Whole Person Care Pilots Peer-to-Peer Learning Collaborative

September 7, 2021

Agenda

Planning for Clients Who May Not Transition to ECM

- Transitioning clients that do not qualify for ECM/ILOS
- Benefits support for FFS/out-of-county members

CalAIM ECM/ILOS FAQ

- Walk through the ECM/ILOS FAQ to review questions pertinent to LEs

Wrap Up and Next Steps

Peer-to-Peer Learning Collaborative - Objectives

1

Address the needs of individuals who will **not** transition to ECM/ILOS

2

Highlight FAQ areas of LE interest for which DHCS has provided guidance and clarity

3

Determine if questions remain regarding the guidance outlined in the FAQ

Planning for Clients Who May Not Transition to ECM

- What proportion of your WPC clients are transitioning to ECM/ILOS on January 1st? Does this meet your expectations?
- How are you planning to transition clients who do not meet an ECM population of focus?
- How are you planning to transition and support FFS clients or clients with out-of-county MCPs? Is your pilot considering helping clients enroll in managed care?

CalAIM ECM/ILOS FAQ

- The next few slides will walk through questions that are commonly asked by pilots.
- Many answers can be found in the ECM/ILOS FAQ on the DHCS website.
- The FAQ is updated regularly; the next update will be released this month.

ECM/ILOS FAQ – Common Pilot Questions
ECM/ILOS Providers

- Do ECM and ILOS Providers have to submit encounter data?
  - DHCS' expectation is that ECM and ILOS Providers will submit encounters to MCPs for transmission to DHCS. Providers that do not have these capabilities will be allowed to submit invoices to MCPs, and MCPs will then convert the invoices to encounters for submission to DHCS.
- How will ECM and ILOS Providers submit invoices if they don't have a compliant billing system?
  - DHCS expects that some ECM and ILOS Providers will not have access to billing systems that can generate a compliant ASC X12 837 version 5010 x223 claim.
  - DHCS will work with MCPs and other stakeholders to develop billing guidance that includes minimum necessary data elements that ECM and ILOS Providers need to provide to MCPs in order to submit invoices to MCPs, and for MCPs to translate those invoices into a compliant encounter for submission to DHCS.

ECM/ILOS FAQ – Common Pilot Questions
ECM/ILOS Providers

- What are the licensing requirements for ECM care managers?
  - DHCS will not set licensing requirements for ECM care managers. MCPs are required to have a process for vetting qualifications and experience of ECM Providers.
  - Criteria MCPs may consider include:
    - Ability to receive referrals from MCPs for ECM or the authorized ILOS
    - Sufficient experience to provide services similar to ECM for Populations of Focus and/or the specific ILOS for which they are contracted to provide.
    - Ability to submit claims or invoices for ECM or ILOS using standardized protocols.
    - Business licensing that meets industry standards.
    - Capability to comply with all reporting and oversight requirements.
    - History of fraud, waste, and/or abuse.
    - Recent history of criminal activity, including a history of criminal activities that endanger Members and/or their families.
    - History of liability claims against the Provider.

ECM/ILOS FAQ – Common Pilot Questions
ECM/ILOS Providers

- Do ECM and ILOS Providers have to be Medi-Cal enrolled Providers?
  - **No**
  - MCP Network Providers (including ECM or ILOS Providers) are required to enroll as a Medi-Cal Provider if there is a state-level enrollment pathway for them to do so.
    - The Provider would enroll through the DHCS Provider Enrollment Division, or the MCP can choose to have a separate enrollment process.
  - ECM and ILOS Providers without a corresponding state-level enrollment pathway are not required to enroll in the Medi-Cal program, but they still must be vetted by the MCP in order to participate as ECM and/or ILOS Providers.
    - MCPs must ensure the provider meets the standards and capabilities required to be an ECM or ILOS Provider.
    - MCPs must submit Policies and Procedures for how they will vet the qualifications of ECM and ILOS Providers in their Part 2 submission of the MOC.
  - The credentialing requirements articulated in APL 19-004 related to Medi-Cal screening and enrollment, credentialing, and background checks only apply to Providers with a state-level pathway for Medi-Cal enrollment.

ECM/ILOS FAQ – Common Pilot Questions
ECM Rates and MCP MOCs

- Will DHCS publish ECM capitation rate information?
  - **No**. DHCS does not publish capitation rate information at the benefit level.

- Will DHCS publish the MCPs' Model of Care submissions?
  - MCP's final ILOS selections, submitted by MCPs as part of their "Part 2" MOC Submission, will be published on DHCS' CalAIM and ECM and ILOS websites. DHCS will make updates to this list every 6 months.
  - DHCS will not publish other MOC information.
  - Providers and other stakeholders can request to access each MCP's MOC through that MCP.

ECM/ILOS FAQ – Common Pilot Questions
ECM

- Is ECM subject to standard utilization management medical authorization timeframes, Notice of Action (NOA) requirements, and Grievance and Appeals processes?
  - **Yes**. MCPs must ensure that authorization requests for ECM occurs in accordance with federal and state regulations for processing Authorizations as well as Grievances and Appeals. MCP medical authorization timeframes, Notice of Action requirements, and standard Grievance and Appeals processes apply to ECM for all Members. For more information, please refer to DHCS.
- Will DHCS provide required staffing ratios for ECM?
  - **No**. MCPs will be provided with assumed average caseloads as part of rates but these are not required maximums for the number of Members who can be served by each care manager.

ECM/ILOS FAQ – Common Pilot Questions
ILOS

- What does it mean to "expedite" the authorization of an ILOS?
  - Some ILOS are designed to meet urgent Member needs, and as such should be authorized on an expedited basis. To meet this goal, MCPs are required to have Policies and Procedures in place to expedite the authorization of certain ILOS for urgent needs.
  - For example, if a Member is using a 24-hour sobering center stay in lieu of an emergency room visit, the service should be approved on an expedited basis (e.g., 12 hours) as opposed to standard authorization timelines (e.g., 5 business days).
  - MCPs may consider working with ILOS Providers to define a process and appropriate circumstances for presumptive authorization of ILOS.
  - Under these circumstances, select ILOS Providers of pre-determined, urgent ILOS (e.g., sobering center visits or discharges to recuperative care) would be able to directly authorize an ILOS, potentially only for a limited period of time or under specified circumstances, when a delay would be harmful to the Member.

ECM/ILOS FAQ – Common Pilot Questions
Utilization Management for ECM

- When WPC Pilot Members transition to ECM and are reassessed within six months, how should MCPs determine if they are still eligible to receive ECM?
  - MCPs should use the reassessment process to evaluate whether Members are ready to transition out of ECM.
  - MCPs should assess transitioning Members against their ECM discontinuation criteria; as outlined in Section 11.a of the Contract Template, when any of the following circumstances are met, ECM should be discontinued:
    - I. The Member has met all care plan goals;
    - II. The Member is ready to transition to a lower level of care;
    - III. The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage; and/or
    - IV. The ECM Provider has not been able to connect with the Member after multiple attempts.
  - In their MOC, MCPs are required to provide Policies and Procedures for discontinuing ECM and must elaborate on the specific graduation criteria they will apply to transition a Member to a lower level of care management or coordination

ECM/ILOS FAQ – Common Pilot Questions
Utilization Management for ILOS

- What utilization management protocols can an MCP implement for ILOS?
  - MCPs should develop appropriate and non-discriminatory protocols that include ILOS discontinuation criteria for all ILOS enrollees, including those who have transitioned from corresponding WPC Pilot services.
  - MCPs should consult with WPC lead entities and other ILOS providers to understand the appropriate and average utilization and duration of each ILOS, as well as any discontinuation criteria in use today
  - Utilization management procedures should consider the goals of each ILOS and MCPs should not categorically deny or discontinue an ILOS irrespective of Member outcomes or circumstance.
    - E.g. When considering discontinuation criteria for individuals in recuperative care, the MCP should consider Member medical stability, likelihood of readmission to the hospital, and factors such ability to transfer to stable housing or availability of caregiver support
  - Upon discontinuing an ILOS for a Member, the MCP is expected to provide them with any appropriate alternative services or referrals.

ECM/ILOS FAQ – Common Pilot Questions
Dual Eligibles

- Will ECM be available for individuals dually eligible for Medicare and Medicaid?

  - **Yes** - ECM will be available to individuals dually eligible for Medicare and Medicaid if they meet ECM Populations of Focus criteria and are enrolled in an MCP. MCPs are encouraged to work with Medicare plans to coordinate care.

  - **Exclusions** - Dual-eligible members enrolled in Cal MediConnect (CMC) plans, Fully Integrated Dual-Eligible Special Needs Plans (FIDE-SNPs), and Program for All-Inclusive Care for the Elderly (PACE) plans will be excluded from ECM, on the basis that these plans offer comprehensive care management that is duplicative of ECM services.

Outstanding Pilot Questions for DHCS

- What are the expectations around documentation? Are providers required to document to medical necessity requirements?
- If a county acts as an ECM/ILOS hub, what are the state’s expectations in terms of delegated responsibilities? Would the county have the same requirements as a delegated health plan, for example?
- Are providers allowed to adapt ILOS to reflect resources and need? For example, the ILOS service description mentions that recuperative care could include a 24/7 onsite clinician. If this is not feasible for a provider are they still able to provide recuperative care as an ILOS?

Wrap Up and Next Steps

Questions

- Hub affinity group
- Send questions regarding the Peer-to-Peer Learning Collaborative to Lucy Pagel at lucy@aurrerahealth.com or Amanda Clarke at aclarke@caph.org
- Submit questions regarding the FAQ or transition directly to DHCS at CalAIMECMILOS@dhcs.cs.gov

Upcoming Calls

- Next call will be September 21st @ 12 p.m.
- Please email content suggestions to Lucy and Amanda