CONTRACT YEAR 2025 D-SNP DATA ECM-LIKE SERVICES

Background

State Specific Reporting Requirements

Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage (MA) plans that provide specialized care and wrap-around services for dual eligible beneficiaries (eligible for both Medicare and Medicaid). To learn more about types of D-SNPs available in California, visit Medicare Advantage Options for Dual Eligible Beneficiaries.

The Centers for Medicare & Medicaid Services (CMS) requires several types of quality reporting for MA plans, which includes D-SNPs. In addition to all federally required MA reporting requirements, the California Department of Health Care Services (DHCS) has state-specific reporting requirements for D-SNPs, including Medi-Medi Plans, referred to here as Exclusively Aligned Enrollment (EAE) D-SNPs, non-EAE D-SNPs, and SCAN's Fully Integrated Dual Eligible Special Needs Plan (FIDE SNP). These requirements are detailed in the Reporting Requirements chapter of the CY 2025 D-SNP Policy Guide and the CY 2025 D-SNP Reporting Requirements Technical Specifications.

ECM-like Services (ECM) Measure

The tables below display the data that D-SNPs reported to DHCS of the state-specific ECM-like Services (ECM) measure for Contract Year (CY) 2025, including the number of members eligible for and receiving ECM-like services by D-SNP, the percentage of members who received ECM-like services, the number who received in-person care management interactions, and the percentage of members who received ECM-like services with an in-person care management interaction.

Table 1 - Number of Members Eligible for ECM-like Services, Members Who Received ECM-like Services by D-SNP, Percentage of Members Received ECM-like Services, and Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction, Quarter 1 CY 2025

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Anthem Blue Cross of California Partnership Plan	EAE	1,978	428	*	21.6%	*
Blue Shield of California Promise Health Plan	EAE	*	*	0	*	*
CalOptima	EAE	934	68	12	7.3%	17.6%
Central Health Plan	EAE	*	*	*	*	*
Community Health Group	EAE	631	631	122	100.0%	19.3%
Health Plan of San Mateo	EAE	115	115	115	100.0%	100.0%
Inland Empire Health Plan	EAE	3,270	1,963	82	60.0%	4.2%
Kaiser Permanente	EAE	1,653	387	113	23.4%	29.2%

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
L.A. Care Health Plan	EAE	1,545	122	122	7.9%	100.0%
Molina Healthcare	EAE	*	*	*	*	*
Santa Clara Family Health Plan	EAE	2,497	1,997	92	80.0%	4.6%
Wellcare by Health Net	EAE	33,096	8,702	0	26.3%	0.0%
SCAN Health Plan	FIDE-SNP	99	97	97	98.0%	100.0%
Aetna Better Health of California	Non-EAE	24	0	0	0.0%	N/A
Alignment Health Plan	Non-EAE	315	288	288	91.4%	100.0%
Anthem Blue Cross Life and Health Company	Non-EAE	39	21	0	53.8%	0.0%
Anthem Blue Cross of California Partnership Plan	Non-EAE	195	84	0	43.1%	0.0%
Blue Shield of California Promise Health Plan	Non-EAE	0	0	0	N/A	N/A
Central Health Plan	Non-EAE	*	*	0	*	*

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Chinese Community Health Plan	Non-EAE	*	*	0	*	*
Humana/Arcadian Health Plan	Non-EAE	15	*	*	*	*
Imperial Health Plan of California	Non-EAE	202	87	*	43.1%	*
Kaiser Permanente	Non-EAE	851	207	58	24.3%	28.0%
Molina Healthcare	Non-EAE	0	0	0	N/A	N/A
Wellcare by Health Net	Non-EAE	22,546	5,351	0	23.7%	0.0%
Total Aggregate EAE (including FIDE SNP)		**45,875**	**14,558**	**767**	**31.7%**	**5.3%**
Total Aggregate Non-EAE		**24,203**	**6,062**	**363**	**25.0%**	**6.0%**
Total for all D-SNP		**70,078**	**20,620**	**1,130**	**29.4%**	**5.5%**

* Data is suppressed in instances where values were at least one but less than 11.

Table 2 - Number of Members Eligible for ECM-like Services, Members Who Received ECM-like Services by D-SNP, Percentage of Members Received ECM-like Services, and Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction, Quarter 2 CY 2025

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Anthem Blue Cross of California Partnership Plan	EAE	2,070	727	*	35.1%	*
Blue Shield of California Promise Health Plan	EAE	*	*	0	*	*
CalOptima	EAE	998	218	*	21.8%	*
Central Health Plan	EAE	*	*	0	*	*
Community Health Group	EAE	3,239	3,239	904	100.0%	27.9%
Health Plan of San Mateo	EAE	129	129	129	100.0%	100.0%
Inland Empire Health Plan	EAE	3,824	2,623	96	68.6%	3.7%
Kaiser Permanente	EAE	2,099	488	142	23.2%	29.1%

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
L.A. Care Health Plan	EAE	823	112	112	13.6%	100.0%
Molina Healthcare	EAE	78	67	19	85.9%	28.4%
Santa Clara Family Health Plan	EAE	2,692	2,173	162	80.7%	7.5%
Wellcare by Health Net	EAE	34,034	6,766	0	19.9%	0.0%
SCAN Health Plan	FIDE-SNP	208	136	118	65.4%	86.8%
Aetna Better Health of California	Non-EAE	221	105	0	47.5%	0.0%
Alignment Health Plan	Non-EAE	47	27	0	57.4%	0.0%
Anthem Blue Cross Life and Health Company	Non-EAE	20	0	0	0.0%	N/A
Anthem Blue Cross of California Partnership Plan	Non-EAE	304	282	245	92.8%	86.9%
Blue Shield of California Promise Health Plan	Non-EAE	0	0	0	N/A	N/A
Central Health Plan	Non-EAE	0	0	0	N/A	N/A

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Chinese Community Health Plan	Non-EAE	*	*	0	*	*
Humana/Arcadian Health Plan	Non-EAE	25	22	*	88.0%	*
Imperial Health Plan of California	Non-EAE	20	*	*	*	*
Kaiser Permanente	Non-EAE	977	299	56	30.6%	18.7%
Molina Healthcare	Non-EAE	0	0	0	N/A	N/A
Wellcare by Health Net	Non-EAE	21,871	4,088	0	18.7%	0.0%
Total Aggregate EAE (including FIDE SNP)		**50,216**	**16,697**	**1,701**	**33.3%**	**10.2%**
Total Aggregate Non-EAE		**23,503**	**4,846**	**328**	**20.6%**	**6.8%**
Total for all D-SNP		**73,719**	**21,543**	**2,029**	**29.2%**	**9.4%**

* Data is suppressed in instances where values were at least one but less than 11.

Table 3 - Number of Members Eligible for ECM-like Services, Members Who Received ECM-like Services by D-SNP, Percentage of Members Received ECM-like Services, and Members Who Received ECM-like Services & In-Person ECM like Care Management Interaction, Quarter 3 CY 2025

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Anthem Blue Cross of California Partnership Plan	EAE	1,986	500	19	25.2%	3.8%
Blue Shield of California Promise Health Plan	EAE	*	*	0	*	*
CalOptima	EAE	1,066	223	*	20.9%	*
Central Health Plan	EAE	*	*	0	*	*
Community Health Group	EAE	2,943	2,943	584	100.0%	19.8%
Health Plan of San Mateo	EAE	114	114	114	100.0%	100.0%
Inland Empire Health Plan	EAE	3,541	2,551	80	72.0%	3.1%
Kaiser Permanente	EAE	2,821	659	209	23.4%	31.7%

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
L.A. Care Health Plan	EAE	866	117	117	13.5%	100.0%
Molina Healthcare	EAE	88	70	*	79.5%	*
Santa Clara Family Health Plan	EAE	2,688	2,185	69	81.3%	3.2%
Wellcare by Health Net	EAE	33,479	6,756	0	20.2%	0.0%
SCAN Health Plan	FIDE-SNP	194	107	92	55.2%	86.0%
Aetna Better Health of California	Non-EAE	*	0	0	*	N/A
Alignment Health Plan	Non-EAE	512	387	92	75.6%	23.8%
Anthem Blue Cross Life and Health Company	Non-EAE	41	21	0	51.2%	0.0%
Anthem Blue Cross of California Partnership Plan	Non-EAE	193	68	0	35.2%	0.0%
Blue Shield of California Promise Health Plan	Non-EAE	0	0	0	N/A	N/A
Central Health Plan	Non-EAE	0	0	0	N/A	N/A

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Chinese Community Health Plan	Non-EAE	43	*	0	*	*
Humana/Arcadian Health Plan	Non-EAE	35	33	*	94.3%	*
Imperial Health Plan of California	Non-EAE	36	*	0	*	*
Kaiser Permanente	Non-EAE	1,071	497	104	46.4%	20.9%
Molina Healthcare	Non-EAE	*	*	0	*	*
Wellcare by Health Net	Non-EAE	20,943	3,833	0	18.3%	0.0%
Total Aggregate EAE (including FIDE SNP)		**49,806**	**16,240**	**1,308**	**32.6%**	**8.1%**
Total Aggregate Non-EAE		**22,895**	**4,861**	**229**	**21.2%**	**4.7%**
Total for all D-SNP		**72,701**	**21,101**	**1,537**	**29.0%**	**7.3%**

* Data is suppressed in instances where values were at least one but less than 11.

Table 4 - Number of Members Eligible for ECM-like Services, Members Who Received ECM-like Services by D-SNP, Percentage of Members Received ECM-like Services, and Members Who Received ECM-like Services & In-Person ECM like Care Management Interaction, Quarter 4 CY 2025

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Anthem Blue Cross of California Partnership Plan	EAE	13,969	2,472	*	17.7%	*
Blue Shield of California Promise Health Plan	EAE	*	*	0	*	*
CalOptima	EAE	1,045	223	*	21.3%	*
Central Health Plan	EAE	0	0	0	N/A	N/A
Community Health Group	EAE	3,031	3,031	478	100.0%	15.8%
Health Plan of San Mateo	EAE	*	*	56	*	*
Inland Empire Health Plan	EAE	3,620	3,242	84	89.6%	2.6%
Kaiser Permanente	EAE	2,877	628	187	21.8%	29.8%

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
L.A. Care Health Plan	EAE	976	133	133	13.6%	100.0%
Molina Healthcare	EAE	82	63	0	76.8%	0.0%
Santa Clara Family Health Plan	EAE	2,134	1,717	44	80.5%	2.6%
Wellcare by Health Net	EAE	32,690	2,098	0	6.4%	0.0%
SCAN Health Plan	FIDE-SNP	175	148	97	84.6%	65.5%
Aetna Better Health of California	Non-EAE	*	0	0	*	N/A
Alignment Health Plan	Non-EAE	2,791	1,816	700	65.1%	38.5%
Anthem Blue Cross Life and Health Company	Non-EAE	304	135	0	44.4%	0.0%
Anthem Blue Cross of California Partnership Plan	Non-EAE	2,416	446	0	18.5%	0.0%
Blue Shield of California Promise Health Plan	Non-EAE	0	0	0	N/A	N/A
Central Health Plan	Non-EAE	0	0	0	N/A	N/A

Plan Name	Plan Type	Members Eligible for ECM-like Services	Members Who Received ECM-like Services	Members Who Received In-Person ECM-like Care Management Interaction	Percentage of Members Who Received ECM-like Services	Percentage of Members Who Received ECM-like Services & In-Person ECM-like Care Management Interaction
Chinese Community Health Plan	Non-EAE	23	*	0	*	*
Humana/Arcadian Health Plan	Non-EAE	29	*	*	*	*
Imperial Health Plan of California	Non-EAE	*	0	0	*	N/A
Kaiser Permanente	Non-EAE	1,017	446	*	43.9%	*
Molina Healthcare	Non-EAE	0	0	0	N/A	N/A
Wellcare by Health Net	Non-EAE	20,174	873	0	4.3%	0.0%
Total Aggregate EAE (including FIDE SNP)		**60,599**	**13,755**	**1,079**	**22.8%**	**7.9%**
Total Aggregate Non-EAE		**26,754**	**3,716**	**700**	**14.0%**	**22.0%**
Total for all D-SNP		**87,353**	**17,471**	**1,779**	**20.1%**	**10.9%**

* Data is suppressed in instances where values were at least one but less than 11.

D-SNP Narrative Summary of ECM-like Services Reporting, Quarter 1 CY 2025

Question 1: How does your plan identify members who are eligible to receive ECM-like services?

1. Aetna Better Health of California:

Our team evaluates each member for ECM eligibility when creating or reviewing a care plan and when collaborating with internal or external partners. During each member outreach we continually monitor our member's needs and eligibility for the program

2. Alignment Health Plan:

To identify the most vulnerable D-SNP Members, Alignment collects data using a proprietary software that is housed in AVA™ Technology. Alignment has developed an algorithm-based program that identifies utilization data, census information, gaps in care, pharmacy information, HEDIS® information, and stratifies the Member population to better understand the Member's health status risk score. Members with higher at-risk scores are eligible for ECM-like services.

3. Anthem Blue Cross of California Partnership Plan:

Identify members across all D-SNP enrollment who meet the Medi-Cal criteria for one or more ECM POFs discussed in the D-SNP's MOC.

Identify eligible members from Medi-Cal referrals and direct provider referrals.

4. Humana/Arcadian Health Plan:

Care managers make an entry into our customer care portal if the member answers yes to any of the related questions. This shows as an action that we use to identify those members for reporting.

5. Blue Shield of California Promise Health Plan:

We have predictive triaging based on eligibility, claims, member demographics, and authorization data that identifies members for care programs. We have care programs by ECM point of focus.

6. CalOptima:

CalOptima OneCare Members are identified by Population of Focus (POF) in accordance with the ECM Policy Guide. CalOptima Health analytics team uses the same logic utilized to identify Medi-Cal Members for ECM.

7. Chinese Community Health Plan:

CCHP uses member data, as available, to identify Members appropriate for ECM:

Enrollment data; encounter data; Utilization/claims data; member/member representative referral; provider referral; health risk assessment (HRA)

8. Community Health Group:

We identify members who are eligible to receive ECM like services by enrollment into the D-SNP line of Business. All D-SNP members are eligible to receive ECM-like core services.

9. Health Plan of San Mateo:

HPSM uses several criteria to identify D-SNP members who are eligible to receive ECM-like services offered through our HomeAdvantage program, including: homebound status, lack of engagement with PCP, number of ED or IP admissions, diagnosis of high-risk health conditions (behavioral and non-behavioral), 6 or more total chronic conditions, need for post-discharge support, and more. These criteria are fitting of the criteria used to identify members who meet ECM POFs such as at risk for avoidable hospital or ED utilization, serious mental health and/or SUD needs, and at risk for long term care institutionalization.

10. Imperial Health Plan of California:

HRA

11. Inland Empire Health Plan:

IEHP uses the same methodology as the Medi-Cal ECM program. The ECM program has a different algorithm for each population of focus. The algorithms use multiple types of data, such as but not limited to, encounters, eligibility, LTSS, authorizations, and plan data feed.

12. Kaiser Permanente:

NCAL: KP identifies members who are eligible to receive ECM-like services based on those identified as eligible via the ECM-like data mining process, in addition to those who were identified as eligible via internal and external referrals (i.e., the Member Information Files for the ECM-like population).

SCAL: Every month, KP data mines its entire D-SNP population using our ECM-Like Services algorithm to identify individuals who may qualify for ECM-Like Services. In addition, KP receives referrals from providers, care managers, and the community for members who are eligible for ECM-Like Services.

13. LA Care Health Plan:

L.A. Care uses two mechanisms to identify D-SNP members who are eligible to receive ECM-like services:

1) Predictive Analytics: L.A. Care uses predictive analytics to identify members who meet defined criteria for each of the 4 populations of focus outlined in our Model of Care. Members are reviewed for eligibility for each population of focus through predictive analytics upon enrollment and monthly thereafter.
2) Referral and Triage: L.A. Care's Care Management department encourages direct referrals for members who may benefit from ECM-like services. All referrals are reviewed against eligibility criteria to determine if member meets criteria for one or more populations of focus, which is documented in the system of record and tracked through operational reports.

14. Molina Healthcare:

Case Management Staff are trained to administer an ECM assessment, when possible, to identify all relevant populations of focus. If a member meets the established criteria, they are eligible to receive ECM services.

15. Santa Clara Family Health Plan:

Outreach to members deemed high utilizers, adults with serious mental illness/substance use disorder, at risk for institutionalization or those transitioning form nursing homes to the community.

16. SCAN Health Plan:

Members are identified and referred from multiple pathways, both internally and externally, including member self-referrals. Pathways include, but are not limited to the following:

i. Internal sources, such as Member Services, Care Coordination staff, Sales, Complex Care Management (CCM), Peer Advocates
ii. Analysis of internal SCAN data to identify risk for housing instability or insecurity, such as via Health Risk Assessments (HRA), medical claims data, and/or Voice of the Member data (qualitative review of member feedback)
iii. External sources, such as Medical Groups, Primary Care Providers, Community Business Organizations (CBOs), shelters, and hospitals
iv. Monthly analysis of Homeless Management Information System (HMIS) provided by Los Angeles Homeless Services Authority (LAHSA) and Continuum of Care (COC) for members residing in Los Angeles County.

17. Wellcare by Health Net:

Members are identified through quarterly reporting for Care Management outreach. The criteria for the members is as follows: (a) Members experiencing multiple admissions (b) Members with SPMI/SUD (c) Members needing LTSS and at risk for institutionalization (d) Members experiencing homelessness (e) Members transitioning from incarceration (f) Members transitioning from adult nursing facilities to the community (g) Members with an I/DD.

Question 2: How does your plan identify members who received ECM-like services?

1. Aetna Better Health of California:

We use claims data with an ECM related procedure code.

2. Alignment Health Plan:

Alignment Health conducts outreach to all members who are deemed eligible to receive ECM-like services. If a member chooses to participate, we track members who receive in-person care management throughout the quarter.

3. Anthem Blue Cross of California Partnership Plan:

Case Managers enter clinical flag in case management system to document ECM-like service received.

4. Humana/Arcadian Health Plan:

We identify in-person interactions in our transactions table to determine if a member received ECM-like services during the reporting period.

5. Blue Shield of California Promise Health Plan:

We look at who had contact activity done by the case management team involved with the member after the ECM point of focus identification. We assume receiving ECM like services includes outreach regardless of outreach outcome, since ECM services include outreach from Case Management.

6. CalOptima:

Members who agree to participate in case management at the ECM-like level, which includes in-person engagement, are flagged as enrolled in ECM-like services.

7. Chinese Community Health Plan:

Uses a care management documentation system that supports the documentation and maintenance of ECM Member care plans, and the system has data reporting capabilities in which help identify members that receive ECM services.

8. Community Health Group:

We identify members who are eligible for any ECM population of focus and receive one of the core ECM services.

9. Health Plan of San Mateo:

HPSM identifies members who received ECM-like services by tracking the number of D-SNP members enrolled and engaged in our HomeAdvantage program through monthly file shares and claims data.

10. Imperial Health Plan of California:

NON EAE HRA

11. Inland Empire Health Plan:

Established contact/engagement with the member who meets eligibility for ECM-like services is pulled from Medical Management System.

12. Kaiser Permanente:

NCAL: KP identifies members who received ECM-like services through data provided and collected from our ECM-like service providers (i.e., the Return Transmission File).

SCAL: KP Southern California records program enrollment in our electronic medical record (EMR). We query our EMR to identify members who are enrolled in the ECM-Like Services program for reporting purposes. In addition, we access data provided by our community partners who serve KP members.

13. LA Care Health Plan:

Operational reports are used to identify members who received ECM-like services, including members who had a face-to-face encounter with a Care Manager or Community Health Worker. Data is pulled from the Care Management clinical documentation system to identify relevant care coordination activities for operational monitoring and oversight as well as ECM-like services regulatory reporting.

14. Molina Healthcare:

The ECM assessment includes a question regarding the members' preference to opt into the ECM program. Additionally, it prompts members to identify any duplicative services they may be receiving. If a member opts in and does not have any duplicative services, they become eligible to receive ECM services.

15. Santa Clara Family Health Plan:

Members who at a minimum have completed assessment in-person.

16. SCAN Health Plan:

SCAN utilizes a dedicated team of internal social workers and community health workers to provide enhanced case management to identified members. We systematically track all referrals and enrolled members within the ECM program using our case management platform, ensuring seamless coordination, monitoring, and data tracking.

17. Wellcare by Health Net:

During or after the ECM-like services have taken place with the members, the Care Management team documents "ECM" in the beginning of the note text field. This allows the data to be pulled by our reporting team showing the members receiving ECM-like services.

Question 3: Please share any additional information on your plan's approach to ECM-like services and assumptions used when reporting data.

1. Anthem Blue Cross of California Partnership Plan:

MOC and reporting do not include Transitioning from Incarceration or Birth Equity POF.

2. CalOptima:

As with Medi-Cal, Members cannot be enrolled in both ECM-like and CCM at the same time. Members who refuse in-person engagement, which would indicate ECM-like enrollment, would remain open to case management, but not at ECM-like level.

3. LA Care Health Plan:

As part of the Model of Care, L.A. Care provides intensive care coordination to members participating in High Risk and Complex care management programs that aligns closely with the 7 ECM core services. To distinguish ECM-Like services from the existing services provided to D-SNP members as part of High Risk and Complex care management, only members who receive in-person care coordination during the reporting period are being reported to DHCS as receiving ECM-Like services.

4. Inland Empire Health Plan:

Addressing members SDOH by meeting them where they are to build trust and engagement into Care Management Services.

5. Santa Clara Family Health Plan:

Any member of any CM program can have access to ECM-Like services in accordance with our model of care. Reporting is not exclusive to one program type.

D-SNP Narrative Summary of ECM-like Services Reporting, Quarter 2 CY 2025

Question 1: How does your plan identify members who are eligible to receive ECM-like services?

1. Aetna Better Health of California:

Our team evaluates each member for ECM eligibility when creating or reviewing a care plan and when collaborating with internal or external partners. During each member outreach we continually monitor our member's needs and eligibility for the program

2. Alignment Health Plan:

To identify the most vulnerable D-SNP Members, Alignment collects data using a proprietary software that is housed in AVA™ Technology. Alignment has developed an algorithm-based program that identifies utilization data, census information, gaps in care, pharmacy information, HEDIS® information, and stratifies the Member population to better understand the Member's health status risk score. Members with higher at-risk scores are eligible for ECM-like services.

3. Anthem Blue Cross of California Partnership Plan:

Identify members across all D-SNP enrollment who meet the Medi-Cal criteria for one or more ECM POFs discussed in the D-SNP's MOC.

Identify eligible members from Medi-Cal referrals and direct provider referrals.

4. Humana/Arcadian Health Plan:

Care managers make an entry into our customer care portal if the member answers yes to any of the related questions. This shows as an action that we use to identify those members for reporting.

5. Blue Shield of California Promise Health Plan:

We have predictive triaging based on eligibility, claims, member demographics, and authorization data that identifies members for care programs. We have care programs by ECM point of focus.

6. CalOptima:

CalOptima OneCare Members are identified by Population of Focus (POF) in accordance with the ECM Policy Guide. CalOptima Health analytics team uses the same logic utilized to identify Medi-Cal Members for ECM.

7. Chinese Community Health Plan:

CCHP uses member data, as available, to identify Members appropriate for ECM:

Enrollment data; encounter data; Utilization/claims data; member/member representative referral; provider referral; health risk assessment (HRA)

8. Community Health Group:

We identify members who are eligible to receive ECM like services by enrollment into the D-SNP line of Business. All D-SNP members are eligible to receive ECM-like core services.

9. Health Plan of San Mateo:

HPSM uses several criteria to identify D-SNP members who are eligible to receive ECM-like services offered through our HomeAdvantage program, including: homebound status, lack of engagement with PCP, number of ED or IP admissions, diagnosis of high risk health conditions (behavioral and non-behavioral), 6 or more total chronic conditions, need for post-discharge support, and more. These criteria are fitting of the criteria used to identify members who meet ECM POFs such as at risk for avoidable hospital or ED utilization, serious mental health and/or SUD needs, and at risk for long term care institutionalization.

10. Imperial Health Plan of California:

HRA

11. Inland Empire Health Plan:

IEHP uses the same methodology as the Medi-Cal ECM program. The ECM program has a different algorithm for each population of focus. The algorithms use multiple types of data, such as but not limited to, encounters, eligibility, LTSS, authorizations, and plan data feed.

12. Kaiser Permanente:

NCAL: KP identifies members who are eligible to receive ECM-like services based on those identified as eligible via the ECM-like data mining process, in addition to those who were identified as eligible via internal and external referrals (i.e., the Member Information Files for the ECM-like population).

SCAL: Every month, KP data mines its entire D-SNP population using our ECM-Like Services algorithm to identify individuals who may qualify for ECM-Like Services. In addition, KP receives referrals from providers, care managers, and the community for members who are eligible for ECM-Like Services.

13. LA Care Health Plan:

L.A. Care uses two mechanisms to identify D-SNP members who are eligible to receive ECM-like services:

1) Predictive Analytics: L.A. Care uses predictive analytics to identify members who meet defined criteria for each of the 4 populations of focus outlined in our Model of Care. Members are reviewed for eligibility for each population of focus through predictive analytics upon enrollment and monthly thereafter.

2) Referral and Triage: L.A. Care's Care Management department encourages direct referrals for members who may benefit from ECM-like services. All referrals are reviewed against eligibility criteria to determine if member meets criteria for one or more populations of focus, which is documented in the system of record and tracked through operational reports.

14. Molina Healthcare:

Case Management Staff are trained to administer a ECM assessment, when possible, to identify all relevant populations of focus. If a member meets the established criteria, they are eligible to receive ECM services.

15. Santa Clara Family Health Plan:

Outreach to members deemed high utilizers, adults with serious mental illness/substance use disorder, at risk for instutionalization or those transitioning form nursing homes to the community.

16. SCAN Health Plan:

Members are identified and referred from multiple pathways, both internally and externally, including member self-referrals. Pathways include, but are not limited to the following:

i. Internal sources, such as Member Services, Care Coordination staff, Sales, Complex Care Management (CCM), Peer Advocates

ii. Analysis of internal SCAN data to identify risks for housing instability or insecurity, such as via Health Risk Assessments (HRA), and medical claims data

iii. External sources, such as Medical Groups, Primary Care Providers, Community Business Organizations (CBOs), shelters, and hospitals

iv. Monthly analysis of Homeless Management Information System (HMIS) provided by Los Angeles Homeless Services Authority (LAHSA) and Continuum of Care (COC) for members residing in Los Angeles County.

17. Wellcare by Health Net:

Members are identified through quarterly reporting for Care Management outreach. The criteria for the members is as follows:

(a) Members experiencing multiple admissions

(b) Members with SPMI/SUD

(c) Members needing LTSS and at risk for institutionalization

(d) Members experiencing homelessness

(e) Members transitioning from incarceration

(f) Members transitioning from adult nursing facilities to the community

(g) Members with an I/DD.

Question 2: How does your plan identify members who received ECM-like services?

1. Aetna Better Health of California:

We use claims data with an ECM related procedure code.

2. Alignment Health Plan:

Alignment Health conducts outreach to all members who are deemed eligible to receive ECM-like services. If a member chooses to participate, we track members who receive in-person care management throughout the quarter.

3. Anthem Blue Cross of California Partnership Plan:

Case Managers enter clinical flag in case management system to document ECM-like service received.

4. Humana/Arcadian Health Plan:

We identify in-person interactions in our transactions table to determine if a member received ECM-like services during the reporting period.

5. Blue Shield of California Promise Health Plan:

We look at who had contact activity done by the case management team involved with the member after the ECM point of focus identification. We assume receiving ECM like services includes outreach regardless of outreach outcome, since ECM services include outreach from Case Management.

6. CalOptima:

Members who agree to participate in case management at the ECM-like level, which includes in-person engagement, are flagged as enrolled in ECM-like services.

7. Chinese Community Health Plan:

Uses a care management documentation system that supports the documentation and maintenance of ECM Member care plans, and the system has data reporting capabilities in which help identify members that receive ECM services.

8. Community Health Group:

We identify members who are eligible for any ECM population of focus and receive one of the core ECM services.

9. Health Plan of San Mateo:

HPSM identifies members who received ECM-like services by tracking the number of D-SNP members enrolled and engaged in our HomeAdvantage program through monthly file shares and claims data.

10. Imperial Health Plan of California:

NON EAE HRA

11. Inland Empire Health Plan:

Established contact/engagement with the member who meets eligibility for ECM-like services is pulled from Medical Management System.

12. Kaiser Permanente:

NCAL: KP identifies members who received ECM-like services through data provided and collected from our ECM-like service providers (i.e., the Return Transmission File).

SCAL: KP Southern California records program enrollment in our electronic medical record (EMR). We query our EMR to identify members who are enrolled in the ECM-Like Services program for reporting purposes. In addition, we access data provided by our community partners who serve KP members.

13. LA Care Health Plan:

Operational reports are used to identify members who received ECM-like services, including members who had a face-to-face encounter with a Care Manager or Community Health Worker. Data is pulled from the Care Management clinical documentation system to identify relevant care coordination activities for operational monitoring and oversight as well as ECM-like services regulatory reporting.

14. Molina Healthcare:

The ECM assessment includes a question regarding the members' preference to opt into the ECM program. Additionally, it prompts members to identify any duplicative services they may be receiving. If a member opts in and does not have any duplicative services, they become eligible to receive ECM services.

15. Santa Clara Family Health Plan:

Members who at a minimum have completed assessment in-person.

16. SCAN Health Plan:

SCAN utilizes a dedicated team of internal social workers and community health workers to provide enhanced case management to identified members. We systematically track all referrals and enrolled members within the ECM program using our case management platform, ensuring seamless coordination, monitoring, and data tracking.

17. Wellcare by Health Net:

During or after the ECM-like services have taken place with the members, the Care Management team documents "ECM" in the beginning of the note text field. This allows the data to be pulled by our reporting team showing the members receiving ECM-like services.

Question 3: Please share any additional information on your plan's approach to ECM-like services and assumptions used when reporting data.

1. Anthem Blue Cross of California Partnership Plan:

MOC and reporting do not include Transitioning from Incarceration or Birth Equity POF.

2. CalOptima:

As with Medi-Cal, Members cannot be enrolled in both ECM-like and CCM at the same time. Members who refuse in-person engagement, which would indicate ECM-like enrollment, would remain open to case management, but not at ECM-like level.

3. LA Care Health Plan:

As part of the Model of Care, L.A. Care provides intensive care coordination to members participating in High Risk and Complex care management programs that aligns closely with the 7 ECM core services. To distinguish ECM-Like services from the existing services provided to D-SNP members as part of High Risk and Complex care management, only members who receive in-person care coordination during the reporting period are being reported to DHCS as receiving ECM-Like services.

4. Inland Empire Health Plan:

Addressing members SDOH by meeting them where they are to build trust and engagement into Care Management Services.

5. Santa Clara Family Health Plan:

Any member of any CM program can have access to ECM-Like services in accordance with our model of care. Reporting is not exclusive to one program type.

D-SNP Narrative Summary of ECM-like Services Reporting, Quarter 3 CY 2025

Question 1: How does your plan identify members who are eligible to receive ECM-like services?

1. Aetna Better Health of California:

Our team evaluates each member for ECM eligibility when creating or reviewing a care plan and when collaborating with internal or external partners. During each member outreach we continually monitor our member's needs and eligibility for the program

2. Alignment Health Plan:

To identify the most vulnerable D-SNP Members, Alignment collects data using a proprietary software that is housed in AVA™ Technology. Alignment has developed an algorithm-based program that identifies utilization data, census information, gaps in care, pharmacy information, HEDIS® information, and stratifies the Member population to better understand the Member's health status risk score. Members with higher at-risk scores are eligible for ECM-like services.

3. Anthem Blue Cross of California Partnership Plan:

Identify members across all D-SNP enrollment who meet the Medi-Cal criteria for one or more ECM POFs discussed in the D-SNP's MOC.

Identify eligible members from Medi-Cal referrals and direct provider referrals.

4. Humana/Arcadian Health Plan:

Care managers make an entry into our customer care portal if the member answers yes to any of the related questions. This shows as an action that we use to identify those members for reporting.

5. Blue Shield of California Promise Health Plan:

We have predictive triaging based on eligibility, claims, member demographics, and authorization data that identifies members for care programs. We have care programs by ECM point of focus.

6. CalOptima:

CalOptima OneCare Members are identified by Population of Focus (POF) in accordance with the ECM Policy Guide. CalOptima Health analytics team uses the same logic utilized to identify Medi-Cal Members for ECM.

7. Chinese Community Health Plan:

CCHP uses member data, as available, to identify Members appropriate for ECM:

Enrollment data; encounter data; Utilization/claims data; member/member representative referral; provider referral; health risk assessment (HRA)

8. Community Health Group:

We identify members who are eligible to receive ECM like services by enrollment into the D-SNP line of Business. All D-SNP members are eligible to receive ECM-like core services.

9. Health Plan of San Mateo:

HPSM uses several criteria to identify D-SNP members who are eligible to receive ECM-like services offered through our HomeAdvantage program, including: homebound status, lack of engagement with PCP, number of ED or IP admissions, diagnosis of high risk health conditions (behavioral and non-behavioral), 6 or more total chronic conditions, need for post-discharge support, and more. These criteria are fitting of the criteria used to identify members who meet ECM POFs such as at risk for avoidable hospital or ED utilization, serious mental health and/or SUD needs, and at risk for long term care institutionalization.

10. Imperial Health Plan of California:

HRA

11. Inland Empire Health Plan:

IEHP uses the same methodology as the Medi-Cal ECM program. The ECM program has a different algorithm for each population of focus. The algorithms use multiple types of data, such as but not limited to, encounters, eligibility, LTSS, authorizations, and plan data feed.

12. Kaiser Permanente:

NCAL: KP identifies members who are eligible to receive ECM-like services based on those identified as eligible via the ECM-like data mining process, in addition to those who were identified as eligible via internal and external referrals (i.e., the Member Information Files for the ECM-like population).

SCAL: Every month, KP data mines its entire D-SNP population using our ECM-Like Services algorithm to identify individuals who may qualify for ECM-Like Services. In addition, KP receives referrals from providers, care managers, and the community for members who are eligible for ECM-Like Services.

13. LA Care Health Plan:

L.A. Care uses two mechanisms to identify D-SNP members who are eligible to receive ECM-like services:

1) Predictive Analytics: L.A. Care uses predictive analytics to identify members who meet defined criteria for each of the 4 populations of focus outlined in our Model of Care. Members are reviewed for eligibility for each population of focus through predictive analytics upon enrollment and monthly thereafter.

2) Referral and Triage: L.A. Care's Care Management department encourages direct referrals for members who may benefit from ECM-like services. All referrals are reviewed against eligibility criteria to determine if member meets criteria for one or more populations of focus, which is documented in the system of record and tracked through operational reports.

14. Molina Healthcare:

Case Management Staff are trained to administer an ECM assessment, when possible, to identify all relevant populations of focus. If a member meets the established criteria, they are eligible to receive ECM services.

15. Santa Clara Family Health Plan:

Outreach to members deemed high utilizers, adults with serious mental illness/substance use disorder, at risk for instutionalization or those transitioning form nursing homes to the community.

16. SCAN Health Plan:

Members are identified and referred from multiple pathways, both internally and externally, including member self-referrals. Pathways include, but are not limited to the following:

i. Internal sources, such as Member Services, Care Coordination staff, Sales, Complex Care Management (CCM), Peer Advocates

ii. Analysis of internal SCAN data to identify risks for housing instability or insecurity, such as via Health Risk Assessments (HRA), and medical claims data

iii. External sources, such as Medical Groups, Primary Care Providers, Community Business Organizations (CBOs), shelters, and hospitals

iv. Monthly analysis of Homeless Management Information System (HMIS) provided by Los Angeles Homeless Services Authority (LAHSA) and Continuum of Care (COC) for members residing in Los Angeles County.

17. Wellcare by Health Net:

Members are identified through quarterly reporting for Care Management outreach. The criteria for the members is as follows:

(a) Members experiencing multiple admissions

(b) Members with SPMI/SUD

(c) Members needing LTSS and at risk for institutionalization

(d) Members experiencing homelessness

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(f) Members transitioning from adult nursing facilities to the community

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Question 2: How does your plan identify members who received ECM-like services?

1. Aetna Better Health of California:

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2. Alignment Health Plan:

Alignment Health conducts outreach to all members who are deemed eligible to receive ECM-like services. If a member chooses to participate, we track members who receive in-person care management throughout the quarter.

3. Anthem Blue Cross of California Partnership Plan:

Case Managers enter clinical flag in case management system to document ECM-like service received.

4. Humana/Arcadian Health Plan:

We identify in-person interactions in our transactions table to determine if a member received ECM-like services during the reporting period.

5. Blue Shield of California Promise Health Plan:

We look at who had contact activity done by the case management team involved with the member after the ECM point of focus identification. We assume receiving ECM like services includes outreach regardless of outreach outcome, since ECM services include outreach from Case Management.

6. CalOptima:

Members who agree to participate in case management at the ECM-like level, which includes in-person engagement, are flagged as enrolled in ECM-like services.

7. Chinese Community Health Plan:

Uses a care management documentation system that supports the documentation and maintenance of ECM Member care plans, and the system has data reporting capabilities in which help identify members that receive ECM services.

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We identify members who are eligible for any ECM population of focus and receive one of the core ECM services.

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HPSM identifies members who received ECM-like services by tracking the number of D-SNP members enrolled and engaged in our HomeAdvantage program through monthly file shares and claims data.

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11. Inland Empire Health Plan:

Established contact/engagement with the member who meets eligibility for ECM-like services is pulled from Medical Management System.

12. Kaiser Permanente:

NCAL: KP identifies members who received ECM-like services through data provided and collected from our ECM-like service providers (i.e., the Return Transmission File).

SCAL: KP Southern California records program enrollment in our electronic medical record (EMR). We query our EMR to identify members who are enrolled in the ECM-Like Services program for reporting purposes. In addition, we access data provided by our community partners who serve KP members.

13. LA Care Health Plan:

Operational reports are used to identify members who received ECM-like services, including members who had a face-to-face encounter with a Care Manager or Community Health Worker. Data is pulled from the Care Management clinical documentation system to identify relevant care coordination activities for operational monitoring and oversight as well as ECM-like services regulatory reporting.

14. Molina Healthcare:

The ECM assessment includes a question regarding the members' preference to opt into the ECM program. Additionally, it prompts members to identify any duplicative services they may be receiving. If a member opts in and does not have any duplicative services, they become eligible to receive ECM services.

15. Santa Clara Family Health Plan:

Members who at a minimum have completed assessment in-person.

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SCAN utilizes a dedicated team of internal social workers and community health workers to provide enhanced case management to identified members. We systematically track all referrals and enrolled members within the ECM program using our case management platform, ensuring seamless coordination, monitoring, and data tracking.

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Question 3: Please share any additional information on your plan's approach to ECM-like services and assumptions used when reporting data.

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MOC and reporting do not include Transitioning from Incarceration or Birth Equity POF.

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As with Medi-Cal, Members cannot be enrolled in both ECM-like and CCM at the same time. Members who refuse in-person engagement, which would indicate ECM-like enrollment, would remain open to case management, but not at ECM-like level.

3. LA Care Health Plan:

As part of the Model of Care, L.A. Care provides intensive care coordination to members participating in High Risk and Complex care management programs that aligns closely with the 7 ECM core services. To distinguish ECM-Like services from the existing services provided to D-SNP members as part of High Risk and Complex care management, only members who receive in-person care coordination during the reporting period are being reported to DHCS as receiving ECM-Like services.

4. Inland Empire Health Plan:

Addressing members SDOH by meeting them where they are to build trust and engagement into Care Management Services.

5. Santa Clara Family Health Plan:

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D-SNP Narrative Summary of ECM-like Services Reporting, Quarter 4 CY 2025

Question 1: How does your plan identify members who are eligible to receive ECM-like services?

1. Aetna Better Health of California:

Our team evaluates each member for ECM eligibility when creating or reviewing a care plan and when collaborating with internal or external partners. During each member outreach we continually monitor our member's needs and eligibility for the program

2. Alignment Health Plan:

To identify the most vulnerable D-SNP Members, Alignment collects data using a proprietary software that is housed in AVA™ Technology. Alignment has developed an algorithm-based program that identifies utilization data, census information, gaps in care, pharmacy information, HEDIS® information, and stratifies the Member population to better understand the Member's health status risk score. Members with higher at-risk scores are eligible for ECM-like services.

3. Anthem Blue Cross of California Partnership Plan:

Identify members across all D-SNP enrollment who meet the Medi-Cal criteria for one or more ECM POFs discussed in the D-SNP's MOC.

Identify eligible members from Medi-Cal referrals and direct provider referrals.

4. Humana/Arcadian Health Plan:

Care managers make an entry into our customer care portal if the member answers yes to any of the related questions. This shows as an action that we use to identify those members for reporting.

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We have predictive triaging based on eligibility, claims, member demographics, and authorization data that identifies members for care programs. We have care programs by ECM point of focus.

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CalOptima OneCare Members are identified by Population of Focus (POF) in accordance with the ECM Policy Guide. CalOptima Health analytics team uses the same logic utilized to identify Medi-Cal Members for ECM.

7. Chinese Community Health Plan:

CCHP uses member data, as available, to identify Members appropriate for ECM:

Enrollment data; encounter data; Utilization/claims data; member/member representative referral; provider referral; health risk assessment (HRA)

8. Community Health Group:

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HPSM uses several criteria to identify D-SNP members who are eligible to receive ECM-like services offered through our HomeAdvantage program, including: homebound status, lack of engagement with PCP, number of ED or IP admissions, diagnosis of high-risk health conditions (behavioral and non-behavioral), 6 or more total chronic conditions, need for post-discharge support, and more. These criteria are fitting of the criteria used to identify members who meet ECM POFs such as at risk for avoidable hospital or ED utilization, serious mental health and/or SUD needs, and at risk for long term care institutionalization.

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IEHP uses the same methodology as the Medi-Cal ECM program. The ECM program has a different algorithm for each population of focus. The algorithms use multiple types of data, such as but not limited to, encounters, eligibility, LTSS, authorizations, and plan data feed.

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Members are identified and referred from multiple pathways, both internally and externally, including member self-referrals. Pathways include, but are not limited to the following:

v. Internal sources, such as Member Services, Care Coordination staff, Sales, Complex Care Management (CCM), Peer Advocates
vi. Analysis of internal SCAN data to identify risk for housing instability or insecurity, such as via Health Risk Assessments (HRA), medical claims data, and/or Voice of the Member data (qualitative review of member feedback)
vii. External sources, such as Medical Groups, Primary Care Providers, Community Business Organizations (CBOs), shelters, and hospitals
viii. Monthly analysis of Homeless Management Information System (HMIS) provided by Los Angeles Homeless Services Authority (LAHSA) and Continuum of Care (COC) for members residing in Los Angeles County.

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Members are identified through quarterly reporting for Care Management outreach. The criteria for the members is as follows: (a) Members experiencing multiple admissions (b) Members with SPMI/SUD (c) Members needing LTSS and at risk for institutionalization (d) Members experiencing homelessness (e) Members transitioning from incarceration (f) Members transitioning from adult nursing facilities to the community (g) Members with an I/DD.

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