



Implementing CalAIM: The Local Health Plan Perspective

Executive Summary

Local health plans achieved several noteworthy successes in the inaugural year of California Advancing and Innovating Medi-Cal (CalAIM) implementation. Covering 9.3 million Medi-Cal managed care beneficiaries across 36 of the state's 58 counties (and anticipating an even larger coverage footprint in 2024), local health plans' commitment to and focus on building capacity and developing and strengthening relationships between plans and contracted providers ensured strong collaboration and implementation of services.

An ongoing focus on equity in all aspects of CalAIM implementation to address access barriers for members and support provider staff, as well as investment in a data exchange infrastructure that will allow local health plans to better identify and engage eligible members so they can connect with the services they need, also contributed to their progress toward achieving CalAIM's vision.

Key areas would benefit from additional Department of Health Care Services (DHCS) support and technical assistance in 2023 and beyond, including a county-level assessment of the CalAIM data exchange landscape, and funding approaches and opportunities across the state. Second, CalAIM providers would benefit from education or technical assistance on how to braid disparate funding sources to make ECM and Community Supports sustainable. Third, additional technical assistance to support Community Supports providers in submitting accurate and timely data would be beneficial. Local Health Plans of California (LHPC) member plans look forward to DHCS' continued leadership and guidance that supports local health plans' implementation efforts in the years ahead.

LHPC Member Plans

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

Context

In January 2022, managed care plans (MCPs) across California began implementing CalAIM – DHCS’ multi-year transformational reform of the Medi-Cal program through a set of initiatives designed to pursue equitable, coordinated and person-centered care. Local health plan members included some of the state’s most vulnerable populations with high and complex needs, representing various populations of focus (PoF).

Two comprehensive CalAIM initiatives – Enhanced Care Management (ECM) and Community Supports – are built on piloted programs, including the Whole Person Care Pilot (WPC), Health Homes Program (HHP) and the Coordinated Care Initiative (CCI). DHCS called on health plans to implement the new ECM benefit and optional Community Supports services, engage external partners and providers in new ways, and adapt and develop new workflows, policies and procedures that would support the new benefit and services.

Over a 10-month period, the LHPC Institute partnered with Health Management Associates (HMA) to convene an MCP peer-to-peer learning collaborative that supported 16 local health plans across California to collaborate on ECM and Community Supports implementation. The LHPC CalAIM Learning Collaborative included peer-to-peer monthly meetings, deep dive workshops covering priority topics and one-on-one support sessions with HMA subject matter experts with the goal of connecting MCP teams statewide to collaborate and strengthen their respective implementations and improve the services provided to beneficiaries.

This issue brief highlights some early successes of local health plans in implementing ECM and Community Supports in 2022 and identifies opportunities and priorities for continued implementation as services expand delivery to additional ECM PoF and as new CalAIM initiatives are rolled out in the coming years.


CalAIM ECM & Community Supports Implementation Successes by Local Health Plans

Strengthened Provider Network Capacity and Relationships with Community Partners

Local health plans made considerable advancements as they contracted with community providers to support their members in receiving care. Plans contracted with various types of providers from county government agencies, including county behavioral health providers, federally qualified health centers and community-based organizations (CBOs) that provide the Community Supports services offered by the MCPs. Plans supported provider network capacity by investing in robust technical assistance and training for prospective and contracted ECM and Community Supports providers, which included orientations, webinars and workshops throughout the year on a variety of subjects.

Local Health Plan Training Programs

- ECM & Community Supports 101 Topics, including ECM Boot Camps
- Assessment and Care Planning in ECM
- Outreach and Engagement in ECM
- Care Coordination and Transitions of Care in ECM
- Trauma-Informed Care
- Person-Centered Planning
- Working with Persons with Serious Mental Illness & Substance Use Disorders
- Housing Readiness Strategies
- Medical Health Needs of the Unhoused



Plans also facilitated trainings on data exchange, claims submissions and billing, and developed materials such as invoice templates, billing guides and provider manuals to train providers in the service provision and billing processes. For example, CenCal Health created and offered contracted ECM providers a standardized assessment tool and care plan to guide their interventions and ensure both members' needs and DHCS' requirements are being met.

Plans also provided additional tailored training and support to Community Supports providers who were new to contracting with MCPs, unfamiliar with managed care workflows or who had less existing infrastructure. For Central California Alliance for Health, TTA included coaching on documentation, reporting and invoicing for staff at Community Supports agencies. Additionally, many plans were able to leverage existing relationships with organizations, county agencies and stakeholders to build partnerships or contract for services. For example, in San Mateo County, the Health Plan of San Mateo partnered with its county behavioral health agency. In

Making Equity a Focus

Local health plans continue to progress in building cultural and linguistic capacity and competency across their ECM and Community Supports provider networks, ensuring contracted providers are delivering services that are trauma-informed, patient-centered and responsive to each member's unique needs. Contracting with organizations that have longstanding relationships within the community and are staffed with members of the communities they serve have been prioritized by the plans, which facilitates outreach and engagement with eligible ECM and Community Supports members. Moreover, building strong partnerships with agencies that have equity-focused missions and goals allow for alignment between local health plans and contracted providers. To both enhance comprehensive care and to ensure improved outcomes, local health plans have been selective in identifying and engaging providers who specialize, and have proven successful, in serving specific ECM PoFs.

another county, Kern Health Systems contracted with the Central California Asthma Collaborative – an organization they had previously worked with on other initiatives – to implement asthma remediation services. Many plans leveraged existing partnerships with former WPC/HHP providers. For example, Gold Coast Health Plan contracts with their county as an ECM and Community Supports provider, leveraging the structures and lessons learned from WPC.

To better address gaps in their provider networks and eliminate barriers to accessing care, many local health plans, including L.A. Care Health Plan in Los Angeles County and San Francisco Health Plan in San Francisco County, cultivated partnerships with the commercial Medical managed care plans in their respective counties to collaborate on network development and capacity building. The plans' goal of stronger, well-supported networks leads to better care for members. There is still much ground to cover in both streamlining managed care requirements in multi-plan counties and in onboarding and building capacity among new network providers.

Local plans continue to build cultural and linguistic capacity and competency, ensuring provider services are trauma-informed, patient-centered and responsive.

To build trust within the communities where eligible ECM and Community Supports members reside, many local health plans have invested in building a robust community health worker/promotor (CHW/P) workforce to support outreach and engagement. For example, Inland Empire Health Plan has integrated CHW/Ps into its ECM model of care for contracted providers to provide wraparound support, helping the plan to address ECM-eligible members' social determinants of health alongside their physical and behavioral health needs. CHW/Ps have been essential in meeting members where they live, ensuring they are safe and building trust between the plan and its members.

To improve the efficacy of outreach and engagement with eligible members that may be difficult to reach, many local health plans have developed innovative approaches to connect members to services. For example, CenCal Health has set a minimum outreach threshold requirement that is above the standard outreach attempts for members experiencing homelessness and people with severe mental illness or substance use disorder. CenCal's contracted providers have gone the extra mile to engage these members and enroll them into ECM to receive the expanded supportive benefits. Additionally, many local health plans tailored their outreach materials to reach members who have faced access barriers to work toward ensuring all eligible members have access to ECM and Community Supports services.

CenCal Health has been developing marketing materials (i.e., pamphlets and other print materials) tailored to justice-involved individuals to notify them of their eligibility upon release and transition from incarceration. Local health plans have embraced the ECM model of care to focus on their most at-risk eligible members. To identify gaps in care between populations, plans have developed data-driven approaches to better understand population health trends and disparities in outcomes.

To ensure that ECM and Community Supports services are accessible for all eligible members and have a meaningful impact on their health and well-being, plans gathered community and member feedback regularly to inform program development and approach. For example, L.A. Care Health Plan presented to a focus group of members from its advisory committees when deciding which Community Supports to implement and members provided feedback on the services they believed were most important. These approaches highlight local health plans' commitment to prioritizing and centering equity in each facet of CalAIM implementation.



Investments in Plan and Provider Infrastructure

Local health plans focused on developing a health plan and provider infrastructure to better identify and connect with eligible members, improve access to care and avoid delays when referring members. Plans prioritized investment and support to providers' infrastructure (e.g., referral management, invoicing, billing systems), particularly to those providers that were working with plans directly for the first time. Many plans also invested in community resource and referral platforms, data integration expansions to electronic health records and presumptive eligibility. Deploying flexible and presumptive eligibility requirements for Community Supports services, as well as aligning eligibility criteria with member assessment requirements, allowed eligible members to be more efficiently connected to services. To streamline approval for ECM eligibility and Community Supports services and reduce administrative burden for provider staff, some plans successfully connected with contracted providers' electronic health record systems. In Los Angeles County, L.A. Care Health Plan collaborated

with its county's other MCPs to develop and administer a common ECM and Community Supports provider certification process to support providers in engaging with the plans.

Local health plans also leveraged the homeless management information system (HMIS) and coordinated entry system to identify eligible members for housing-related Community Supports services. To collect member data more efficiently, local health plans used various approaches and developed three different models. Plans that adopted a vertically integrated model built internal platforms for collecting and storing data from providers (e.g., case management systems). Plans that adopted the third-party model contracted with agencies for this process and plans that adopted the provider-centered model are relying on providers to store and collect data and report out quarterly. Local health plans were resourceful and innovative in developing a provider and plan infrastructure to streamline processes that support both members and providers.



Spotlight

Alameda Alliance for Health



Alameda Alliance for Health (AAH) currently offers six Community Supports services for eligible members. In 2022, AAH facilitated weekly or biweekly meetings with each of their seven Community Supports providers to build strong working relationships and improve workflows. Through these routine meetings, AAH has improved communication and collaboration, built rapport, addressed billing issues and improved the manual closed-loop referral process.

AAH has placed equity at the center of these discussions by establishing a best practice for providers to ensure members received the appropriate eligible services in a timely manner. AAH continues to support contracted providers and regularly reinforces that they are valued partners. AAH continues to expand its CalAIM program and will continue to employ such successful practices to invest in their providers as new PoF and other CalAIM initiatives are rolled out.



Covered Lives: 349,850
(as of March 2023)



Counties Served: Alameda



Community Supports Offered:
Housing Transition/Navigation,
Housing Deposits, Housing
Tenancy & Sustaining Services,
Recuperative Care, Meals/
Medically Tailored Meals,
Asthma Remediation

Lessons Learned

- A recurring consistent meeting time for the plan and its providers promoted ease of engagement.
- The plan's deliberate effort to establish rapport with providers helped AAH streamline communications and work processes.
- Plan follow-up with providers, particularly connecting the providers to the right team member in the plan, improved collaboration with and onboarding of the new providers.



Spotlight

Santa Clara Family Health Plan



The Santa Clara Family Health Plan (SCFHP) team dedicated a tremendous amount of time and effort during the last year to ensure successful implementation of CalAIM. Many factors contributed to their success, including leveraging strong community partnerships established during the HHP and WPC pilots, as well as with their social determinants of health (SDOH) collaborations. For example, all HHP and WPC providers converted to being ECM providers. Additionally, SCFHP succeeded in developing operational frameworks and individual service program models for Community Supports services by integrating feedback and suggestions from contracted providers with experience in delivering amenities similar to Community Supports services. For example, they created service bundles with estimated expected service delivery time frames for all the offered services and appropriate payment rates that aligned with input received from providers. Without these partnerships, SCFHP would not have had the level of collaboration or community involvement that enabled the plan to launch 12 of the 14 Community Supports options outlined in CalAIM.



Covered Lives: 331,459
(as of March 2023)



Counties Served: Santa Clara



Community Supports Offered:

Housing Transition/Navigation, Housing Deposits, Housing Tenancy & Sustaining Services, Recuperative Care, Nursing Facility Transition/Diversion, Community Transition Services/ Nursing Facility Transition to a Home, Meals/Medically Tailored Meals, Sobering Centers

Lessons Learned

- Transparency has been key for SCFHP to maintain equitable access for all stakeholders. SCFHP worked closely with experienced CBOs and integrated their input into the plan's service delivery expectations to ensure services provided were necessary, useful and cost-effective.
- SCFHP found operational variances in how its contracted providers deliver services; therefore, engaging providers early and regularly throughout the implementation process to adapt SCFHP's processes to match to those variances was critical to their success.
- SCFHP and its contracted providers built stronger relationships when the providers' needs and agency structure were incorporated into program delivery expectations.



Spotlight

San Francisco Health Plan

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Active engagement and collaboration between San Francisco Health Plan (SFHP), its contracted providers and its managed care plan partner, Anthem Blue Cross, were key to supporting ECM and Community Supports implementation. SFHP leadership met regularly with the plan's contracted providers' leadership and with the plan's MCP partner in the county to ensure standardized requirements for the providers when feasible. SFHP centered equity in its approach by shifting the implementation timeline based on the contracted providers' determined readiness for Community Supports implementation.

In addition, SFHP looked for ways to remove burdensome requirements whenever possible and engage SFHP subject matter experts (SMEs) to support providers and set them up for success. For example, SFHP validates health information technology (IT) privacy and security standards for all ECM and Community Supports providers. SFHP's compliance and IT security teams met with prospective providers to address findings, guide needed improvements and serve as key resources in this specific area. Other SFHP SMEs support submission and validation of test reporting files and claims prior to provider launch. SFHP's efforts help ensure providers can successfully submit reports and claims before their go-live dates. SFHP has dedicated a great deal of time to building relationships, facilitating learning sessions and supporting contracted providers in being contractually, operationally and technologically ready to implement services.



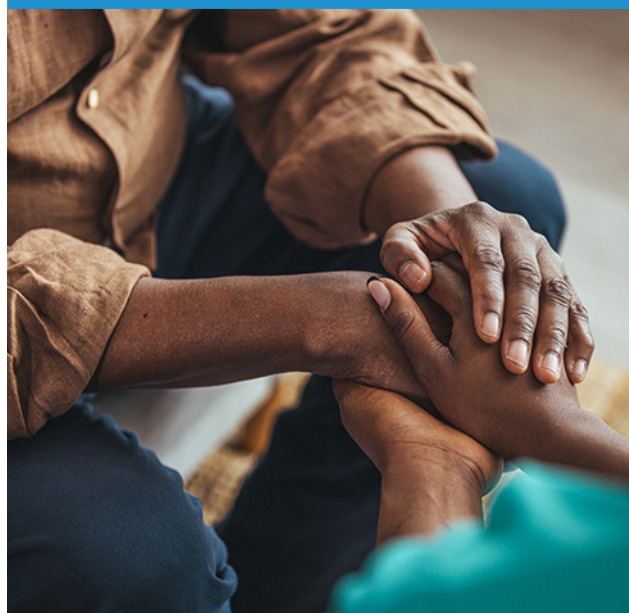
Covered Lives: 192,568
(as of March 2023)



Counties Served: San Francisco



Community Supports Offered:
Recuperative Care, Sobering Centers



Lessons Learned

- The plan designated a point of contact for each contracted provider to respond to and troubleshoot referrals, authorizations, claims and technical issues, which was a valuable means of demonstrating respect for the new provider.
- The plan's point of contact also facilitated site visits for SFHP staff at partner service sites, which ultimately worked to build stronger relationships among the entities.
- The plan ensured that its staff understood the value and impact of ECM and Community Supports services, which prepared them to be more successful in supporting implementation. Through regular cross-functional engagement, internal development teams were kept abreast of the phased roadmap for implementation of ECM PoF and new Community Supports services. Member-facing teams were educated on new PoF, Community Supports services and eligibility criteria, and routed to an internal subject matter expert who could answer questions and address concerns.

CalAIM ECM & Community Supports Implementation — Challenges and Opportunities

Local health plans identified challenges for individuals in accessing care as ECM and Community Supports services launched, including:

- Difficulty reaching eligible members, such as individuals experiencing homelessness or transitioning from incarceration, and therefore, connecting them with services
- Limitations in continuing ECM and Community Supports services when a member moves to another county
- Limited availability of affordable housing units impacts the ability for providers to provide housing-related Community Supports services
- Extending members' authorizations or finding alternatives once the plan's coverage model for those Community Supports has been used, such as for recuperative care and medically tailored meals
- Inconsistencies with the closed-loop referral processes that ensure members make the connection to a new referral or with additional services and care

To address these challenges, local health plans developed innovative and collaborative outreach and engagement strategies for eligible members to incorporate ECM and Community Supports services into their plan of care, including:

- Developing best practices, such as collecting multiple methods to contact members who are experiencing homelessness
- Encouraging ECM providers to identify and refer existing members who may be eligible for Community Supports services
- Supporting teams in ensuring continuity of care while members regain Medi-Cal status and connecting individuals with services out of county
- Promoting resource and referral platforms with both referrers and social service agencies as tools to engage members with available services and support systems for newly developed service models
- Establishing regular communication with ECM and Community Supports providers to offer support in the development of outreach and engagement strategies

The end result of these efforts has been a more collaborative and holistic approach to communication and coordination efforts that promote more efficient access to care and services, meeting both the medical and social needs of the MCPs' members.

Looking Ahead

Based on the experiences of local health plans and their ECM and Community Supports providers in implementing CalAIM, 2022 was a year of valuable learning opportunities, and all partners look forward to continuing implementation in 2023.

Ensuring Member Data Accuracy and Building a Closed-Loop Referral System

There is a spectrum of readiness to effectively collect accurate member data and implement a closed-loop referral system among local health plans and contracted ECM and Community Supports providers. With respect to member data, some plans have been challenged in pulling reports that accurately reflect all members who are eligible for ECM and Community Supports services. Additionally, some providers found it difficult to submit and report member data to plans in a timely fashion.

Regarding the closed-loop referral system, some plans are using a manual process with the intention of building a platform internally, whereas others contracted with vendors (i.e., Find Help, Unite Us, 211, etc.) to develop a referral system. Local health plans prioritized developing a robust health information exchange infrastructure to ensure accurate and timely data sharing.

Continue to Support the Provider Network and Invest in Infrastructure Development

As ECM expands to new PoFs, local health plans are reaching out to CBOs in their respective counties, starting with existing ECM providers who can be contracted to serve the new ECM children and youth PoF. Given the expectation that ECM services for children and youth will be integrated with existing programming (e.g., California Children's Services, Whole Child Model and Specialty Mental Health Services for Children and Youth), local health plans are exploring complementary new strategies and partnerships; for example, working with intermediary organizations, county child welfare agencies and public health departments to develop their models of care and networks.

Local health plans will continue their focus on providing additional training and support for new and returning contracted providers. To improve the efficacy of delivering ECM and Community Supports services, local health plans are looking to offer cross training for contracted agencies that provide only ECM or Community Supports services. Plans will offer roundtables, webinars and orientations for prospective providers to support provider engagement and

readiness. Plans will also develop additional training and guidance to support providers that are newly contracting with managed care plans and are unfamiliar with Medi-Cal billing requirements. Plans will continue to obtain and incorporate feedback from providers to identify and address their training needs and share best practices.

Local health plans also are working with other plans in multi-plan counties to support providers in streamlining processes and improving efficiency for prior authorization, member outreach and engagement, referrals and claims submissions. The plans and their contracted providers are in a continuous feedback loop to inform these workflows and further develop their ECM and Community Supports program infrastructure. Additionally, plans intend to grow their internal teams and hire additional staff to support CalAIM implementation, including project coordinators, project managers, data analysts and SMEs for both ECM PoF and Community Supports services. The plans will continue to revise processes and build capacity to ensure that their members are sufficiently supported, regardless of their circumstances.

Continue to Center and Prioritize Equity in CalAIM Implementation

Local health plans continue to develop innovative strategies to address health inequities, including fostering greater collaboration and coordination between internal teams, such as their integrated care and population health departments. DHCS' population health management platform will roll out this year, which will help support the CalAIM goals for stratifying risk in the member population.

Further, plans are developing more tailored outreach and engagement efforts to reach eligible members more effectively. These approaches to prioritize equity and connect eligible members to ECM and Community Supports services will be incorporated into outreach workflows for all health plan members. Additional data sets will become available to the plans so they can then provide additional information to ECM and Community Supports providers, enabling them to reach and support members. The addition of chief health equity officers at the MCPs will further the goals of CalAIM and support integrating equity into all aspects of ECM and Community Supports.

Recommendations to Support CalAIM Implementation

Local health plans made significant progress in implementing CalAIM in 2022; however, key areas would benefit from additional DHCS support and technical assistance. First, the data infrastructure for health and community information exchanges varies across plans. Although the Incentive Payment Program and Providing Access and Transforming Health funding has been leveraged to further invest in a more advanced data exchange infrastructure, **a county-level assessment of the CalAIM data exchange landscape, and funding approaches and opportunities across the state would be beneficial.**

Second, local plans have heard from providers and CBOs that Medi-Cal reimbursement alone is insufficient to cover the costs of becoming an ECM or Community Supports provider, which entails substantial requirements around data exchange and reporting in addition to service delivery. CalAIM providers would benefit from **education or technical assistance about how to braid disparate funding sources to make ECM or Community Supports sustainable.**

Third, despite local health plan success in training and supporting Community Supports providers on data submission, the quality and timeliness of data submissions varies and is a known challenge for providers. Therefore, **additional technical assistance to support Community Supports providers in submitting accurate and timely data would be beneficial.** Overall, LHPC member plans look forward to DHCS' continued leadership and guidance that supports local health plans' efforts to implement CalAIM in 2023 and beyond.

About Local Health Plans of California (LHPC)

Local Health Plans of California (LHPC) is a statewide trade association that represents all 16 of the community-based, not-for-profit health plans that provide access to critical and comprehensive healthcare services for low-income populations enrolled in California's Medicaid program, "Medi-Cal," in 36 out of 58 counties in the state. With over 9.3 million enrollees, our plans serve approximately 70 percent of all Medi-Cal managed care beneficiaries. LHPC member plans cover more lives than 49 other states' entire Medicaid programs.