

CIO/CMIO Peer Group

Tuesday, June 22, 2021
2-3pm

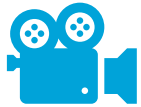
Housekeeping



Feel free to speak up or chat in responses at any time



You're encouraged to turn on video for this peer group



This meeting is being recorded and will be shared on an individual basis; it will not be posted online



Materials will be posted on [SNI Link/CIO-CMIOs](#)

Agenda

Time	Topic	Lead(s)
4 min	Welcome and Introductions	David Lown
10 min	Telehealth Policy Update + HIE	Haleigh Mager-Mardeusz
45 min	CalAIM: Enhanced Care Management (ECM) and In-Lieu-of Services (ILOS)	Amanda Clarke
1 min	Wrap-up & Announcements	David

Telehealth & HIE Policy Update

Telehealth proposals

- State telehealth policy is actively being worked out through the 2021-22 State Budget
- Two proposals being considered/negotiated on:
 - AB 32 (Aguiar-Curry) Telehealth, CAPH co-sponsored legislation
 - DHCS telehealth policy proposal via the Governor's proposed budget
 - Main difference is audio-only services continuing at FQHCs post-COVID-19 PHE

Telehealth proposals

Provisions	AB 32	DHCS proposal
New requirements	Applies to Medi-Cal and commercial insurance	Only applies to Medi-Cal
Video visits	All provider types eligible	All provider types eligible
Phone visits	All provider types eligible (FQs at least until 2025 or APM)	<ul style="list-style-type: none"> • Non-FQ providers would be eligible to participate • FQs may need to waive PPS or participate in an APM to be reimbursed for phone
Payment	All telehealth services at parity with in-person services (FQs at least until 2025 for phone visits)	<ul style="list-style-type: none"> • Video visits at parity • Phone visits subject to fee-schedule set at roughly 65% of the in-person rate • DHCS would determine a comparable rate for FQs (and other requirements, e.g., APM participation)

Next steps on telehealth

- Legislature rejected DHCS' telehealth proposal in their version of the budget and instead adopted AB 32 language
 - However, Governor has authority to veto this, so they'll need to resolve the differences
- Legislature and Administration in closed door negotiations on final budget details, and budget trailer bill language to implement new policies
- We don't yet know what the final telehealth policy will be, but we expect an agreement will be reached within the coming weeks
- We will share any updates once a deal has been reached

HIE



- AB 1131 (Wood)
 - Would have established a statewide health information exchange via a centralized repository model
 - This bill was made into a two-year bill; it is not moving forward this year but it may come back up next year
- SB 371 (Caballero)
 - CMA sponsored bill to counter Asm. Wood's bill
 - Takes incremental steps towards a statewide network-of-networks model
 - Still moving forward, and CAPH is supportive of this bill
- State Budget
 - Legislature rejected State's \$2.5M budget proposal for HIE leadership (final status TBD)
 - \$300M population health management data proposal as part of CalAIM (details TBD)

Enhanced Care Management (ECM) & In-Lieu-of Services (ILOS)


Guidance Document Overview

- [ECM and ILOS finalized policy guidance documents](#) (released 6/3):
 - [DHCS-MCP ECM and ILOS Contract Template](#)
 - [ECM and ILOS Standard Provider Terms and Conditions](#)
 - [CalAIM ECM and ILOS Model of Care Template](#)
 - [ECM Key Design Implementation Decisions](#)
 - [ECM and ILOS Change Memo](#)
 - [Updated ECM and ILOS Frequently Asked Questions \(FAQs\)](#)
 - [Providing Access and Transforming Health \(PATH\) Supports FAQs](#)
 - [CalAIM Model of Care Cover Note](#)
- [Manatt Data Sharing Roadmap](#)

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ECM and ILOS Data Capabilities

Per the [Data Sharing Roadmap](#):

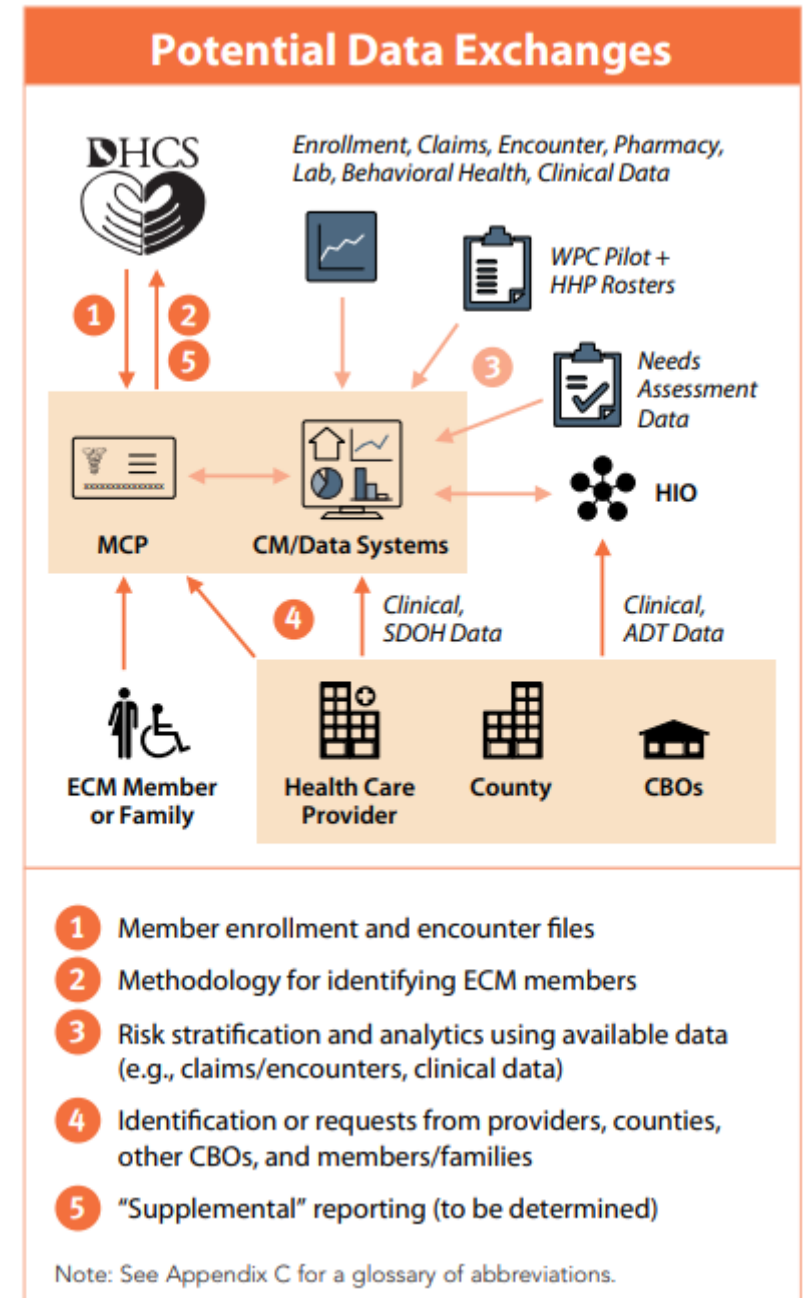
- ✓ ECM Member Identification, Review, and Authorization
- ✓ ECM Provider Assignment and Member Engagement
- ✓ ECM Care Plan Development, Sharing, and Use
- ✓ ILOS Needs Assessment and Referral Management
- ✓ ECM and ILOS Billing and Encounter Reporting Practices
- ✓ ECM Care Coordination and Referral Management
- ✓ ECM and ILOS Quality Measure and Performance Reporting

ECM Member Identification, Review and Authorization

- Should be two-way referral system
 - DHCS views as primarily managed care plans (MCP) responsibility (similar to HHP lists)
 - Need processes for providers to refer in
 - Using health system risk algorithm
 - Identified at point of care → Preauthorization
 - Expedited authorization for some ILOS

Implications for Local Planning

- Establish bidirectional referral processes with MCP
- Parameters for pre- and expedited authorization
- Share physical, BH, admin, social needs data with MCP (related to CalAIM pop health management)
- Others?

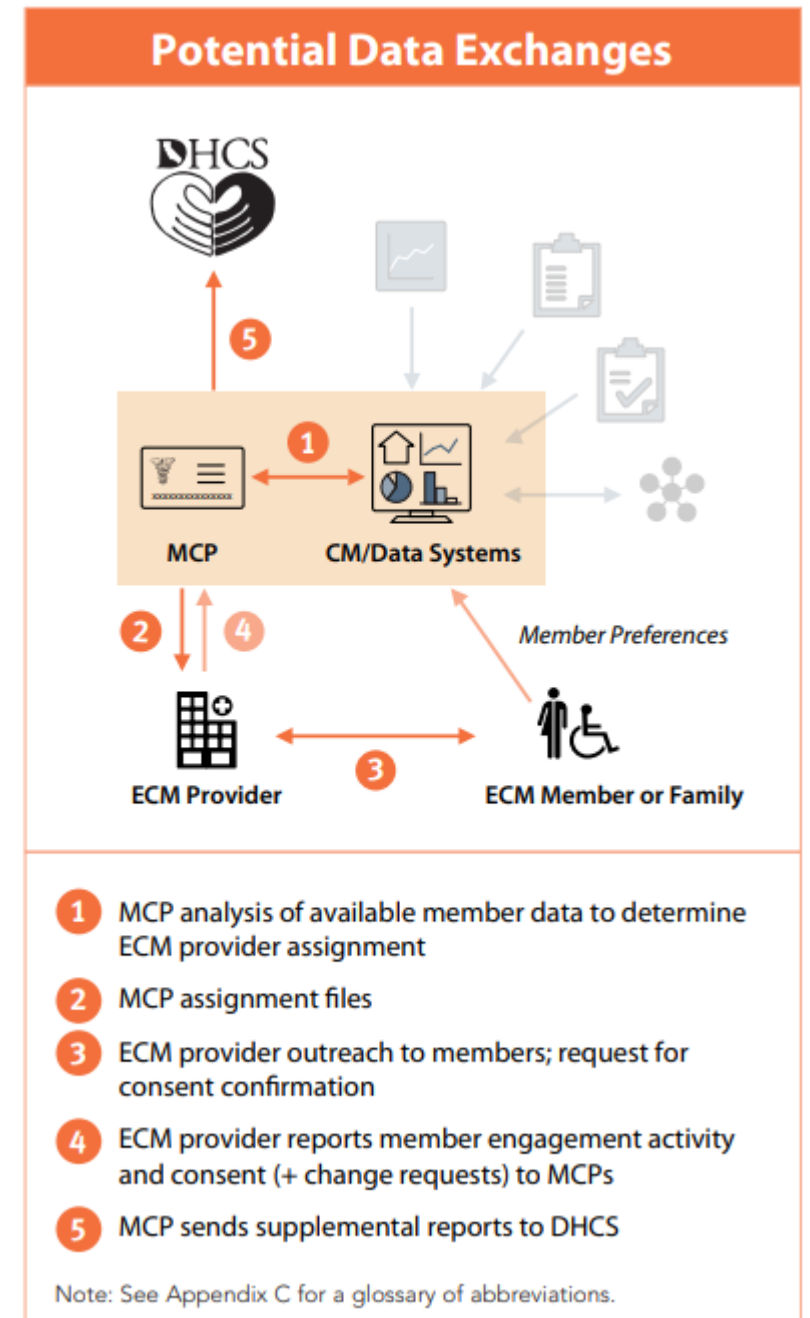


ECM Provider Assignment and Member Engagement

- MCP determines most appropriate ECM provider → sends assignment files to provider
 - Assigned within 10 days of authorization (or by alternate agreement)
 - Must account for patient preference, needs, and existing provider relationships
 - Preferential assignment for BH providers, CCS providers, and assigned PCPs who are ECM providers
- MCP notifies providers and ECM provider notifies member, obtains consent
 - Revised policy eliminated requirement for patient consent to:
 - Share data prior to initiation of ECM/ILOS, except per federal law
 - Receive ECM or ILOS

Implications for Local Planning

- Data sharing with assigned BH – ECM providers
- Consent management for federal regulations
- Others?



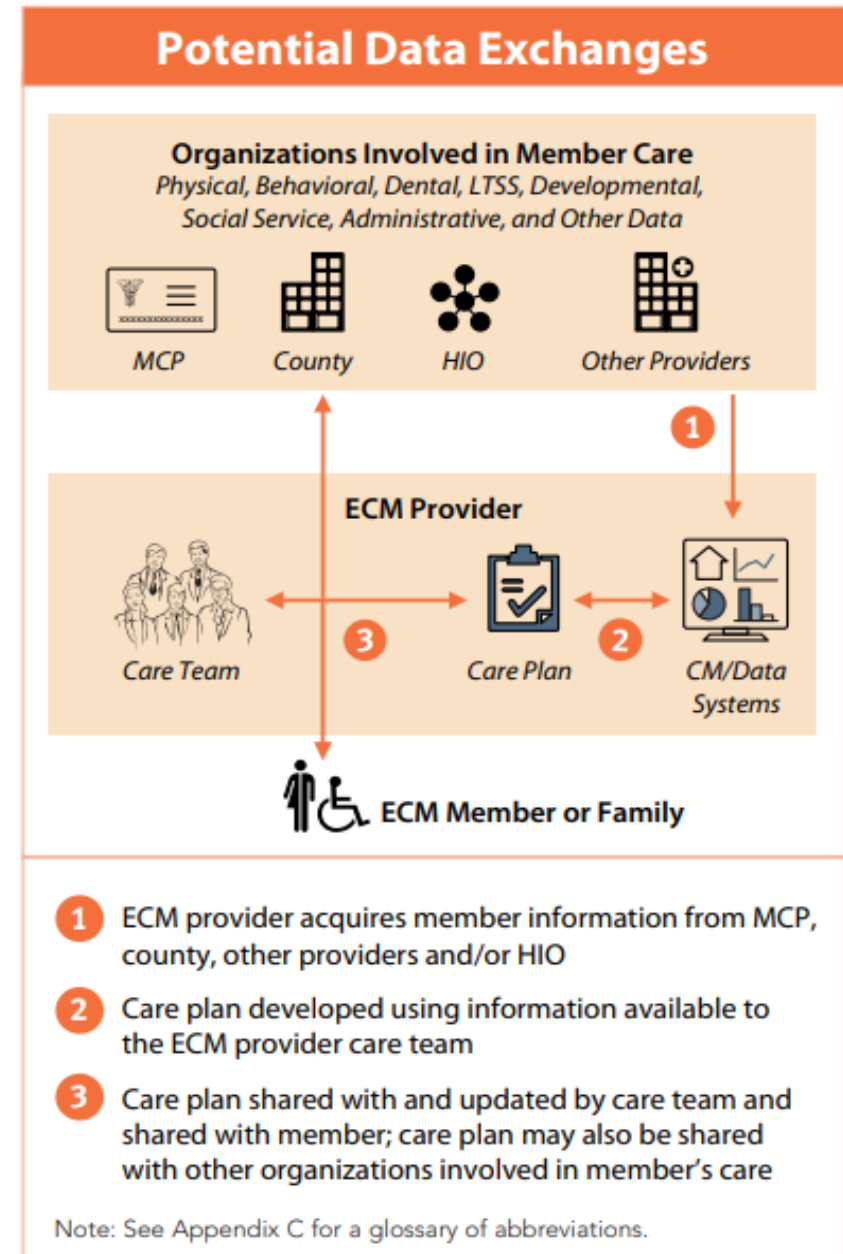
ECM Care Plan Development, Sharing, Use

- ECM provider develops and maintains shared care plan, including physical, BH, social services, social needs data

Implications for Local Planning

- Determine if MCPs will leverage existing CM platform or purchase own
- If leveraging existing platform, adapt it to meet new ECM/ILOS req's
- Others?

Model of Care (pg. 32): "Specify how the MCP will leverage systems and infrastructure that were built as part of HHP and/or WPC to support ECM functions, including identification, authorization, and exchange of data with ECM and ILOS Providers....If the MCP will not use a system put in place to support HHP or WPC, explain why not."

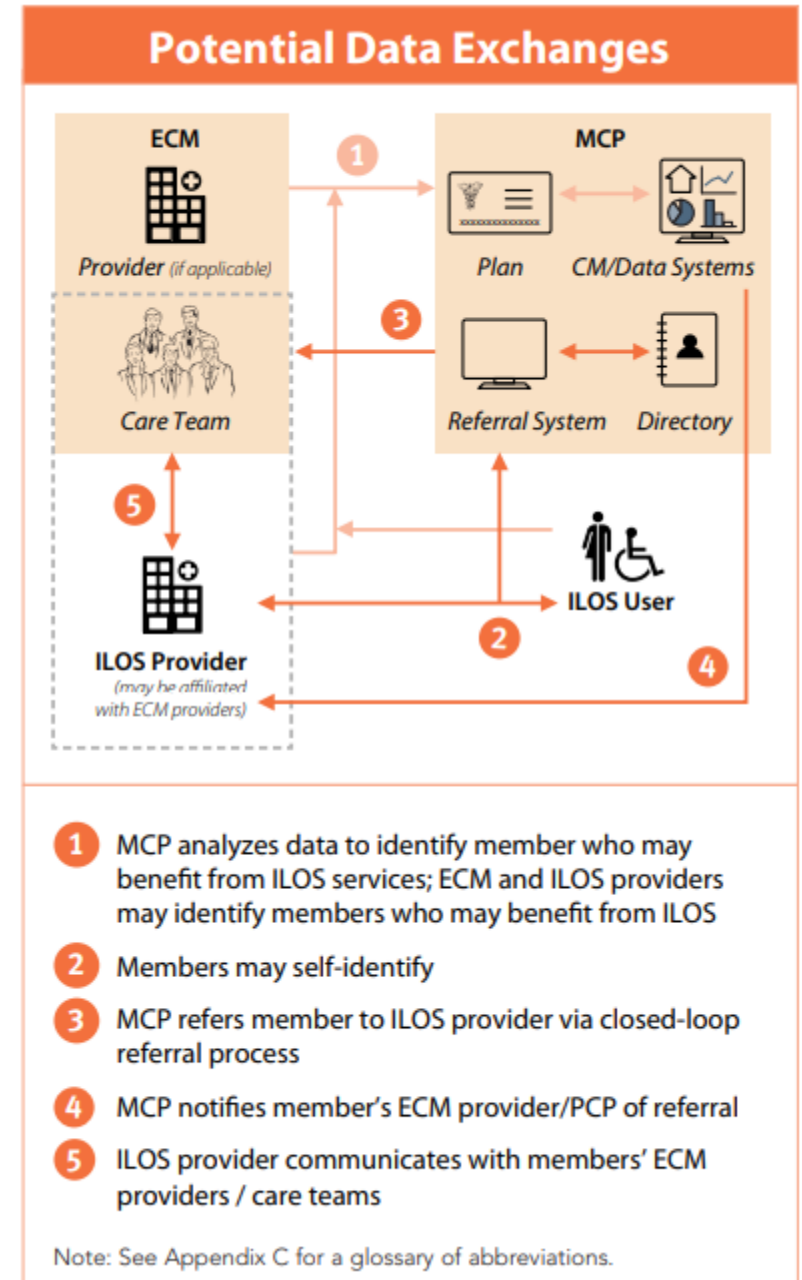


ILOS Needs Assessment and Referral Management

- MCP, ECM, and ILOS providers may identify members in need of ILOS
- MCP manages referrals, including approval and referral to ILOS providers via closed loop referral process
- ILOS providers accept referrals, reach out to members, and report back to MCPs and ECM provider
- MCPs regularly monitor changes in health/social needs status that would determine a member's need for an ILOS

Implications for Local Planning

- Establish communication pathways between MCPs, ECM, and ILOS providers as ILOS network grows
- Determine if MCPs will leverage existing social referral platform or purchase own
- If leveraging existing platform, adapt it to meet new ILOS req's
- Assess integration between CM and social referral platforms
- Others?

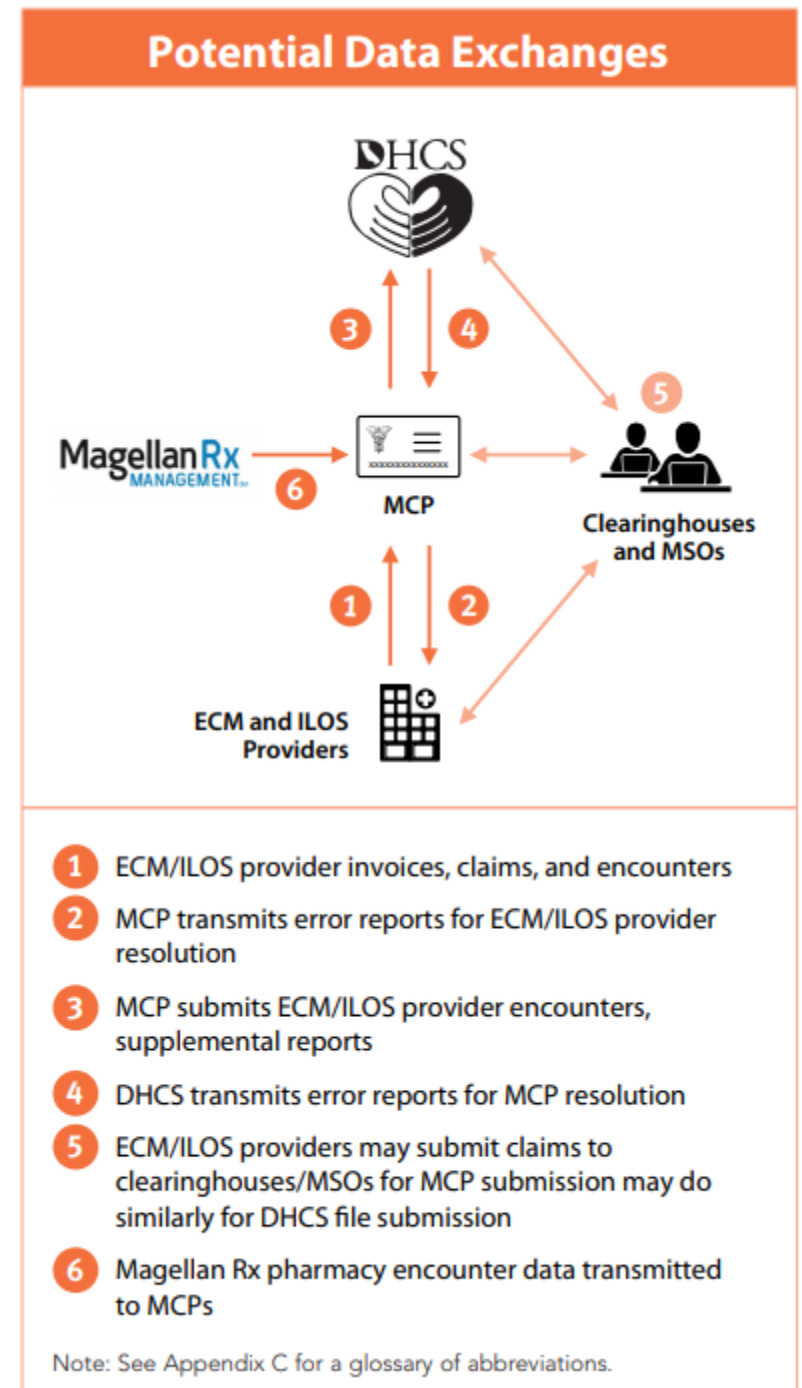


ECM and ILOS Billing and Encounter Reporting

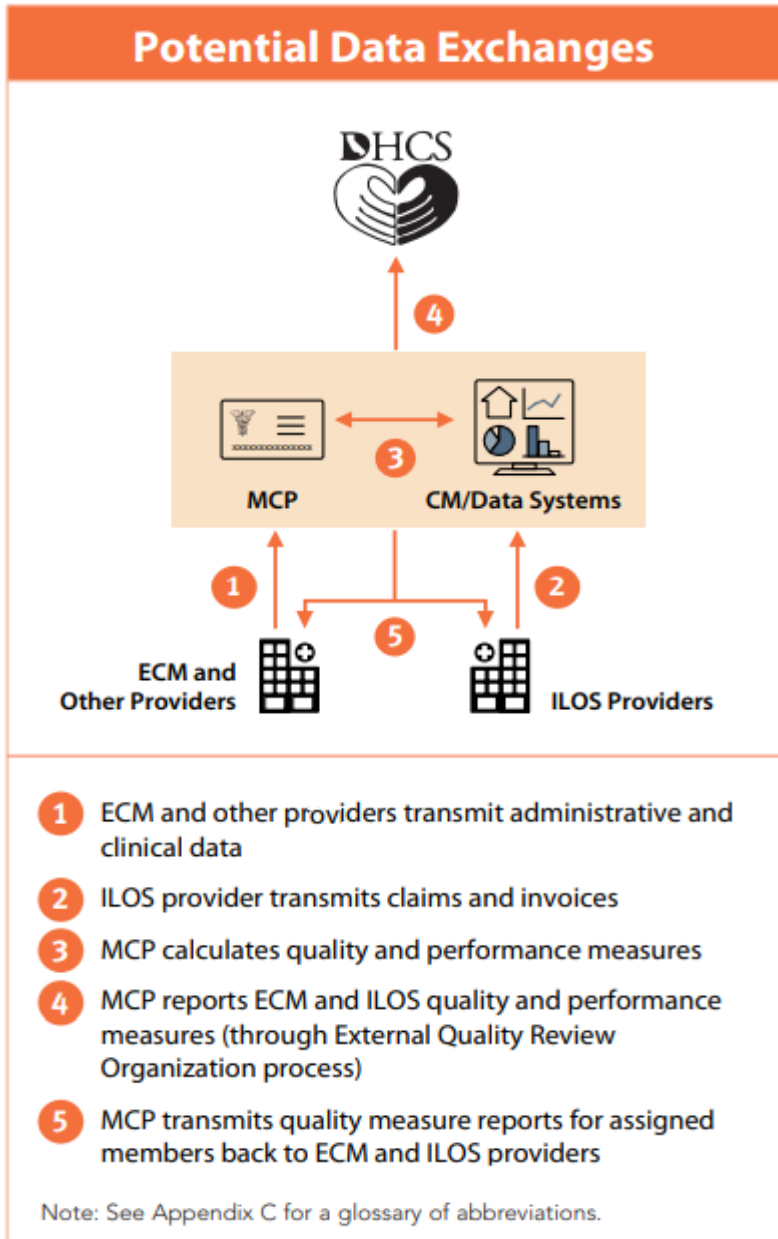
- Providers submit claims/invoices to MCPs
- Providers without the capabilities to submit a compliant 837 claim can submit invoices
- DHCS developing a standardized invoice template for those who can't submit a claim

Implications for Local Planning

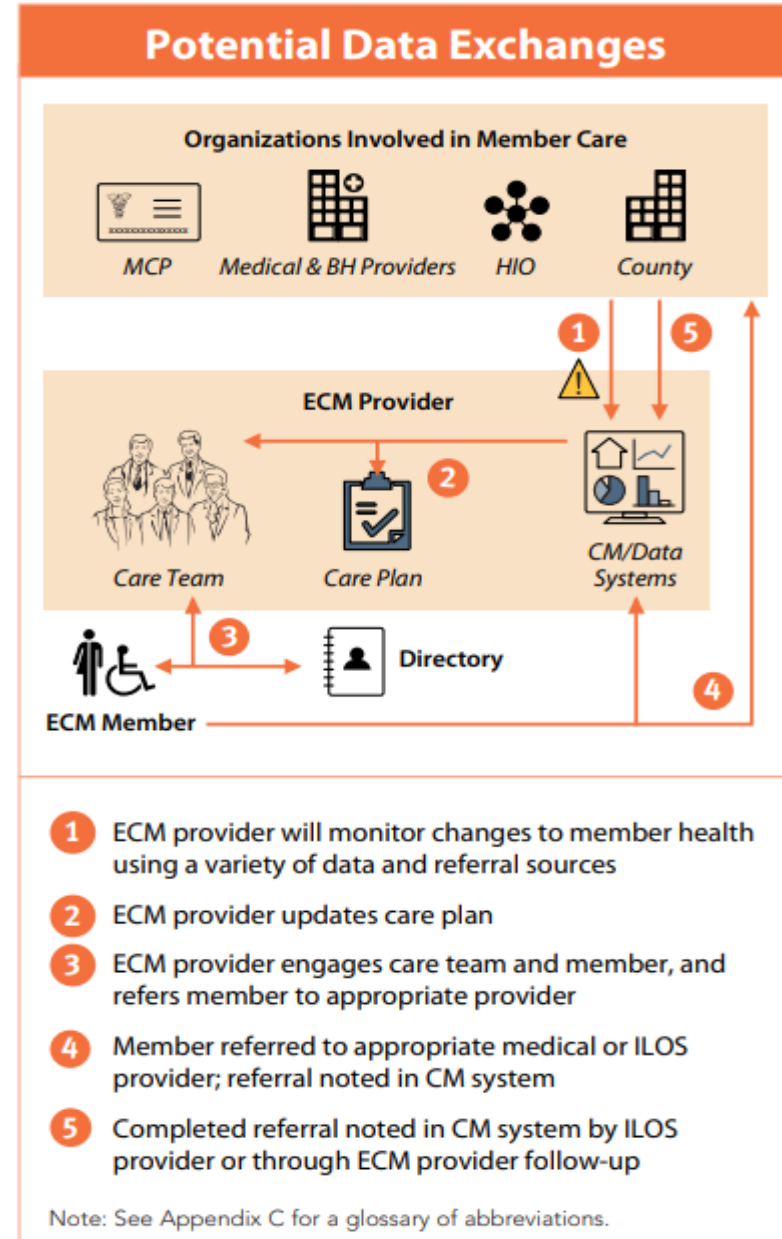
- Engage CFOs/finance staff
- Update systems to process new billing and encounter codes
- Develop special invoicing process for contracted ILOS providers (CBOs) that don't use 837 claims (?)
- Determine who will train ECM/ILOS providers to code
- Others?



ECM Care Coordination and Referral Management



ECM/ILOS Quality Measure and Performance Reporting



Discussion Questions

- How are you coordinating with your Whole Person Care leads?
- Who is the primary audience for WPC technical assistance and communications related to data sharing (e.g., CIO/CMIOs, WPC leads, a combination)?
- Do you have concerns or questions related to ECM and ILOS data sharing that we haven't covered today?

ECM/ILOS Data Sharing – Important Dates

- Model of Care
 - Part 1: July 1
 - Part 2: Sept 1 (includes data sharing P&Ps)
 - Part 3: Oct 1
- Coding/billing guidance, invoice template released in next few weeks
- Data sharing guidance in July

Wrap up

Program updates

- ❖ Next meeting: Tuesday, July 20, 1-2pm
- ❖ SNUGs (EHR User Groups) – information [here](#)
- ❖ Closed CIO/CMIO-only page on SNI Link – [here](#)
- ❖ Other topics of interest? *Please email [Zoe](#)*