



Enhanced Care Management and In Lieu of Services Workgroup February 19, 2020 Meeting Summary

The Department of Health Care Services (DHCS) held the final of four CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Workgroup meetings on Wednesday, February 19, 2020.

The meeting was attended by DHCS staff, [workgroup members](#), and members of the public. Jennifer Ryan from Harbage Consulting facilitated the meeting and Nathan Nau was the DHCS lead presenter.

This meeting focused on the following topics. A full agenda can be found [here](#).

- Report out from the February 10, 2020 Managed Care Plan ECM/ILOS Convening;
- Overview of DHCS recommendations based on stakeholder feedback;
- Review of ECM Target Populations and ILOS descriptions, and Whole Person Care (WPC) /Health Home Program (HHP) transition plan revisions;
- Overview of proposed codes for ECM and ILOS;
- Discussion on rates considerations, shared risk and shared savings, and incentives;
- Presentation of the ECM/ILOS implementation timeline; and
- Closing and next steps.

Discussion Summary

Post-Managed Care Plan Convening Report Out

Lucy Pagel from Harbage Consulting recapped the February 10, 2020, ECM and ILOS Managed Care Plan Convening which provided managed care plans with important information regarding the transition to ECM and ILOS, including transition expectations and timeline and lessons learned from WPC and HHP. The convening also provided DHCS with the opportunity to hear from managed care plans about their concerns and needs leading up to the implementation of ECM and ILOS. See slides [here](#).

As a next step, DHCS is developing transition tool kits and will be hosting a series of CalAIM Regional Meetings to provide technical assistance to health plans, WPC pilots, counties, and community-based providers as they work together to implement ECM and ILOS in 2021. The Regional Meetings will be followed by targeted technical assistance for health plans and health plan partners that need extra support during implementation planning. DHCS will also support a monthly CalAIM webinar series to provide technical assistance on various aspects of the proposals, more details to come.

Workgroup members expressed enthusiasm about DHCS' technical assistance offerings to help with the transition to ECM and ILOS. They were eager for more



Enhanced Care Management and In Lieu of Services Workgroup February 19, 2020 Meeting Summary

technical direction from the state and one member requested a managed care 101 webinar to ensure all plans, counties, and providers understand provider network and payment requirements. Lastly, workgroup members asked for more direction from the state regarding the impact of ECM and ILOS on CCS and Whole Child Model counties. DHCS continues to work on this issue internally.

Overview of DHCS Recommendations

Next, Nathan Nau from DHCS presented an overview of recommendations for the implementation of ECM and ILOS, as informed by stakeholder feedback (see [here](#)). DHCS recommendations include:

- A phased-in implementation of ECM to July 1, 2021, for plans that are not involved in WPC or HHP today;
- A requirement that health plans contract with existing WPC and HHP entities and potential reasonable exceptions;
- Transitions for members receiving WPC and HHP services; and
- Development of boiler plate contract language for managed care plans and enhanced care management providers.

During the discussion, workgroup members voiced support of the phased-in implementation of ECM in areas that need the most assistance and asked DHCS to ensure both WPC entities and health plans receive the same information.

Workgroup members expressed confusion regarding who the health plans would be required to contract with and were concerned about the exception criteria for mandated contracting with WPC entities—specifically the question of whether and how health plans may directly contract with WPC sub-contracted providers and not the WPC entity. Due to confusion over the wording of this potential exception, DHCS will provide more clarity to emphasize that the health plans will be mandated to contract with WPC *lead* entities. DHCS will also provide more clarity to emphasize that the exception to this contracting mandate would only apply when the WPC lead entity is not providing additional care coordination or wrap-around services in addition to the coordination and services provided by the lead entities subcontracted providers.

Workgroup members were supportive of the “grandfathering” transition of WPC and HHP enrollees into ECM as it will allow for continuity of care and the opportunity to sustain the infrastructure and workforce developed under WPC and HHP. DHCS clarified that WPC counties refer to the twenty-five official pilots and do not include counties that received one-time WPC-like funding. DHCS also asked for feedback on



Enhanced Care Management and In Lieu of Services Workgroup February 19, 2020 Meeting Summary

the timeline for reassessing the HHP and WPC populations who are grandfathered into the ECM benefit.

Enhanced Care Management Target Population Descriptions, In Lieu of Services, and WPC/HHP Transition Plan Revisions

Beth Kohler from Mercer presented the ECM target population descriptions (found [here](#)) and ILOS revisions (found [here](#)). DHCS emphasized their appreciation for the feedback received and noted that these revised descriptions reflect the Department's current proposal and the need to align with federal requirements.

- The workgroup members were appreciative of the addition of asthma remediation services to the ILOS menu.
- A number of workgroup members asked for clarification on the provider health plan enrollment pathway and how it may impact the provider credentialing and approval process.

Lucy Pagel from Harbage Consulting provided a brief description of the WPC/HHP transition plan (found [here](#)). Workgroup members provided positive feedback about the changes that had been made to encourage collaboration with county and tribal partners and were given until March 6th to provide additional feedback.

Overview of Proposed Codes for Enhanced Care Management and In Lieu of Services

DHCS presented proposed codes and modifiers for ECM and ILOS (found [here](#)). DHCS clarified that the codes would apply to both traditional and non-traditional providers and acknowledged that not all providers have the infrastructure to bill using these codes currently. Workgroup members shared concerns about the administrative burden of coding and usability of some of the codes based on their experiences billing for HHP. Members raised concerns about under coding and incorrect coding stemming from the provider's lack of experience with Medi-Cal billing or lack of capacity to do so. DHCS emphasized the codes are draft at this time and that the definitions associated with the codes have some flexibility. DHCS asked workgroup members to submit feedback on the codes by March 6th, 2020.

Rates Considerations, Shared Risk/Savings, and Incentives

Next, Jennifer Lopez, DHCS presented DHCS's thinking regarding rates, shared risk and shared savings, and incentive payments.



Enhanced Care Management and In Lieu of Services Workgroup February 19, 2020 Meeting Summary

- Many workgroup members were happy to hear that rates will take into consideration the cost of outreach and engagement.
- Workgroup members asked questions about how rates will vary among different populations, including children in the Whole Child Model, DHCS asked for feedback on what would be reasonable.
- Workgroup members emphasized the importance of ensuring managed care plans to pass incentives to providers. DHCS explained they are not able to 'direct payments' by controlling the flow of money within managed care plans.

Closing and Next Steps

As this was the last meeting of the Enhanced Care Management and In Lieu of Services Workgroup, members asked for direction on what comes next. DHCS noted the following next steps:

- Opportunities for continued stakeholder engagement:
 - Incentive Program written feedback is due by February 29, 2020.
 - Final comments on the full proposal due on February 29, 2020
 - Written feedback on updated ECM/ILOS proposals, submission templates, and proposed codes by March 6, 2020
 - Quarterly Stakeholder Advisory Committee (SAC) meetings
- Finalization of CalAIM Proposal
 - DHCS will post 'red-lined' versions of proposals that were modified during the stakeholder engagement process along with a crosswalk summarizing major changes.
 - The proposal will be used to inform the 1115 and 1915(b) waiver submissions as well as contract language and other policy mechanisms necessary for the implementation of various aspects of the initiative.
- Waiver Submission
 - DHCS intends to submit the 1115 and 1915(b) waiver applications to the Centers for Medicare & Medicaid Services (CMS) in June 2020.
 - A public comment period to inform the submission will take place in May 2020.