



# CalAIM Enhanced Care Management & Community Supports Office Hours

Data Sharing and Billing  
for Enhanced Care Management & Community Supports



*December 1, 2022*

# Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  - [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

# DHCS PHE Unwind Communications Strategy

## » Phase One: Encourage Beneficiaries to Update Contact Information

- Launch immediately
- Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
- Flyers in provider/clinic offices, social media, call scripts, website banners

## » Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!

- **Launch 60 days prior to COVID-19 PHE termination.**
- Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

# Welcome to Office Hours

**“Office Hours”** are a Q&A discussion with DHCS leaders and stakeholders implementing CalAIM focused on a specific implementation topic.

*Today's Topic: Data Sharing and Billing for ECM & Community Supports*

- » **Introductions**
- » **How to Ask Questions**
- » **Overview of CalAIM, ECM, Community Supports, and DHCS Data Guidance**
- » **Q&A Discussion**

# Today's Panelists

## Department of Health Care Services



**Michelle Wong**

**Tyler Brennan**

Managed Care Quality and Monitoring  
Division

**Aita Romain**

**Dr. Shaw Natsui**

Quality and Population Health  
Management Division

# Today's Panelists

## CalAIM Providers



Alameda County  
Health Care Services Agency

*Alameda County partners with CBOs and MCPs to provide Community Supports and ECM*

- Bridget Nolan Satchwell, Wellbrook Partners
- Jennifer Martinez, Wellbrook Partners
- Jeannette Rodriguez, Housing Services Director



*BACS provides ECM and Community Supports across 6 Bay Area counties*

- Jamie Almanza, CEO
- Renee Tripp, Director of Finance and Administration
- Shamima Abdullah, ECM Program Manager



*Ceres provides Medically Tailored Meals/Medically-Supportive Foods in Marin, Sonoma, and Yolo counties*

- Brenda Paulucci-Whiting, Chief Program Manager
- Karin Pimentel, Contracts Manager

# Today's Questions

Questions from today's session were sourced from previous webinar Q&A and questions submitted via email or the sessions' registration page.



## **Use the meeting chat**

- » Ask questions
- » Share your own experiences



## **Get in line to ask a question**

- » Use "Raise Hand" in Zoom to get in the line to ask a question
- » Facilitators will call on people in the line and take them off mute so they can ask a question

# Today's Questions

## *Raising Your Hand to Ask a Question*



Participants must “raise their hand” for Zoom facilitators to unmute them to share comments; the facilitator will notify participants when we will take questions from the line.

### **If you logged on via phone-only**

Press “\*9” on your phone to “raise your hand”

Listen for your phone number to be called by moderator

If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “\*6”

### **If you logged on via Zoom interface**

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking



# Overview of CalAIM, ECM, and Community Supports

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

# California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory. The goals of CalAIM include:



Implement a whole-person care approach and address social drivers of health.



Improve quality outcomes, reduce health disparities, and drive delivery system transformation.



Create a consistent, efficient, and seamless Medi-Cal system.

# Key CalAIM Components: Enhanced Care Management and Community Supports

On January 1, 2022, DHCS launched the first components of CalAIM:  
Enhanced Care Management and Community Supports.

## Enhanced Care Management (ECM)

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

## Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

# What is ECM?

**ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder (SUD), and long-term services and supports (LTSS).**

- » ECM is designed to address both the clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are – on the street, in a shelter, in their doctor's office, or at home
- » ECM is part of broader CalAIM Population Health Management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level

## Seven ECM Core Services



**Outreach and Engagement**



**Member and Family Supports**



**Comprehensive Assessment and Care Management Plan**



**Health Promotion**



**Enhanced Coordination of Care**



**Comprehensive Transitional Care**



**Coordination of and Referral to Community and Social Support Services**

# Populations of Focus for ECM

| ECM Populations of Focus   | Go-Live Timing   |
|--|--|
| <ul style="list-style-type: none"> <li>• Individuals and Families Experiencing Homelessness</li> <li>• Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization</li> <li>• Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs</li> <li>• Individuals with Intellectual or Developmental Disabilities (I/DD)*</li> <li>• Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes*</li> <li>• Individuals Transitioning from Incarceration (some WPC counties only)</li> </ul> | <p>January 2022 (WPC / HHP counties)</p> <p>July 2022 (all other counties)</p> |
| <ul style="list-style-type: none"> <li>• Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization</li> <li>• Adults who are Nursing Facility Residents Transitioning to the Community</li> </ul>   | <p>January 2023</p>  |
| <ul style="list-style-type: none"> <li>• Children / Youth Populations of Focus</li> </ul>  | <p>July 2023</p>   |
| <ul style="list-style-type: none"> <li>• Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, who are subject to racial and ethnic disparities</li> </ul>   | <p>January 2024</p>  |
| <ul style="list-style-type: none"> <li>• Individuals Transitioning from Incarceration (statewide, excluding some WPC counties that went live in January 2022)</li> </ul>   | <p>TBD 2024</p>  |

*\* Members of these POFs are eligible from the start of ECM if they meet criteria for any other POF*

# What are Community Supports?

**Community Supports are services that Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to address combined medical and social drivers of health needs and avoid higher levels of care and associated costs.**

- » Community Supports are medically appropriate, cost-effective alternative services or settings that are provided as a substitute for more costly services or settings, such as hospitalization, SNF admissions, or ED use.
- » Plans offer different combinations of Community Supports.
- » Members do not need to be eligible for ECM to receive Community Supports.

## Pre-Approved DHCS Community Supports

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Short-Term Post-Hospitalization Housing
5. Recuperative Care
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations
12. Meals/Medically-Tailored Meals or Medically-Supportive Foods
13. Sobering Centers
14. Asthma Remediation

# Enabling ECM & Community Supports Through Data

The slide features a decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the main title.

# The Big Picture:

## *Enabling ECM & Community Supports Through Data*

**Information sharing is expected among providers, MCPs, counties, community-based organizations, and DHCS. It is critical to ensuring a successful implementation of ECM and Community Supports.**

- » DHCS released guidance **to standardize information exchange, increase efficiency and reduce administrative burden** between the state, MCPs, and ECM and Community Supports Providers.
- » **MCPs are required to report to DHCS** on various dimensions of the new ECM benefit and Community Supports, which will allow the Department **to monitor implementation.**
- » Today, we will focus on member-level information sharing and billing/invoicing for ECM and Community Supports, spotlighting how organizations across California have implemented the guidance.



# ECM/Community Supports Data Sharing & Reporting Guidance Documents (1)

## 1. ECM Member-Level Information Sharing Guidance

Contents

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1. MCP Member Information File ..... 7

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1

Standards for data exchange between MCPs and **ECM Providers**

## 2. ECM & Community Supports Coding Options

**Enhanced Care Management and in Lieu of Services Coding Options**  
Updated October 25, 2021

**Encounter Data Submission Process**

The Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Health Plans (MCP) to submit encounter data in accordance with requirements in the MCP contract and All Plan Letter 14-019, or any subsequent updates. For Enhanced Care Management (ECM) and in Lieu of Services (ILOS), MCPs will be required to submit encounter data for these services through the existing encounter data reporting mechanisms for all covered services for which they have incurred any financial liability, whether directly or through subcontractors or other arrangements, using ASC X12 837 version 5010 x222 institutional and professional transactions and the new ECM and ILOS coding requirements outlined in this document, to the Post Adjudicated Claims and Encounters System (PACES) beginning on January 1, 2022.

**Enhanced Care Management – Coding Options**

MCPs must use the Healthcare Common Procedure Coding System (HCPCS) codes listed in the table to report ECM services. The HCPCS code and modifier combined define the service as ECM. As an example, HCPCS code G9008 by itself does not define the service as an ECM service. HCPCS code G9008 must be reported with modifier U1 for the care coordination service to be defined and categorized as an ECM service. If an ECM service is provided through telehealth, an additional modifier GQ must be used. All telehealth services must be provided in accordance with DHCS policy.<sup>1</sup>

| HCPCS Level II code | HCPCS Description   | Modifiers | Modifier Description   |
|---------------------|---|-----------|--|
| G9008               | ECM in-person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.                   | U1        | Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.  |
| G9008               | ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.            | U1, GQ    | Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.  |
| G9008               | ECM Outreach (a Person): Provided by Clinical Staff. Other specified case management service not elsewhere classified.            | U8        | Used by Managed Care with HCPCS code G9008 to indicate a single in-person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. |
| G9008               | ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified. | U8, GQ    | Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member.  |

<sup>1</sup> For more information refer to the DHCS [Medi-Cal Provider Manual](#)  
Department of Health Care Services | Health Care Delivery Systems Page 5 of 6

Updated HCPCS codes and modifiers for **ECM and Community Supports** services

# ECM/Community Supports Data Sharing & Reporting Guidance Documents (2)

## 3. Billing & Invoicing Guidance

|  |    |
|--|----|
| ECM and Community Supports Quarterly Implementation Reporting Framework  |    |
| Contents   |    |
| 1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports  | 1  |
| 2. Overview of Reports and Timelines   | 2  |
| WPC/HHP Transition Reports   | 2  |
| Implementation Monitoring Reports  | 2  |
| 3. WPC/HHP to ECM & Community Supports Transition Report Elements  | 4  |
| WPC/HHP to ECM Transition Report Elements  | 4  |
| WPC/HHP to Community Supports Transition Report Elements   | 4  |
| 4. Quarterly Implementation Monitoring Report Elements   | 6  |
| Quarterly ECM Implementation Monitoring Report Elements  | 6  |
| Quarterly Community Supports Implementation Monitoring Report Elements   | 11 |
| <br>   |    |
| <u>1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports</u>   |    |
| DHCS will monitor Medi-Cal managed care health plans' (MCPs) implementation of and compliance with Enhanced Care Management (ECM) and Community Supports requirements across multiple domains including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS will monitor the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of data sources, including Member-level data reported by MCPs and demographic data currently available to DHCS. |    |
| In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS will monitor and evaluate outcomes for MCP Members who received ECM and Community Supports, through the use of quality measures. DHCS will provide additional reporting guidance as it relates to Quality performance reporting as we finalize the Quality reporting expectations.  |    |
| DHCS' vision for the long-term monitoring of ECM and Community Supports is to leverage existing data processes as much as feasible, with the least possible burden on  |    |
| 1  |    |

Standard, "minimum necessary" data elements MCPs need to collect from **ECM and Community Supports Providers** unable to submit ANSI ASC X12N 837P claims to MCPs

## 4. National Provider Identifier (NPI) Application Guidance


|   |   |
|---|---|
| National Provider Identifier (NPI) Application<br>A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs |   |
| Table of Contents   |   |
| Document Purpose  | 2 |
| What is an NPI?   | 2 |
| Who must have an NPI?   | 3 |
| How Can an Organization Apply for an NPI?   | 3 |
| Receiving Your NPI  | 4 |
| Table 1 - Step-by-Step NPI Application Process  | 6 |
| 1   |   |

Instructs **ECM and Community Supports** providers of non-traditional health care services on how to obtain a National Provider Identifier (NPI)

ECM and Community Supports provider organizations must have an NPI in order to receive payment.

# ECM/Community Supports Data Sharing & Reporting Guidance Documents (3)

## 5. [Social Determinants of Health \(SDOH\) Coding Guidance](#)



State of California—Health and Human Services Agency  
Department of Health Care Services

DATE: February 3, 2022

ALL PLAN LETTER 21-009 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: COLLECTING SOCIAL DETERMINANTS OF HEALTH DATA

PURPOSE:  
The purpose of this All Plan Letter (APL) is to provide guidance to Medi-Cal managed care health plans (MCPs) on using the Department of Health Care Services (DHCS) Priority Social Determinants of Health (SDOH) Codes to collect reliable SDOH data. Revised text is found in *italics*.

BACKGROUND:  
DHCS released its California Advancing and Innovating Medi-Cal (CalAIM) proposal in 2019, which DHCS revised on January 6, 2021.<sup>1</sup> CalAIM is a multi-year program to improve health outcomes and quality of life for Medi-Cal beneficiaries through broad delivery system, program, and payment reform.

Population Health Management (PHM) is an initiative of CalAIM that identifies and manages member risk and need through whole person care approaches while focusing on and addressing SDOH.

DHCS recognizes that consistent and reliable collection of SDOH data is vital to the success of CalAIM's PHM initiative. To advance improvements, DHCS is providing guidance on collecting SDOH data to:

- Support MCPs and their Network Providers and Subcontractors in identifying member health, social and risk needs, to ensure that members receive the specific services and programs that they require. The data will also aid Network Providers and Subcontractors in care planning and coordination, and will contribute to the MCPs' population needs assessment. The intent is for MCPs to focus on health-related social factors that can be improved through Medi-Cal programs and services.
- Assist DHCS in evaluating population health statewide through the analysis of member characteristics, health, social, and risk needs, with an emphasis on

<sup>1</sup> The CalAIM proposal is available at: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

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www.dhcs.ca.gov

Contains a list of 25 DHCS Priority SDOH Codes for MCPs and providers to utilize when coding for SDOH to ensure correct coding and capture of reliable data.

## 6. [Quarterly Implementation Monitoring Report\\*](#)

**1. Overview**  
Enhanced Care Management (ECM) and Community Supports Providers will be expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC X12N 837P). Providers who are unable to submit compliant claims may instead submit invoices to MCPs with "minimum necessary data elements defined by DHCS." This guidance defines these "minimum elements," which includes information about the Member, service(s) rendered, and the Provider, as well as standards for file formats, transmission methods, submission timing, and adjudication.<sup>1</sup> MCPs will use invoices to pay Providers and develop compliant encounters for submission to DHCS. MCPs must ensure responsibilities outlined in this guidance specified requirements are satisfied by delegated entities. The purpose of this guidance is to standardize invoicing to mitigate provider burden and improve data quality.

**Training, TA and Secure Transmission**  
MCPs will provide contracted ECM Providers with instruction, training, and technical assistance to support billing information transmissions covered in this guidance.<sup>2</sup> DHCS strongly recommends MCPs, especially those operating in the same counties with the same providers, work collaboratively to maintain common templates or centralized billing services (e.g., portals) for the communication of this information. MCPs may use Year 1 incentive Payment Infrastructure funding to support such activities.

**Next Steps and Further Information**  
This guidance has been developed to address an identified CalAIM need, confirmed by MCP and Provider feedback in public comments.<sup>3</sup> DHCS will continue to work closely with stakeholders and may revise guidance in response to market experience after launch.

**ECM and Community Supports Transition Reporting Template Instructions**

<sup>1</sup> ECM and EOC Standalone Services: February 1, 2022  
<sup>2</sup> DHCS is not a requirement.  
<sup>3</sup> Provider training for EC Management Care Managers, Proxies, ECM - EOC assistance may include:  
- The ECM and Community Supports Transition Reporting Template is to include data from the time period of January 1, 2022 through March 31, 2022 and is due May 15, 2022. The report must be submitted to DHCS (MCP/Member/Plan) before the due date. The file name must include the ECM/CS-Transition\_MCP/Health Plan name, the appropriate reporting period and date of submission. For example: ECM/CS-Transition\_MCP/Name\_20220331. Each MCP must submit only one data file per reporting period. All submissions must be labeled up on the main MCP's data file name in Excel format. When submitting revised files:  
1. include REV and the number at the end of the file name. For example: ECM/CS-Transition\_MCP/Name\_20220331\_REV1

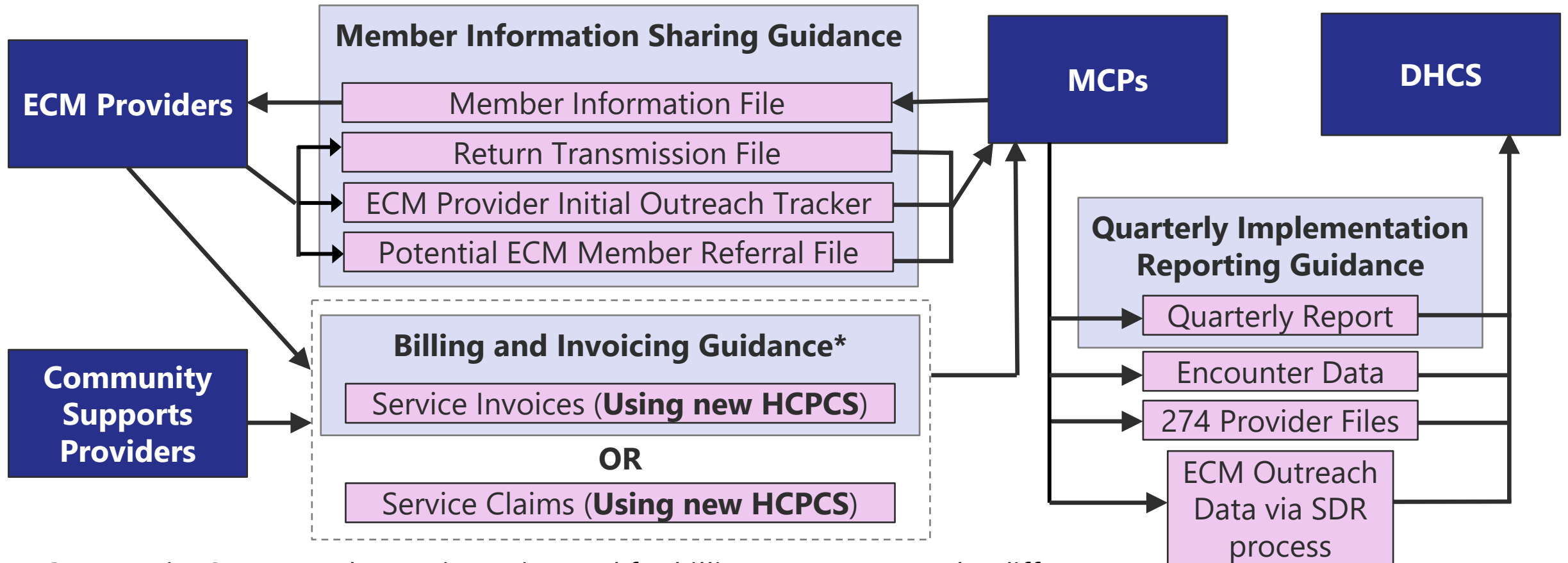
| 1. HHP and WPC Transition to ECM                |  |                                  |             |
|---|--|----------------------------------|-------------|
| Column Name                                     | Explanation  |                                  |             |
| Plan Name (column A)                            | From the drop-down list, select the plan name.   |                                  |             |
| Plan Code (column B)                            | From the drop-down menu, select the plan code. This plan code must match the county listed in the County (column C).   |                                  |             |
| County (column C)                               | From the drop-down menu, select the county name. The county must match the plan code listed in the plan code (column B).   |                                  |             |
| Member ID# (column D)                           | Enter the member's CHI as a nine-character number that consists of eight numbers and one letter.   |                                  |             |
| Member Last Name (column E)                     | Enter the member's last name.  |                                  |             |
| Member First Name (column F)                    | Enter the member's first name.   |                                  |             |
| Member Date of Birth (column G)                 | Enter member's date of birth: MM/DD/YYYY   |                                  |             |
| HHP to ECM Transition (column H)                | Was the member transferred from HHP to ECM by March 31, 2022? Enter 1 for Yes. Enter 0 for No. Each member that transferred from HHP to ECM between 1/1/22 and 3/31/22, should be reported, regardless of the amount of time they remained in ECM. |                                  |             |
| WPC to ECM Transition (column I)                | Was the member transferred from WPC to ECM by March 31, 2022? Enter 1 for Yes. Enter 0 for No. Each member that transferred from WPC to ECM between 1/1/22 and 3/31/22, should be reported, regardless of the amount of time they remained in ECM. |                                  |             |
| Member's ECM Provider NPI (column J)            | Enter the member's assigned ECM provider NPI.  |                                  |             |
| 2. HHP and WPC Transition to Community Supports |  |                                  |             |
| Column Name                                     | Transition to ECM  | Transition to Community Services | Explanation |
| Instructions                                    |  |                                  |             |

Quarterly MCP reporting requirements and Excel template related to ECM and Community Supports implementation across multiple domains: "supplemental" to encounters

\*The *Quarterly Implementation Monitoring Report* will also be used to fulfill AB 133 Reporting Requirements to the Legislature  
All items are posted on the [ECM & Community Supports Website](#).

# ECM & Community Supports Dataflows

ECM & Community Supports implementation is supported by these key dataflows.



*\*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes*



## ***Raising Your Hand to Ask a Question***

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**Thank You For Joining Today's  
Office Hours Discussion**

A decorative graphic consisting of several overlapping, wavy, horizontal bands of purple and magenta colors, spanning the width of the slide below the main text.

# DHCS Resources & Materials for Providers

- » Learn more about ECM & Community Supports:
  - [Policy Guide](#)
  - [FAQs](#)
  - Fact Sheets: [ECM](#) & [Community Supports](#)
  - [ECM Key Design Implementation Decisions](#)
  - [Community Supports MOC Template](#)
  - [ECM MOC Template](#)
- » Review ECM & Community Supports guidance documents:
  - [Billing & Invoicing Guide](#)
  - [Coding Options](#)
  - [Community Supports Pricing Guide \(Non-Binding\)](#)
  - [Data Guidance for Member-Level Information Sharing](#)
  - [Contract Template Provisions](#)
  - [Standard Provider Terms & Conditions](#)

