

Alameda Alliance for Health
CalOptima
CalViva Health
CenCal Health
Central CA Alliance for Health
Community Health Group
Contra Costa Health Plan
Gold Coast Health Plan
Health Plan of San Joaquin
Health Plan of San Mateo
Inland Empire Health Plan
Kern Health Systems
L.A. Care Health Plan
Partnership HealthPlan of CA
San Francisco Health Plan
Santa Clara Family Health Plan

CalAIM Learning Collaborative: Enhanced Care Management & In Lieu of Services

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ECM & ILOS: Provider Network Considerations

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L.A. Care Health Plan

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Discussion Topics

- ECM & ILOS Provider Requirements
 - ECM Caseload Ratios — Calculations & Considerations
 - Network Adequacy
 - Provider Readiness — Training & TA
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Provider Requirements — ECM

DHCS identifies that ECM Providers may include, but are not limited to:

Counties	County Behavioral Health Providers	PCP or Specialist or Physician Groups	FQHCs
Community Health Centers	Hospitals or Hospital-based Physician Groups or Clinics	Rural Health Clinics	Local Health Departments
Behavioral Health Entities	Community Mental Health Centers	SUD Treatment Centers	Organizations Serving Individuals Experiencing Homelessness
	Organizations Serving Justice-Involved Individuals	Other Qualified Providers as approved by DHCS	

Source: DHCS-MCP ECM and ILOS Draft Contract Template Provisions, pg. 4

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Provider Requirements — ECM

DHCS says ECM Providers must:

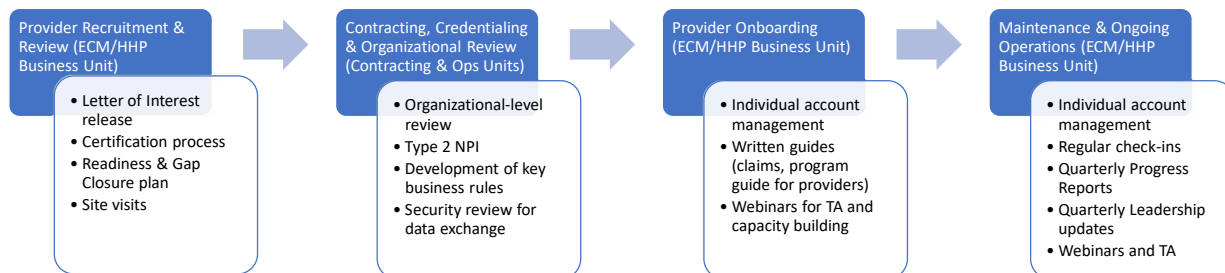
- Have experience with the Population of Focus they want to serve
- Have experience providing the ECM services
- Can meet programmatic requirements
- Use a system of record for documentation
- Have agreements / processes in place to coordinate care with hospitals and other organizations
- Can communicate and provide care in culturally and linguistically appropriate and accessible ways

Source: DHCS-MCP ECM and ILOS Draft Contract Template Provisions, pg. 5

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Provider Requirements — ECM

L.A. Care's approach (driven by HHP experience)



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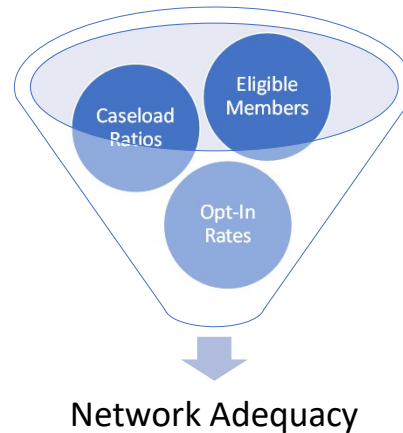
ECM Network Adequacy

Populations of Focus: *How many eligible members will L.A. Care have?*

Pending DHCS
Criteria Finalization

Caseload Ratios & Staffing: *How many members can one FTE CC serve?*

Opt-In Rates: *How can we target the right providers to maximize opt-in rates and program benefit?*



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ECM Network Adequacy

ECM Caseload Ratios

- Caseload for HHP is 1:60 (Care Coordinator: Members)
 - *Considering a caseload of 1:40 for ECM*
- The Math — Key Assumptions
 - 1 FTE Care Coordinator has *35 hours per week* for dedicated member care
 - This equals *140 hours per month* of member care
 - Our requirement is weekly member contact in the first month of ECM enrollment
 - Each new member should have about *2 hours/week* for the first month to complete assessment and care plan, establish relationship, case conference.
- **1 FTE Care Coordinator:**
 - **10 new members per month = 80 hours in the first month**
 - **30 established members = 60 hours per month** (*the remainder*)
 - Average of 2 hours per month per established member
- *HUGE dependency on rates – Can the DHCS rates support a lower caseload?*

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ECM Network Adequacy

Building off HHP experience:

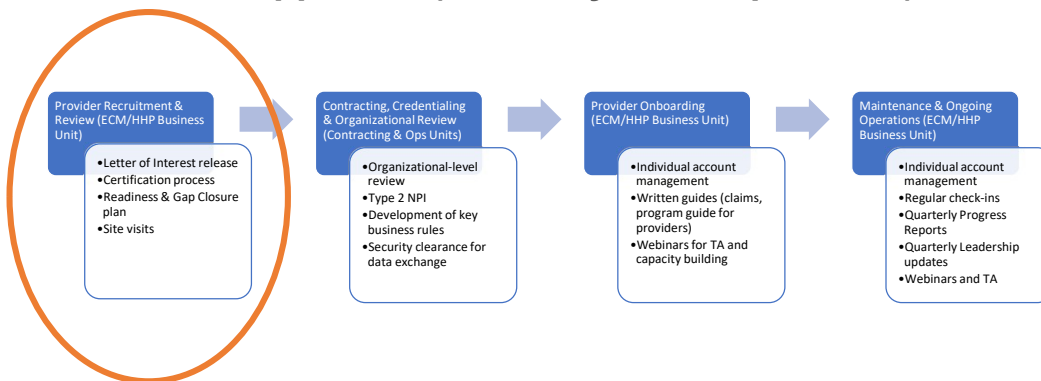
- Average HHP opt-in rate 20-25%
 - Some CB-CMEs are near 50%
 - Relationships matter!
 - Monthly monitoring is key
- Current HHP network is at 70% capacity
 - Reduction in caseload capacity by 1/3 would put existing network at 100% capacity for Day 1
 - Need to factor in addition of WPC providers and capacity
 - We need to be intentional and add ECM capacity in the right areas — populations, geography, org. size, etc.

Enrollment Capacity - Oversight			
Last Updated: 2/24/2021			
CB-CME Entity	Total # of Sites/Locations	MCLA Enrollment Capacity as of 2/24/2021	Enrollment Capacity Met
1	2	54	94%
2	12	157	87%
3	5	610	84%
4	1	36	75%
5	1	125.2	77%
6	5	37.1	75%
7	4	94.6	74%
8	9	1524	68%
9	1	713.2	68%
10	8	48	67%
11	5	162.9	64%
12	5	112	64%
13	1	535	64%
14	1	103	62%
15	3	73	62%
16	2	252	60%
17	2	142	58%
18	4	50	56%
19	7	83	55%
20	3	1909	55%
21	4	158	53%
22	4	77.8	50%
23	28	5551.6	43%
24	18	627.5	46%
25	5	187	43%
26	6	159	43%
27	14	851.25	41%
28	2	157	38%
29	2	42.5	35%
30	1	232.5	31%
31	2	88	31%
32	1	63	16%
33	1	47	15%
34	1	68	3%
		13,322.18	

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Provider Requirements — ECM

L.A. Care's approach (driven by HHP experience)



We need an intentional and targeted approach to provider recruitment to grow the ECM network in a meaningful way.

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Training & Technical Assistance

Probable ECM Training & TA includes:

- Individual Account Management
 - Bi-weekly webinars
 - Quarterly Learning Collaborative
 - Quarterly Leadership Program Updates
 - Adaptation of L.A. Care CHW training materials
 - ECM “Boot Camp”
 - Technical Assistance for program start-up
 - Mix of webinars, written guides, individual TA
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Provider Requirements — ILOS

Provider types & requirements differ significantly by ILOS, but will include:

- Sufficient experience and expertise in the provision of the ILOS being offered
 - A history of serving Medi-Cal Members in a community-based manner
 - Capacity to provide appropriate and timely, high-quality service delivery of the ILOS that it is contracted to provide, as needed, in various settings (i.e., in-person, telephonically, etc.)
 - Capacity to serve all referred members for the authorized ILOS
 - Capabilities to link member to ILOS services and share relevant information between the member’s care team, including ECM provider, as applicable, PCP, and MCP and other providers involved in the member’s care.
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From L.A. County ILOS LOI Draft (release expected mid-June)

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Provider Requirements — ILOS

Provider types & requirements differ significantly by ILOS, but will include (cont.):

- Strong, engaged, organizational leadership who agree to participate in learning activities, including in-person sessions and regularly scheduled calls
- If applicable to the ILOS, ability to transition, accept, perform outreach activities and, with member's consent, enroll ILOS members assigned by the health plan according to the ILOS Provider contract with the MCP.
- If applicable, enroll as a Medi-Cal provider
- Ability to submit claims or invoices for ILOS using standardized protocols
- Business licensing that meets industry standards
- Ability to meet MCP data sharing, reporting, and oversight requirements

From L.A. County ILOS LOI Draft (release expected mid-June)

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Provider Requirements — ILOS

Reviewing existing & national programs to develop appropriate provider standards & contracts:

Housing Navigation & Tenancy Support Services

- Health Homes SOW
- L.A. County Housing for Health Intensive Case Management Services SOW
- Los Angeles Homeless Services Authority Housing Navigation Program
- Corporation for Supportive Housing Supportive Housing Standards

Recuperative Care

- National Health Care for the Homeless Medical Respite Standards
- L.A. County Interim Housing Provider Standards
- L.A. Care Pilot SOWs

Medically Tailored Meals

- MSSP Contracts
- Existing L.A. Care "Meals to You" Pilot contracts
- DHCS MTM Pilot requirements
- Food is Medicine Coalition Clinical Committee Guidelines

Sobering Centers

- TBD

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Working with Non-Traditional Providers

WPC Subcontractor Model

ECM and ILOS provider networks from WPC programs through County DHS

Existing CHAMP data system for provider documentation

TA support through County agencies

Higher rates to cover County administration and new oversight challenges for L.A. Care

Direct Contractor Model

Current HHP, Recuperative Care, and Medically Tailored Meals providers

Q4 2021 Challenge to meet all provider credentialing / onboarding standards and complete provider load by 1/1/2022

Significant TA for oversight & to manage authorizations and claims / billing (increased health plan staffing)

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Data Sharing Approaches Under Consideration

Opening Health Plan Clinical System to Providers

Provider Portal

SFTP Data Exchange

Email & Fax

HIEs

Canned Reports

Member History PDFs

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Questions?
