| DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES | Northwest Collaborative Planning & Implementation Group | PUBLIC CONSULTING GROUP™ |

Date: May 23, 2023   **Start/End Time**: 1:00 – 2:30 PM
Location: Zoom   **Facilitator Organization: Public Health Institute**
Total Number of Attendees: 26

High Level Agenda

No.	Topic	Key Questions
1.	Welcome	-
2.	Context and Framing	-
3.	Responding to your requests for ECM and Community Supports knowledge and solutions	Breakout Room Options -- Addressing pain points along the Roadmap • *Roadmap Step 1* o How will providing ECM / CS services benefit my organization? • *Roadmap Steps 2 & 3* o Successful application processes (ECM/CS Provider contracting and CITED funds) • *Roadmap Steps 4-6* o Systemic Challenges & Solutions of Delivering Services
4.	Updates from Partnership Health Plan	-
5.	CITED Application check-in	-
6.	Share updated Collaborative materials	• Aim Statement • Drivers and Support Strategies • Change Ideas
7.	Next steps and Upcoming Events	-

Notes/Meeting Summary

Key Takeaways & Discussion Themes by Agenda Topic

Topic	Discussion Themes/Key Takeaways	Actions Taken/Next Steps	Best Practices/Lessons Learned
Welcome	-	-	-
Context and Framing	**Review:** - PATH CPI regional collaborative planning goals - CPI facilitator responsibilities - Readiness Roadmap Poll - Note that Steps on the Readiness Roadmap are as follows: • *1. What are ECM & CS?* • *2. We're exploring the contracting process.* • *3. We have started to work on the contract!* • *4. We have a contract!*	**Readiness Roadmap Poll:** 1. In which month did you first attend a collaborative meeting? a. January (4/6 responses) b. February (2/6 responses) 2. Where on the Readiness Roadmap was your organization then? a. Step 1 (1/6 responses) b. Step 2 (2/6 responses) c. Step 3 (2/6 responses) d. Step 4 (0/6 responses) e. Step 5 (0/6 responses)	Currently, most of our NW participants have participated with us since the beginning of the year and many have advanced at least one step along the Readiness Roadmap towards either becoming an ECM/CS Provider

	- *5. We are testing the service delivery and billing system.*
	- *6. We are delivering services and have an internal process, but are having issues with referrals, reimbursements, or other workflow complications.*
	- *7. Coordinated delivery, billing, and referral system in place and running smoothly!*
		f. Step 6 (1/6 responses)
		    g. Step 7 (0/6 responses)
		
		3. As of today, on which step of the Readiness Roadmap is your organization?
		    a. Step 1 (0/6 responses)
		    b. Step 2 (1/6 responses)
		    c. Step 3 (1/6 responses)
		    d. Step 4 (1/6 responses)
		    e. Step 5 (2/6 responses)
		    f. Step 6 (0/6 responses)
		    g. Step 7 (1/6 responses)
			and/or more successful implementation.

Responding to your requests for ECM and Community Supports knowledge and solutions	**Review PHIL's CPI efforts:** - Customer Dive: Through listening sessions, asset mapping, discovery calls, convenings, PHIL learned about topical implementation challenges with ECM and CS. - Problem Dive: Mutual challenges visual describes shared challenges among counties and entity types. **Next Steps:** - Solution Storm: Breakout rooms with peers and members of PHC will help to uplift problems, solutions, and strategies in different stages of the Readiness Roadmap.	Participants self-selected the Breakout Room they could learn from or contribute to the most. Jamboard Discussion **The breakout rooms were as followed:** Room 1: Roadmap Step 1 -- How will providing ECM / CS services benefit my organization? Room 2: Roadmap Steps 2-3 -- Successful application processes Room 3: Roadmap Steps 4-6 -- Systemic Challenges & Solutions of Delivering Services **Report Back:** Room 1: Participant shared that her group helped strategize ways of "selling" ECM and CS to her organization's leadership. Room 2: Shared details about duplicated services and potential competition over clients and retention. Room 3: Discussed overcoming referral issues by extending their hours of operation to get in touch with clients.	See Appendix I for detailed notes. In summary, participants are still experiencing many challenges in delivering ECM/CS services due to systemic challenges (as detailed in the notes). Partnership Health remains open and willing to address as many of these issues as are feasible. We continue to foster solutions-based conversations and initiatives.
Updates from Partnership Healthplan	**Monthly updates from PHC**	PHC brought technical updates to present to the Collaborative; PHC is actively working on resolving specific issues that providers have brought to their attention as well as known issues.	Participants crave hearing from PHC about the issues that they're working on to resolve known problems. Technical updates from PHC remain much appreciated.

CITED Application check-in	**Review CITED:**
	- CITED check-in poll
	- CalAIM to CITED pathway
	- Round 2 application reminder
	- CITED Round 2 funding goals
		CITED Poll:
		1. Have you applied yet?
		   a. N/A (1/8)
		   b. No. (3/8 respondents)
		   c. Yes! (4/8 respondents)
		2. Have you been awarded for cycle I?
		   a. N/A (5/8 respondents)
		   b. Yes! (3/8 respondents)
		3. Are you interested in learning more about CITED?
		   a. No. (5/8 respondents)
		   b. Yes! (3/8 respondents)
			It's important to remain aware of and disseminate information for complimentary funding, services and other opportunities that would benefit CPI participants. Many remain interested in current or future CITED funding, for example.

Share updated Collaborative materials	Review collaborative aim, support strategies, and timeline. - See Appendix II	**Solutions Network:** - PHIL announced an informal introduction to the "Solutions Network" as an opportunity to dig deeper into topical implementation challenges and systems change. - Participants interested in participating in the solutions network, please email PATH@pophealthinnovationlab.org	At this point in the year, participants are less interested in viewing deliverables and more interested in solving specific implementation issues, which we plan to continue addressing in various ways, including the development of the Solutions Network. Regardless, all deliverables will be available on our website.
Next steps and Upcoming Events	**Upcoming collaborative events:** - Pop-up: PATH CPI Asset Map Demo on Monday, June 12 - June CPI regional meeting is June 27 (virtual) **Request for volunteers to pilot the updated Asset Maps:** Please reach out to PATH@pophealthinnovationlab.org **Resources:** - CITED office hours	**Calendar updates:** Collaborative meeting invites will be updated and forwarded to CPI participants. **The upcoming monthly events will be as followed:** June 27 – 11:00 am - 12:30 pm (virtual) July 25 – 11:00 – 2:00 pm (in-person, location tbd)	It will be helpful to have participants help hone use-case scenarios for our Asset Mapping Demo. To thoroughly plan and to honor participants' time and effort in our regions, we will be meeting in-person every third month instead of every second month. We will continue holding virtual convenings for both months in-between

			in-person gatherings.

Identified Gaps/Challenges in CalAIM/ECM/Community Supports

Topic	Gaps/Challenges Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
Examples from Room 1 (see appendix with notes for more content): Roadmap Step 1 -- How will providing ECM / CS services benefit my organization?			
Lack of directives for updated populations of focus (children)	• How to plan for new eligibility group (children)? • Understand how to submit eligibility for a child vs. parent vs. family	PHIL is collecting these questions and placing them into the strategic overview. These questions will be addressed by either the Solutions Network, or through capacity building opportunities.	Some topical implementation challenges cannot be addressed by TPA nor MCP and will need to be brought to DHCS. **Opportunity:** An output with communication to DHCS will bring forth transparency to new elements of topical implementation challenges.
Transparency of data from PHC	• Which organizations are clients receiving services? • Data on SDoH of eligible clients		Work with PHC to promote sharing of tools and resources that bring forth transparency.
Examples from Room 2 (see appendix with notes for more content): Roadmap Steps 2 & 3 -- Successful application processes (ECM/CS Provider contracting and CITED funds)			
Lengthy timeline from start to end of being awarded an ECM contract	• 3-month process from credentialing to implementation	PHIL is collecting these questions and placing them into the strategic overview. These questions will be addressed by either the Solutions Network or through capacity-building opportunities.	**Opportunity:** Process mapping of contracting for ECM. Investigate bottlenecks that cause delays in implementation.
Data sharing platform	• There exists a multitude of EHRs. Some are expensive for CBO's		**Opportunity:** Community Care Hubs/ACHs that offer IEHs could be useful for supporting CBOs
Examples from Room 3 (see appendix with notes for more content): Roadmap Steps 4-6 -- Systemic Challenges & Solutions of Delivering Services			
Transparency of data from PHC	• Billing processes for FQHC with MCPs is challenging • Which organizations are clients receiving services?	PHIL is collecting these questions and placing them into the strategic overview. These questions will be addressed by either the Solutions Network or through capacity-building opportunities. PHC is also aware of many of these issues and actively addressing those which are feasible.	**Opportunity:** Process mapping of contracting for ECM for various types of partners (CBO vs. FQHC)
EDI and claim submission challenges	• Delays and challenges with claims		**Opportunity:** Process mapping of contracting for ECM. Investigate bottlenecks that cause delays in implementation.

Identified Successes Experienced by Participants

Topic	Successes Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
Incentive programs by PHC	• ECM Quality Incentives Program (QIP) • Outreach incentives • PHC provides $150 to site for each member enrolled	Collaborate with PHC to share information on their incentive programs.	This information can be helpful as a way to receive "buy-in" for those organizations contemplating ECM contracts.
CITED awarded	3 participants were granted CITED awards.	Follow-up with CITED awardees.	3/8 Participants are interested in learning more about CITED. PHIL will integrate more CITED resources in communication.
Movement on the Readiness Roadmap (RR)	There has been movement in most stages of the Readiness Roadmap.	Identify strengths and opportunities among participants when moving along the Roadmap.	Most entities are within steps 1-5 on the RR.

Summary of Complaints & Grievances

Topic	Summary of Complaint/Grievance	Actions Taken	Next Steps
Contracting length	It takes too long to wait for an ECM/CS contract to be awarded after application submission	Partnership has heard.	We don't know where the bottleneck lays.

Specific comments, questions, or concerns regarding policy/implementation/change goals for TPA/DHCS

Topic	Comment/Concern/Question	Actions Taken	Next Steps
Care plan	Many participant organizations are spending too long on the Care Plan in advance of being able to enroll a client – only to find that the client is already enrolled with another provider.... and no way to bill for the work that was done.	Some organizations call Collected Medical to confirm whether the client is already enrolled. Some submit a small Care Plan enough to enroll (but that's still a lot of work). These are still insufficient workarounds.	Allow a provider to enroll a client with basic eligibility for at least 30 days before having to submit a care plan for which they are assured a billable client.

Shared Collaborative Resources

#	Resource	Category/Type	Link/Access Information
1.	DHCS PATH website	Website	https://www.ca-path.com
2.	PHIL PATH CPI website	Website	https://pophealthinnovationlab.org/projects/path/
3.	PHIL PATH CPI Resources page	Website	https://pophealthinnovationlab.org/projects/path/path-cpi-resources/
4.	Jamboard: Shared learning space for different steps of the Readiness Roadmap.	Interactive webpage	https://jamboard.google.com/d/1af9DvGgutQYsp2sL-2rnxDjXfD8L2GF6x6EKUJdS6Tc/edit?usp=sharing
5.	DHCS CITED website	Website	https://www.ca-path.com/cited

#	Resource	Category/Type	Link/Access Information
6.	DHCS TA Marketplace	Website	https://www.ca-path.com/shop-tam/select-service
7.	Partnership Healthplan of California (PHC) ECM Roundtable Registration form	Registration website	https://partnershiphp.webex.com/webappng/sites/partnershiphp/webinar/webinarSeries/register/d599c05f7dba418daa6ec5de6304a8e0
8.	Northwest Collaborative Aim, Readiness Roadmap, Support Strategies	One-pager	05.08.23_Aim, Readiness Roadmap, Support Strategies.pdf

Individuals in Attendance

	Name	Organization	Position / Title	MCP Y/N	Email
1.	14803299322	Unknown	Unknown	N	Unknown
2.	15302092854	Unknown	Unknown	N	Unknown
3.	April Joyce	Mad River	Unknown	N	ajoyceadhc@gmail.com
4.	Ashley Peel	Partnership Healthplan of California	Program Manager, ECM	Y	apeel@partnershiphp.org
5.	Becca Fink	Population Health Innovation Lab (PHIL)	Communications Manager	N	bfink@phi.org
6.	Chloe Ungaro	Partnership Healthplan of California	Program Manager, ECM	Y	cungaro@partnershiphp.org
7.	Chris Davis	North Coast Health Improvement and Information Network (NCHIIN)	Project Manager	N	cdavis@humboldtipa.com
8.	Connie Thomas	Open Door Community Health Centers (ODCHC)	Case Manager	N	cthomas@opendoorhealth.com
9.	Daphne Cortese	Del Norte Mission Possible	DNMP Director	N	dcortese-lambert@dnmissionpossible.org
10.	Esmeralda Salas	Population Health Innovation Lab (PHIL)	Research Associate II	N	esalas@phi.org
11.	GraceAnn Friederick	Public Consulting Group	Unknown	N	gfriederick@pcgus.com
12.	Hector Medina	Serene Health	Senior Vice President	N	hector@serenehealth.com;
13.	Jessica Osborne-Stafsnes	North Coast Health Improvement and	COO	N	josborne@nchiin.org

		Information Network (NCHIIN)			
14.	Jessica Sanchez	Population Health Innovation Lab (PHIL)	Project Coordinator	N	JSanchez2@phi.org
15.	Kathryn Stewart	Population Health Innovation Lab (PHIL)	Director of Learning and Action	N	Kastewart@phi.org
16.	Kristopher Buihner	VyncaCare	Grants Program Manager	N	kbuihner@gmail.com
17.	Max Chavez	Population Health Innovation Lab (PHIL)	Research Assistant II	N	MChavez@phi.org
18.	Meredith Wolfe	Humboldt CCS	CCS Administrator	N	mwolfe@co.humboldt.ca.us
19.	Nerell, Jodi	Sutter Health	Dir. Local Mental Health Engagement	N	jodi.nerell@sutterhealth.org;
20.	Rachel McCullough-Sanden	Population Health Innovation Lab (PHIL)	PATH CPI Program Manager	N	rmcculloughsanden@phi.org
21.	Seun Aluko	Population Health Innovation Lab (PHIL)	Research Scientist II	N	saluko@phi.org
22.	Stefani Hartsfield	Hartsfield Consulting	Consultant	N	stefani@hartsfieldhealth.com
23.	Sue Grinnell	Population Health Innovation Lab (PHIL)	Director	N	SGrinnell@phi.org
24.	Tim Rine	North Coast Clinics Network	Executive Director	N	Tim@northcoastclinics.org;
25.	Vicky Klakken	Partnership Healthplan of California	Regional Manager	Y	vklakken@partnershiphp.org
26.	Zenia Leyva Chou	North Coast Opportunities	Unknown	N	zchou@ncoinc.org;

MCP Engagement (List all MCPs who should be engaged regardless of attendance)

MCP	Current Status of Relationship	MCP Engagement in Collaborative	Engagement Concerns & Notes
Partnership Healthplan of California (PHC)	Supportive – 3-4 representatives actively participated in our meetings and specifically asked for participants' feedback and grievances throughout the meeting. They also shared updates they were working on internally.	Participating monthly with PHC updates and knowledge experts for Q&A in breakout rooms.	• PHIL and participants are grateful for the active participation of PHC in the collaborative. • PHIL is curious about the possible duplication of Q&A among other CPI collaboratives and are connected with other Northern California facilitators (I.e., Camden and HealthBegins).

New Action Items (Identified this Meeting)

No.	Action Item	Owner	Created	Deadline	Status
1.	Updating stakeholder tool with participants' positions on the readiness roadmap to track advancement towards our Aim.	PHIL	05/30/2023		
2.	Incorporating breakout discussions into our Solutions Network strategy	PHIL	05/30/2023	06/12/2023	Strategizing
3.	Propose monthly meeting with Camden and HealthBegins and Partnership to efficiently collate common issues among CPI collaboratives across Northern California counties	PHIL	05/30/2023	06/05/2023	Strategizing
4.	Re-vamp website with developing resource and information needs to continue serving current and prospective CPI participants	PHIL	05/30/2023	06/14/2023	Planning content and dates

Action Items (Ongoing)

No.	Action Item	Owner	Created	Deadline	Status
1.	Develop *collaborative systems improvement* strategies	PHIL	04/21/23	Continuous	Strategizing
2.	Identify specific *capacity building* trainings.	PHIL	04/21/23	Continuous	Planning content and dates
3.	*Network and relationship building* with new members added to the asset maps.	PHIL	04/21/23	Continuous	Strategizing
4.	Recruitment of new CPI participants	PHIL and CPI Partners	Start of initiative	Continuous	Implementing
5.	Re-connecting with participants with whom we've had discovery calls and other forms of communication to assess progress and satisfaction	PHIL	05/30/2023	Continuous	Implementing

Open Action Items

No.	Action Item	Owner	Created	Deadline	Status
1.	Create a concrete plan with what PHIL intends to do with the data collected for Asset Mapping	PHIL + MERLIN	04/21/23	05/15/23	Strategizing
2.	PATH CPI Asset Mapping Survey	PHIL	January	May 15	Completed
3.	Identify existing coalitions, collaboratives and roundtables for ECM, Community supports	PHIL and CPI Partners	3/30	After April in-person meeting	Data synthesized by mapping project will help to identify these initiatives.

No.	Action Item	Owner	Created	Deadline	Status
4.	A report of the initial Asset Mapping Survey findings is to be shared with the participants on the website. **UPDATE: Integration of new data**	MERLIN	04/21/23	06/05/23	Editing
5.	MERLIN to review accuracy of maps (ie. Redwood Quality Management were combined with Aliados) **UPDATE: Integration of new data**	MERLIN	04/21/23	06/30/23	Editing

Closed Action Items

No.	Action Item	Owner	Created	Deadline	Status
1.	Incorporating charter feedback	PHIL	01/01/2023	03/31/23	Completed
2.	Strategize methods of collecting the stop all participants are at on the Readiness Roadmap (polled during meetings as well as follow-up conversations)	PHIL	04/21/23	05/05/23	Planning

APPENDIX I: NOTES

Northwest CPI Collaborative Agenda

May 2023

Full room discussion notes:

- Harvest from Breakout
    - Kristopher: Talked about the issue of once you get the referrals, it can be difficult to reach out to members depending on their situations. One of the ways that issue has been addressed is by shifting their hours outside of the usual 8-5 workday to start a little earlier/end later, as well as spending some time on Saturdays to have some more availability to reach folks
    - Meredith: Mostly talked about my specific questions as an organization. Got some good ideas about how to "sell" ECM to leadership because there is a lot of questions from leadership at this stage. Some selling points were quality incentive payments
    - Zenia: We are in a rural area, and are trying to put on specific programs in the area. Seeing where there may be collaboration between orgs could develop, but also wondering if there would be competition between orgs about member retention, collaborating with payment reimbursement, how to go about this without competing for resources in the area
        - Chloe: One thing to call out is that under ECM there would be one distinguished ECM provider. As far as Community Supports, those referrals would come into Partnership, and the assignment process depends on provider capacity, distance, etc. Try to be fair and transparent about who gets assigned referrals
- Partnership Updates
    - Tim: Would like to do a training for FQHCs to bring everyone together
- CITED Poll Results
    - Have you applied yet?
        - Yes! (4/8)
        - No (3/8)
        - What is Cited (1/8)
    - Have you been awarded for Cycle I?
        - Yes (3/8)
        - N/A (5/8)
    - Interested in learning more about CITED?
        - Yes (3/8)
        - No (5/8)

Breakout Room 1: Jessica & Esme
Roadmap Step 1 -- How will providing ECM / CS services benefit my organization?

Notes:

Participants: Meredith Wolfe, Humbolt CCS; Chloe Ungaro, PHC; Nerell, Jodi; Sue Grinnel; Jessica Sanchez; Esmeralda Salas

- Context:
    - Meredith chose this room because organization feels like they have gone a bit backwards. They started the contracting process for ECM for working with children's population but leadership in organization put a pause on this because questions on budget (how to fall shortfall if move forward) and other uncertainties.
    - Additionally, because PHN staffing has been minimized and are struggling to see how to make sure CHWs is paired with PHN with
    - County uses a whole child model. County does not have a PHN that already does some of the services coordination.
    - PHN is currently funded through CCS and only has enough funding to cover PHN and nothing beyond that. This limits how PHN can be used within ECM
    - Struggling to understand DHCS
- Questions
    - PHN is funded through CCS. Question is how can we tap into further resources to increase PHN staff capacity in order to be able to pair CHWs with PHN?
    - When there is a child that has a CCS condition and also is experiencing a social determinant of health, it can also be presumed that adult/caregiver is how does ECM work in that scenario?
        - PHC: Entire family would qualify for ECM. In regards to community supports, still unsure whether family or just members would qualify for community supports
            - PHC will follow up regarding who would qualify for community supports.
    - How will providing ECM benefit my organization?
        - Currently at the point where they need to "sell" this to leadership.
        - ECM is trying to get highest need members the services they need and opens up other services (I.e., hospital beds) to other members who may need the services.
        - PHC recommends perhaps working with member and get them to start advocating for themselves
        - PHC offers to work with Meredith to help create "selling" points
        - Another way is to look at the data and see how ECM can help reduce cost
    - With the CCS population, does PHC have SDOH data with members that could share the data with Meredith?
        - Chloe will follow up with Meredith with this data for Humboldt County.
    - The adult population ECM have quality improvement incentives. Will the measures for quality improvement incentives be the same as adults?
        - Quality improvement incentives will be expanded to children and youth population. However, measures will be different and there will be
    - For the different populations of focus, are ECM rates different?
        - No. Same rate across populations.
        - PHC will send over an overview
    - What is the caseload ratio for CHWs?
        - 25 members per CHW?
        - PHC has not put any type of restriction on this. This is up for organization to decide.
- ECM Quality Incentives Program (QIP)
    - Another way to
    - Submitting report on time—full credit

- - Receive an additional $100 per member per month if reporting is submitted on time and the following are also conducted/uploaded
    - Care plans
    - PHQ scores
    - Blood pressure
  - Ask that they upload care plans, PHQ scores, and blood pressure
    - Submitting report half time- half credit
    - Past due- no credit
- PHC provides $150 to site for each member enrolled. Thus, outreach attempts are important!!!
- There is no cap on how many times members can enroll and disenroll
- Nerell, Jodi describes representing Sutter Hospital and just trying to figure out possible workflows for providers.
  - Jodi describes creating a financial program to help get buy-in from leadership.

Breakout Room 2: Stefani & Max
Roadmap Steps 2 & 3 – Getting through successful application processes (ECM/CS Provider contracting or CITED funds)

Notes:

Attendees: April-ADHC of Mad River, Vicky Klakken, Chris Davis (NCHIIN), GraceAnn Friederick, Zenia Leyva Chou

- April: Has submitted and gotten a contract for Community Supports, has submitted for ECM, but has not heard back from Partnership and is at a loss for what's next
    - o Signed up for specific populations for ECM: high users and those with specialized supports
    - o Vicky: Generally what happens is that you need to go through a credentialing process, and that process alone can take up to 6 weeks. It can take up to 3 months from when the contract is submitted to when you can begin offering ECM
    - o Stefani: Will the billing structure be much different for ECM compared to how you are already billing?
        - ▪ Vicky: April will be able to see the billing structure for ECM and be able to compare once at that point
    - o April: What will the training look like?
        - ▪ Vicky: It depends, can be remote or virtual, and depends on the size of your team
- Vicky: April, did you apply for funding?
    - o April: Yes, we just submitted for PATH CITED Round 2. Put in for staffing support and infrastructure supplies, EHR platforms
    - o Round 2 awardees will be announced in early fall
- Zenia: Lake County has a pathway hub, does anyone have any ideas for how to access an EHR without purchasing a complete platform since the Community Care Hub in Lake already has one?
    - o Vicky: The decision would be yours, Partnership does not have a preference for which EHR people use. An EHR will be helpful down the road
- Stefani: Community Care Hubs/ACHs that offer IEHs will be very useful for supporting CBOs
- Stefani: Once April is fully contracted, what members will be listed on the MIF that April will be receiving? Will there be a lot of overlap with existing patients, or will the lists be new members that haven't been served there before?
    - o Vicky: It'll be a combo of both, April would be able to "self-refer" with existing patients, and expand outreach by getting the names of patients that may be good to reach out to
- Zenia: We deal with households, so I submit for the entire family. Will they all be approved for ECM and those services, or would it just be the primary member?
    - o Vicky will get back to Zenia about this question, recommends checking out the FAQ on Partnership

Breakout Room 3: Rachel McCullough Sanden & Kathryn Stewart
Roadmap Steps 4-6 -- Systemic Challenges & Solutions of Delivering Services

Participants: Connie Thomas (Open Door Community Health Center), Tim Rine (North Coast Clinics Network), Kristopher Buihner (VyncaCare), Jessica Osborne-Stafsness (North Coast Health Improvement and Information Network), Hector Medina (Serene Health), Daphne Cortese (Del Norte Mission)

Notes:

- Challenges / Roadblocks
    - There are too many portals and it is difficult to learn how to use everything correctly.
    - It is taking too long to get an EDI – after submitting all the different items needed into multiple portals I am still waiting and not receiving any updates.
    - As a small CBO – it's too complicated and they cannot deliver services because of lack of EDI and all the needed follow up takes too much time and capacity.
    - Open Door does have a contract but they have not taken any big steps to start the process of providing ECM – they may have a billing problem that would get in the way. Need to resolve that issue first. The challenge is that the payment structure is very complicated and they need to figure out how to make sure they do not get double paid.

- Solutions
    - Hector – alternate hours – the populations they are trying to reach do not fit in to "9 to 5" hours. They use alternate hours to help reach their users. This could be opening at 6:00AM or staying open until 9:00PM or 10:00PM a couple of days a week. When they identify someone that might be harder to reach they use CHWs to help locate and reach for enrollment/services.
    - Hector – have not had issues with pulling from different data sources to get information on patients. They work with Lifebook (out of Boston) which is a great data source. They also work very closely with the local hospital to find information on patients.
        - Question for Hector: How did you begin those conversations with the hospital?
        - Answer: They have dedicated person to work with the hospitals and they also work with the county. The County is a great resource to help connect and work with the hospitals
    - The rates that Partnership Pay for ECM are pretty significant – the enrollment fee and other incentives can really help make the case for becoming an ECM provider.
    - Kristopher – we have a virtual model for delivering ECM and really benefited from ECM and CITED funding to be able to build the infrastructure needed to be able to bill separately. Finding funding to invest in the internal infrastructure can be incredibly helpful.

- Questions
    - What does it look like for case managers and how many cases make sense? What is the ratio of case manager to CHWs? Mapping out best practices for this would be really helpful.
        - Hector: For us it depends on how "high touch" a case is. We do an initial assessment of the case and then adjust ratios accordingly. We have anywhere between 15 cases to 50 cases per Case Manager depending on how "high touch" the cases are.

Collaborative Planning and Implementation (CPI) Initiative for the Northwest & Southwest Regions
Aim, Readiness Roadmap and Support Strategies

Collaborative Aim:

The PATH Collaborative Planning and Implementation (CPI) initiative will support the advancement of CPI participants at least one step along the *Readiness Roadmap* towards successfully implementing Enhanced Care Management (ECM) and Community Supports services within the Medi-Cal delivery system through collaborative solutions that expand CPI participants' capacity and infrastructure needed to move towards an equitable, coordinated, and accessible Medi-Cal system by Dec 31, 2023.
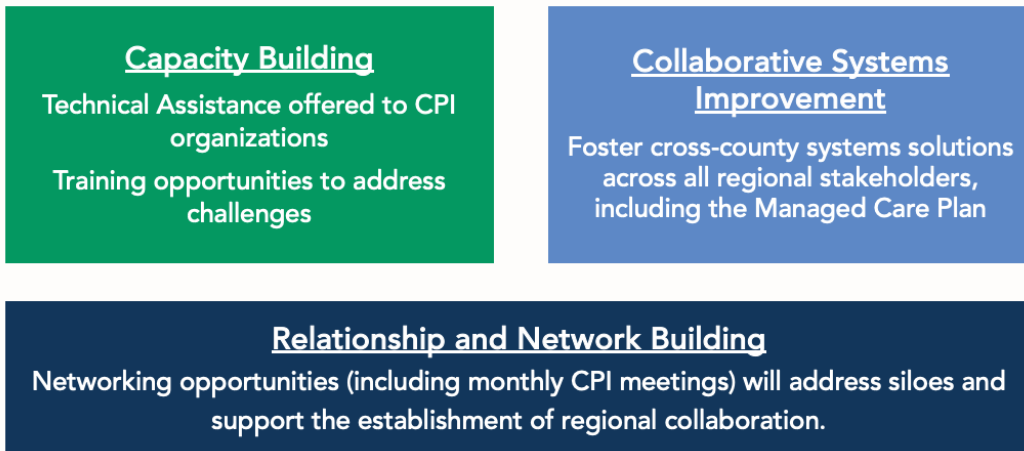
Readiness Roadmap:

WHERE IS OUR ORGANIZATION ON THE READINESS ROADMAP?

2. We're exploring the contracting process.
What are the steps to becoming an ECM or CS provider? How can I be sure my organization can manage?

4. We have a contract!
We are finalizing workplans and internal processes.

6. We are making it work, but...
We are delivering services and have an internal process, but are having issues with referrals, reimbursements, or other workflow complications.

1. What are ECM & CS?
My colleagues are talking about these services. What are they? We are learning more about them.

3. We have started to work on the contract!
Our team began the application. BUT... we may be experiencing roadblocks or challenges.

5. We are testing the service delivery and billing system.
Eligibility confirmation, service delivery, claim submission and payment processes are ready to test on a small client group.

7. Coordinated delivery, billing, and referral system in place!
Our organization is part of a regional system delivering seamless and equitable cross-sector ECM & CS services.

Support Strategies:

To address some of the implementation challenges, we propose a multi-pronged approach to providing support to organizations, counties, and the region.

Capacity Building
Technical Assistance offered to CPI organizations
Training opportunities to address challenges

Collaborative Systems Improvement
Foster cross-county systems solutions across all regional stakeholders, including the Managed Care Plan

Relationship and Network Building
Networking opportunities (including monthly CPI meetings) will address siloes and support the establishment of regional collaboration.

POPULATION HEALTH INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

15

HOUSING & WELLNESS PROGRAM

1410 Guernville Rd. Ste. 1

Santa Rosa, CA 95404

PHONE (707) 757-7891

FAX (707) 573-6961

ECM & COMMUNITY SUPPORTS BILLING TIPS

Billing questions- email Partnership claims team at claimsecmhelpdesksr@partnershiphp.com or call (800)863-4155**

My name is Summer Hale and I am the ECM/Community Supports Biller at CSN Housing and Wellness Program. I am available and will be happy to walk you through the process until you find your flow or answer any questions that may arise. I can be reached at (707) 757-7891 and my email address is summer@csn-mh.com.

ECM BILLING CODES

When submitting TARs always leave the units field blank

G9012- No modifier
Enrollment $150.00
Billed only once per member
When requesting authorization, the quantity is 1

G9012- modifier U2
Case Management $350.00
Billed once every month
When requesting authorization, the quantity is 999

COMMUNITY SUPPORTS BILLING CODES

H0043- modifier U6
Housing Navigation $386.00
Billed once every month
When requesting authorization, the quantity is 6

H0044- modifier U2
Housing Deposit- Partnership will pay up to $5000.00 for this service. This also includes utility deposits.
Billed once in a member's lifetime.
**Before requesting authorization, the member will have had to have been receiving Housing Navigation services for a minimum of two months. You are required to attach a summary/letter explaining the need and what steps the member has been taking to become stable enough to sustain housing and why you think they are ready. **

H0044- modifier U3
Short-Term Post Hospitalization $108.00 a day up to 6 months
This is a date range code. I would bill monthly.
When requesting authorization, the quantity would be the amount of days the member would be residing in the place of choosing

T2040- modifier U6 (If a member is housed this is the CS you would get authorization on.)
Financial Management/ Sustaining Services $222.00
When requesting authorization, the quantity is 12
This service can be billed twice a month on separate dates of service at $222.00 each date.

An example of the way I bill- The Case Manager goes out to do an intake (enrollment- G9012 $150). Once that intake has been completed the Case Manager sees that person throughout the month (Case Management- G9012 $350). If that person is homeless, I get authorization for them to get "Housing Navigation" services (H0043 $386.00). Below is what I would invoice Partnership for this member at the end of the month.

G9012   Enrollment $150.00
G9012-U2   Case Management $350.00
H0043-U6   Housing Navigation $386.00

Each month after that I would bill the same except remove the enrollment.

If a member is housed the only thing, I do differently is get authorization for Financial Management Services (T2040 $222.) Their billing would look like this-

G9012   Enrollment $150.00
G9012-U2   Case Management $350.00
T2040-U6   Financial Management $222.00
T2040-U6   Financial Management $222.00