

Southwest Region CPI Meeting - May 24, 2023

Follow-Up

At the May CPI meeting, the breakout group discussing system issues related to the implementation of CalAIM services described several challenges they are experiencing. Partnership HealthPlan has provided a response to four of the most common issues raised by the group.

- 1.) **Enrollment tracking:** Providers find the enrollment information in Collective Medical is updated monthly. Multiple providers may engage in outreach to a member, only to find the member has already been enrolled with an alternative provider.

Partnership is working on enhancing the Collective Medical platform to allow providers to have direct visibility with ECM member enrollment information. This will allow providers to view enrollment information on a real-time basis and determine if a member is enrolled and/or engaged with another ECM provider. This new feature is still in the pilot phase, but Partnership expects it will be available to all providers by July 1st.

In the meantime, providers are given the required Managed Care Plan (MCP) report on a monthly basis that contains their list of ECM members. This file is the Member Information File (MIF). It contains their newly referred and continuing members, which is also uploaded into Collective Medical. Providers can utilize the Provider Portal to look up their members and see if they have an active TAR with another provider. The ECM Team does our best to catch any members identified on multiple files and eliminate duplication of efforts for enrollment.

- 2.) **Care Plan Development:** Current policy requires the Care Plan to be submitted as part of the enrollment and authorization process. Providers may spend considerable time meeting with a member, conducting an assessment, developing a detailed care plan that is submitted to Partnership and then learn the member is not eligible. The group suggested a simplified care plan be submitted initially, followed by a more detailed care plan, after eligibility is confirmed.

The current policy requires submission of the ECM care plan with the Treatment Authorization Request (TAR). This issue and suggestion from the breakout group will be discussed with DHCS at the upcoming June 9th meeting.

- 3.) **TAR and billing challenges:** Several providers described continuing difficulty submitting TARs and correct billing information, finding the coding requirements extremely complex, especially for those providers who are new to the Medi-Cal billing process.

Staff from Aliados and COTS, current CalAIM providers, offered to send their simplified billing “cheat sheets” to share with the group. Partnership would also like to offer the services of the claims staff to schedule 1:1 session for those experiencing difficulties. ECM/CS Providers should contact the Claims ECM Helpdesk to schedule a training. Providers can always contact the Claims ECM Helpdesk with any claims or billing issues and expect a response within 2-3 business days.

Email: claimsecmhelpdesksr@partnershiphp.org

- 4.) **Potential member lists from DHCS Risk Stratification program:** Providers expressed their concerns about the quality of the data used to generate the potential member outreach lists. Diagnosis data may be outdated, the member in prison or even expired. Providers would like the lists to be vetted more thoroughly before sent out.

Partnership will provide this feedback during the June 9th session and look for any “best practices” others have used to cross-reference or update lists.