Referral File provides a standardized format and method for MCPs to collect referrals for new ECM enrollees from ECM Providers.

File Format	Transmission Frequency
<p><i>If reporting is agreed to by the ECM Provider:</i></p> <ul style="list-style-type: none"> • Excel-based workbook, or another mutually agreed upon file format. • DHCS reserves the right to further standardize file formats/ transmission methods in the future. 	<ul style="list-style-type: none"> • MCPs may request <i>Potential ECM Member Referral Files</i> from ECM Providers at a frequency mutually agreed to between the MCP and ECM Provider.

Significant updates were not made to this file

Billing and Invoicing Guidance Overview

- ECM and Community Supports Providers are expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC x12N 837P) to the greatest extent possible.
- ECM and Community Supports Providers who are unable to submit compliant claims may instead submit standardized invoices to MCPs. MCPs must then develop compliant encounters for submission to DHCS.
- DHCS has developed guidance to standardize invoicing to reduce MCP and ECM and Community Supports Provider burden and improve data quality.

File Format	Transmission Frequency
<ul style="list-style-type: none"> • Excel-based workbook, Web-based form or portal (e.g., provider payment portal) or another mutually agreed upon file format. • DHCS reserves the right to further standardize file formats/ transmission methods in the future. 	<ul style="list-style-type: none"> • Providers submit service invoices as otherwise specified in the <i>CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Provider Standard Terms and Conditions</i> and in alignment with other MCP contractual requirements with DHCS.¹

1. Original (or initial) Medi-Cal claims must be received within six months following the month in which services were rendered. More information on Medi-Cal Provider claim submission and timelines available [here](#)

Billing and Invoicing Guidance Updates

Additional clarification has been added about the use of the Homelessness Indicator; other very minor updates were made.

Example Fields* Updated in the Billing and Invoicing Guidance

Update	Description	Rationale
Member Diagnosis Codes	Field has been updated: If "1" is selected for the Member Homelessness Indicator field, the MCP is expected to record one of the ICD-10 SDOH Z-codes that specify homelessness: Z59.00 Homelessness unspecified; Z59.01 Sheltered homelessness; Z59.02 Unsheltered homelessness.	Provide clarified guidance to MCPs about which ICD-10 SDOH diagnosis code to report if "1" is selected for the Member Homelessness Indicator field.

*For a comprehensive list of fields added/modified, please refer to the Appendix slides 65-67

Quarterly Implementation Monitoring Report

- » Throughout the first several years of ECM & Community Supports, **DHCS requires MCPs to submit the Quarterly Implementation Monitoring Report** to monitor the overall implementation.
- » DHCS requires MCPs to provide data across **six key reporting dimensions**: (1) ECM Members & Services; (2) ECM Requests for Services and Outreach; (3) ECM Provider Capacity; (4) Community Supports Members and Services; (5) Community Supports Provider Capacity; (6) Community Supports Requests and Denials.
- » ECM & Community Supports Providers are responsible for providing MCPs with the information needed to complete many of the reporting requirements.

File Format	Transmission Frequency
<ul style="list-style-type: none"> • DHCS will provide MCPs with an updated standardized Excel workbook template for MCPs to align with the updates. 	<ul style="list-style-type: none"> • Quarterly beginning on May 15, 2022, for Q1 2022. • Supplemental reporting is expected to continue for at least three years.

Quarterly Implementation Monitoring Report Updates

Along with these updates, DHCS will release updated Excel reporting templates.

Example Fields* Updated in the QIMR

Field Added / Updated	Description	Rationale
Number of In-Person ECM Interactions	Changed the terminology to "in-person ECM interactions" and provided clarification about how an ECM interaction is defined – i.e., the delivery of all ECM core services, including outreach.	Clarify what should be counted as "in-person ECM interactions."
Quarterly Outreach Reporting	Changed MCP reporting requirements from "cumulative" to "quarterly."	Alleviate administrative burden on MCPs, as DHCS can calculate cumulative totals.
Provider Capacity Reporting	Added new reporting requirement for MCPs to report "Total Number of Members Currently Being Serving" for Adult Members and Children/Youth Members	Allow DHCS to evaluate the ability of the ECM Provider to serve eligible individuals.

*For a comprehensive list of fields added/modified, please refer to the Appendix slides 68-74

4. DHCS' Expectations Around Timing for Implementing the Data Standards



Implementation Timing

Data Guidance Requirements	Implemented By:
<ul style="list-style-type: none">• MCPs <u>cannot</u> add their own codes or modifiers beyond those established by DHCS in the Enhanced Care Management and Community Supports Coding Options guidance document	Effective Immediately
<ul style="list-style-type: none">• Member-Level Information Sharing Between MCPs and ECM Providers Guidance• Billing and Invoicing Guidance	July 1, 2023 <i>MCPs and ECM and Community Supports Providers may opt to adopt sooner to align with new ECM POF in summer 2023</i>
Community Supports Member Information Sharing Guidance	September 1, 2023
Updated Quarterly Implementation Monitoring Report Template	November 14, 2023 <i>New template/reporting requirements to be adopted for the 2023 Q3 Submission</i>

5. Q&A



Additional Questions

**If you have a question that
wasn't addressed during this
webinar, please send it to:**

CalAIMECMILOS@dhcs.ca.gov

DHCS Resources for ECM & Community Supports

- » Learn more about ECM & Community Supports:
 - Policy Guides: [ECM](#) & [Community Supports](#)
 - [FAQs](#)
 - Fact Sheets: [ECM](#) & [Community Supports](#)
 - [ECM Key Design Implementation Decisions](#)

- » Review ECM & Community Supports guidance documents:
 - [Billing & Invoicing Guide](#)
 - [Coding Options](#)
 - [Community Supports Pricing Guide \(Non-Binding\)](#)
 - [Data Guidance for Member-Level Information Sharing](#)
 - [Contract Template Provisions](#)
 - [Standard Provider Terms & Conditions](#)

Thank you!



Appendix



April 2023 Updates to ECM and Community Supports Data Guidance Documents



Table of Contents

- » Updates to Member-Level Information Sharing Between MCPs and ECM Providers (*Version 1.2*)
 - Overview
 - MCP Member Information File (MIF)
 - ECM Provider Return Transmission File (RTF)
 - ECM Provider Initial Outreach Tracker File
 - Potential ECM Member Referral File

- » Updates to CalAIM Data Guidance: Billing and Invoicing between ECM/Community Supports Providers and MCPs (*Version 1.2*)


- » Updates to ECM and Community Supports Quarterly Implementation Monitoring Report Requirements (*Version 1.3*)

Legend

- » Each update made to the existing documents will be chronicled as follows:

Update	Location	Rationale
Spells out exactly what was added, changed, or removed, and whether new data elements are optional or required.	Identifies where in the guidance the update can be found (usually in a table).	Explains why the update was made and may include context about which stakeholder(s) suggested it.

Updates to Member-Level Information Sharing Between MCPs and ECM Providers



Introduction: Overview of Member-Level Information Sharing Between MCPs and ECM Providers

Update	Location	Rationale
Updated language to emphasize that MCPs and ECM Providers must adopt the common standards described in this document unless there is a strong rationale mutually agreed to by both organizations for departing from these standards	Introduction: Overview	Standardizes information flow and reduces administrative burden, especially for ECM Providers. There must be a strong and mutually agreed-to rationale for deviating from these standards.

MCP Member Information File (MIF)

Update	Location	Rationale
<p>Emphasized that MCPs must provide properly formatted Member Information Files for ECM Providers</p>	<p>MCP Member Information File: Data Elements</p>	<p>ECM Providers have consistently raised concerns about data quality and administrative burden required to clean and intake the MIF.</p>
<p>Updated reporting instructions for Member Homelessness Indicator: if Member is not experiencing homelessness or if their status is unknown, enter "0"</p>	<p>MCP Member Information File: Table 1</p>	<p>Clarifies the methodology for indicating Members who are experiencing homelessness. The methodology for recording all "indicator" fields has been updated across documents.</p>
<p>Added as required data element: Member Dually Enrolled in Medicare</p>	<p>MCP Member Information File: Table 1</p>	<p>Useful for ECM Providers who are engaging with Members in all POFs, but especially the LTC POFs.</p>

MCP Member Information File (MIF)

Update	Location	Rationale
Added as optional data elements: Emergency/Alternate Contact Name, Relation, and Phone Number	MCP Member Information File: Table 1	Requested by several ECM Providers as valuable data points to reach Members.
Added as optional data element: Member Preferred Language (Written)	MCP Member Information File: Table 1	Conveys valuable Member engagement information to the ECM Provider.
Added as required data element: ECM Authorization End Date	MCP Member Information File: Table 1	ECM Providers need to understand how long the ECM benefit has been authorized for, as it can vary by MCP.
Added as optional data element: Member ECM Authorization Number	MCP Member Information File: Table 1	Multiple MCPs and Providers that use this field asked DHCS to add it to support their operations.

MCP Member Information File (MIF)

Update	Location	Rationale
<p>Updated ECM Population(s) of Focus response options to include all ECM POFs</p>	<p>MCP Member Information File: Table 1</p>	<p>Aligns response options with all POFs that are/will go live, as outlined in the Policy Guide.</p>
<p>Added as conditionally required data element: Name of Skilled Nursing Facility (SNF)</p>	<p>MCP Member Information File: Table 1</p>	<p>Critical for ECM Providers who are engaging with Members in SNFs to understand where the Member is residing.</p>
<p>Added as conditionally required data element: SNF Phone Number</p>	<p>MCP Member Information File: Table 1</p>	<p>Allows ECM Providers who are engaging with Members in SNFs to be able to directly contact the SNF to coordinate the transition.</p>
<p>Added as required data element: ECM Provider Organization Name</p>	<p>MCP Member Information File: Table 4</p>	<p>Added for tracking purposes by both MCP and ECM Provider of the assigned provider.</p>

MCP Member Information File (MIF)

Update	Location	Rationale
Added as required data element: ECM National Provider Identifier (NPI)	MCP Member Information File: Table 4	Added per stakeholder feedback to assist with tracking Member assignments to Providers.
Added “Returned” as a response option for ECM Member Record field and included additional detail on each response option in footnote	MCP Member Information File: Table 4	Requested by MCPs to be able to track Members who were once enrolled in ECM, discontinued, and enrolled again.
Added language strongly encouraging MCPs and ECM Providers to establish regional agreements for MIF exchange to align the data sharing method or platform	MCP Member Information File: Transmission Methods	Alleviates administrative burden on ECM Providers contracting with multiple MCPs in their region that have varying processes, which has been consistently raised as a concern.

ECM Provider Return Transmission File (RTF)

Update	Location	Rationale
Updated reporting instructions and changed from optional to required: Member Homelessness Indicator	ECM Provider Return Transmission File: Table 5	Clarifies the methodology for indicating Members who are experiencing homelessness. The methodology for recording all "indicator" fields has been updated across documents.
Updated reporting instructions and changed from optional to required: Member New Address Indicator	ECM Provider Return Transmission File: Table 5	Adjusts and streamlines the process for how ECM Providers can report back to MCPs updated Member address information.
Changed from optional to conditionally required: Member Residential Address	ECM Provider Return Transmission File: Table 5	Streamlines the process for how ECM Providers can report back to MCPs updated Member address information.
Changed from optional to conditionally required: Residential City	ECM Provider Return Transmission File: Table 5	Streamlines the process for how ECM Providers can report back to MCPs updated Member address information.
Changed from optional to conditionally required: Residential Zip	ECM Provider Return Transmission File: Table 5	Streamlines the process for how ECM Providers can report back to MCPs updated Member address information.

ECM Provider Return Transmission File (RTF)

Update	Location	Rationale
Updated reporting instructions and changed from optional to required: Member New Phone Number Indicator	ECM Provider Return Transmission File: Table 5	Adjusts and streamlines the process for how ECM Providers can report updated Member address information back to MCPs.
Changed from optional to conditionally required: Member Phone Number	ECM Provider Return Transmission File: Table 5	Streamlines the process for how ECM Providers can report updated Member address information back to MCPs.
Added as optional data element: Member Preferred Language (Spoken)	ECM Provider Return Transmission File: Table 5	More accurate information can often be gathered by the ECM Provider and sent to the MCP.
Added as optional data element: Member Preferred Language (Written)	ECM Provider Return Transmission File: Table 5	More accurate information can often be gathered by the ECM Provider and sent to the MCP.

ECM Provider Return Transmission File (RTF)

Update	Location	Rationale
Added as required data element: New Population of Focus	ECM Provider Return Transmission File: Table 5	By directly engaging with the Member, the ECM Provider may gather more information about which POF(s) the Member belongs to.
Updated: Benefit Start Date (defined as the date of the first billed claim when ECM services were rendered once the member is enrolled in ECM; this is not intended to capture initial ECM Provider outreach efforts)	ECM Provider Return Transmission File: Table 5	Clarifies how benefit start date must be determined and that it excludes billable encounters for outreach.

ECM Provider Return Transmission File (RTF)

Update	Location	Rationale
Added the following response options for Discontinuation Reason Codes in footnote: (5. Incarcerated; 6. Declined to Participate; 7. Duplicative Program; 8. Lost Medi-Cal Coverage; 9. Switched Health Plans; 10. Moved Out of the County; 11. Moved Out of Country; 12. Unsafe Behavior or Environment; 13. Member Not Reauthorized for ECM Services; and 14. Deceased)	ECM Provider Return Transmission File: Table 5	Stakeholders indicated the existing codes were not descriptive enough, which led to the selection of "Other" most of the time.

ECM Provider Return Transmission File (RTF)

Update	Location	Rationale
Changed from optional to required and included in person and telephonic/electronic outreach: Number of ECM Interactions	ECM Provider Return Transmission File: Table 6	Clarifies that in person and telephonic/electronic outreach activities should also be included and reported as ECM interactions. There was confusion in the field about whether outreach was included as an "ECM interaction."

ECM Provider Return Transmission File (RTF)

Update	Location	Rationale
<p>Added language clarifying that MCPs must allow ECM Providers to submit one Excel-based workbook containing information for all Members served during the previous reporting period</p>	<p>ECM Provider Return Transmission File: File Format</p>	<p>Offers additional guidance that alleviates administrative burden on ECM Providers and MCPs.</p>
<p>Added language strongly encouraging MCPs and ECM Providers to establish regional agreements for RTF exchange to align the data sharing method or platform</p>	<p>ECM Provider Return Transmission File: Transmission Methods</p>	<p>Alleviates administrative burden on ECM Providers contracting with multiple MCPs in their region that have varying processes, which has been consistently raised as a concern.</p>

ECM Provider Initial Outreach Tracker File

Update	Location	Rationale
Added language clarifying that separate entries must be reported for each outreach attempt , including if there were multiple separate outreach attempts during the same day	ECM Provider Initial Outreach Tracker File, Overview	Clarifies how to document more than one outreach attempt in a 24-hour time period.
Updated language to reflect that coding is still required , even if automated electronic reporting on outreach is not possible and ECM Providers are reporting this file manually	ECM Provider Initial Outreach Tracker File, Overview	Provides clarity on the reporting process for ECM Providers who cannot submit automated files.

Potential ECM Member Referral File

Update	Location	Rationale
<p>Updated Potential ECM Population(s) of Focus response options to include all ECM POFs</p>	<p>Potential ECM Member Referral File, Table 9</p>	<p>Aligns response options with the updated POFs that are/will go live, as outlined in the Policy Guide.</p>
<p>Added as optional data element: Preferred ECM Provider Assignment Name</p>	<p>Potential ECM Member Referral File, Table 9</p>	<p>Provides valuable referral information to the MCP about the Member's preferred ECM Provider.</p>
<p>Added as optional data element: Preferred ECM Provider Assignment NPI</p>	<p>Potential ECM Member Referral File, Table 9</p>	<p>Provides valuable referral information to the MCP about the Member's preferred ECM Provider.</p>

Updates to CalAIM Data Guidance: Billing and Invoicing between ECM/Community Supports Providers and MCPs



Billing and Invoicing Guidance

Update	Location	Rationale
Added Footnote 2 , clarifying that Providers unable to submit claims via 837P/I can submit claims with the CMS-1500 form	Overview	Allows flexibility in the billing and invoicing process.
Updated Footnote 19 to clarify the different definitions of homelessness for ECM and Community Supports and instruct Providers to enter "0" if the homelessness status is unknown	Table 2: Member Information	Provides clarity on how the Member Homelessness Indicator should be determined and recorded. The methodology for recording all "indicator" fields has been updated across documents.

Billing and Invoicing Guidance

Update	Location	Rationale
Changed from optional to required for both ECM Providers and Community Supports Providers: Service Name(s)	Table 3: Service and Billing Information	Ensures that Providers are compensated accurately.
Added Footnote 28 to provide guidance to MCPs about which ICD-10 social determinants of health (SDOH) diagnosis code to report if "1" is selected for the Member Homelessness Indicator field	Table 3: Service and Billing Information	Encourages uptake of ICD-10 SDOH codes by MCPs.

Updates to ECM and Community Supports Quarterly Implementation Monitoring Report Requirements



Quarterly Implementation Monitoring Report

Update	Location	Rationale
<p>WPC/HHP Transition Report removed</p>	<p>Introduction</p>	<p>This report was only required during the initial phase of ECM and Community Supports implementation.</p>
<p>Updated: Description of DHCS' expectations for data collection after the initial implementation period</p>	<p>Introduction</p>	<p>Clarifies that MCPs should include all ECM Members who were enrolled in ECM in this tab, as there may be some Members whom MCPs consider to be enrolled in the ECM benefit but who did not receive any ECM services during the reporting period.</p>
<p>Asterisks removed from Member CIN, Member Last Name, Member First Name, and Member Date of Birth fields</p>	<p>ECM Members and Services Tab: Rows E-G</p>	<p>MCPs should no longer need to collect this information from ECM Providers/subcontractors.</p>
<p>Updated response options for ECM Population(s) of Focus</p>	<p>ECM Members and Services Tab: Rows I-X</p>	<p>Aligns response options with updated POFs that are/will go live, as outlined in the ECM Policy Guide.</p>

Quarterly Implementation Monitoring Report

Update	Location	Rationale
<p>Updated and clarified definition of ECM Benefit Start Date; ECM Provider reporting from the ECM Provider RTF should inform this field</p>	<p>ECM Members and Services Tab: Row Y</p>	<p>Clarifies how benefit start date must be determined and that it excludes billable encounters for outreach.</p>
<p>Added new response options for Reason for Discontinuation of ECM</p>	<p>ECM Members and Services Tab: Row A1</p>	<p>Stakeholders indicated the existing codes were not descriptive enough, which led to the selection of "Other" most of the time.</p>
<p>Clarified how MCP should report in-person ECM interactions the Member received, i.e., the delivery of all ECM core services, including outreach, during the reporting period</p>	<p>ECM Members and Services Tab: Row A3</p>	<p>Provides clarification about how an ECM interaction is defined, that it includes the delivery of all ECM core services including outreach. There was confusion in the field about if outreach is included as an "ECM interaction."</p>

Quarterly Implementation Monitoring Report

Update	Location	Rationale
<p>Clarified how MCP should report phone/telehealth ECM interactions the member received, i.e., the delivery of all ECM core services, including outreach, during the reporting period</p>	<p>ECM Members and Services Tab: Row A4</p>	<p>Provides clarification about how an ECM interaction is defined, that it includes the delivery of all ECM core services, including outreach. There was confusion in the field about whether outreach was included as an "ECM interaction."</p>
<p>Changed MCP reporting requirements from "cumulative" to "quarterly"</p>	<p>ECM Requests for Services and Outreach: Rows E - G</p>	<p>MCPs do not need to submit cumulative counts, as DHCS can calculate cumulative totals internally.</p>
<p>Clarified that Members included in this reporting who are identified as eligible should also be determined eligible for ECM</p>	<p>ECM Requests for Services and Outreach: Row E</p>	<p>Provides clarification that individuals reported in this field should be identified as eligible and determined eligible.</p>

Quarterly Implementation Monitoring Report

Update	Location	Rationale
<p>Added reporting requirement for MCPs to indicate how many referrals received from external services were approved for authorization for ECM during the reporting period</p>	<p>ECM Requests for Services and Outreach: Row J</p>	<p>Underscores and helps DHCS track the connections between ECM and other, related care management/coordination programs.</p>
<p>Updated response options for ECM Population(s) of Focus</p>	<p>ECM Provider Capacity Tab: Rows G-V</p>	<p>Aligns response options with the updated POFs that are/will go live, as outlined in the ECM Policy Guide.</p>
<p>Added new reporting requirement: "Total Number of Members (Adult) Currently Being Served"</p>	<p>ECM Provider Capacity tab: Row W</p>	<p>Provides critical monitoring data for DHCS to track the ECM Provider capacity statewide and identify areas where ECM network capacity is not meeting the demand.</p>
<p>Added new reporting requirement: "Total Number of Members (Children/Youth) Currently Being Serving"</p>	<p>ECM Provider Capacity Tab: Row X</p>	<p>Provides critical monitoring data for DHCS to track the ECM Provider capacity statewide and identify areas where ECM network capacity is not meeting the demand.</p>

Quarterly Implementation Monitoring Report

Update	Location	Rationale
<p>Added new reporting requirement of "Total ECM Provider capacity (Adult)"</p>	<p>ECM Provider Capacity Tab: Row Y</p>	<p>This reporting requirement has not changed. Includes additional detail on how "point-in-time" capacity should be collected.</p>
<p>Added new reporting requirement of "Total ECM Provider capacity (Children/Youth)"</p>	<p>ECM Provider Capacity Tab: Row Z</p>	<p>This reporting requirement has not changed. Includes additional detail on how "point-in-time" capacity should be collected.</p>
<p>Removed reporting requirement: Approximate total number of Adult Members the ECM Provider is able to serve, beyond who they are currently serving, at the end of the reporting period.</p>	<p>ECM Provider Capacity Tab: Row A2</p>	<p>ECM Providers and MCPs no longer need to report this as it can be calculated using existing data reported to DHCS</p>
<p>Removed reporting requirement: Approximate total number of Children/Youth Members the ECM Provider is able to serve, beyond who they are currently serving, at the end of the reporting period.</p>	<p>ECM Provider Capacity Tab: Row A3</p>	<p>ECM Providers and MCPs no longer need to report this as it can be calculated using existing data reported to DHCS</p>

Quarterly Implementation Monitoring Report

Update	Location	Rationale
Asterisks removed from Member CIN, Member Last Name, Member First Name, and Member Date of Birth fields	Community Supports Members and Services Tab: Rows E-H	MCPs should no longer need to collect this information from Community Supports Providers/subcontractors.
Changed terminology from "approved" to " approved for authorization "	Community Supports Members and Services Tab: Rows J-X	Provides additional clarity on what "authorization" means to address potential market confusion.
Added new reporting requirement: "Total Number of Members currently serving"	Community Supports Provider Capacity Tab: Row H	Provides critical monitoring data for DHCS to track Community Supports Provider capacity and identify areas where network capacity is not meeting the demand.
Clarified that MCPs should report "Total provider capacity: total number of Members the Community Supports Provider is able to serve at the end of the reporting period"	Community Supports Provider Capacity Tab: Row I	Includes additional detail on how "point-in-time" capacity should be collected.

