Outstanding CalAIM Issues Providers Seek MCP Support to Resolve

so base	How long has this issue been	Providers reporting the issue	Describe the Issue and its impact on program sustainability and/or member experience	Describe any steps already taken by providers and MCP	Impacts	Status
Anthem		Elica, A Senior Connection, Vivant	Inconsistency with Care Central working, which is affecting timely updates of ECM data and billing, lack of options to update human errors or system errors	Anthem provides multiple pathways for providers to escalate any challenges with Availity/CareCentral. Anthem offers Availity/CareCentral biweekly office hours, 1:1 office hours every Friday with the Provider Performance Manager, and access to a regionally assigned provider relations team who can offer individualized technical assistance and respond to any billing concerns related to CareCentral system issues. Anthem also leverages office hours to provide updates on system enhancements and status of known defects. Anthem's IT team has advised against allowing providers to make changes to their enteries due to high risks and downstream reporting impacts.	Administrative Burden, Contributes to staff burnout, Financial Impact	
Anthem	March 2026	Hope Coop	Initial HTNS authorizations are approved for 90 days rather than the 12 months. They're confusing the HTNS referrals with our Day Habilitation and Short-Term Post Hospitalizaton JI location even though we're submitting the HTNS using the correct forms.	Anthem met with provider and provided education on the referral process. During the meeting we did identify a separate issue related to the display of CS services on the Authorization Status File. The issue has been escalated internally for resolution. The resolution is expected to be reflected in the next ASF report per IT.	Administrative Burden, Takes away patient facing time from staff, Creates barriers to program participation for the members, Financial Impact, Contributes to staff burnout	
Anthem		A Senior Connection, Vivant	Authorization response times take sometimes up to two months. The client is unable to access services while we wait for an authorization.	growth in ECM and Community Supports referrals over the past 18 months, resulting in a 300% increase in members served since January 2024. To support this sustained growth and improve operational efficiency, Anthem is implementing automation enhancements that are anticipated to be deployed within the next six months. While these enhancements are being developed, Anthem leadership has remained actively engaged with providers by addressing questions and concerns during ECM and Community Supports Office Hours, reinforcing established internal escalation pathways, and prioritizing urgent referrals through expedited processing. In addition, dedicated resources have been assigned to support referral prioritization and ensure timely review of high-priority cases. To further improve referral quality and processing efficiency, Anthem continues to educate providers on state referral requirements and eligibility criteria. An upcoming ECM and Community Supports Referral Protocols webinar will provide guidance on submitting complete and accurate referrals, interpreting automated referral feedback, and responding effectively to corrective action requests. These ongoing efforts are designed to strengthen provider collaboration, reduce processing delays, and enhance the overall referral experience for	Creates barriers to program participation for the members, Financial Impact, Administrative Burden	

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Health Net		Elica, CoHeWo, A Senior Connection, Vivant	Requirement to use FindHelp to submit referrals, portal is not working smoothly, providers listed as available may be at capacity, not all providers are listed. Provider has to submit referrals via FindHelp and send CS referral to Health Net, yet still some referrals are not processed on time	Health Net prefers the FindHelp platform because it helps streamline messaging across the continuum, but providers are not required to use it exclusively. Referrals can also be submitted through provider contacts. Health Net is following up internally on the portal issues and will bring updates to the August meeting. Providers should flag specific cases so they can escalated to the FindHelp team.	Administrative Burden, Contributes to staff burnout, Creates barriers to program participation for the members, Takes away patient facing time from staff	
Health Net		Elica, CoHeWo, A Senior Connection, Vivant	Health Net portal does not show accurate Provider assignments and ECM statuses. Health Net portal details are not matching with details displayed in MIF and/or Referral files. Every month members are missing in MIF, even if it was direct referral from Health Net. Portal changes one day to the next and a client that was assigned to us will now show another provider, we'll end services, but then HN will tell us to continue services and that the portal is inaccurate. We can never trust the information that is available.	Health Net has created a taskforce to address portal accuracy issues and is in the process of hiring a temporary resource to support data transfer, validation, and error correction. This work is expected to begin this month.	Creates barriers to program participation for the members, Administrative Burden	
Health Net		Elica, CoHeWo, Vivant	Assignments - members are reassigned without notifications to current providers. (Providers do not have reliable source of information to see if individual already has assigned provider, because Health Net portal is unrealiable). Unclear “termed” status: Direct referral files show “termed” without context (when, why, or what changed) and often are incorrect and confusing.	Health Net has implemented a process requiring that changes be documented when providers or members request reassignment, which should improve communication and help ensure assignments display correctly. This is part of ongoing work related to portal accuracy.	Administrative Burden, Contributes to staff burnout, Creates barriers to program participation for the members	
Health Net		Elica, CoHeWo, A Senior Connection, Vivant	Member services are not equipped to provide details about CalAIM. Referrals are submitted, but later can not be found. Vivant call center receives calls from MCP reps regarding auth requests for other providers requesting approval	Health Net continues training call center staff on CalAIM requirements, and asked providers to document inaccuracies (rep name, date, time) so the team can conduct targeted 1:1 follow-ups. It also described a new ECM workflow created by internal management to ensure eligibility and referral information is correctly documented in TrueCare for call center visibility.	Administrative Burden, Contributes to staff burnout, Takes away patient facing time from staff, Creates barriers to program participation for the members	
Health Net		Elica, A Senior Connection	Without direct contact to ECM/CS teams, answers provided to Provider Reps are too vague and not answer questions, even if additional details are provided. Also providers have to wait sometimes for too long to get answer.	Oversight for these functions has transitioned to the Provider Engagement Team, who will serve as the main point of contact for triage, follow-up, and accountability. Providers are encouraged to funnel issues directly to the point of contact	Administrative Burden, Contributes to staff burnout, Takes away patient facing time from staff, Creates barriers to program participation for the members	
Health Net		Elica	monthly score cards display inaccurate data, which is affecting incentive payments	Any scorecard discrepancies should be reported to the Provider Engagement Team point of contact. Some variances occur because the six-month measurement period can span up to 184 days, and the team will make adjustments when inaccuracies are identified.	Financial Impact	

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Health Net		A Senior Connection, Vivant	Approved dates are often several days off from what we request. Adjustments aren't addressed timely resulting in a cascading impact where we have to submit a reauthorization off the prior incorrect dates and then ask for another adjustment for the reauth.	The teams review date-correction requests, and if corrections are not applied after initial contact, providers should notify MCP representative so she can escalate.	Financial Impact, Creates barriers to program participation for the members	
Health Net		A Senior Connection	Many RCFEs and Assisted Living Facilities have licensed staff and are able to appropriately care for clients at an ALW Tier 5 rate, but HealthNet will not authorize Assisted Living Facility Transitions anymore for Tier 5 unless a client has a TBI. This is based on an incorrect understanding of what these facilities can do and results in many people having to stay in an institution which is a higher level of care than needed (higher utilization/cost) and a more clinical environment that can impact client outcomes.	Tier 5 requests go to Health Net medical directors for review. TBI is one factor but not the only qualifying condition. Facilities can serve higher-need clients and the medical directors make decisions based on whether the member's needs can be met safely.	Creates barriers to program participation for the members	
Health Net		CoHeWo	When submitting a housing deposit referral, it would be helpful to know the approved amount upfront. Currently, if we receive approval for an application fee and later submit another referral for a security deposit and home goods, the original referral gets voided. However, when we call, we are informed that the referral is actually approved and are then provided with an updated amount. It would be much more efficient and supportive to staff if updated approval information and adjusted amounts were communicated proactively within the referral process.	When a second referral is submitted, the first may show as voided because the system recalculates the total approved amount. This allows both claims to track under the correct combined authorization.	Administrative Burden, Financial Impact, Creates barriers to program participation for the members	
Health Net, Anthem		A Senior Connection	Required documentation for Recuperative Care authorizations does not align with DHCS requirements. MCPs are requiring discharge summaries, but DHCS policy guide states *"An individual need not be exiting an institution to qualify but must have been determined by a provider (at the MCP or Network Provider level) to have medical needs significant enough to result in ED visits, hospital admissions or other institutional care."* Requiring a DC summary prior to authorization requires the recuperative facility to accept the client and take on risk of providing services without guarantee of auth/payment. If a facility is unwilling to accept without an active auth, the client can be denied services they need.	Health Net needs providers to share documentation showing medical need, such as visits or hospitalizations, to ensure members meet program criteria. Additional updates will be brought to the August meeting. Anthem does not require discharge paperwork for a recuperativce care referral however we may need to request it if we don't have the information needed in our systems to provide a referral. Anthem provides a variety of examples of supporting documentation that can be submitted to demonstrate eligbility and need. (Anthem referral form is available https://providers.anthem.com/docs/gpp/CA_CalAIMILOSmemberreferralform.pdf?v=202603	Financial Impact, Creates barriers to program participation for the members	
Kaiser		CoHeWo	Housing Deposits referral process is very administratively burdensome and approvals do come back in a timely manner. ILS rejected the inclusion of basic hygiene products as part of the client's move-in package, something previously approved by KP as part of housing deposits. no longer cover basic hygiene products as part of a client's move-in	- Upon receiving the May 2026 CalAIM Outstanding Issues, KP Local Engagement elevated these identified issues with the KP Operations team for exploration. - On 6/12, KP engaged with CoHeWo leads to collect additional information to better understand the issues raised and support resolution. - On 6/23, CoHeWo provided KP with additional information. Ongoing communication between KP and CoHeWo is underway.E14		- Preliminary review by the KP team determined hygiene products are an allowable covered item under Bathroom - Toiletries. KP is waiting for additional information from CoHeWo to help identify the member(s) who received a denial on hygiene products support KP with internal investigation.
Kaiser		CoHeWo	ILS requiring submission via sftp of all notes and documents for all clients on a monthly basis. They were notified that this is an unsustainable request. We do not have the administrative support to comply with this.	- KP is actively reviewing the identified issues, and additional updates will be brought to the August SCHA General Meeting	Contributes to staff burnout	KP is actively reviweing this issue with ILS
Kaiser		CoHeWo	Referral forms changed without prior notice to providers and then sent back/rejected by the plan.	- KP is actively reviewing the identified issues, and additional updates will be brought to the August SCHA General Meeting		KP is evaluating opportunities to strengthen notification processes when CalAIM referral forms are revised
Molina		Elica, A Senior Connection	Billing issues both ECM and CS			
Molina		Elica, CoHeWo, Vivant	CS referral forms are constantly updated			
Molina		Elica, CoHeWo, Vivant	No options to see current CS assignments (and assigned CS provider?)		Administrative Burden, Takes away patient facing time from staff	

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Molina		Elica, Vivant	Updates of CS forms (various versions create confusion)		Administrative Burden, Contributes to staff burnout	
Molina		Elica, Vivant	Provider respresentative: no timely responses to emails, ineffective use of scheduled meeting - during the meeting Provider Rep opens and reviews emails from Provider and submits tickets — tasks that should be completed in advance. Some emails are responded shortly before or immidiately prior to meetings. This approach reduces the productivity of already limited meeting time and impacts the provider's ability to address needs efficiently. Pre-meeting preparation and timely communication are expected to ensure meetings remain focused and productive.	Requested to switch from bi-monthly 30 min meeting to monthly 1 hr meeting moving forward.	Administrative Burden, Financial Impact, Contributes to staff burnout	
Molina		CoHeWo, A Senior Connection	Molina does not have contracted providers in Sacramento for the Assisted Living Facility Transitions CS service. This results in inequitable resource navigation for clients across health plans in Sacramento - particularly for the most vulnerable members. What we are able to provide for one client with one health plan should be available for all health plans.			
Molina		CoHeWo, Vivant	Housing Deposits service now limits home goods to no more than the amount of the security deposit. For individuals moving into PSH or similar properties, security deposts are often priced very low which limits the ability to provide essential move-in goods. Molina is the only plan in this county currently taking this approach.	Feeback provided during biweekly office hours.		
Molina	February 2026	Elica, Vivant	RTF reporting is challenging because Provider EMR dates must align with CCA records. RTF data often requires manual monthly updates when EMR dates are missing or differ by even one day; dates of care plans created by former providers or when reports retain original enrollment dates instead of official reenrollment dates. MAR report does not display all members, so manual check of CCA is required.	Elica is updating reports manually	Administrative Burden, Financial Impact, Contributes to staff burnout	
Molina		A Senior Connection	Duplicate documentation within CCA and our internal EMR is an incredible administrative burden for our LCMs. Providers on the waiting list for RTF reporting still have to abide by CCA requirements or otherwise risk low audit scores or losing capitation payments. MCP has been unable to provide ETA for when organizations will be moved off waiting list.	Emails and direct conversation during recent audit.	Administrative Burden, Contributes to staff burnout, Takes away patient facing time from staff	
Molina, Health Net, Anthem		A Senior Connection	General lack of alignment across health plans when it comes to required documentation and authorization approval processes for Assisted Living Facility Transition services, Recuperative Care, and Short-Term Post Hospitalization	Anthem is willing to work to align with MCPs to standardize process/procedures and interpretation of policy and hosts a monthly MCP CS Collaborative to encourage alignment in services and practices. MCPs have collaborated around shared county referral forms for ECM, transitional rent, and the justice involved initiative. Unfortunately, standardization of platforms/systems is limited and challenging due proprietary investments.	Administrative Burden	
Molina	January 2026	Vivant	Limiting in-home assessments for Asthma Remediation to one unknown provider but contract negotiations continue to delay services for members. providers are unable to provide goods and services without the assessment. constantly being told that details will be coming soon with no official guidance offerred.	requesting updates in every office hours and meetings with Molina staff	Creates barriers to program participation for the members	