# CalAIM

## California Advancing and Innovating Medi-Cal

Enhanced Care Management (ECM) Provider Training
December 2021

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# Agenda

- The following slides are from sessions held during December 2021 to introduce providers to ECM
- Topics include:
  - CalAIM Overview
  - Enhanced Care Management (ECM)
  - Coding and Claims Submission
  - Reporting
  - Eligibility
  - Authorizations and Referral Requests
  - Service Delivery
  - Collaboration and Oversight
  - Go-Live Checklist

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# CalAIM Overview

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# CalAIM Overview

- CalAIM is a multiyear initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes for vulnerable populations
- CalAIM has three primary goals:
  - Identify and manage member risk by using whole person care approaches and addressing Social Determinants of Health (SDOH)
  - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
  - Improve quality outcomes, reduce health disparities and drive delivery system transformation

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# CalAIM Populations of Focus (POF)

**January 1, 2022**

- Individuals and families experiencing homelessness
- Adult high utilizers
- Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
- Individuals (adults/children) transitioning from incarceration

**January 1, 2023**

- Individuals eligible for LTC and at risk of institutionalization
- Nursing home residents transitioning to the community

**July 1, 2023**

- Children with special conditions: high utilizers, Serious Emotional Disturbance (SED), California Children's Services (CCS)/Whole-Child Model (WCM), child welfare, including Foster Care

DHCS set the statewide CalAIM Populations of Focus timeline

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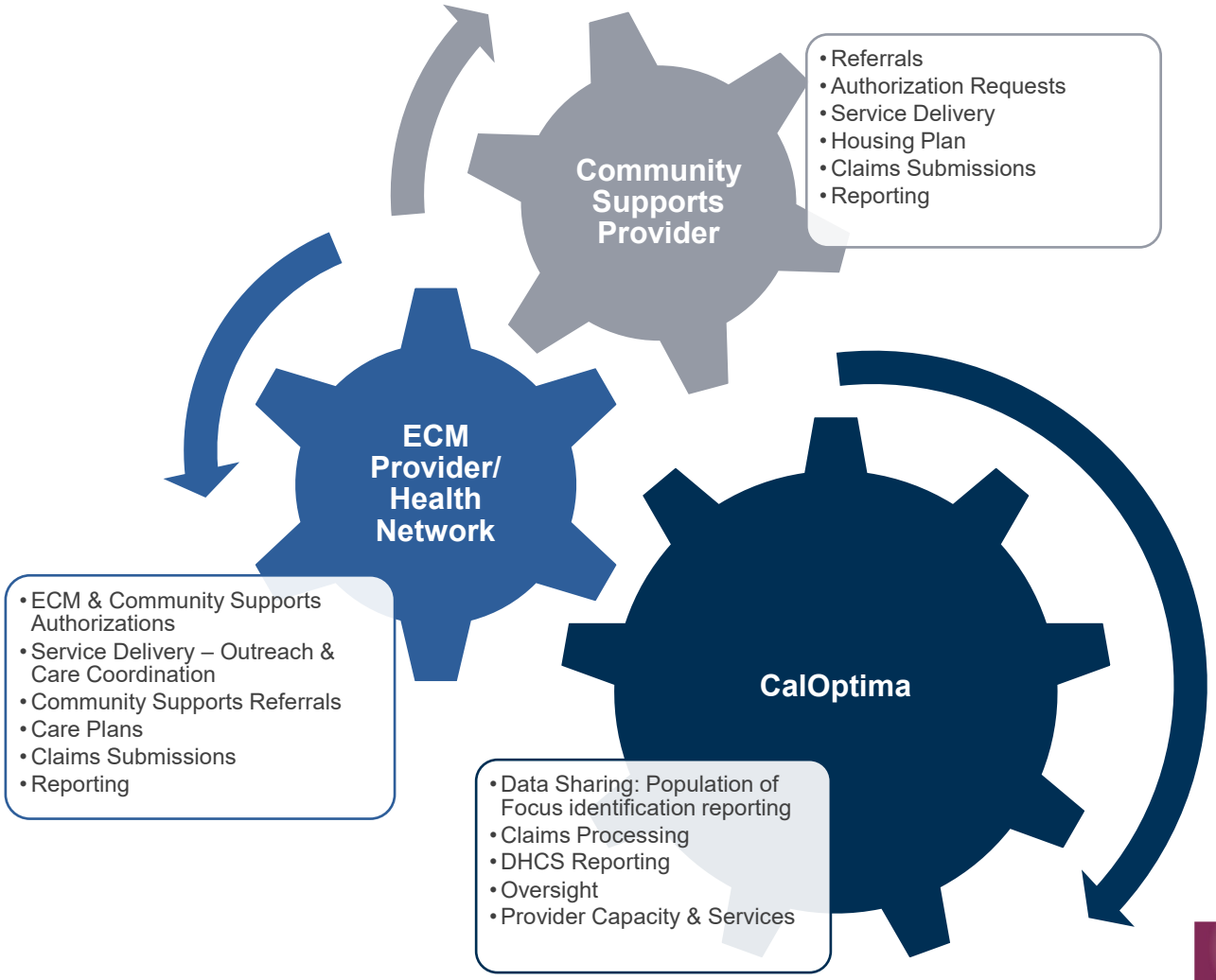
# CalAIM CalOptima Model of Care

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# CalOptima CalAIM Policies

| Policy | Title |
|---|---|
| GG.1353 | Enhanced Care Management Service Delivery |
| GG.1354 | Enhanced Care Management – Eligibility and Outreach |
| GG.1355 | Community Supports |
| GG.1356 | Enhanced Care Management Administration |
| FF. 4002 | Special Payments: Enhanced Care Management Supplemental Payment for Capitated Health Networks |

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# Enhanced Care Management (ECM)

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# ECM Overview

- ECM builds upon CalOptima's Health Homes Program and Orange County Health Care Agency's Whole Person Care Program
- Starting January 1, 2022, CalOptima, health networks, and the County will provide ECM services for members who are eligible and enroll
  - Delivery model of ECM services is expected to evolve

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# ECM Overview (cont.)

- Creates a single, intensive and comprehensive benefit
- Designed to meet clinical and nonclinical needs of the highest-cost and/or highest-need beneficiaries
- Uses a phased implementation approach based on Department of Health Care Services-defined POFs


Phase 1 POFs: January1, 2022

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# ECM Eligibility

ECM Eligible

CalOptima Member

- No Share of Cost
- Medi-Medi can be referred but not included in outreach efforts

Meet DHCS Criteria

- Member in DHCS-defined POFs

Not Excluded

- Exclusions include:
  - Enrolled in OneCare Connect (OCC)
  - Enrolled in PACE
  - Enrolled in 1915(c) Waiver Program
    - HIV/AIDS
    - Home and community alternatives
    - MSSP
    - HCBS

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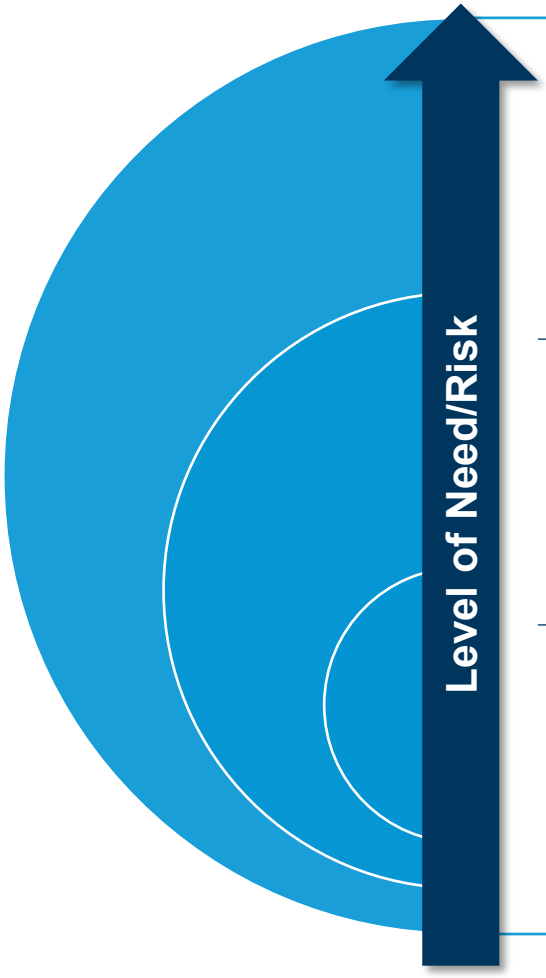
# Levels of Care Management




| | |
|---|---|
| Enhanced Care Management (**ECM**) | • Highest-risk members requiring long-term coordination for multiple chronic conditions, SDOH issues and utilization across delivery systems |
| Complex Case Management | • High-risk members requiring coordination of services<br>• Complex conditions or episodic need |
| Basic Case Management | • Members requiring support for planning and coordination<br>• Not high in complexity, intensity or duration |

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# ECM Core Service Components


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# Coding and Claims Submission

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# ECM Coding Options – Clinical

| HCPCS Level II Code | Modifier | HCPCS Description |
|---|---|---|
| **G9008** | **U1** | ECM In-Person: Provided by **Clinical Staff**. Coordinated care fee, physician coordinated care oversight services. |
| **G9008** | **U1, GQ** | ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services. |
| **G9008** | **U8** | ECM Outreach In-Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified. |
| **G9008** | **U8, GQ** | ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified. |

- Code must be used with modifier to be defined and categorized as ECM services
- GQ modifier description: Telephonic/electronic methods can include text messaging or secure email individualized to the member
  - However, mass communications (e.g., mass mailings, distribution emails and text messages) do not count as outreach and should not be included

* Modifiers indicate ECM services

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# ECM Coding Options – Non-Clinical

| HCPCS Level II Code | Modifier | HCPCS Description |
|---|---|---|
| **G9012** | **U2** | ECM In-Person: Provided by **Non-Clinical Staff**. Other specified case management service not elsewhere classified. |
| **G9012** | **U2, GQ** | ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified. |
| **G9012** | **U8** | ECM Outreach In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified. |
| **G9012** | **U8, GQ** | ECM Outreach Telephonic/Electronic: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified. |

- Code must be used with modifier to be defined and categorized as ECM services
- GQ modifier description: Telephonic/electronic methods can include text messaging or secure email individualized to the member
  - However, mass communications (e.g., mass mailings, distribution emails and text messages) do not count as outreach and should not be included

* Modifiers indicate ECM services

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# Daily Auth File

- Send all ECM and Community Supports authorizations
  - Include diagnoses
    - Use ICD-10 Z codes to identify SDOH
  - HCPCS + modifiers
  - Timeframe
  - Units

- *Leverage existing daily submission process*

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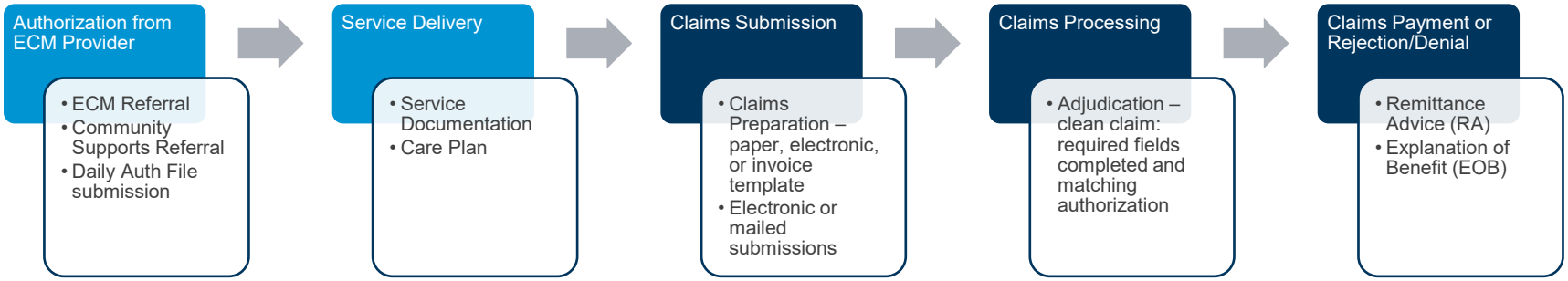
# Claims Workflow



# ECM Claims Submission

- Send daily auth files that include dates, code & modifiers, units
- Submit all ECM claims for service month by the 15th of the following month via
  - 837P file submitted to clearinghouse – Office Ally
  - CMS-1500 claim form – paper or electronic via Office Ally
  - Invoice template

# ECM Claims Processing

- Claims are paid Per Enrollee Per Month (PEPM)
  - Must have greater than 12 units of ECM services in service month to receive PEPM payment
    - 1 unit = 15 minutes
    - 12 units = 3 hours
  - All ECM services should be submitted regardless of whether the threshold has been met
  - Claims must have matching authorization to be processed

# Claims Processing Timelines

- Submit January 2022 claims by February 15, 2022
- Standard claims processing timelines
  - Clean claims – within 30 business days, 90% adjudicated
  - Claims – within 90 business days, 99% adjudicated
  - Unclean claim notification within 45 business days

# Reporting

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# ECM Reporting

- ECM Activity Log submitted weekly by health networks via sFTP for required DHCS reporting
  - Activity Type, Date and Outcome
    - Outreach attempt: written, telephonic, in person
      - Include termination of outreach with last outreach attempt
    - Health Needs Assessment (HNA) collection date
    - Referrals
- CalOptima to prepare and submit DHCS required reporting
  - Encounter data
  - Supplemental reports

# ECM Activity Log

| File Submission Date | CIN | Activity Type | Activity Date | Termination of Outreach | Activity Outcome |
|---|---|---|---|---|---|
| 01/11/2022 | 12345678A | Referral | 01/03/2022 | NA | Approved |
| 01/11/2022 | 12345678A | Outreach Telephonic | 01/04/2022 | N | NA |
| 01/11/2022 | 12345678A | Outreach Telephonic | 01/04/2022 | N | NA |
| 01/11/2022 | 12345678A | Outreach Telephonic | 01/05/2022 | Y | Enrolled in ECM |
| 01/11/2022 | 12345678A | HNA Collected | 01/06/2022 | NA | NA |
| 01/11/2022 | 12345978B | Outreach Telephonic | 01/07/2022 | N | NA |
| 02/08/2022 | 12345978B | Outreach Telephonic | 02/03/2022 | N | NA |
| 03/15/2022 | 12345978B | Outreach Telephonic | 03/10/2022 | Y | Unable to Contact |

- Updated fields for “Disenroll from ECM”
  - *The member has met all care plan goals*
  - *The member is ready to transition to a lower level of care*
  - *The member no longer wishes to receive ECM*
  - *The ECM Provider has not been able to connect with the member after multiple attempts*
  - *Other*

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# Eligibility

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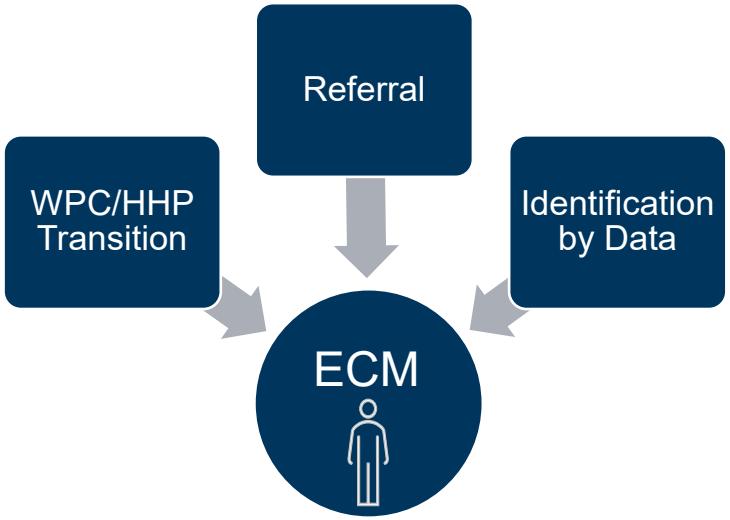
# ECM Eligibility

- Three points of entry into ECM in order of priority

1. Whole Person Care/Health Homes Program (WPC/HHP) Transition
   - WPC members identified via Member Transition List (MTL)*
2. Referral
   - ECM referral form
3. Identification by Data
   - Monthly potential POF report to identify members who may be in POFs




*MTL created in collaboration with County of Orange and DHCS

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# Program Transition

- Build upon WPC/HHP infrastructure to ensure seamless transition
  - WPC
    - DHCS will provide MTL, which will identify members currently in WPC eligible for ECM services
    - Outreach to members as soon as possible
      - Must be completed by Q1 3/31/2022 for DHCS reporting
  - HHP
    - All HHP-enrolled members will automatically be eligible to receive ECM services; “grandfather” authorizations
    - Continue services in CalAIM program without delay

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# Transitioning Members

- Priority for January 1, 2022, program implementation
  - Maintain established contact schedule for HHP transition members
  - Outreach to WPC transition members on MTL by Q1 3/31/2021
    - Three calls/attempts
    - Complete HNA and begin managing member's care
    - If unable to contact or member declines, disenroll member and send NOA

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# Authorizations and Referral Requests

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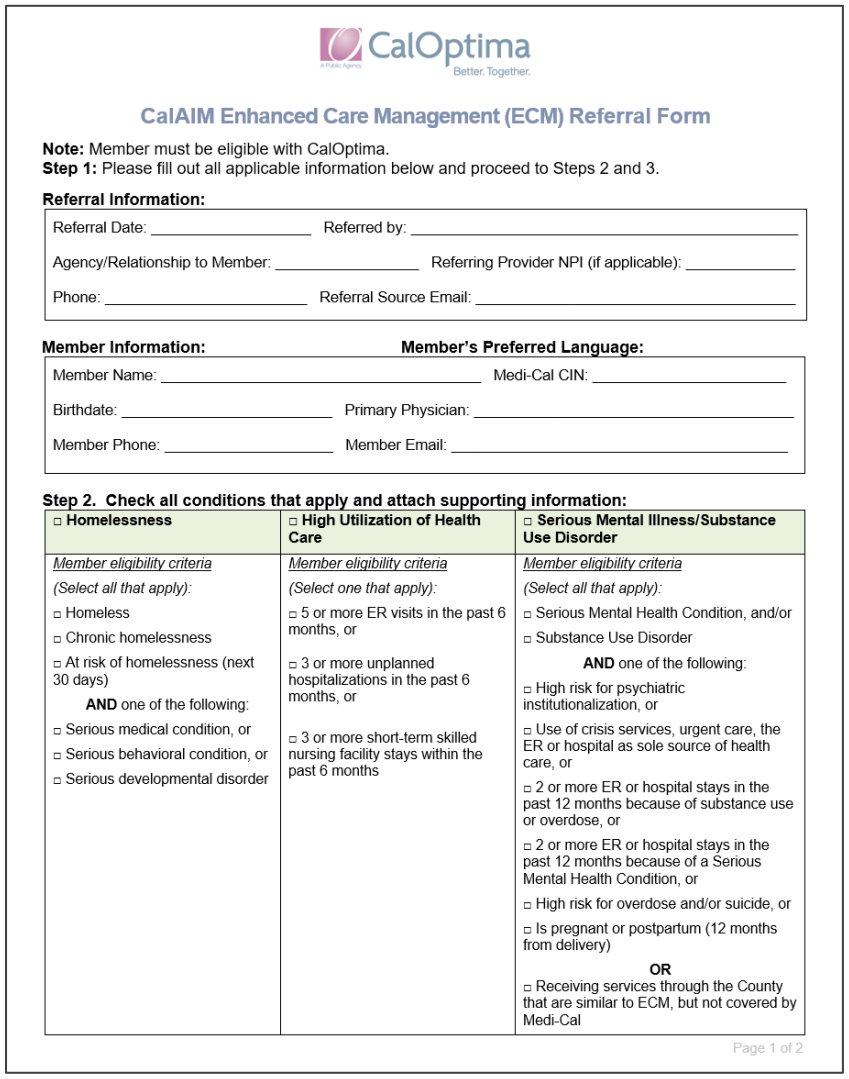
# Referral Form



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**CalAIM Enhanced Care Management (ECM) Referral Form**

**Note:** Member must be eligible with CalOptima.
**Step 1:** Please fill out all applicable information below and proceed to Steps 2 and 3.

**Referral Information:**

Referral Date: _____ Referred by: _____

Agency/Relationship to Member: _____ Referring Provider NPI (if applicable): _____

Phone: _____ Referral Source Email: _____

**Member Information:** **Member's Preferred Language:**

Member Name: _____ Medi-Cal CIN: _____

Birthdate: _____ Primary Physician: _____

Member Phone: _____ Member Email: _____

**Step 2. Check all conditions that apply and attach supporting information:**

| □ **Homelessness** | □ **High Utilization of Health Care** | □ **Serious Mental Illness/Substance Use Disorder** |
|---|---|---|
| *Member eligibility criteria* | *Member eligibility criteria* | *Member eligibility criteria* |
| *(Select all that apply):* | *(Select one that apply):* | *(Select all that apply):* |
| □ Homeless | □ 5 or more ER visits in the past 6 months, or | □ Serious Mental Health Condition, and/or |
| □ Chronic homelessness | □ 3 or more unplanned hospitalizations in the past 6 months, or | □ Substance Use Disorder |
| □ At risk of homelessness (next 30 days) | □ 3 or more short-term skilled nursing facility stays within the past 6 months | **AND** one of the following: |
| **AND** one of the following: | | □ High risk for psychiatric institutionalization, or |
| □ Serious medical condition, or | | □ Use of crisis services, urgent care, the ER or hospital as sole source of health care, or |
| □ Serious behavioral condition, or | | □ 2 or more ER or hospital stays in the past 12 months because of substance use or overdose, or |
| □ Serious developmental disorder | | □ 2 or more ER or hospital stays in the past 12 months because of a Serious Mental Health Condition, or |
| | | □ High risk for overdose and/or suicide, or |
| | | □ Is pregnant or postpartum (12 months from delivery) |
| | | **OR** |
| | | □ Receiving services through the County that are similar to ECM, but not covered by Medi-Cal |

Page 1 of 2

- Receive referrals from
  - ECM providers
  - Providers
  - Community-Based Organizations (CBOs)
  - Member/Authorized Rep/Family/Guardian
  - Field-based teams

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# ECM Referrals

- Fax or mail completed forms
  - Submit to member's health network or to CalOptima
  - Redirect as needed

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**CalAIM Enhanced Care Management (ECM) Referral Form**

**Step 3:** Fax or mail completed referral form to CalOptima or the member's Health Network, including supporting documentation.

**Enhanced Care Management Health Network Contact Information**

| Health Network | Phone Number | Fax Number | Mailing Address |
|---|---|---|---|
| **AltaMed Medical Group** | 866-880-7805 (Option 1, then 4) | 323-201-3225 | 2040 Camfield Ave. Los Angeles, CA 90040 |
| **AMVI Care Health Network** | 714-347-5843 | 714-938-5168 | 600 City Pkwy West, Suite 800 Orange, CA 92868 |
| **CHOC Health Alliance** | 800-387-1103 | 714-628-9119 | 1120 W. La Veta Ave., Suite 450 Orange, CA 92868 |
| **CalOptima Direct/CalOptima Community Network (COD/CCN)** | 888-587-8088 | 714-338-3145 | CalOptima Attn: UM CalAIM P.O. Box 11033 Orange, CA 92856 |
| **Family Choice Medical Group** | 800-611-0111 | 818-817-5155 | FCMG/Conifer Health Solutions 15821 Ventura Blvd., Suite 600 Encino, CA 91436 |
| **Heritage–Regal Medical Group** | 714-539-3100 | 714-244-4537 | 600 City Parkway West, Suites 310 & 400 Orange, CA 92868 |
| **Kaiser Permanente** | 866-551-9619 | 877-515-6591 | Kaiser Permanente Attn: Medi-Cal and State Programs, 2nd Floor 393 E. Walnut St. Pasadena, CA 91188 |
| **Noble Mid-Orange County** | 714-699-5143 | 714-947-8796 | Noble Mid-Orange County C/O HealthSmart Management Services Organization P.O. Box 6300 Cypress, CA 90630-0063 |
| **Optum Care Network – Arta** | 800-780-8879 | 714-436-4716 | 3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626 |
| **Optum Care Network – Monarch** | 888-656-7523 | 949-923-3514 | Optum Care Network – Monarch Attention: CalAIM Program 11 Technology MS 41 Irvine, CA 92618 |
| **Optum Care Network – Talbert** | 800-297-6249 | 714-436-4716 | 3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626 |
| **Prospect Medical Systems** | 714-347-5843 | 714-938-5168 | 600 City Parkway West, Suite 800 Orange, CA 92868 |
| **United Care Medical Group** | 714-347-5843 | 714-938-5168 | 600 City Parkway West, Suite 800 Orange, CA 92868 |

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# Data Identification

- Receive Potential POF Report on monthly basis
- List provided for outreach efforts
  - Identify potentially eligible members
  - Outreach to members on list should be completed in 6 months
    - Three attempts for outreach

## Member Listing Cover Sheet & Information

**Assumptions**

MC, including Duals (not OCC or PACE)

Eligibility as of ##/##/####

**Field List Descriptions**

| Field | Description |
|---|---|
| Member CIN | |
| Member DOB | updated to be formatted MM/dd/yyyy in v2 |
| Is WPC | Previously/Currently participating in WPC |
| Is HHP | Currently participating in HHP |
| Is Pop1-H/CMPLX | Population of Focus (1) - Homelessness combined with one or more complex conditions |
| Is Pop2-HIGH/ER | Population of Focus (2) - High ER utilization (IP 3+, OP 5+) |
| Is Pop3-SMI/SUD+ | Population of Focus (3) - Serious Mental Illness or Substance Use Disorder combined with Adverse SDOH combined with certain conditions |

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# ECM Authorization

- Valid for six months
- Reassess member every six months and re-auth as needed for correct level of care
  - HHP and WPC transition members on MTL have presumptive eligibility and grandfathered in for authorization
    - CalOptima or health network will issue new authorizations for these transition members to not disrupt services
- Authorizations require diagnoses, codes and modifiers
  - Use ICD-10 Z codes to identify SDOH
  - Use DHCS defined criteria for approvals or denials
    - ECM authorization denials based on eligibility
      - Denials require NOA
      - Member has appeal rights

# Diagnosis Codes: SDOH

| Code | Description |
|---|---|
| Z55.0 | Illiteracy and low-level literacy |
| Z59.0 | Homelessness |
| Z59.1 | Inadequate housing (lack of heating/space unsatisfactory surroundings) |
| Z59.3 | Problems related to living in residential institution |
| Z59.4 | Lack of adequate food and safe drinking water |
| Z59.7 | Insufficient social insurance and welfare support |
| Z59.8 | Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors) |
| Z60.2 | Problems related to living alone |
| Z60.4 | Social exclusion and rejection (physical appearance, illness or behavior) |
| Z62.819 | Personal history of unspecified abuse in childhood |
| Z63.0 | Problems in relationship with spouse or partner |
| Z63.4 | Disappearance & death of family member (assumed death, bereavement) |
| Z63.5 | Disruption of family by separation and divorce (marital estrangement) |
| Z63.6 | Dependent relative needing care at home |
| Z63.72 | Alcoholism and drug addiction in family |
| Z65.1 | Imprisonment and other incarceration |
| Z65.2 | Problems related to release from prison |
| Z65.8 | Other specified problems related to psychosocial circumstances (religious or spiritual problem) |

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# Service Delivery

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# ECM Delivery

- Upon authorization of ECM services
  - Assign Lead Case Manager
    - Complete Health Needs Assessment (HNA)
    - Develop Person-Centered Plan of Care
  - Provide and document all ECM Core Service components
    - Include all outreach efforts, including unable to contact attempts and if members declines
    - Information for **ECM Activity Log** reporting
    - Require 12 units or 3 hours of services to receive Per Enrollee Per Month (PEPM) payment
  - Authorize and refer to Community Supports as needed

# ECM Core Service Components


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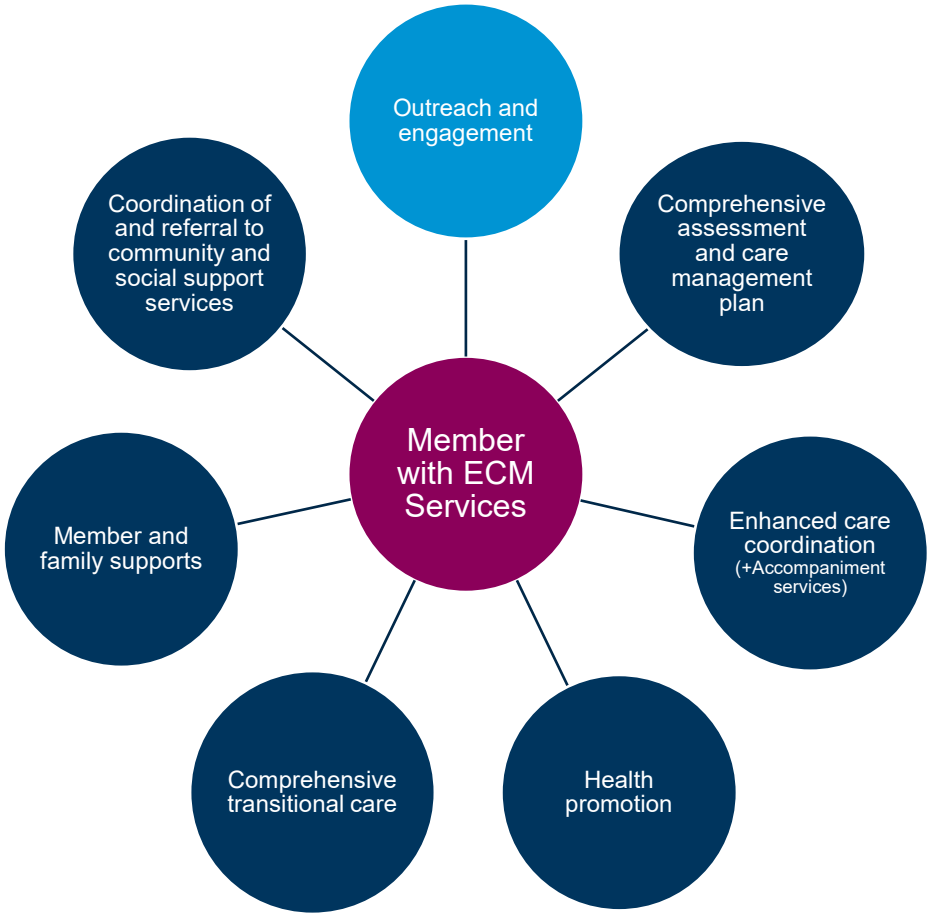
# ECM Core Service Components

## 1. Outreach and Engagement

- At least three outreach attempts
  - Transition outreach completed by 3/31/22
- POF lists sent monthly
- If authorized, must send NOA at closure of care management




CalOptima Policy GG.1354: Enhanced Care Management – Eligibility and Outreach

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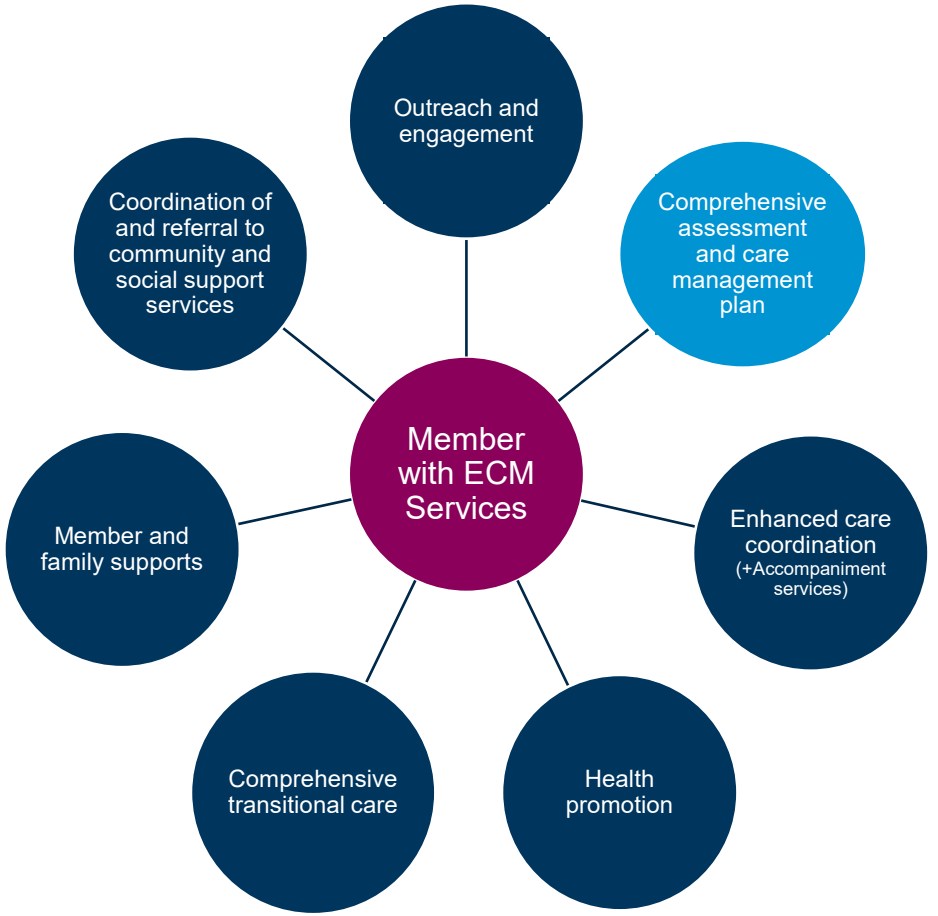
# ECM Core Service Components

## 2. Comprehensive Assessment and Care Management Plans

- In-person communication if possible
- CalOptima HNA (completed in person or telephonically)
- Individualized, person-centered care management plan with input from member and care team
- Reassess, review, maintain and re-share with member and care team regularly



# ECM Core Service Components

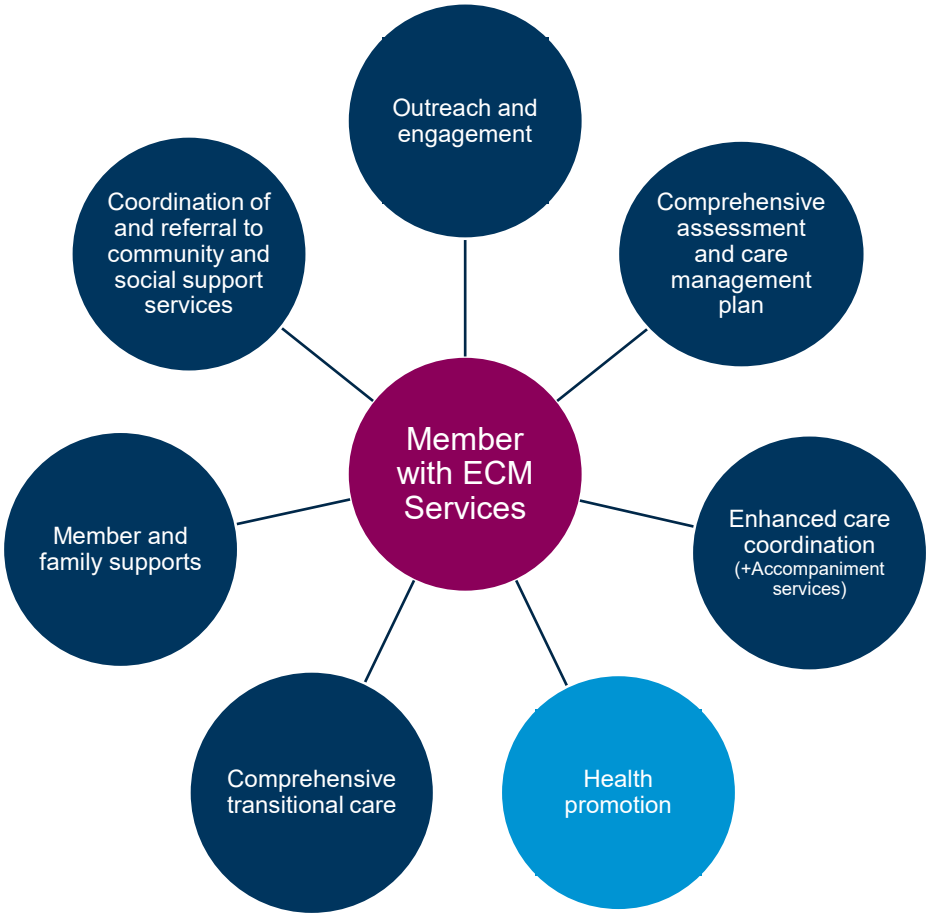
## 3. Enhanced Coordination of Care

- Implement care plan
- Organize and share information with care team
- Engage member in treatment, med review, appointment scheduling, appointment reminders, transportation, accompaniment, addressing barriers, etc.

# ECM Core Service Components

## 4. Health Promotion

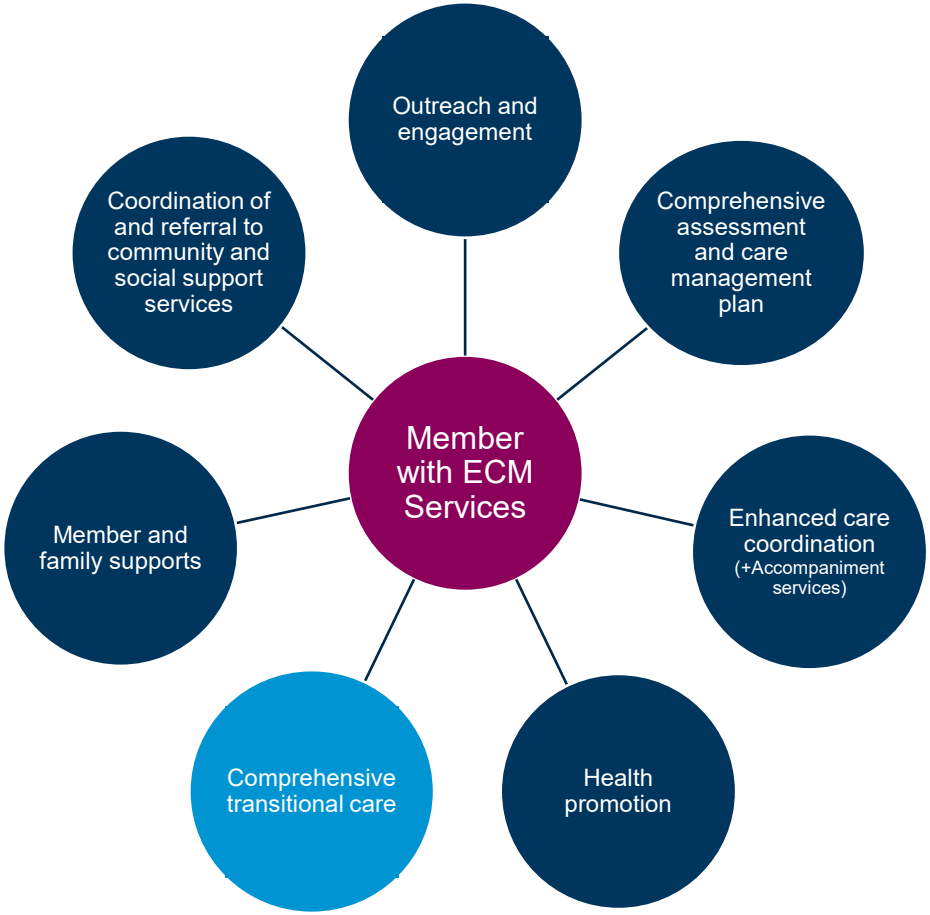
- Identify with member and engage with support persons and networks
- Coaching on healthy choices, monitoring and managing health
- Link with resources for addressing and preventing chronic conditions



# ECM Core Service Components

## 5. Comprehensive Transitional Care

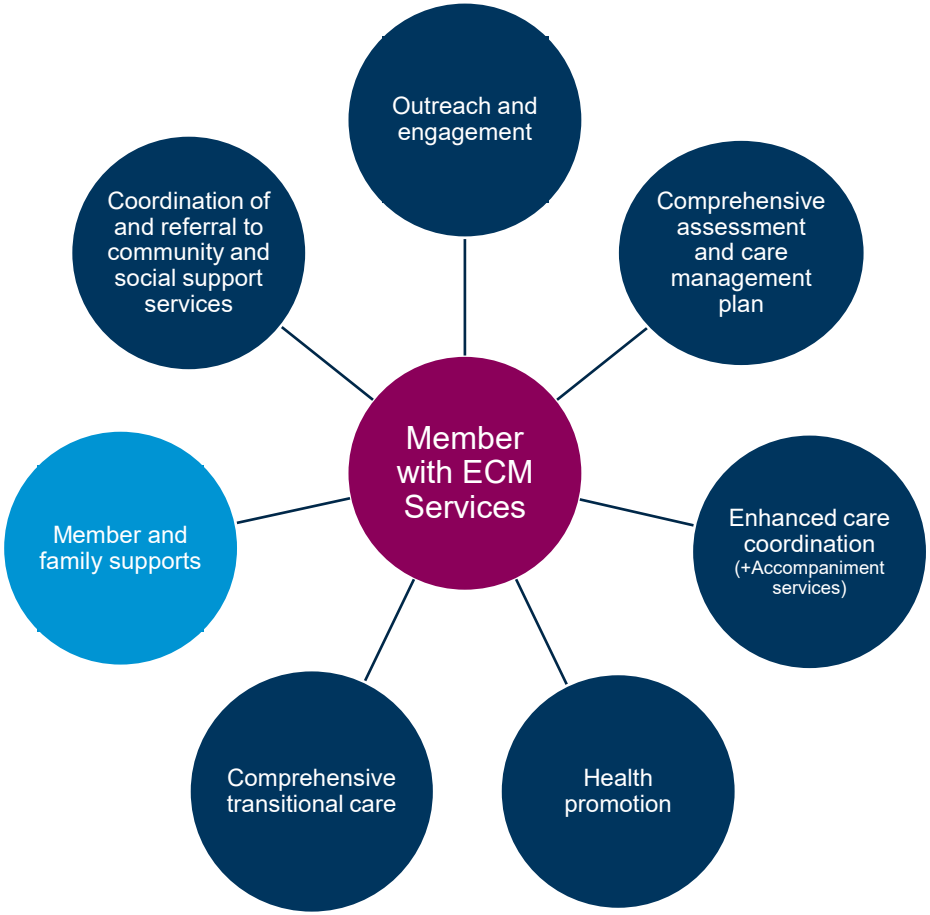
- Develop strategies to reduce avoidable admissions
- Track transitions and evaluate support needs across care settings
- Med review and adherence support



# ECM Core Service Components

## 6. Member and Family Supports

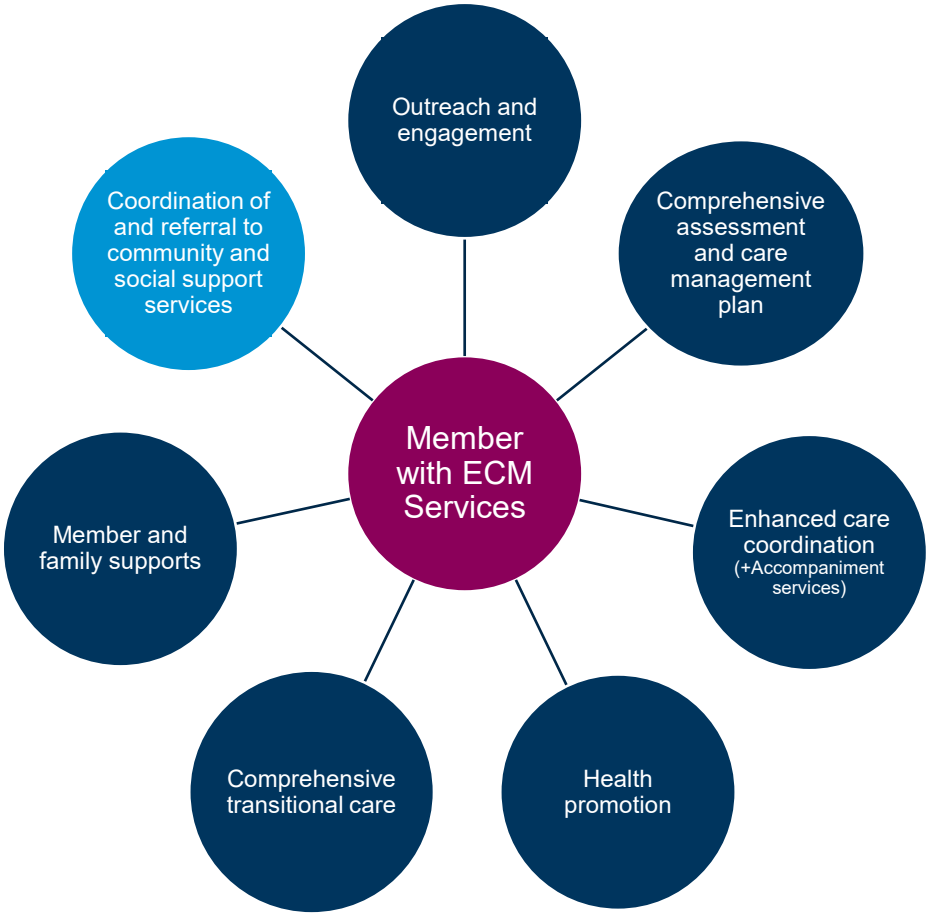
- Assess availability of family and other support persons
- Engage support persons in member's care, with consent
- Share care plan, with member's consent



# ECM Core Service Components

## 7. Coordination of Referral to Community and Social Support Services

- Determine community and social support services that are available to address member's SDOH
- Coordinate referrals/close the loop and follow up



# ECM Discontinuation

- Member can decline or discontinue ECM at any time
- ECM provider can close case if member:
  - Met all care plan goals
  - Is ready to transition to a lower level of care management
  - States they no longer wish to receive ECM
  - Is unresponsive or unwilling to engage in care management
  - Is not reachable after multiple attempts

CalOptima Policy GG.1354: Enhanced Care Management – Eligibility and Outreach

CalOptima Policy GG.1353: Enhanced Care Management Service Delivery

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# Collaboration and Oversight

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# Collaboration

- Continue to build infrastructure for improved data sharing and communication between ECM and Community Supports service providers
  - Goal is to have an integrated system that will facilitate
    - Referrals
    - Authorization requests
    - Service documentation
    - Invoicing/Claims

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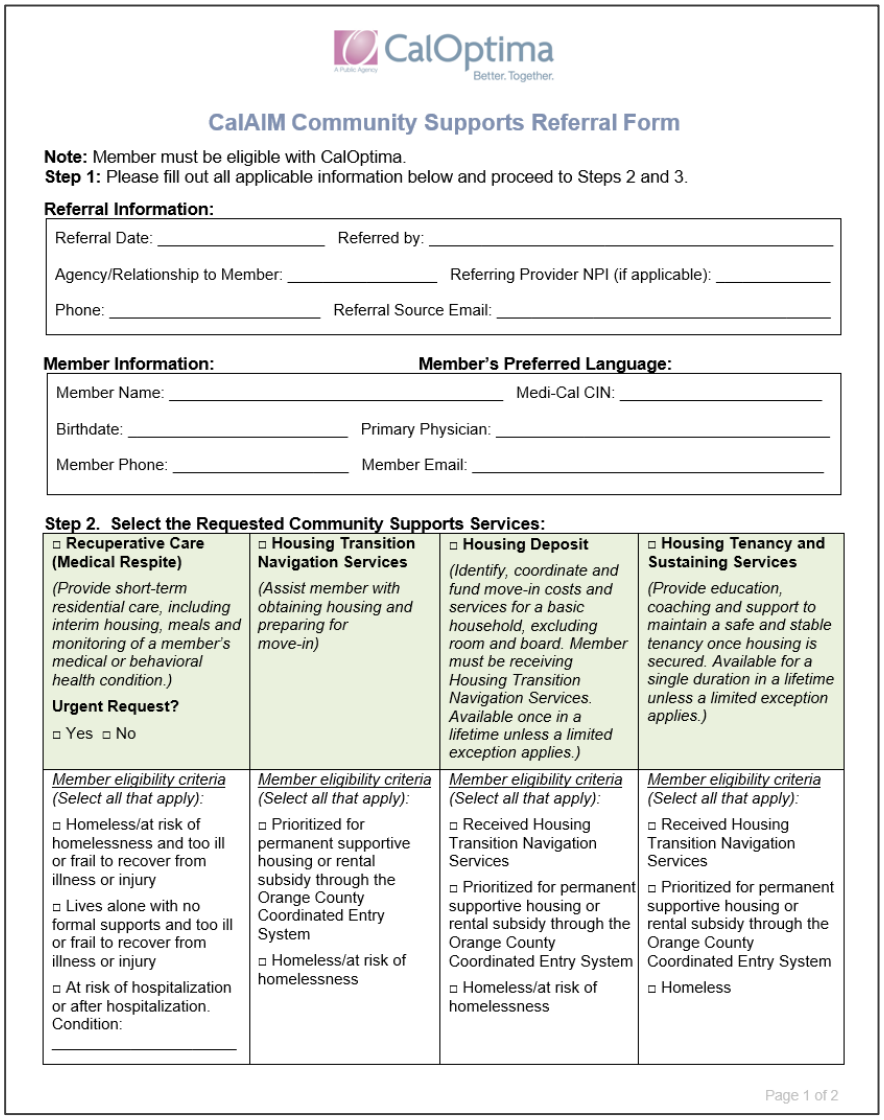
# Community Supports Referral Form



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**CalAIM Community Supports Referral Form**

**Note:** Member must be eligible with CalOptima.
**Step 1:** Please fill out all applicable information below and proceed to Steps 2 and 3.

**Referral Information:**

Referral Date: _____ Referred by: _____

Agency/Relationship to Member: _____ Referring Provider NPI (if applicable): _____

Phone: _____ Referral Source Email: _____

**Member Information:** **Member's Preferred Language:**

Member Name: _____ Medi-Cal CIN: _____

Birthdate: _____ Primary Physician: _____

Member Phone: _____ Member Email: _____

**Step 2. Select the Requested Community Supports Services:**

| ▫ **Recuperative Care (Medical Respite)** *(Provide short-term residential care, including interim housing, meals and monitoring of a member's medical or behavioral health condition.)* **Urgent Request?** ▫ Yes ▫ No | ▫ **Housing Transition Navigation Services** *(Assist member with obtaining housing and preparing for move-in)* | ▫ **Housing Deposit** *(Identify, coordinate and fund move-in costs and services for a basic household, excluding room and board. Member must be receiving Housing Transition Navigation Services. Available once in a lifetime unless a limited exception applies.)* | ▫ **Housing Tenancy and Sustaining Services** *(Provide education, coaching and support to maintain a safe and stable tenancy once housing is secured. Available for a single duration in a lifetime unless a limited exception applies.)* |
|---|---|---|---|
| *Member eligibility criteria (Select all that apply):* ▫ Homeless/at risk of homelessness and too ill or frail to recover from illness or injury ▫ Lives alone with no formal supports and too ill or frail to recover from illness or injury ▫ At risk of hospitalization or after hospitalization. Condition: _____ | *Member eligibility criteria (Select all that apply):* ▫ Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System ▫ Homeless/at risk of homelessness | *Member eligibility criteria (Select all that apply):* ▫ Received Housing Transition Navigation Services ▫ Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System ▫ Homeless/at risk of homelessness | *Member eligibility criteria (Select all that apply):* ▫ Received Housing Transition Navigation Services ▫ Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System ▫ Homeless |

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- Forms facilitate authorization request
- Receive referrals from
  - ECM providers
  - Providers
  - CBOs
  - Member/Authorized Rep/ Family/Guardian
  - Field-based teams

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# Community Supports Referrals

- Fax or mail completed forms
  - Submit to member's health network or to CalOptima
  - Redirect as needed

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**CalAIM Community Supports Referral Form**

**Step 3:** Fax or mail completed referral form to CalOptima or the member's Health Network, including supporting documentation.

**Community Supports Health Network Contact Information**

| Health Network | Phone Number | Fax Number | Mailing Address |
|---|---|---|---|
| **AltaMed Medical Group** | 866-880-7805 (Option 1, then 4) | 323-201-3225 | 2040 Camfield Ave. Los Angeles, CA 90040 |
| **AMVI Care Health Network** | 714-347-5843 | 714-938-5168 | 600 City Pkwy West, Suite 800 Orange, CA 92868 |
| **CHOC Health Alliance** | 800-387-1103 | 714-628-9119 | 1120 W. La Veta Ave., Suite 450 Orange, CA 92868 |
| **CalOptima Direct/CalOptima Community Network (COD/CCN)** | 888-587-8088 | 714-338-3145 | CalOptima Attn: UM CalAIM P.O. Box 11033 Orange, CA 92856 |
| **Family Choice Medical Group** | 800-611-0111 | 818-817-5155 | FCMG/Conifer Health Solutions 15821 Ventura Blvd., Suite 600 Encino, CA 91436 |
| **Heritage–Regal Medical Group** | 714-539-3100 | 714-244-4537 | 600 City Parkway West, Suites 310 & 400 Orange, CA 92868 |
| **Kaiser Permanente** | 866-551-9619 | 877-515-6591 | Kaiser Permanente Attn: Medi-Cal and State Programs, 2nd Floor 393 E. Walnut St. Pasadena, CA 91188 |
| **Noble Mid-Orange County** | 714-699-5143 | 714-947-8796 | Noble Mid-Orange County C/O HealthSmart Management Services Organization P.O. Box 6300 Cypress, CA 90630-0063 |
| **Optum Care Network – Arta** | 800-780-8879 | 714-436-4716 | 3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626 |
| **Optum Care Network – Monarch** | 888-656-7523 | 949-923-3514 | Optum Care Network – Monarch Attention: CalAIM Program 11 Technology MS 41 Irvine, CA 92618 |
| **Optum Care Network – Talbert** | 800-297-6249 | 714-436-4716 | 3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626 |
| **Prospect Medical Systems** | 714-347-5843 | 714-938-5168 | 600 City Parkway West, Suite 800 Orange, CA 92868 |
| **United Care Medical Group** | 714-347-5843 | 714-938-5168 | 600 City Parkway West, Suite 800 Orange, CA 92868 |

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# Data Sharing

- CalOptima sharing monthly report the first of each month to identify members potentially in POF
  - Use list for ECM outreach
- ECM Providers/health networks to submit weekly ECM activity log
- ECM Providers/health networks to submit Daily Auth File with CalAIM authorizations

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# Oversight Activities

- CalOptima will submit required reporting and data to DHCS for ECM Oversight
  - Encounter data
  - Daily Reporting
- Oversight training will be developed after launch

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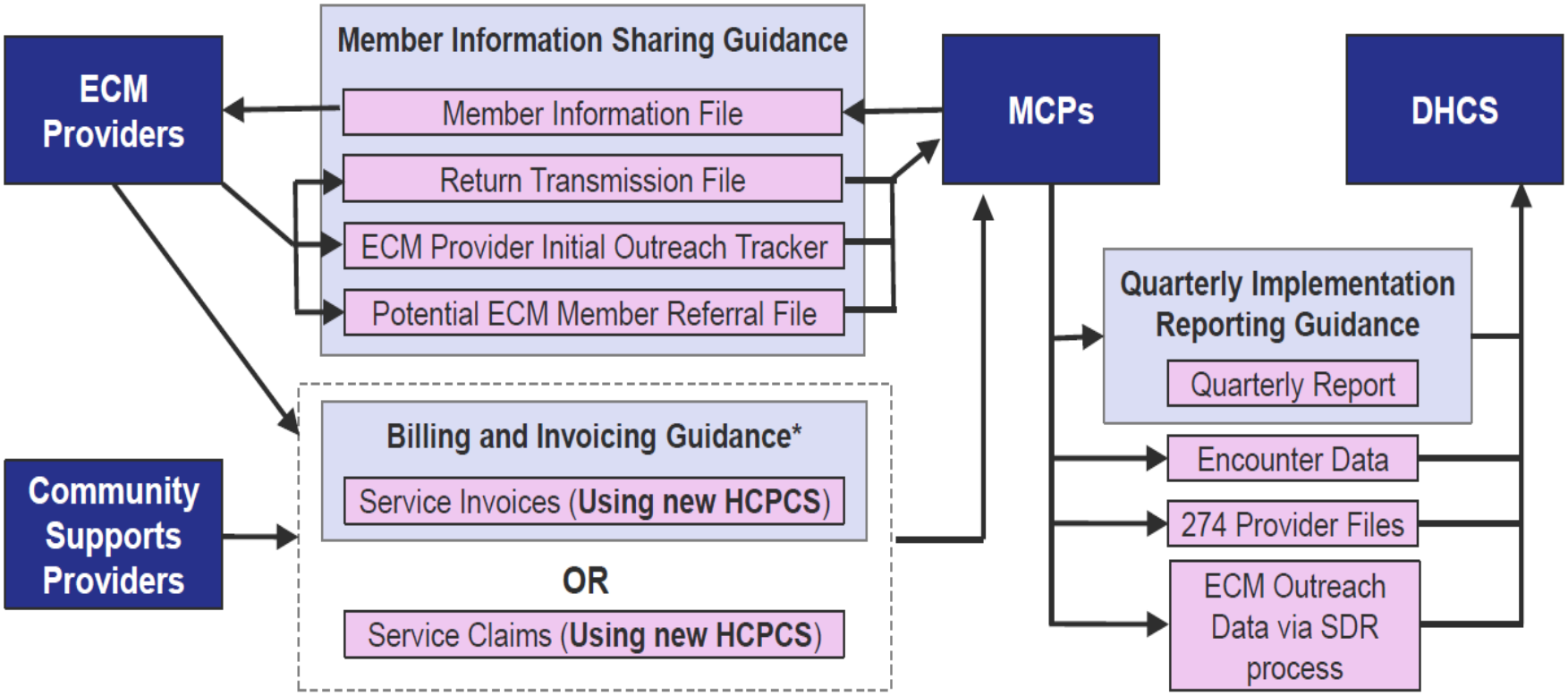
# ECM & Community Supports Dataflows

ECM & Community Supports implementation will be supported by these key dataflows.




*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

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# Quarterly Reporting to DHCS

- CalOptima shall submit the following data and reports:
  - Encounter data including services generated under Community Supports arrangements
  - Supplemental reports, on a schedule to be specified by DHCS
- Beginning in 2022, DHCS will require CalOptima to submit a "Quarterly Implementation Monitoring Report"

| Quarter | Reporting Period* | Report Due Date |
|---|---|---|
| **2022 Q1** | January – March 2022 | May 15, 2022 |
| **2022 Q2** | April – June 2022 | August 15, 2022 |
| **2022 Q3** | July – September 2022 | November 14, 2022 |
| **2022 Q4** | October – December 2022 | February 14, 2023 |
| **2023 Q1** | January – March 2023 | May 16, 2023 |
| **2023 Q2** | April – June 2023 | August 14, 2023 |
| **2023 Q3** | July – September 2023 | November 14, 2023 |
| **2023 Q4** | October – December 2023 | February 14, 2024 |
| **2024 Q1** | January – March 2024 | May 15, 2024 |
| **2024 Q2** | April – June 2024 | August 14, 2024 |

Refer to CalOptima Policy GG.1355 Community Supports, II. Policy, M.3.

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# Go-Live Checklist

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# Go-Live Checklist

- Create new CalAIM ECM and Community Supports authorizations for members transitioning from HHP and WPC
  - WPC transition members are on MTL
    - October and November MTLs have been sent to health networks via FTP
    - Coordinate with Community Supports providers to authorize services indicated on the MTL
  - HHP members currently enrolled with health networks as CB-CMEs

- Verify Daily Auth File submissions include CalAIM authorizations
  - Include both ECM and Community Supports auths on file
  - Use Z codes to identify SDOH on authorizations

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# Go-Live Checklist (cont.)

- Outreach and engage ECM transition members by Q1 March 31, 2022
  - Make at least three outreach attempts
    - Complete Health Needs Assessments
- Submit HIPAA-compliant electronic claims
  - January service month claims should be sent by February 15, 2022
    - Send 837P files via Office Ally
- Submit ECM Activity Logs to CalOptima weekly

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# CalOptima Materials: Templates, Forms and Policies

- ECM Activity Log
- ECM Referral Form
- Community Supports Referral Form
- Health Needs Assessment template

| Policy | Title |
|---|---|
| GG.1353 | Enhanced Care Management Service Delivery |
| GG.1354 | Enhanced Care Management – Eligibility and Outreach |
| GG.1355 | Community Supports |
| GG.1356 | Enhanced Care Management Administration |
| FF. 4002 | Special Payments: Enhanced Care Management Supplemental Payment for Capitated Health Networks |

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# Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

## Connect with Us

www.caloptima.org

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