



# Enhanced Care Management (ECM) and Community Supports Enrollment and Referral Data FAQs

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Purpose: To create a shared understanding and aligned interpretation of data reported by Sacramento Medi-Cal Managed Care Plans (MCPs) to the Sacramento PATH Collaborative. Please keep in mind this document is iterative and will be updated quarterly, as we receive more questions.

## **Enrollment Data**

### **Has the California Department of Health Care Services (DHCS) publicly posted a data dashboard that aggregates all ECM and Community Supports data statewide?**

Yes, they have! The data dashboard also allows you to drill down on specific counties and MCPs to narrow your search. This is sourced from 2023 Q3 ECM and Community Supports data. The *latest ECM and Community Supports Quarterly Implementation Report (January 1, 2022 – September 30, 2023)* and accompanying dashboards are available [here](#).

### **Why were there decreases in ECM enrollment/utilization data from 2023 to 2024?**

Initial enrollment numbers were largely driven by Health Homes Program (HHP) and Whole Person Care (WPC) Pilot members who were automatically transitioned and enrolled in ECM. These members may have graduated from requiring ECM services since program launch.

Additionally, Complex Care Management (CCM) was added in January 2023 as part of DHCS' Population Health Management Program. This created a reduced level of care management services for members (categorized as higher-and-medium-rising risk) as an alternative to ECM, which is meant for highest-risk members.

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### **How is this data sourced?**

ECM and Community Supports enrollment and referral data shared across our Sacramento PATH Collaborative is sourced from [Quarterly Implementation Monitoring Report \(QIMR\)](#) that MCPs submit to DHCS. Since updated 2024 QIMR data is not available publicly, Transform Health collaborates with the Sacramento County MCPs to collect, aggregate, and disseminate this data to PATH Collaborative participants.

### **Do the numbers reported for enrollment indicate unique enrollments or rolling enrollments? *For example, if a client receives services from January through June, are they reported once in January or each month they are receiving services?***



Enrollment and referral numbers are reported quarterly and provide a snapshot of the total unique enrollments during that specific period. An individual who is enrolled in one quarter and remains enrolled in the subsequent quarter will be counted in the following quarter's reporting, as well.

**Is it possible for individuals who meet criteria for multiple ECM Populations of Focus to be counted multiple times?**

Yes, it is. Due to how easily some of the ECM Populations of Focus can intersect, there will be natural overlaps in ECM Populations of Focus for which data cleanup cannot always account during reviews.

**How do we determine the number of unique enrollees by MCP?**

By utilizing internal data mining processes, MCPs can clean up the data to extract unique enrollees per program. However, as previously mentioned, there may be natural duplications due to the overlapping nature of the ECM Populations of Focus.

**Are the quarterly data share-outs cumulative totals or are they referrals/enrollments in a quarter?**

The quarterly data share outs are enrollments and/or referrals per quarter and are not rolling, cumulative totals.

**How are Members who switch Medi-Cal Managed Care Plans tracked?**

Each MCP has a process by which they track Members who elect to switch Medi-Cal Managed Care coverage. It is important to note that Members who are actively enrolled in ECM and/or Community Supports will be counted as "enrolled" until the quarter in which they elect to switch, and then they will no longer be counted in that MCP's roster.

**Will DHCS make real-time enrollment and referrals data publicly available?**

In our current understanding, DHCS is working on a plan to transform how data is collected, reviewed, and shared. However, this plan will not be finalized until 2025.