

## LHPC Institute CalAIM Learning Collaborative

### Session 3: ECM & ILOS — Provider-Related Issues and Considerations

May 24, 2021

#### Meeting Summary

##### Presentation:

L.A. Care Health Plan's Mary Zavala, Director, Health Homes Program, and Alison Klurfeld, Director, Safety Net Programs and Partnerships, presented their experiences around the development of ECM and ILOS provider capacity strategies.

##### Key points:

- DHCS has identified a wide array of providers who may serve as ECM providers (e.g., counties, community health centers, behavioral health entities, etc.) and outlined requirements providers must meet (e.g., experience with population, experience providing ECM services, ability to meet programmatic requirements, etc.).
- It is important to consider how to identify potential ECM providers, how such providers are vetted, plan network needs and how to develop positive working partnerships with providers. As part of this process, L.A. Care:
  - Issued a letter of interest to potential providers with a 4/21 due date. Potential ECM providers were asked to identify their population of focus, experience and capabilities.
  - Developed a certification tool that included the potential providers' service and administration requirements, staffing plan, etc. L.A. Care used this tool to help identify providers who could fill network gaps.
  - Proposed site visits to potential providers.
- Once contracted, plan credentialing staff conducts credentialing activities using tools developed to reflect the unique requirements of this program. Unique business rules are identified and developed, and security review for data exchange occurs.
- The next step focuses on provider onboarding, which includes account management and provider information and education (written guidelines, webinars for technical assistance and capacity building).
- Once the program goes live, ongoing individual account management, regular check-ins and progress reports, and continued webinars and technical assistance will be provided.
- L.A. Care used their experience with the Health Homes Program (HHP) to develop their ECM caseload ratios and are considering a caseload ratio of 1:40. They recognize that the population requires intensive services, including on-the-ground and face-to-face service, and the highest level of case management. While they would prefer a lower caseload, the final caseload is dependent on forthcoming information from DHCS.
- L.A. Care continues to work on determining which ILOS to offer. These services differ greatly from ECM services and will likely require different providers than for ECM. This will require building new relationships. L.A. Care's ILOS provider requirements include, but are not limited to, nonprofit or public status, experience serving Medi-Cal beneficiaries in a community-based

setting, strong and engaged leadership, capacity to serve all referred members, ability to share relevant information between and among the member's care team, ability to submit claims or invoices for ILOS using standard processes, business licensing, and ability to meet data sharing, reporting and oversight requirements.

- L.A. Care is reviewing existing and national programs to develop appropriate ILOS provider standards and contracts, as well as to determine how best to work with non-traditional providers.
- Like ECM, data sharing presents challenges and L.A. Care will likely continue to refine these processes as the program matures.

#### **Discussion Takeaways:**

- Importance of growing the provider network while being intentional in terms of providers' ability to meet member needs and the requirements of participation.
- Plans should have a good understanding of the population to be served, which providers currently participate in the network, and any gaps between member needs and provider abilities. New providers should be able to help fill those gaps and successfully meet the requirements of the program.
- Streamline program efforts as much as possible in recognition that participating providers are also likely contracted with other plans in the county.
- Member engagement is key. While providers' clinical skills are important, their ability to engage with members is also.
- Data sharing with contracted providers poses a variety of legal, connectivity and other challenges. Staff from across the plan, notably Information Systems, will be needed to support these efforts. L.A. Care staff recognized that how this occurs is likely to change and evolve as the program evolves.
- A cross-functional project team is needed to prepare for program implementation, including project leadership and subproject team members, and in key areas such as data structure, finance (rate development, provider rate development, financial modeling), contracting (including contract development for both ECM and ILOS providers), systems (how to configure core system to develop infrastructure necessary to support program and requirements) and population definition and eligibility.

#### **Next Meeting:**

The next session is scheduled for Monday, June 7, 2021 at 3:00 p.m. and will focus on considerations for determining whether to offer ILOS.