

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) | 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) | 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 <u>Data Sharing Roadmap</u>:

- ✓ 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

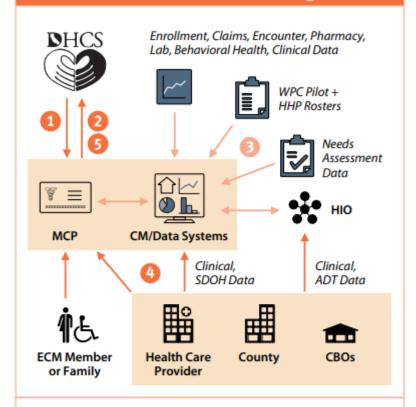
ECM Member Identification, Review and Authorization

- 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?

Potential Data Exchanges



- Member enrollment and encounter files
- Methodology for identifying ECM members
- Risk stratification and analytics using available data (e.g., claims/encounters, clinical data)
- Identification or requests from providers, counties, other CBOs, and members/families
- "Supplemental" reporting (to be determined)

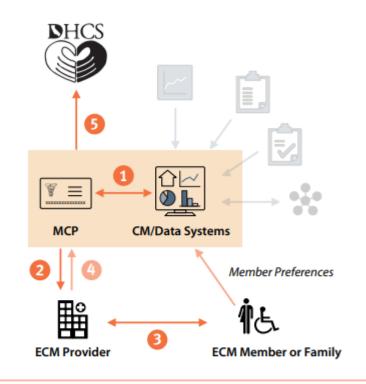
ECM Provider Assignment and Member Engagement

- 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?

Potential Data Exchanges



- MCP analysis of available member data to determine ECM provider assignment
- MCP assignment files
- ECM provider outreach to members; request for consent confirmation
- 4 ECM provider reports member engagement activity and consent (+ change requests) to MCPs
- MCP sends supplemental reports to DHCS

ECM Care Plan Development, Sharing, Use

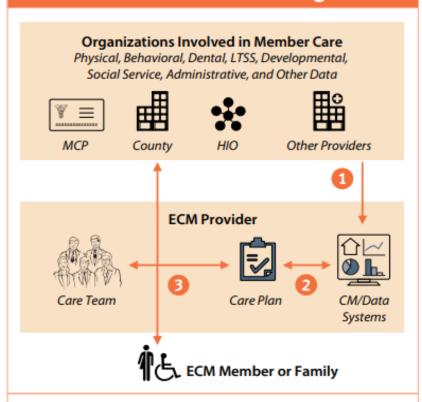
 ECM provider develops and maintains shared care plan, including physical, BH, social services, social needs data

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 reg'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."

Potential Data Exchanges



- ECM provider acquires member information from MCP, county, other providers and/or HIO
- Care plan developed using information available to the ECM provider care team
- Care plan shared with and updated by care team and shared with member; care plan may also be shared with other organizations involved in member's care

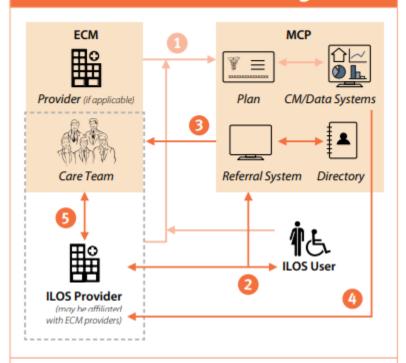
ILOS Needs Assessment and Referral Management

- 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 reg's
- Assess integration between CM and social referral platforms
- Others?

Potential Data Exchanges



- MCP analyzes data to identify member who may benefit from ILOS services; ECM and ILOS providers may identify members who may benefit from ILOS
- Members may self-identify
- MCP refers member to ILOS provider via closed-loop referral process
- MCP notifies member's ECM provider/PCP of referral
- 5 ILOS provider communicates with members' ECM providers / care teams

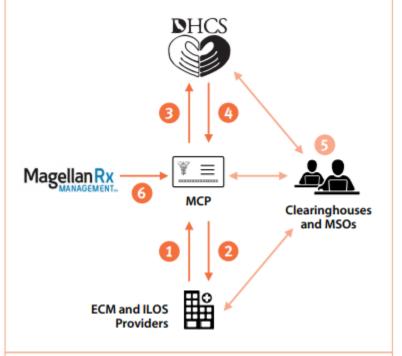
ECM and ILOS Billing and Encounter Reporting

- 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?

Potential Data Exchanges

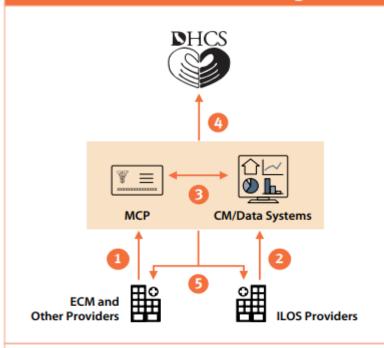


- ECM/ILOS provider invoices, claims, and encounters
- MCP transmits error reports for ECM/ILOS provider resolution
- MCP submits ECM/ILOS provider encounters, supplemental reports
- OHCS transmits error reports for MCP resolution
- 5 ECM/ILOS providers may submit claims to clearinghouses/MSOs for MCP submission may do similarly for DHCS file submission
- 6 Magellan Rx pharmacy encounter data transmitted to MCPs

ECM Care Coordination and Referral Management

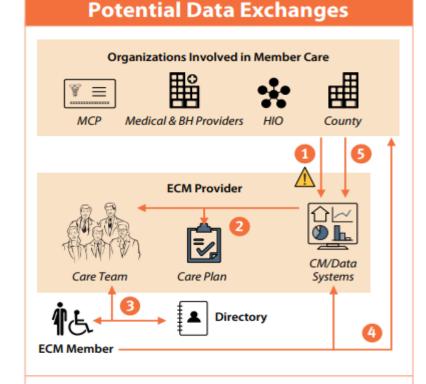
ECM/ILOS Quality Measure and Performance Reporting

Potential Data Exchanges



- ECM and other providers transmit administrative and clinical data
- ILOS provider transmits claims and invoices
- MCP calculates quality and performance measures
- MCP reports ECM and ILOS quality and performance measures (through External Quality Review Organization process)
- MCP transmits quality measure reports for assigned members back to ECM and ILOS providers

Note: See Appendix C for a glossary of abbreviations.



- ECM provider will monitor changes to member health using a variety of data and referral sources
- ECM provider updates care plan
- ECM provider engages care team and member, and refers member to appropriate provider
- Member referred to appropriate medical or ILOS provider; referral noted in CM system
- Completed referral noted in CM system by ILOS provider or through ECM provider follow-up

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**