



# SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

## General Meeting

November 19, 2024

# **Agenda Item #1:** **Welcome/Opening Remarks** **& Updates**

# Agenda Item #2: Agenda Review

1. Welcome/Opening Remarks and Updates
2. Agenda Review
3. Action: Approval of Meeting Minutes
4. Presentation, Discussion, and Action: CalAIM Implementation Challenges, Managed Care Plan, Listening Session Report Back and Next Steps
5. Presentation, Discussion, and Action: Review and Approval of SCHA 2024 Annual Report
6. Public Comment
7. Closing Comments and Adjournment

# **Agenda Item #3:**

## **Action: Approval of Meeting Minutes**

# Agenda Item #4

Presentation, Discussion, and Q&A:  
CalAIM Implementation Challenges, Managed Care  
Plan Listening Session Report Back

Sacramento County has drafted recommendations and potential next steps for discussion with MCPs during CalAIM Steering Committee meetings (including on 9/11/24 and 10/9/24).

Issue	Recommendation
<p>Providers report not receiving <b>timely payments</b> for clean claims within 30 days</p>	<ol style="list-style-type: none"> <li>1. Validate issue through MCP data: MCPs to provide regular reports on payment timeliness for ECM and CS (quarterly?).</li> <li>2. Clarify where delayed payments are due to other issues (e.g., not clean claims): MCPs to offer summary of claims or systems issues contributing to delayed payments.</li> <li>3. Offer technical assistance to providers: determine if 1:1 TA or broader education through CPI is needed.</li> <li>4. Develop new escalation process for providers that have not been paid (and provide training on existing escalation/PDR process).</li> <li>5. Escalation to DHCS if payment delays continue to persist and are not remedied.</li> </ol>
<p>Providers receive <b>payments without supporting</b> documentation, so are unclear which claims the payments are tied to.</p>	<ul style="list-style-type: none"> <li>• MCPs to include a reconciliation statement with each payment detailing dates, members and services paid for.</li> <li>• MCPs to separate ECM and CS payments from other types of payment utilizing different transactions (e.g., for other BHS payments).</li> <li>• MCPs to offer training to providers on how to reconcile their payments with the status of claims payments.</li> </ul>
<p>Financial burden of fronting payment for housing deposits (leading to loss of providers)</p>	<p>MCPs to develop new processes for advanced payments for housing deposits as a Community Support.</p>
<p>MCP Turnaround Times (TATs) for Authorizations exceed five (5) business days</p>	<p>MCPs to provide reporting on ECM and CS TATs to confirm and/or identify where the 5 business day requirement is not being met.</p>
<p>Providers request more timely information about the status of a member’s authorization</p>	<p>MCPs to provide training for providers on how to check authorization status. MCPs to ensure members’ ECM authorization statuses are accessible to ECM Providers.</p>

The latest update to the ECM Policy Guide reflects new guidance related to referrals and authorizations and new requirements to be implemented by January 2025. The Sacramento County Health Authority (SCHA) Consumer Protection Committee (CPC) requests that each MCP provide a timeline and plan for how and when these changes will be implemented:



**MCP Portals:** MCPs may not require ECM Providers to utilize an MCP portal for documentation of ECM services. MCP portals to be used to exchange Member information lists and authorization information but should not otherwise require Providers to use the portal.



**Presumptive Eligibility:** MCPs must implement presumptive authorization arrangements with select ECM Providers starting January 1, 2025.



**Standardized template for ECM Referrals:** MCPs may not impose additional requirements for reviewing a Member's eligibility for ECM beyond what is included in these ECM Referral Standards. No additional proof of homelessness or other supplemental information beyond the information provided in the ECM Referral Standards to confirm eligibility and authorize ECM.



# Sacramento Provider Listening Sessions Recap



# Agenda

- Approach and strategy for listening sessions
- Key challenges identified
- Approach in addressing provider concerns
- Identified next steps

# Approach and strategy for listening sessions

In response to provider and county feedback Anthem hosted two virtual provider listening sessions.

Anthem collaborated with other MCP partners to align on a similarly structured approach to the listening sessions. During this collaborative effort we agreed on the following guiding questions.

- What are the most common challenges you face with ECM/CS implementation?  
Note: County has brought to our attention 1) billing/ reconciliation concerns; 2) authorization concerns - TAT; information being accessible to providers, 3) financial concerns - specifically with upfront HD and insufficient rates 4) other?
- Have you accessed available resources? (TA Marketplace, IPP Funds, Path Cited, online trainings, office hours etc.) If yes, have those been valuable in helping address concerns?  
If no, what has prevented you from accessing those resources?
- What has been working well/ best practices you'd like to share?

# Invitations to listening sessions

All fully contracted ECM and Community Supports providers, serving Sacramento County, were invited via email invitation.

Anthem also encouraged provider participation during our Availity office hours and ECM office hours leading up to the sessions.

Each session had about 30 participants across 15 unique providers. This accounts for about 40% of our Sacramento provider network.

## Anthem Sacramento Provider Listening Sessions

Hello Sacramento ECM and CS Providers,

Anthem is inviting you to attend one of our upcoming Sacramento Provider Listening Sessions. We will hold two sessions with hopes that you, or a representative from your organization, is able to attend at least one. The first session will be held Thursday October 10, 2024 from 10:00AM-11:00AM and the second session will be held Wednesday October 16, 2024 from 9:00AM-10:00AM.

We want to hear from you about common challenges with ECM/CS implementation, utilization of available resources, and what is working well or best practices that you can share with the plan and the provider network.

**To attend, please register below:**

**Thursday, October 10, 2024  
10:00am-11:00am (PST)**

[Register Here](#)

**Password: CalAIM (case sensitive)**

**Wednesday, October 16, 2024  
9:00am-10:00am (PST)**

[Register Here](#)

**Password: CalAIM (case sensitive)**

# Key Challenges Identified

Provider Communication

Authorization TAT

Billing/Reimbursement concerns (especially around housing deposits)

Care Central IT issues

Challenges as CBOs - no buy in from hospitals/ clinics/ PCPs

# Approach in Addressing Provider Concerns

During the sessions Anthem acknowledged provider concerns, provided information on provider resources and encouraged providers to connect with their Anthem point of contact ASAP if they experience any challenges.

Some of the provider concerns that were discussed have since been resolved. Specifically, concerns about our provider portal, Care Central. Anthem acknowledged that we had significant IT issues during the first couple years of the program which influenced how we instructed providers to use the portal. Now that these issues have been resolved, providers have been instructed to utilize Care Central more often. Provider communication and confusion about changes was brought up during our listening session and is a key takeaway for Anthem.

Anthem is committed to listening to provider feedback and suggestions and will continue to collaborate internally and with our MCP partners to reduce burdens on providers.

# Identified Next Steps

Provider Communication: Revamp provider communication updates. Ensure information regarding policy changes, instructions for Care Central, updated forms, etc. is delivered to providers with ample time for them to adjust their processes (if needed).

Authorization TAT: Anthem is working internally to identify opportunities to streamline authorization process

Billing/Reimbursement concerns (housing deposits): Leadership is discussing an option for upfront funding for Housing Deposit providers. As the provider submits claims and is reimbursed, that payment replenishes their fund.

Provider Portal IT issues: Availity Care Central should be working properly. Providers are encouraged to share any issues immediately with Anthem contacts. For additional support on navigating Availity, providers can join bi-weekly Availity office hours or reach out to schedule a 1:1 Availity Training.

Challenges as CBOs - no buy in from hospitals/ clinics/ PCPs: Anthem reviewing internally what other departments have meetings with hospitals, clinics, PCPs where we can join and present on CalAIM. Anthem to connect with MCP partners as we share a lot of the same providers. Possibility of reconvening the MCP/Hospital systems call



# Update on Health Net's October 21 Sacramento County CalAIM Provider Engagement and Listening Session

November 19, 2024

# Agenda for October 21 Sacramento County CalAIM Provider Engagement and Listening Session

- **Welcome and Introductions**
- **CalAIM Updates and Best Practice Sharing**
  - Provider Engagement Team Realignment Strategy
  - Enhanced Care Management (ECM) and Community Support Services (CS) Enhancements and Reminders
  - Provider Resources and Tools
- **Sacramento CalAIM Provider Spotlights**
  - United Way California Capital Region
  - EA Family Services
- **Open Dialogue and Listening Session**
  - We Want to Hear From You!!
- **Networking Lunch and Onsite Operational Support**





# Health Net Attendees

- Amber Kemp – Vice President, Medi-Cal Strategy, Execution, and Engagement
- Vernell Shaw III – Director, Medi-Cal Regional Lead
- Garrick Wong – Manager, Medi-Cal Strategy & Execution
- Alissa Ko – Senior Director of Public Affairs
- Randy VonFeldt – Senior Manager, CalAIM Provider Engagement
- Eliana Argueta – Regional Program Manager, Medi-Cal Operations
- Thomas DeMatteo – CalAIM Provider Engagement Account Executive
- Lakin Ambriz – Program Manager III
- Melen Vue – Program Manager III
- Karen Licavoli – CalAIM Program Manager

---

# CalAIM Updates and Best Practice Sharing

---

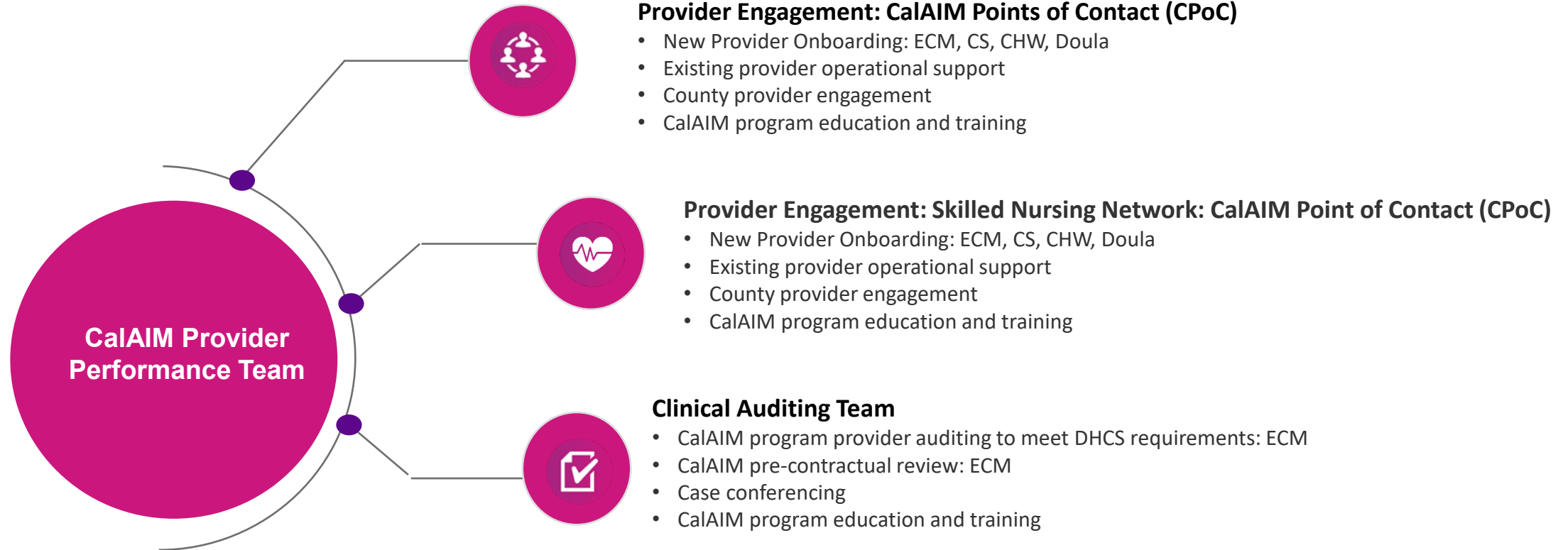
---

# Health Net Provider Engagement Team Realignment Strategy

---

# CalAIM Provider Performance Oversight

The **CalAIM Provider Performance** team, under Provider Engagement, supports the integration of Medi-Cal with other social services by partnering with nontraditional providers to drive provider performance to meet and exceed Health Net's CalAIM goals.



# Key Enhancements

- Single operational Point of Contact (PoC) for all CalAIM programs.
- Structured 1:1 operational touchpoints in 2025:
  - Review and discussion of program performance.
  - Collaborative brainstorming for innovative approaches to services.
  - Best practice sharing.
- Bi-directional communication and standardized approach to issue resolution.
- Standing email blasts and bulletins on program updates and emerging trends.


Fully aligned support teams to collaborate with all CalAIM providers.

---

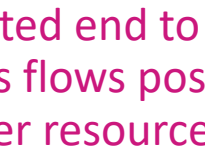
# Enhanced Care Management (ECM) and Community Support Services (CS) Enhancements and Updates

---

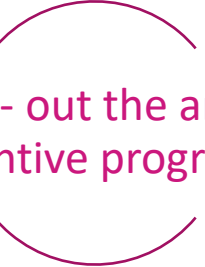
# Enhanced Care Management Enhancements



Waived prior authorization requirement for ECM members.



Created end to end process flows posted on provider resource page.



Rolled- out the annual incentive program.



Developed data transfer webinars and hosting monthly office hours.

Please see the appendix for links and access to references and support guides



# Community Supports Enhancements: Addressing Homelessness and Housing

Community Support Service	Authorization Information	Best Practice	Key Enhancement
Housing Transition Navigation	Prior Authorization Required	<ul style="list-style-type: none"> <li>Always include the most up to date housing plan/housing assessment with re-authorization request.</li> </ul>	Removed requirement for housing plan/housing assessment to be submitted with <b>initial</b> authorization.
Housing Tenancy and Sustaining	Prior Authorization Required	<ul style="list-style-type: none"> <li>Always include an updated individualized housing support plan.</li> <li>Members can only be authorized for both navigation and tenancy services for one month.</li> </ul>	N/A
Housing Deposits	Prior Authorization Required	<p>Always include the following:</p> <ul style="list-style-type: none"> <li>Assessment of members housing needs.</li> <li>Pending lease documents.</li> <li>Itemized list of items/services covered by the housing deposit.</li> </ul>	Example of itemized list available on our provider resource page.

# Community Supports Enhancements: Recuperative Services

Community Support Service	Authorization Information	Best Practice	Key Enhancement
Recuperative Care	Prior <b>or</b> Retroactive authorizations accepted	<ul style="list-style-type: none"> <li>Complete an ECM screening for these members and refer to ECM services, if applicable.</li> </ul>	Acceptance of retroactive authorizations.
Short-Term Post-Hospitalization	Prior <b>or</b> Retroactive authorizations accepted	<ul style="list-style-type: none"> <li>Members need to be offered/referred for housing supports as part of this benefit.</li> </ul>	Acceptance of retroactive authorizations.
Respite Services	Prior Authorization Required	<ul style="list-style-type: none"> <li>Complete an ECM screening for these members and refer to ECM services, if applicable.</li> </ul>	N/A
Sobering Centers	No prior authorization required.	<ul style="list-style-type: none"> <li>Complete an ECM screening for these members and refer to ECM services, if applicable.</li> </ul>	Waived prior authorization requirement.

# Community Supports Enhancements for Long-Term Well-Being in Home-Like Settings

Community Support Service	Authorization Information	Best Practice
Asthma Remediation	Prior Authorization Required	<ul style="list-style-type: none"> <li>• Be sure that there is a provider order completed and submitted as part of authorization.</li> </ul>
Day Habilitation		<ul style="list-style-type: none"> <li>• An initial assessment must be completed and submitted as part of authorization.</li> </ul>
Environmental Accessibility Adaptation		<ul style="list-style-type: none"> <li>• Be sure that there is a physical therapist (PT) or occupational therapist (OT) order completed and submitted as part of authorization.</li> </ul>
Meals/Medically Tailored Meals		<ul style="list-style-type: none"> <li>• You do not need a prior authorization to complete and bill for the nutritional assessment.</li> </ul>
Nursing Facility Transition/ Diversion to Assisted Living Facility		<ul style="list-style-type: none"> <li>• These services may also be provided by the ECM provider as part of their care coordination.</li> </ul>
Community Transition Services/ Nursing Facility Transition to Home		<ul style="list-style-type: none"> <li>• These services may also be provided by the ECM provider as part of their care coordination.</li> </ul>
Personal Care and Home Maker Services		<ul style="list-style-type: none"> <li>• An initial assessment of members need including ADLs and IADLs must be completed and submitted as part of authorization.</li> </ul>



# 2025 DHCS Community Supports Guidance

Refinements have been proposed by DHCS for the following seven services effective 1/1/25:

- Housing Transition Navigation Services
- Housing Tenancy and Sustaining Services
- Housing Deposits
- Medically Tailored Meals
- Asthma Remediation
- Nursing Facility Transition/Diversion to Assisted Living Services
- Community Transition Services/Nursing Facility Transition to a Home

Additional Information Will Be Shared Once Final Guidance is Received from DHCS

---

# Provider Resources

---

# Harmony Health Platform

Enables two-way SMS communication and feedback

- ECM and CS providers can easily use and coordinate outreach to members.
- Provides information in members' preferred language.
- Content creation and distribution controlled by the ECM and CS Provider.
- 24/7 user support available by Harmony Health, when needed.
- New features currently in testing (roll-out date: TBD):
  - Integration with Provider EMR/EHR to support data reporting.
  - MIF upload capabilities to support outreach activity tracking.

For more information and guidance on how to integrate this into your organization, please reach out to your Health Net Point of Contact.

# Find Help

Find Help is a network of social programs across the United States. It is the largest online platform used to identify local resources, support staff and community partners when searching for local services.

- Provides an efficient way for staff to search for no-cost or low-cost direct social services to support their members.
- Connects individuals seeking help to social services available in their communities.
- Allows ECM providers to make and track referrals collaboratively as a team.
- Includes contracted CS providers and their services, accessible through the provided links.
- The platform has built-in tools to generate reports on key metrics such as referral trends and usage.

<https://communitysupportsecm.findhelp.com>

# CalAIM Provider Resource Page

Information	Link
End to end process flows for all CalAIM programs Program guides, tools, and frequently asked questions. Recorded training sessions.	<a href="https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html">https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html</a>
Member facing materials translated to all Medi-Cal threshold languages.	<a href="https://www.healthnet.com/en_us/members/medi-cal/calaim-resources.html">https://www.healthnet.com/en_us/members/medi-cal/calaim-resources.html</a>
Detailed billing and claims information, resources, and support.	<a href="https://www.healthnet.com/en_us/providers/working-with-hn/edi.html">https://www.healthnet.com/en_us/providers/working-with-hn/edi.html</a>



---

# Open Dialogue and Listening Session

---

# We Want to Hear From You!

How can we help you increase utilization and community-based organic referrals between each other?

How can we assist with supporting organic referrals to the Plan into ECM?

How can we support ensuring members are getting referrals to the Community Supports for which they are eligible?

# CalAIM Provider Partner Feedback

CalAIM Provider Partner Feedback	How Health Net is Addressing CalAIM Provider Partner Feedback
<p>DHCS is vague regarding Medically Tailored Meals (MTM). Providers are frustrated, getting denials, meals aren't getting authorized. We'd like to have the exact requirements.</p>	<ul style="list-style-type: none"> <li>• This is clarified in Authorization Guides, updated as needed.</li> <li>• Opportunity to remind providers of the Health Net CalAIM resources on the Health Net website. Health Net is in process of creating an FAQ and sent to provider who gave this feedback to review.</li> <li>• Lastly, DHCS has clarified in its most recent guidance, in alignment with how Health Net has interpreted.</li> </ul>
<p>Evaluate Health Net's Housing Deposit Pilot and make a recommendation about scaling.</p>	<p>Health Net is evaluating pilot. Key findings/recommendations will inform Health Net's implementation of DHCS Transitional Rent.</p>
<p>Is there an opportunity to approve Housing Deposits for six months (as opposed to 90 days) to align with other Sacramento MCPs?</p>	<p>Health Net is evaluating the request and should have a better understanding of potential changes early in 2025.</p>
<p>Once per lifetime for Housing Deposits seems restrictive.</p>	<p>Currently, DHCS has a once per lifetime restrictive and is looking to change to once per Demonstration Period. Health Net will approve a second Housing Deposit, with documentation of changed member circumstances (same for Housing Tenancy and Sustaining Services).</p>

# CalAIM Provider Partner Feedback

CalAIM Provider Partner Feedback	How Health Net is Addressing CalAIM Provider Partner Feedback
<p>Recommend huddle to discuss case-specific Shared Care Plans. Is there a way for MCPs to galvanize to ensure providers talk to us on a monthly basis.</p>	<ul style="list-style-type: none"> <li>• This is part of the ECM Core Services (and reimbursement).</li> <li>• Some providers are doing this, and the issue is getting other providers to attend to support a multidisciplinary approach.</li> <li>• Health Net will continue to support provider connections at the local level/ensuring providers know one another.</li> </ul>
<p>Providers have the same access to ECM/CS provider POCs that Medi-Cal members have and want to know the POCs at other ECM/CS providers.</p>	<p>Health Net is exploring posting an updated resource on our Provider Resource Page.</p>
<p>PCPs share they provide referrals into CalAIM, but they don't know what happens to the members; they want to hear back about what happens to the member.</p>	<ul style="list-style-type: none"> <li>• Any contracted Health Net provider can look for authorization status in the Provider Portal.</li> <li>• Health Net will develop a provider update with instructions.</li> </ul>
<p>Providers would like more in-person engagement opportunities/in-services to get to know other CalAIM providers.</p>	<ul style="list-style-type: none"> <li>• Health Net will continue to develop opportunities for providers to come together in-person/virtually and in a regional manner so providers can get to know one another.</li> <li>• This additionally supports case conferencing as providers need to know one another to participate with one another.</li> </ul>

# CalAIM Provider Partner Feedback

CalAIM Provider Partner Feedback	How Health Net is Addressing CalAIM Provider Partner Feedback
<p>Recommend a Sacramento County CalAIM educational event in Sacramento County with all CalAIM providers invites, all not-for-profits, providers, provide massive education to all not-for-profits, include the CoC, hospital systems, SNFs, findhelp, 211, ensure it's neutral and gets everyone to the table.</p>	<p>Health Net offered to lead development of such event/partner with MCP and Sacramento County partners to convene.</p>
<p>There is an opportunity for Medi-Cal member education to ensure Medi-Cal members understand the benefit. There is an opportunity for DHCS to do Medi-Cal commercials/campaigns, similar to First 5.</p>	<ul style="list-style-type: none"> <li>• Health Net is visible in the community, attends local level events.</li> <li>• We have a dedicated Member Campaign team in addition to the Community Engagement team that is doing high-volume member engagement.</li> <li>• We also launched a series of social media and email campaigns where we are sending messages to Medi-Cal members. This includes paid advertisement.</li> <li>• We have a CalAIM website for members with all Medi-Cal threshold languages.</li> </ul>

# **Kaiser Permanente Medi-Cal**

## *Recap: Sacramento Provider Listening Session*

# Kaiser's Provider Listening Sessions: *The Details*

Kaiser Permanente Medi-Cal offered listening sessions to contracted ECM and CS providers in Sacramento County, with to goal to better understand the questions and concerns that providers may have related to billing, authorizations and administrative processes.



*17+ ECM/CS Provider Organizations Represented*



*In partnership with **two** of our Network Lead Entity (NLE) Partners in Sacramento.*



*2 Listening Sessions Hosted in October*

# What Was Covered

1. Kaiser Permanente's Network Lead Entity Model: Process Overview
2. NLE Claims Overview
3. Opportunity to Provide Provider Feedback
  - *What are the most common challenges you face with ECM/CS implementation?*
  - *Have you accessed available resources?*
  - *What has been working well/best practices you'd like to share?*



# What We Heard

## Access and Communication Improvements

Providers reported challenges accessing portal systems, highlighting opportunities for enhanced user support and streamlined access. Providers also noted that they were experiencing lower volume of referrals than expected.

## Member Assignment Coordination

Feedback included the need for clearer communication and processes related to member assignment to ECM/CS providers. Providers expressed that delays in referral processing and formal notifications can affect the start of services. Additional information on current ECM and CS provider involvement would be beneficial.

## Authorization and Billing Processes

Providers noted complexities in obtaining service authorizations due to delays in communication between NLEs and their subcontracted providers, which can impact timely billing and service delivery.

## Resource Utilization and Support

Providers have been actively utilizing available resources. Full Circle Network's funding support has been passed down to network providers to enhance their operations. Both ILS and Full Circle Network have provided technical assistance to support providers with billing and process-related questions.

# What We're Doing

## Access and Communication Improvements

- **Continuous Process Improvement:** Kaiser Medi-Cal and our NLE partners are committed to enhancing our processes and communication with ECM and CS providers to better support Medi-Cal members in Sacramento County and statewide. This includes improving access to portal systems and upgrading capabilities to provide better information for member care and align with DHCS requirements.

## Member Assignment Coordination

- **Kaiser Permanente's ECM Outreach Campaign Pilot:** To raise community awareness of ECM, and drive ECM referrals, Kaiser Permanente is planning a communications approach leveraging a public health communications firm, Public Good Projects, for a trusted messenger campaign.

## Authorization and Billing Processes

- **Network Lead Entity Support and Training:** Kaiser Permanente is working in partnership with our NLE partners to provide training and support for contracted providers that need additional help with billing, claims, and administrative processes.

## Resource Utilization and Support

- **IPP Funding:** In September, Kaiser Permanente submitted documentation to DHCS to earn funding for IPP across 32 counties, which we anticipate receiving at the end of 2024. Kaiser plans to launch formal process for community level funding in 2025 and will be notifying relevant stakeholders when additional details are available.
- **Complex Care Certificate:** The complex care certificate program is a free training resource for all California-based community partners (regardless of contracting status) that provides knowledge, skills, and attitudes required to provide complex care.

# APPENDIX: Listening Session Slides

# The Kaiser Permanente Mission



**Kaiser Permanente exists to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.**

# About Kaiser Permanente

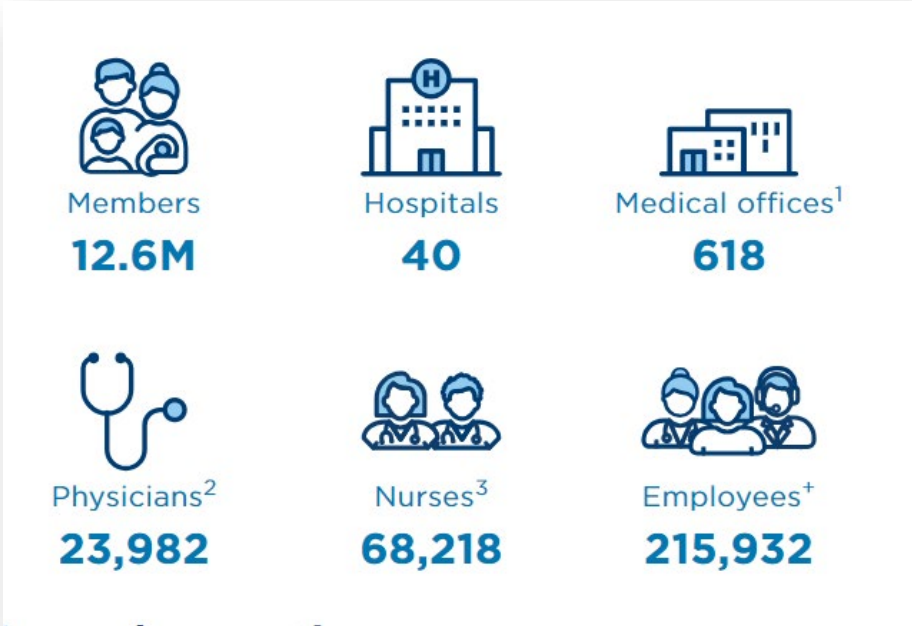
A unique, **integrated** nonprofit provider of health care and coverage

Founded in 1945, Kaiser Permanente is headquartered in Oakland, California, and comprises:

- Kaiser Foundation Health Plan, Inc.**  
*A health insurance provider*
- Kaiser Foundation Hospitals and its subsidiaries**  
*Our hospitals and medical offices*
- The Permanente Medical Groups**  
*Our physicians*

Kaiser Permanente operates in 8 U.S. states and the District of Columbia.

For more information, go to <https://about.kaiserpermanente.org/who-we-are/fast-facts>



**KP National Medicaid and Chip Enrollment** 1,364,260  
*September 2023*

**KP Sacramento County Medi-Cal Enrollment** 133,237  
*August 2024*

<sup>1</sup> Medical offices and other outpatient facilities as of September 30, 2023.  
<sup>2</sup> Approximate as of December 31, 2022, representing all specialties; excluding pool, network, and referral physicians as well as locum tenens.  
<sup>3</sup> Approximate as of January 31, 2023, representing all specialties.  
<sup>+</sup> Approximate as of September 30, 2023, representing technical, administrative, and clerical employees, nurses, and non-physician caregivers.

# Medi-Cal Direct Contract, effective 1/1/24

- Creates a single, direct contract between the California Department of Health Care Services (DHCS) and Kaiser Foundation Health Plan, Inc. (KFHP),\* to provide coverage and care for Medi-Cal enrollees in 32 California counties


- ✓Expands KP's Medi-Cal services from 22 to 32 counties
- ✓Allows KP to offer Medi-Cal coverage in all areas of the state where it offers commercial health care coverage
- ✓Extends access to Kaiser Permanente care, including Specialty care, to non-members in selected areas via community partners and pilot programs

\* The direct contract is between DHCS and KFHP. The terms "Kaiser Permanente" and "KP" are used in this presentation to refer to KFHP and affiliated entities, such as The Permanente Medical Groups.

January 17, 2023

## Our excellent care extends to everyone

California's Department of Health Care Services rates our Medi-Cal plans highest in the state for quality and equitable care.



Kaiser Permanente has the only Medi-Cal plans in California to surpass the threshold for quality care in more than 90% of the care-delivery measures analyzed.

Kaiser Permanente's Medi-Cal health plans in California are the highest rated in the state for quality care, according to a December 2022 report from the state's Department of Health Care Services. Medi-Cal is California's Medicaid health care program, which covers a variety of medical services for children and adults who have limited income and resources.

To promote better health outcomes and preventive services, the DHCS requires Medi-Cal plans to report annually on a set of quality measures associated with children's preventive services, women's health preventive services, chronic medical conditions, and behavioral health conditions. Kaiser Permanente's Northern and Southern California Medi-Cal health plans were the only plans among more than 2 dozen in the state that achieved established quality levels for more than 90% of the measures.

Kaiser Permanente's Medi-Cal plans are rated highest for quality and equitable care.

<https://about.kaiserpermanente.org/news/our-excellent-care-extends-to-everyone>

# Eligibility for Medi-Cal Enrollment into Kaiser Permanente

The following populations are eligible to join KP's Medi-Cal managed care plan effective 1/1/2024:

- Those who have had KP coverage within the past 12 months
- Those who are qualified family linkages of existing KP members
- Those who are foster youth and former foster youth
- Those who are duals, covered by both Medicare and Medi-Cal

Additional growth may occur through auto assignment for beneficiaries who do not select a health plan. KP will participate in auto assignment through default enrollment, depending on capacity in each county.

## Qualified Family Linkages include:

- A beneficiary's spouse or domestic partner
- A beneficiary's dependent child, foster child, or stepchild under 26 years of age
- A beneficiary's dependent who is disabled and over 21 years of age
- A parent or stepparent of a beneficiary under 26 years of age
- A beneficiary's grandparent, guardian, foster parent, or other relative of a beneficiary under 26 years of age with appropriate documentation of familial relationship.

# Kaiser's Network Lead Entities (NLEs)



# Network Lead Entity (NLE) Overview

Kaiser Permanente's Network Lead Entities (NLE) support the development of a community partner network for Enhanced Care Management (ECM), Community Supports (CS), and Community Health Worker (CHW) services in all 32 counties.

## Centralized Service Coordination

KP is centralizing the coordination of services through the NLEs. KP retains oversight of eligibility, member notifications, quality, and grievances.



## Comprehensive Network Coverage

The expertise and services of three statewide NLEs provide comprehensive coverage and enable timely access to ECM, CS, and CHW services.

## Collaboration with Local Community Based Partners

NLEs provide ECM, CS, CHW services in close collaboration with community-based organizations with geographic and population of focus expertise.

## Three Community-Based Providers selected to serve as Network Lead Entities

Multiple Network Lead Entities will allow Kaiser Permanente to build a comprehensive network to provide Enhanced Care Management (ECM), Community Supports (CS) and Community Health Worker (CHW) benefits for Kaiser Medi-Cal members.



- **Expertise in working with children, youth, young adults, and families**
- Model anchored in existing relationships with trusted community-based organizations with a focus and expertise in children and youth (includes Counties, etc.)
- Provides upstream assistance for capacity building for Community-Based Organizations



- **Long standing Enhanced Care Management and Community Supports provider with Kaiser**
- Statewide presence in both NCAL and SCAL
- Extensive experience in multiple states by partnering with CBOs
- Currently provides CHW services in all 32 counties.
- Strong existing infrastructure to facilitate business systems with capacity to scale



- **Significant experience as an NLE**
- Distinct expertise in supporting "high needs members"
- Well established relationships with local community-based organizations
- Demonstrated understanding of how other Medi-Cal services can be accessed outside of ECM to coordinate and support care by work with Multipurpose Senior Services Program/Assisted Living Waiver programs

# What are the roles and responsibilities of the different organizations?

KP's Network Lead Entity relationship is intended to better serve KP members by centralizing oversight and administrative functions, while leveraging existing relationships to expand KP's reach to the community.

## Kaiser Permanente

- Accountable to DHCS
- Accountable for contract, quality, and operational oversight of the NLEs
- Eligibility review; disseminate member determination letters
- Conduit between NLE Lead Care Managers and KP care teams

## Network Lead Entity (NLE)

- Accountable to KP
- Maintain provider network
- Member outreach, assessments, and ECM, CS, CHW services
- Provides timely encounter data reporting to KP
- Maintain and provide satisfaction surveys

## Community Based Organization



Provides direct services to members

- Accountable to NLE and escalates to NLE as appropriate
- Provides reporting and updates on member status /disposition to NLE



Engagement with Primary Care Provider

# Sending Referrals

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email or via phone or KP Health Connect
- **NEW: For providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity**



Area

## All Northern California Counties

## All Southern California Counties



Phone  
(Member)

1-833-721-6012 (TTY 711)  
Monday-Friday (closed major holidays)  
8:30 a.m. to 5:00 p.m.

1-866-551-9619 (TTY 711)  
Monday-Friday (closed major holidays)  
8:30 a.m. to 5:00 p.m.



Email  
(Counties/CBOs)

Send completed [referral form](#) to  
REGMCDURNs-KPNC@kp.org with the  
subject line “ECM Referral” or “CS Referral” or  
“CHW services request”

Send completed [referral form](#) to  
RegCareCoordCaseMgmt@kp.org with the  
subject line “ECM Referral” or “CS Referral” or  
“CHW services request”



Email  
(NEW: NLE Contracted  
providers submitting  
referrals to their own  
organization)

Send completed self [referral form](#) to contracted  
Network Lead Entity

Send completed self [referral form](#) to contracted  
Network Lead Entity

# Process for Community Providers to Refer to Own Organization (NEW)

If you are a **contracted** community provider and want to refer a KP member **directly** to your **ECM/CS/CHW** organization, please send the referral directly to your **contracted Network Lead Entity** rather than KP.



Email ECM/CS/CHW referral directly to contracted NLE:

- Full Circle Health Network: [network@fullcirclehn.org](mailto:network@fullcirclehn.org)
- ILS: [ILS-CalAIM@ilshealth.com](mailto:ILS-CalAIM@ilshealth.com)
- Partners in Care Foundation: [Hubinfo@picf.org](mailto:Hubinfo@picf.org)

Send any questions regarding self-referrals to your contracted NLE

For issue resolution, email Network Lead Entity and cc [medi-cal-externalengagement@kp.org](mailto:medi-cal-externalengagement@kp.org)

# NLE Claims Overview



**Full Circle**  
Health Network

# Claims: Lessons Learned

---

Full Circle Health Network

10/29/2024

# The Basics

- 1) Each MCP has its own set of nuances- have a list of questions that you answer for each MCP to help guide your billing rules
- 2) Testing is critical to making sure that your configuration
- 3) Denials are a fact of life- be prepared
- 4) Emails are not the best way to get to a solution
- 5) Persistence pays off
- 6) Remember clearinghouses check for formatting errors, not content errors

You  
GOT  
THIS!



# Denials

- 1) Make sure you understand what the denial reasons mean for each MCP
- 2) Denials are part of the process
- 3) Understand the nuances of your system
- 4) Top denial reasons:
  - Eligibility
  - Zip Codes
  - Modifier Usage
- 5) Know how your MCP handles capitated claims- some denials mean you submitted the claim correctly



# The Perfect Claim

- 1) Correct NPI numbers and Tax IDs (make sure they match your contract with the MCP)
- 2) Correct HCPCS code
- 3) Correct modifier usage (can vary by MCP)
- 4) Correct member DOB
- 5) Correct member address (make sure you know how to complete for homeless members- by MCP)
- 6) Look out for extra “.” “()” and “\_”





# ILS Claims Refresh

# ILS – our mission

We are a compassionate team committed to improving the quality of life for the most vulnerable populations.

Through our diverse partnerships, we ensure person-centered, comprehensive health and social care for those we serve.

# Claims/Billing Process

Method of Claim Submission	How to Submit
Paper Claims	Independent Living Systems PO Box 240579 Apple Valley, MN 55124
Electronic Claims Submission	<b>Payer ID:</b> 81397 <b>Payer Name:</b> Independent Living Systems – CA
ILS Provider Portal	<a href="https://smart-data-solutions.com">Stream Portal: Login (smart-data-solutions.com)</a>



## Denials – what we are seeing

- **Bill Amount**
  - E.g. \$.01 instead of \$100
- **Units**
  - 15 minutes instead of 1 hour
  - 1 hour instead of 15 minutes
- **Modifier**
  - Check authorization form
  - DHCS guidance



INDEPENDENT  
*Living Systems*

# Listening Session



## We Want to Hear from You

- What are the most common challenges you face with ECM/CS implementation?
- Have you accessed available resources?  
*Example: TA Marketplace, IPP Funds, PATH CITED, Online Trainings, Office Hours*
  - If so, have these resources been valuable in helping address concerns?
    - If not, what has prevented you from accessing those resources?
- What has been working well?
- Are there any best practices you'd like to share?

## Helpful Links & Contacts

<b>KP Medi-Cal Resource Center:</b>	<a href="#">Resource Center Link</a>
<b>KP 2024 Medi-Cal Direct Contract:</b>	<a href="https://kp.org/Medi-Cal2024">KP.org/Medi-Cal2024</a>
<b>KP Designated Medi-Cal Call Center:</b>	<b>1-855-839-7613</b> Call to speak to a live Medi-Cal trained agent
<b>KP Medi-Cal Programs (ECM, CS, CHW):</b>	For current information, go to our website: <a href="#">Link</a>
<b>KP Medi-Cal Continuity of Care:</b>	For current information, go to our website: <a href="#">Link</a>
<b>KP Self-Service Community Resource Directory:</b>	<a href="https://kp.org/communityresources">KP.org/communityresources</a> <b>1-800-443-6328</b> Toll-free number to speak with a resource specialist (M-F, 8a-5p local time)
<b>KP Community Health Care Program:</b>	Available to California residents without access to other health coverage. For current information, go to our website: <a href="#">Link</a>
<b>Medi-Cal Redeterminations Toolkit:</b>	For current information, go to DHCS website: <a href="#">Link</a>
<b>Medi-Cal Rx:</b>	<b>1-800-977-2273</b>
<b>Medi-Cal Dental:</b>	<b>1-800-322-6384</b>
<b>Medi-Cal External Engagement:</b>	For general CalAIM and ECM/CS inquiries, <a href="mailto:medi-cal-externalengagement@kp.org">medi-cal-externalengagement@kp.org</a>

\* Note: Four counties have a shared referral process: Los Angeles, Sacramento, Stanislaus, San Diego

# Molina Placeholder

- *Have not received by deadline*

**Agenda Item #5:**  
Presentation, Discussion, and Action:  
Review and Approval of SCHA 2024 Annual Report

# Agenda Item #6: Public Comment

# **Agenda Item #7:**

## **Closing Comments & Adjournment**