

Launching Enhanced Care Management (ECM) for the Birth Equity Population of Focus

February 2, 2024
Webinar

Continuous Coverage Unwinding

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

Continuous Coverage Unwinding Communications Strategy

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

Today's Agenda

- » Enhanced Care Management (ECM) in Context: Maternal Health Care and California Medi-Cal
- » 2024 Launch of the Birth Equity Population of Focus (POF) for ECM
- » Provider Panel Discussion
- » Q&A

Today's DHCS Presenters



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ECM in Context: Maternal Health Care and California Medi-Cal



Today's Maternal Health Outcomes in California

Many pregnancy-related morbidity and mortality causes are preventable and exacerbated by other health disparities and inequities

- » In 2021, **American Indians / Alaskan Natives (AI/AN)** and **Pacific Islanders** reported the lowest access to prenatal care across races and ethnicities in California with **more than one third** of these populations **receiving inadequate prenatal care**
- » In 2018 – 2020, racial and ethnic disparities in rates of pregnancy-related deaths in California continued to persist. Pregnancy-related mortality for **Black individuals was 45.8 deaths per 100,000 live births**, or **about 3.6 times greater than the mortality rate for White individuals**
- » Between 2012 and 2020, 60% of maternal deaths in California occurred **in the 365 days after childbirth**, with common causes including:
 - Cardiovascular disease (29%)
 - Hemorrhage (16%)
 - Sepsis/infection (15%)
 - Hypertensive disorders (9%)
 - Thrombotic pulmonary embolism (8%)



Focus on Maternity Care within Bold Goals

DHCS' **Comprehensive Quality Strategy** aims to reduce racial and ethnic disparities and improve clinical and health equity outcomes for children and birthing individuals with the **Bold Goals by 50x2025** initiative.

- » The **Bold Goals 50x2025** initiative is focused on closing disparities and improving maternity care by reducing disparities by 50% for Black and American Indian individuals, as well as improving by 50% maternal and adolescent depression screening rates.
- » The CQS also outlines DHCS' requirements that Medi-Cal managed care plans report on about a dozen **quality measures** focused on maternal and women's health, including:
 - Timeliness of prenatal care
 - Prenatal depression screening and follow-up
 - Prenatal immunization status
 - Cesarean birth rate
 - Postpartum care
 - Postpartum depression screening and follow-up
- » Some of these quality measures are required to meet a "minimum performance level"



Recent Medi-Cal Policy Enhancements for Maternity Care

Medi-Cal covers about half of all births in the State. California is taking steps to strengthen coverage and care for birthing populations by implementing Medi-Cal eligibility and benefits changes, including:



[Enhanced Care Management](#) (ECM) Birth Equity Population of Focus (today's focus)



Medi-Cal coverage of [community health worker](#), [doula](#) services and [dyadic services](#) for children and families, to improve health outcomes and reduce disparities



[Extended](#) coverage for Medi-Cal eligibility **from 60 days postpartum to 365 days** and **eliminated premiums for families**



Maternity care provider (e.g., OB/GYNs, doulas, midwives) [reimbursement](#) rates **increased** in January 2024 to at least 87.5% Medicare reimbursement and will have an additional increase in January 2025

2024 Launch of the Birth Equity Population of Focus (POF) for Enhanced Care Management (ECM)



What Is Enhanced Care Management (ECM)?

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

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

Medi-Cal MCP Care Management Continuum

ECM

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

Basic Population Health Management
For all MCP Members

Transitional Care Services
For all MCP Members transitioning between care settings

What are the ECM Core Services and How Do They Support the Birth Equity POF?

Members in ECM receive seven core services based on their individual needs.



Outreach and Engagement



Comprehensive Assessment and Care Management Plan



Enhanced Coordination of Care

Coordination of and Referral to Community and Social Support Services



Member and Family Supports



Health Promotion



Comprehensive Transitional Care

Examples of ECM services include (but are not limited to):

- » **Connecting the pregnant or postpartum individual, their partner, and/or their family with resources** to support the Member's health and newborn or infant's health and to support Member treatment adherence.
- » **Connecting to Community Supports** that may be beneficial for the pregnant or postpartum individual, including (but not limited to):
 - Medically Tailored Meals/ Medically-Supportive Food
 - Sobering Centers
 - Short-Term Post-Hospitalization Housing
 - Housing Transition Navigation Services
 - Housing Deposits
 - Housing Tenancy and Sustaining Services
- » **Coordinating the transition from hospital to home**

Who Is Eligible for ECM?

ECM is available to MCP Members who meet ECM “Population of Focus” (POF) definitions.

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

Went Live on 1/1/2024

Background: Birth Equity Population of Focus & ECM

The Birth Equity Population of Focus aims to address known **underlying risk factors of disparities** in health and birth outcomes in populations with high maternal morbidity and mortality rates.



How did DHCS determine eligibility criteria for the Birth Equity POF?

- Disparities were identified through evaluation of research data collected from a number of sources including the most recent California Department of Public Health's (CDPH) statewide public health data (available on the [Women/Maternal Dashboard Home Page*](#)). DHCS studied the CDPH statewide data on disparities for both the Pregnancy Related Mortality and Prenatal Care in determining the eligibility criteria for Birth Equity POF. The data demonstrates (and other experts in the field agree) that the significant disparities exist with certain racial and ethnic groups.
- More specifically, the research data demonstrate that the groups experiencing disparities in care for maternal morbidity and mortality are from certain racial and ethnic groups including Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals.

Additional CDPH Resources:

- The [Centering Black Mothers Report](#)
- [The American Indian/Alaska Native Report](#)
- [Maternal and Infant Health Assessment \(MIHA\) briefs](#)

*This includes links to additional dashboards including the Pregnancy Related Mortality, Selected Maternal Complications and Severe Maternal Morbidity Dashboards.

ECM Population of Focus

Birth Equity POF Definition



- » Adults and youth who: 1.) Are pregnant or are postpartum (through 12 month period); and 2.) Are subject to racial and ethnic disparities as defined by [California public health data](#) on maternal morbidity and mortality.

Notes on the Definition:

- » Clause (1) with “pregnant or are postpartum,” with “postpartum” period defined as **the 12 month period following the last day of the pregnancy (irrespective of whether live or still birth delivery, or spontaneous or therapeutic abortion).**

? Can pregnant and postpartum Medi-Cal Managed Care Members be eligible for ECM if they do not meet these Birth Equity POF criteria?

Yes, if they meet criteria for any other POF, for example pregnant and postpartum individuals:

- ? When an MCP receives a referral, how should it determine if an individual meets the eligibility criteria of “experiencing a disparity for the Birth Equity POF?”**
- MCPs should make best effort to reconcile any discrepancies that exist in the available data to determine a Member’s eligibility. In case there are any discrepancies that cannot be resolved, MCPs must prioritize Members’ own **self-identification** of their racial and ethnic group in confirming Member eligibility for the Birth Equity POF. Under this guidance, MCPs should provide Birth Equity POF to a Member who self-identifies with the qualifying eligibility criteria is eligible for even in cases in which the MCP or DHCS data indicates a different or missing data of the Member.
- Members who identify with multiple racial or ethnic groups are eligible for the Birth Equity POF as long as one of the groups they identify with aligns with the Birth Equity POF eligibility criteria.

- Experiencing homelessness,
- With serious mental health and/or or substance use disorder (SUD) needs.

How Do Eligible Members Access ECM?

Access to ECM can occur in multiple ways for birthing individuals and their families.



Community-based service providers, both in and out of MCP networks, may identify and refer eligible Members for ECM Services.

- » **DHCS expects MCPs to source most ECM & Community Supports referrals from the community.**
- » **Ideally, the trusted provider already serving the birthing individual can extend its role to become the ECM Provider.**
- » **Non health care agencies are encouraged to refer Members for ECM.**



MCPs must also have *a process for proactively identifying members* who may benefit from ECM and meet Birth Equity POF criteria. This process should be **in addition to, not instead of**, actively seeking referrals from community providers.

Members and their families can also self refer for ECM Services.

Examples of referral partners for the Birth Equity POF:

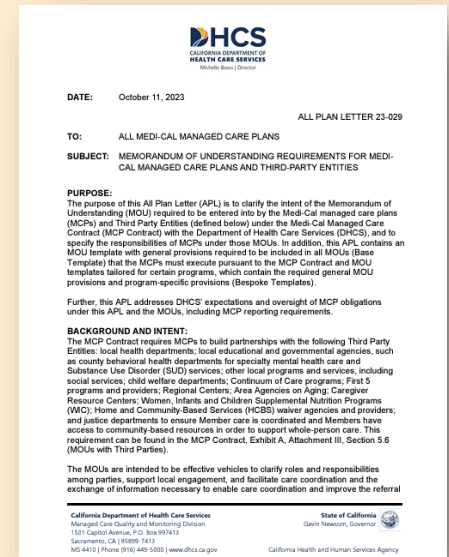
- Comprehensive Perinatal Services Program, California Perinatal Equity Initiative, Black Infant Health, Indian Health Programs, American Indian Maternal Support Services, Tribal Social Services Agencies, and Providers/CBOs serving Pacific Islanders
- OB/GYN Offices, Family Medicine Physicians, Hospitals, Maternal Home Visiting Providers, Doulas, Midwives and Promotoras, CHWs, Community Health Representatives (CHRs)
- WIC sites, Behavioral Health Providers, Women's and Family Shelters

Improving Referral Pipelines to Serve the Birth Equity POF – Role of MOUs

MCPs are in the process of implementing Memoranda of Understanding (MOUs) with key referral partners to coordinate and facilitate whole-system, person-centered care for Members.

DHCS has developed [MOU templates](#) for MCPs and third party entities to promote access to community-based resources for Medi-Cal Members. MOUs contain language related to referrals for ECM, and may be helpful in promoting referral relationships with the following entities:

- » Local Health Departments, including **Women, Infants, and Children Program (WIC)**
- » County Social Services and County Behavioral Health Departments, including **Specialty Mental Health Services in Medi-Cal Mental Health Plans** and **SUD Treatment Services in Drug Medi-Cal Organized Delivery System (ODS) Counties**



See [APL 23-029](#) for more information on MOU Requirements for Medi-Cal Managed Care Plans and Third-Party Entities

DHCS Early Learnings from MCPs on Birth Equity POF

In 2023, MCPs submitted Models of Care (MOCs) for their Birth Equity POF to DHCS. MOCs describe MCP's approach to building ECM provider networks, provider expertise, referral pathways, and using data to identify Members.

MCPs report being well-positioned to:



- Cultivate **ECM referral pathways with a diverse network of CBOs and Providers**, including CPSP, BIH, Indian Health Programs/AIMSS, doulas, WIC sites and midwife practices to support member identification and referrals.
- Utilize perinatal **screenings and assessments** to identify members who may be eligible for the ECM Birth Equity POF.
- Over 50% of MCPs have implemented **ADT feeds for notification** when a pregnant individual is transitioning between settings of care.

MCPs identify opportunities to improve access to ECM by:



- Establishing referral pathways with **behavioral health** agencies to identify members for ECM.
- Leveraging **behavioral health data**/SUD screenings and housing reports to support member identification for ECM.
- Leveraging local/regional health information exchanges (**HIEs**) with specific data on pregnant/postpartum members
- Continuing to build network capacity with the inclusion of providers with **special expertise** serving pregnant and postpartum individuals eligible for the Birth Equity POF

ECM for Birth Equity Populations: Serving As Lead Care Manager

ECM Lead Care Managers are responsible for sharing information and maintaining regular contact with those involved as part of the Member's care team, including other maternal health models.

- » ECM provides whole-person care management above and beyond what is provided by the pre-existing programs.
- » ECM serves as the **single point of accountability** to ensure care management across multiple systems/programs.
- » The person, organization, or entity that already knows the individual best and is contracted with the Member's MCP should become the ECM Provider.
- » **ECM does not take away funding from existing care management programs;** other programs' care managers can choose to contract as an ECM Provider and receive additional reimbursement for ECM from MCPs.

Programs an ECM Lead Care Manager may coordinate with on care team *Not an exhaustive list*

- » Comprehensive Perinatal Services Program (CPSP)
- » Black Infant Health (BIH) Program
- » California Perinatal Equity Initiative (PEI)
- » Indian Health Programs/American Indian Maternal Support Services (AIMSS) grantees
- » CPDH's California Home Visiting Program (CHVP)
- » CDSS' CalWORKS California Home Visiting Program (HVP)
- » Dyadic Services

Opportunity for Interested ECM Providers: PATH CITED Round 3

- » On **January 15, 2024**, DHCS opened the [Providing Access and Transforming Health \(PATH\) Capacity and Infrastructure Transition, Expansion, and Development \(CITED\)](#) Round 3 application window.
- » The PATH CITED initiative provides funding to build the capacity and infrastructure of on-the-ground partners for activities including:
 - Increasing provider workforce
 - Infrastructure to support and monitor ECM and Community Supports
 - Outreach to under-resourced and/or underserved populations for ECM and Community Supports services
- » **Partners with expertise and experience serving pregnant and postpartum individuals are encouraged to apply**
- » The deadline to apply for CITED Round 3 funding is **February 15, 2024**.



Provider Panel Discussion

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Today's Panelists



Randi Tanksley

Director of Family
Navigation Services

Team Lily, Zuckerberg San
Francisco General Hospital



**John Bodtker, MPH,
PharmD**

CalAIM Director

CA Health Collaborative



Rebecca Schwartz, LCSW

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Leslie Shelton, BSW

CalAIM MCP Liaison;
Project Director,
First 5 Home Visitation

CA Health Collaborative

Panel Discussion

Today's panel will focus on how two ECM provider types – a hospital clinic and a community-based organization – prepared for the launch of ECM for the Birth Equity POF, are tailoring their approach to provide ECM, and are partnering with their community to increase awareness of the ECM benefit.

**Deciding to
Become an ECM
Provider for the
Birth Equity POF**

**Building the
Infrastructure and
Capacity to Serve
Diverse Needs of
Individuals Eligible
for the POF**

**Tailoring Service
Models and
Coordinating Key
Supports for the
Birth Equity POF**

**Spreading
Awareness of ECM
to Key
Stakeholders**

ECM Provider Requirements



Medi-Cal Managed Care Plans

Example: CBO serving birthing individuals and families with social needs

ECM Providers must:

- » Be **community-based entities**.
- » Have **experience** providing care to members of the specific POFs they serve, in addition to clinic-based providers who serve a generalist role.
- » Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- » Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates. DHCS does not set ECM Provider Rates.
- » Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management**. (Note: ECM Providers are **not** required to submit claims.)

See the [ECM Policy Guide](#) for more details.

ECM for Birth Equity Populations: Call to Action for Those Serving Birthing Individuals

If you are a provider or entity that supports pregnant and postpartum individuals who qualify for ECM, please consider becoming involved by working with your local MCP.

You can play an important role in supporting ECM by:

- » Referring individuals to their MCP for ECM services
- » Contracting to become an ECM Provider
- » Building referral relationships with ECM Providers to provide supplemental services for those receiving ECM



Additional Technical Assistance Resources for Prospective and Contracted ECM Providers:

- ☐ Investigate the [TA Marketplace](#) to help you get started
- ☐ Join your regional CalAIM [Collaborative Planning and Implementation groups](#)
- ☐ Outreach to your local MCP(s) to discuss contracting for ECM; for more, see the [ECM Provider Toolkit](#)

Birth Equity POF: Additional FAQs



- ✓ **If an MCP is looking at its own data to proactively identify the population eligible for the Birth Equity POF, how should it navigate using race and ethnicity data from multiple sources?**
- ✓ **What is the relationship between the Birthing Care Pathway and Enhanced Care Management for the Birth Equity POF?**
- ✓ **Can Members receive ECM if they are also receiving doula, dyadic, or CHW services?**

DHCS Birthing Care Pathway

- ✓ DHCS is developing a comprehensive [Birthing Care Pathway](#) to cover the journey of a Medi-Cal member from conception through 12 months postpartum. The Birthing Care Pathway is for **all Medi-Cal members who are pregnant or postpartum**.
- ✓ The Birthing Care Pathway is envisioned as a care model with related benefit and payment strategies in Medi-Cal, to **reduce maternal morbidity and mortality** and **address significant racial and ethnic disparities** in maternal health outcomes among Black, American Indian/Alaska Native, and Pacific Islander individuals.
- ✓ Through the Birthing Care Pathway, DHCS will **develop Medi-Cal care delivery policy and program initiatives** for pregnant and postpartum individuals that:
 - Encompass **physical health, behavioral health, and health-related social needs**
 - Translate **clinical and care management guidelines** into care processes and workflows across settings
 - Facilitate **adoption of these guidelines**
- ✓ DHCS plans to **publish a report in Summer 2024** outlining initial policy options DHCS has identified for the Birthing Care Pathway.

The Birthing Care Pathway project, which is led by DHCS, is generously supported by the California Health Care Foundation and the David & Lucile Packard Foundation.

Additional Medi-Cal Supports Available to Pregnant and Postpartum Individuals

All pregnant and postpartum individuals can access a suite of Medi-Cal services to support their care needs, regardless of their eligibility for the ECM Birth Equity POF.

Doula Services	Doulas provide person-centered, culturally sensitive care to <u>any birthing individual</u> in Medi-Cal. Services include personal support to individuals and families throughout pregnancy and one year postpartum.	<u>APL 22-031</u>
CHW Benefit	CHW services are preventive health services that can help Members receive appropriate services related to perinatal care, preventive care, sexual and reproductive health, and domestic violence and other violence prevention services. <i>*Members cannot receive the CHW Benefit and ECM at the same time.</i>	<u>APL 22-016</u>
Dyadic Services	The Dyadic Services benefit is a family- and caregiver-focused model of care to address developmental and behavioral health conditions of children as soon as they are identified. A child and their caregiver(s) can be screened for behavioral health needs, interpersonal safety, tobacco and substance misuse, and social drivers of health, and receive referrals for care.	<u>APL 22-029</u>
TCS	Transitional Care Services (TCS) are designed to support Members through care transitions . Members are supported in discharge planning, setting up care and services in their new location, and in acclimating to their new arrangement. Members navigating maternity care and populations with behavioral health needs are both deemed “high-risk” populations for TCS and therefore will have access to a TCS lead care manager/single point of contact.	<u>PHM Policy Guide</u>

Q&A



How to Ask a Question

What questions do you have for DHCS? For today's Provider panelists?



Use the chat

- » Ask questions
- » Share your own experiences

If you logged on via phone-only

Press "*9" on your phone to "raise your hand"

Listen for your phone number to be called by moderator

If selected to share your comment, please ensure you are "unmuted" on your phone by pressing "*6"

Thank You



Please send any questions and comments about ECM or this event to CalAIMECMILOS@dhcs.ca.gov