POPULATION HEALTH MANAGEMENT (PHM) ADVISORY GROUP MEETING

July 12th, 2023

Chat Log

11:30:58 From Emma P - Events to Everyone:

CC link for both English and Spanish captioning: https://www.streamtext.net/player?event=PHM_Advisory_Group

11:32:13 From Katy Krul to Hosts and panelists:

Could we please have a copy of the slide presentation.

11:34:13 From Emma P - Events to Everyone:

Meeting materials, transcript and recording will be made available at the link that follows: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

11:40:27 From Mike Odeh, Children Now to Hosts and panelists:

Can the data also be broken down by age? There were over 6k kids under 18 that were part of HHP, so I'm curious if that is reflected in ECM data. Thanks

11:40:42 From Jason Murillo to Everyone:

Is there a breakdown per MCP for the community supports?

11:43:15 From Kathleen Reed to Everyone:

Is one of the gaps of utilization of launched Community Supports related to MCPs not receiving referrals?

11:46:03 From Caroline Sanders to Hosts and panelists:

Can you share an updated list with us of the ECM and CS providers?

11:47:52 From Kim Lewis to Hosts and panelists:

We have heard that plans were allowed by DHCS to be required to meet additional conditions to get CS.

11:48:36 From Casey Armstrong to Everyone:

Does a care plan have to be submitted with the TAR and be approved by the MCP prior to authorizing ECM member to receive service?

11:53:33 From Katherine Sullivan to Everyone:

when a member needs complex medical care for multiple chronic health conditions the member is progressing from social services to a medical home + health home

11:55:15 From Katherine Sullivan to Everyone:

can the public make comments at this time?

11:56:32 From Corinne Jones to Everyone:

The MCP has not provided any outreach opportunities from their membership lists for CS. We seem to be expected as Providers, to find clients on our own. this is not good.

11:56:41 From Rachel Metz to Hosts and panelists:

The health plans have also expressed concerns that they don't have funding for the community supports. Is there clarity that they will get reimbursed for services provided?

11:58:35 From Rachel Metz to Hosts and panelists:

When eligibility is standardized, will prioritization still be allowed. For example for Housing Navigation, there isn't currently capacity to provide HN to everyone experiencing homelessness, will the standardization still allow for prioritization through coordinated entry?

12:00:04 From Doug Sullivan,RN,CCM to Hosts and panelists:

Well said!

12:00:53 From Eileen Egbo to Everyone:

I have spoken with people from plans that are authorizing MSF for 12 weeks, then for 6 months after that. They require members to participate in education and dietary counseling. We are doing 12 weeks without auth required, then if medically necessary auth 12 more weeks. How do we determine med nec uniformly? We are coming up with our own criteria, but is that narrowing the criteria?

12:02:52 From Katherine Sullivan to Everyone:

Has there been any discussion of how to incorporate the State of California licensed healthcare professionals where there is a partnership between licensed case managers (licensed nurses, physicians, physical therapist, occupational therapists, optomitrists, ect) with a social service care coordinator? A complex care case requires

both a medical home the managed care plan and the health home which is comprehensive high level professional care

12:04:31 From Beth Hernandez to Everyone:

When an ECM provider gives a discontinuation date to the MCP, would this change the authorization end date? Current practice is changing the authorization end date when the ECM provider indicates a discontinuance. Can you please talk to this and address this?

12:04:55 From Heather Summers to Everyone:

Is the new policy guide posted on the DHCS website?

12:06:27 From Dennis Hsieh to Everyone:

We are seeing ECM providers who just don't reassess members at all. Is that reasonable? Can you also reinforce to ECM providers that they have to follow all elements of the model of care. We are seeing ECM providers who only want to do social determinants and not transitions of care etc.

12:06:43 From Katherine Sullivan to Everyone:

One suggestion is to create a prospective enrollment strategy where there is real-time assignment to specialty care networks...this process can be standardized in a manner that supports the health plans in success.

12:07:37 From Noah Ng to Hosts and panelists:

When can plans expect to receive formal guidance on the 7/1/23 authorization policy changes? Sorry if I missed it...

12:08:15 From Dan Diaz to Everyone:

Is there a standard for length of presumptive coverage for ECM and number of presumptive authorization within a 12 months span?

12:10:23 From Katherine Sullivan to Everyone:

Another concern that we are seeing in the field is that if a MediCal member has 2 or more chronic health condition with a psychiatric condition there should be an enhanced case management with real time assignment of State licensed case managers.

12:11:51 From Katherine Sullivan to Everyone:

Plans are calling difficult patients "frequent flyers" this is unacceptable and should be immediately addressed by DHS.

12:13:22 From Katherine Sullivan to Everyone:

The word referral is problematic since too many providers will not take a referral for a MediCal beneficiary

12:16:37 From Casey Armstrong to Everyone:

Member Information File (MIL)

12:17:21 From Casey Armstrong to Everyone:

(MIF), oops

12:18:59 From Bhumil Shah to Hosts and panelists:

If we want enrollment to grow faster, we should take an AND approach - encourage both external referrals and internal data driven enrollment. Both have pros - warm hand-off, reduces bias, scalable. The key is to increase uptake.

12:20:44 From Katherine Sullivan to Everyone:

My name is Dr Katherine Sullivan CEO of 360 Wellness Solutions, a California Professional Corporation with a national Medicare-qualified rehabilitation services & behavioral health organizational number NPI1447773825. The issue we are having is that we are having challenges being recognized by the State of California Social Services and Managed Care Departments do not understand that the State licensed healthcare professional workforce is a part of the state healthcare system.

12:22:39 From Joel Ervice to Everyone:

Palav, that authorization timeline you just mentioned: is that the current policy or the new policy?

12:22:47 From Katherine Sullivan to Everyone:

Education is a key opportunity for all of us. Members with substance abuse, domestic violence, chronic pain, or after stroke, spinal cord injury or other special needs need to be assigned to specialty care networks.

12:25:34 From Katherine Sullivan to Everyone:

FQHC is an acceptable primary care provider but when the health conditions have progressed to high frequency, complexity or severity these MediCal members must progress to dual eligible Medicare-MediCal

12:27:22 From Elizabeth Stanley-Salazar to Everyone:

there is a hidden network of community based services funded by CDCR and Probation Departments to provide services to individuals leaving incarceration

12:27:30 From Beth Hernandez to Everyone:

I disagree with what Dr. Babaria said that referral based authorizations should be primary. I believe that both should be utilized. Having a data-driven referrals doesn't preclude a warm-hand off referral can't happen also. The CHCF study focused solely utilization data, but data and referrals can come from anything - including HMIS data and justice data. These reach populations that traditionally might not touch a system that might not place a referral. Again, I think it is a both. Sometimes people do not interact with systems that result in referrals. While uptake with a warm hand-off is of course higher, it doesn't mean utilizing cold calls that result in a 40-50% uptake shouldn't also be used to reach more people. Isn't our goal to get as many people services the benefits? If that is true, we should use all intake methods to their best approach.

12:27:43 From Tangerine Brigham to Everyone:

a more technical question, but is it allowable for billing CHW within post-acute to assist with discharge planning when focusing on this ECM population of focus?

12:27:44 From Michelle Gibbons to Everyone:

CCS programs should be added for that PoF

12:28:59 From Michelle Gibbons to Everyone:

Thank you Palav

12:29:58 From Elizabeth Stanley-Salazar to Everyone:

many CBO agencies have declined to contract for CS because of the complexity and lack of infrastructure of MC billing systems and electronic health records

12:30:39 From Katherine Sullivan to Everyone:

It is not realistic to have a community based behavioral health provider to deal with a complex care member who is homeless, has dementia, requires chronic food or housing. One idea is to initiate a program whenever a community worker calls for a 5150 or EMTs are getting seniors out of a bathtub that a State licensed Case Manager is assigned to assess the home, homeless, or MediCal assisted living, sober living or skilled nursing homes.

12:33:16 From Heyman Oo to Everyone:

This may be beyond the scope of this presentation, but I would be interested to hear about how the new MCO tax investment into raising MediCal reimbursement rates will be funneled through MCPs to enhance reimbursement for front-line providers? There are a number of comments/questions around the difficulty of providers contracting and managing their contracts with MCPs and MCPs having difficulty "finding' providers

12:33:25 From Katherine Sullivan to Everyone:

This is a very informative session and shows how there can be a better integration between the State Medicaid health plans and the State licensed healthcare professional work force who are trained in advanced Medical, dental, psychiatric, and functional disability.

12:34:34 From Margarita Garcia to Everyone:

do the clean claims need to be paid when reporting services?

12:34:51 From Chris Dodson to Everyone:

What is being done to standardize required enrollment outreach expectations AND engagement after enrollment. We are a two plan ECM/CS provider and it is like we are running two programs due to the varied requirements.

12:36:38 From Katherine Sullivan to Everyone:

Continuous quality improvement strategies implemented at the State level could take this challenge on so that providers can be networked into a payment system that pays within 10-14 days

12:37:07 From Noah Ng to Everyone:

When providers use the CHW benefit for ECM outreach are plans also expected to pay for the ECM outreach claims?

12:38:10 From Katherine Sullivan to Everyone:

For a severely ill MediCal beneficiary 30-90 days is too long.

12:38:48 From Jules Vigorito to Hosts and panelists:

Suggest continuing to move through slides from here.

12:38:50 From Noah Ng to Everyone:

Thanks!

12:38:59 From Amy Anderson to Everyone:

Is the CHW and ECM non duplication based on a month by month basis?

12:39:53 From Katherine Sullivan to Everyone:

Another idea is that if a MediCal beneficiary has 2 or more ER visits in one month they are enrolled in a State licensed Case Management program in partnership with the community provider and managed care plan

12:40:40 From Allie Budenz to Everyone:

To take this a step further, it would be helpful for primary care providers to know if their assigned patients are enrolled in ECM and where (assuming the PCP is not an ECM provider).

12:40:57 From Katherine Sullivan to Everyone:

There is nothing more depressing than calling a suicide hotline and no body answers.

12:42:10 From Palav Babaria to Everyone:

@Allie Budenz--we hope to have the PHM Service help with this in future state (sharing who is enrolled in ECM and who the ECM CM is!).

12:42:36 From Eileen Egbo to Everyone:

If we have a hub and spoke model do we need to list in the directory, the agency actually providing the services or just the agency we are contracting directly with?

12:42:37 From Allie Budenz to Everyone:

Excellent! Thanks for the response.

12:43:01 From Aleida Kasir to Everyone:

In Alameda County, it would be wonderful if that directory was integrated into the Community Health Record/SHEI

12:44:13 From Katherine Sullivan to Everyone:

Sadly, the managed care plans provider directories are not up to date. I really appreciate this forum and the opportunity to bridge the social services system with the health service delivery system that are trained to provide restorative and rehabilitation care.

12:45:47 From Corinne Jones to Everyone:

How soon will the Round 2 Awards be announced?

12:46:17 From Nancy Geisse to Everyone:

When will Round 3 be open? 2/23 DHCS presentation said this month.

12:46:27 From Katherine Sullivan to Everyone:

Excellent concept but the process should not be limited by an award...perhaps creating an accountable care organization for the state.

12:46:47 From Janet Vadakkumcherry to Hosts and panelists:

I really appreciate DHCS' work and all your efforts and for this presentation today. I am so glad I dialed in. Just a quick FYI to panelists that one Medi-Cal plan in San

Diego says they are too busy to do any trainings. If we want information or trainings we are to ask the PATH facilitator (who will not have the information or perspective to adequately address all things). This plan said not to ask them for anything until 2024. I just wanted to share with you what some providers are hearing on the ground. Thank you.

12:47:09 From Mike Odeh, Children Now to Everyone:

Are there any TA marketplace resources specific to ECM for Children and Youth POFs?

12:47:18 From Kristine Toppe to Everyone:

Great support for CBOs!

12:50:01 From Aleida Kasir to Everyone:

Will there be standardization regarding face-to-face requirements for providers? Will there be a protocol that allows for patient's preference?

12:50:36 From Katherine Sullivan to Everyone:

Federally-protected populations include inmates, migrant workers, foster children, pregnant women with children 0-2 yrs, refugees, Native Americans., seniors 65 + older who are in SSI or children or adults on SSDI.

12:51:16 From Katherine Sullivan to Hosts and panelists:

I do not know how to raise my hand. Can you call on me?

12:51:28 From Janet Vadakkumcherry to Everyone:

Tagging on Katherine Sullivan's comment about provider directories, we are also finding them to be inaccurate. Health Center Partners is auditing Medi-Cal managed care plan and Health Care Options directories for clean up, especially ahead of the 2024 Medi-Cal MCP Transitions.

12:53:20 From Aleida Kasir to Everyone:

My zoom is not showing the option to go on camera or have audio

12:55:29 From Palav Babaria to Everyone:

For any participants who are not on our PHM Advisory Group, feel free to drop questions via chat or Q&A

12:56:09 From Lilia Padilla to Everyone:

where can we get the guide for ECM services? thank you

12:56:34 From Allie Budenz to Everyone:

Want to second Kim's questions/comments on the JI reentry initiative. And give a 👍 to the clarification about MCP-specific IT portals. This should help with some of the administrative burden providers feel.

12:56:58 From Max Blumenthal to Everyone:

The ECM and Community Supports Guidance is available here: https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices

12:57:47 From Max Blumenthal to Everyone:

The updated versions of the ECM and Community Supports Policy Guides will be posted on the ECM and CS webpage in the coming weeks.

12:58:01 From Chris Dodson to Everyone:

Are you standardizing a staffing and capacity report for all MCPs to use?

12:59:25 From Corinne Jones to Everyone:

There are so many great written comments and questions in the chats. Is it possible for you to synthesize them and provide a copy to those who were on this call...

12:59:41 From Jules Vigorito to Hosts and panelists:

Suggest we close the meeting after finishing slides since we're nearly at time, and defer further questions.

13:00:01 From Tangerine Brigham to Hosts and panelists:

thanks for the meeting, I need to hop off for another meeting

13:00:20 From Kim Lewis to Hosts and panelists:

Thank you! Good meeting.

13:00:22 From Katherine Sullivan to Hosts and panelists:

Encounter data is effective at tracking who as received a treatment encounter it does not track the individuals who do not get services.

13:00:44 From Jules Vigorito to Everyone:

@Corinne, chat logs will be posted online following the meeting: https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

13:00:45 From Sarah Gonzaga to Everyone:

Agree with Corinne - interested in seeing responses to these questions.

13:01:13 From Roxanne Minott to Everyone:

thank you!

13:01:16 From Katherine Haynes to Hosts and panelists:

Thank you all. Lots of content, lots of common sense, and a clear commitment to getting people what they need.

13:01:21 From Joel Ervice to Everyone:

Thank you!

13:01:24 From Katherine Sullivan to Hosts and panelists:

The managed care plans are receiving capitation for MediCal members that are never seen