Los Angeles Recuperative Care Learning Network

CalAIM Training for Hospitals & Recuperative Care Providers

June 29, 2022

Responses to Zoom Questions raised via Chat Feature during the training are below:

1. Gloria Noell: Will the ECM be going out to the community or are they office based?

The LA Medi-Cal Managed Care Plans (MCPs) are requiring ECM providers to conduct Street Outreach for the homeless population. Prospective ECM providers must share their Policy and Procedure for Street Outreach in the CalAIM Provider Certification Application, which must be submitted to the MCPs prior to entering into a contract.

The CalAIM Enhanced Care Management Policy Guide updated May 2022, states:

"Additional Guidance & Examples of ECM Services:
Individuals experiencing homelessness are among the highest-need individuals in Medi-Cal. They often lack access to necessities such as food and shelter that are critical to attaining health. These individuals often have extensive medical and behavioral health needs that are difficult to manage due to the social factors that influence their health. This often results in high utilization of costly services such as emergency departments and inpatient settings."

"Engagement for this population may include street outreach or coordinating with shelters, Homeless Services Providers, Recuperative Care Providers, Community Partners (e.g., Homeless Coordinated Entry Systems) and other service Providers. As individuals are connected to resources, the ECM Lead Care Manager will meet the Member in the community or at Provider locations."

"Requirements to Track Outreach
The MCP contract specifies that "**Contractor shall track and report to DHCS, in a format to be defined by DHCS, information about outreach efforts related to potential Members to be enrolled in ECM."** The ECM and Community Supports Coding Options guidance document includes HCPCS codes MCPs must use to submit encounters for ECM outreach attempts. Additionally, the Quarterly Implementation Monitoring Report (see Appendix D) requires MCPs to aggregate and report the number of unique outreach attempts for initiation into ECM on a cumulative calendar year basis (whether outreach was performed by the MCP or the Provider), as well as the number of outreaches that resulted in successful engagement. In addition to this quarterly report, MCPs will, upon DHCS request, provide information about outreach for rate setting purposes by way of the Supplemental Data Request (SDR) process. Within the Member-Level Information Sharing Between MCPs and ECM Providers guidance document, DHCS lays out standards for outreach tracking at the provider level to create consistency in the way providers are being asked to track the information and share it with multiple MCPs. This set of standards is called the "ECM Provider Initial Outreach Tracker File."

2. Rebeccah Farfan: **Is there visibility for acute hospitals to know which patients are enrolled in ECM services?**

It is our understanding that acute hospitals are not receiving any data from Managed Care Plans about ECM or Community Supports utilization. We are not aware of any existing process or data source that would facilitate acute hospitals obtaining access to utilization data at this time.

We understand there are various technology/data sharing projects in-the-works, including at the State-level. We will continue to explore ways to improve data sharing between the MCPs, hospitals and Recuperative Care providers.

3. Tracy Beth Kaplan: **The insurance plans may have gotten on board since Jan but can't access the benefit. How will that happen?**

ECM is a Medi-Cal benefit. All Medi-Cal MCPs must provide ECM to any and all members that meet the eligibility criteria and request the service.

4. Marian Antona: on Health Net process, is there discussion of turnaround time on authorization?

We reached out to HealthNet and they confirmed that they have up to five days to respond to referral/authorization requests. We will continue to work with the MCPs to try to reduce the turnaround time.

5. Jessica Nunez, LCSW: Timeframe from referral to discharge

And Rebeccah Farfan: Is there a possibility of getting quicker turnaround times (within 24hrs) for authorizations for recuperative care? 5 days to provide authorization impacts through put/care progression and is a quality of care concern.

The Learning Network will continue to work with the MCPs to try to get the turnaround time reduced. A question for you: Do you currently collect data on how many days it takes to get a referral/authorization response? It is always helpful to have data to help us advocate.

6. X902800's iPhone:Besides covid test, assuming they are also requiring Immunization/ Vaccination record?

We recommend that you include any and all documentation you have about the patient with the documents that you submit to the MCPs with your referral/authorization request.

7. Tracey Green, LCSW - TMMC: On your contacts list, do you have information on whom to contact to escalate referrals when there is a significant delay in response from the health plan?

Contact information for referrals and authorizations are included on the MCPs Grid, which is being sent out to all hospitals that participated in the Learning Network CalAIM training on 6.30.22. We are not aware of expeditated requests having a different process.

8. Tracy Beth Kaplan: What if we make them inpatient if they don't need to be then the health plan will deny the admission.

We need to continue to work through this and other issues with the MCPs, hospitals, and recuperative care providers. Right now, some of the MCPs appear to be forcing an Inpatient Admission before they will approve a recuperative care stay.

9. Ella Tabil, Kaiser SBC UM Director: There seems to be many variations with the way health plans interpret/administer the benefit. What is our recourse if there are disputes?

This is an area that we will research further to provide accurate information. ECM is a Medi-Cal benefit, so there are Appeals and Grievances process in place for benefits. Recuperative Care is not a Medi-Cal benefit – it is a Community Support that MCPs have the option to provide – in lieu of more costly Medi-Cal benefits, e.g., hospitalizations and re-admissions, frequent ED utilization and LTC Institutional.

10. Alison Birnie: If they are denying cases then the patients aren't getting the service and improving.

Unfortunately, this appears to be happening. We need data about the number of denials

11. Jessica: I'm Jessica from Harbor Care LA Care emails us a weekly ECM and HHSS spreadsheet.

It would be great if you would share this with us. We were not aware this was happening.

12. Reena John: Agreement on the data gaps for hospitals. CommonSpirit Health hospitals are not typically ECM or CS providers, but we are required to refer patients to these services. We are not able to track those patients' outcomes.

We understand that you do not currently have access to data about what happens after patients are discharged.

13. Ashley Delaplane Harbor Cares: LA Care has been able to approve patients within a day for us. Its only happened a few times but it has happened.

Thank you for sharing this.

14. Alison Birnie: Can we get all of the plans to have someone come to the table to discuss? as Marcia says there are plans to interpret the law differently!

The MCPs are at the table and participate in the Learning Network. That is the primary purpose of this Learning Network – to get the payers and providers at the table to work through the various issues. We will continue to do what we can to improve processes. Any time a new Medi-Cal program is rolled out, it takes time to resolve all the issues.

15. Rebeccah Farfan: My concern is that the hospitals will be in a position to be covering recuperative care services for patients that have a recuperative care benefit under their health plan.

As we mentioned in our response to #10 above, Recuperative Care is not a Medi-Cal “benefit” – it is a Community Support that MCPs have the option to provide – in lieu of more costly Medi-Cal benefits, e.g., hospitalizations and re-admissions, frequent ED utilization and LTC Institutional. It is up to the MCP to decide if they want to provide this service to their members. Members are not “entitled” to Recuperative Care. The State has said providing Community Supports under CalAIM is similar to a Pilot project. They will be looking at the outcomes during the next couple of years and may decide to add Community Supports as Medi-Cal “benefits,” which includes Recuperative Care,.

16. a.ballesteros: What is happening with the ARF's development/expansion and benefit for those on SSI that need this type of care who maybe transitioning from recuperative care or persons who are not good candidates for PSH? The reason I ask is I'm hearing from other providers that after the 90 day recuperative care stay, the options are limited for those who have on-going supportive care needs who may not have on-going respite care needs....

We will continue to monitor the roll-out of the various components of CalAIM and will share this information as it becomes available.