

LHPC Institute CalAIM Learning Collaborative

Session 8: Process for Receiving & Approving Referrals for ECM and ILOS Services

Discussion Questions

Enhanced Care Management

1. How will your plan receive and process referrals from ECM providers?
2. How will your plan respond to requests for ECM services from members, providers and others?
3. How will your plan identify members who are eligible for ECM (e.g., what data sources will you use and how frequently will you run eligibility reports)?
4. What will be your plan's process for authorizing ECM services?
 - a. What system challenges might plans encounter around processing ECM referrals and authorizations? How will you address these challenges?
5. How will your plan ensure compliance with regulatory and statutory time frame requirements for ECM authorizations? Do you anticipate having to extend those time frames to obtain additional data or information, and thus send additional NOAs?
6. Has your plan determined the duration of ECM authorizations (six months minimum per DHCS or other)?
7. Does your plan intend to allow presumptive authorization for ECM services? If so, how are you approaching the development of a policy and process?
8. How will your plan match members to preferred or other ECM providers?
9. What other factors/issues should plans consider as it relates to ECM authorizations?

In Lieu of Services

1. Who can submit referrals for ILOS (e.g., physicians/other health care providers, members, caregivers, others)?
2. What process might your plan use for receiving and approving referrals for ILOS? Will it be structured in a manner similar to your plan's ECM authorization process?
 - a. What system challenges might plans encounter around processing ILOS referrals and approvals? How will your plan address these challenges?
3. How will providers be trained on the process?
4. Who at the plan will review/approve ILOS referrals?
5. How will your plan approach expedited approvals for ILOS services?
 - a. For which ILOS will an expedited approval process be necessary (an example DHCS has given is a sobering center being a service that is needed immediately)?
6. What will be your plan's process for referring a member to an ILOS provider for an approved service?
 - a. What will be the timeline for this to occur (point of authorization to referral to ILOS provider)?
7. How will your plan ensure a member agrees to receive an ILOS service? Who will obtain the member's agreement and how might that be done?
 - a. How is this information shared between the plan, provider, etc.?
8. How will your plan follow up to ensure a member receives an approved ILOS service?
9. What other factors/issues should plans consider as it relates to receiving/approval ILOS referrals?