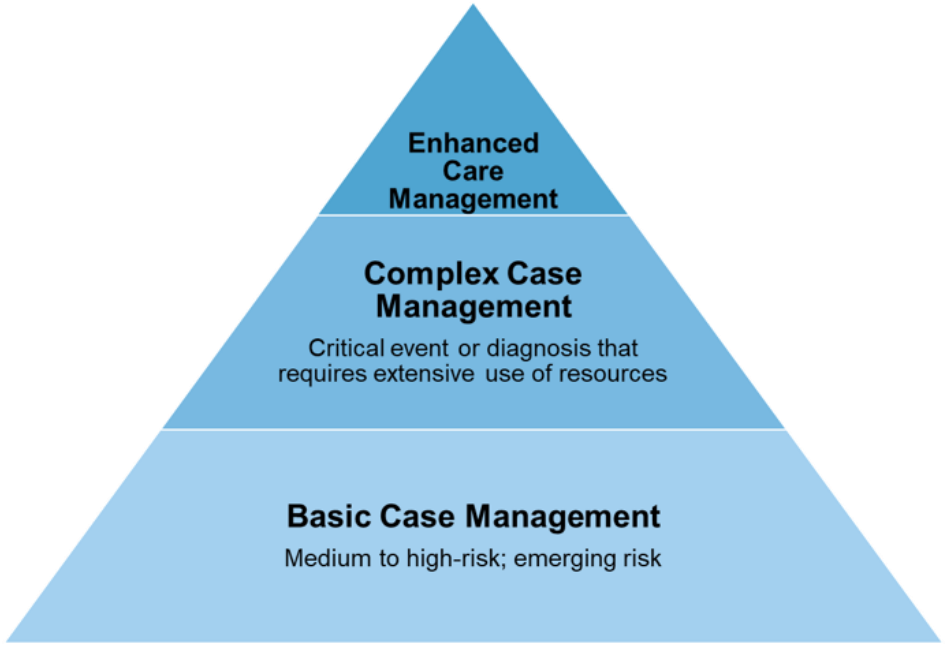
Anthem BlueCross

CalAIM Enhanced Care Management (ECM) Population of Focus update

January 1, 2024 launch

Enhanced care management



ECM seven core services:
Outreach and engagement
Comprehensive assessment and care management plan
Enhanced coordination of care
Health promotion
Comprehensive transitional care
Member and family supports
Coordination of and referral to community and social support services

ECM implementation timeline

JAN 1, 2022

- Adults and Their Families Experiencing Homelessness;
- Adults At Risk of Avoidable Hospital or ED Utilization;
- Adults with Serious Mental Health and/or SUD Needs;
- Adults with I/DD;
- Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes.

JAN 1, 2023

- Adults Living in the Community and At Risk for LTC Institutionalization;
- Adult Nursing Facility Residents Transitioning to the Community.

JUL 1, 2023

- Children & Youth Populations of Focus

JAN 1, 2024

- ECM goes live for Birth Equity Population of Focus - Adults, Children/Youth
- Individuals Transitioning from Incarceration – Adults, Children/Youth *

*Inclusive of the former WPC Counties (L.A. & Kern) that went live on 1/1/2022.

Population of Focus to launch on January 1, 2024

PoF: Birth Equity

ECM Population of Focus #10: new Pregnancy, postpartum, & birth equity POF

- **Adults and youth who**:
  1. Are pregnant **or** are postpartum (through 12 months period); **and**
  2. Meet one or more of the following conditions:
     i. Qualify for eligibility in any other adult or youth ECM PoF; or
     ii. Birth equity population of focus effective January 1, 2024. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

Notes:

- Clause (1) is defined as individuals who are currently pregnant or currently postpartum. For the purposes of this POF definition, "postpartum" means having delivered, whether a live birth or stillbirth; or a late term abortion.
- Clause (2) (i) is already live statewide as of January 1, 2022, for adult POF and will go live statewide starting July 1, 2023, for children/youth POF.
- **Clause (2) (ii) will go-live statewide on January 1, 2024**. Based on the California Department of Public Health's (CDPH) most recent State public health data (including the Prenatal Care Dashboard and Pregnancy-Related Mortality Dashboard), **the racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality are Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals**. This maternal morbidity and mortality data will be calculated at the State level (not county level) to guide ECM eligibility at the MCP and Member level.

Overview: birth equity Population of Focus

Beginning January 1, 2024, the Pregnant and Postpartum PoF will expand to include birth equity to address known disparities in health and birth outcomes in racial and ethnic groups with high maternal morbidity and mortality rates. DHCS is adding this eligibility pathway in recognition that living within communities subject to historically poor birth outcome disparities related to social inequity is itself a risk factor that can be addressed through comprehensive, whole-person care management.

Examples of eligible MCP members

Examples of eligible MCP members under birth equity PoF

- Black, American Indian or Alaska Native, or Pacific Islander member who is pregnant or postpartum (up to 12 months) and does not qualify for ECM through another Population of Focus.

Identification

- MCPs must work to identify eligible members for this PoF as soon as they become aware of a member's pregnancy (for example, encounter data, provider records)
- MCPs must have strategies in place to support timely identification of a member's pregnancy and not rely solely on claims and encounter data, which have significant lag time.
- DHCS and MCPs collect race and ethnicity data at multiple interventions (for example, eligibility, enrollment, provider recorded). MCP's will be expected to leverage any data source available to them in order to identify pregnant and postpartum (up to 12 months) individuals who may experience health disparities with maternal morbidity and mortality (aligned with clause (2)(ii).

Identification (cont.)

- MCPs would like to partner with local programs serving pregnant and postpartum individuals to help with identification, including Comprehensive Perinatal Services Program (CPSP), Black Infant Health (BIH) Program, California Perinatal Equity Initiative (PEI), American Indian Maternal Support Services (AIMSS), CHPH's California Home visiting Program (CHVP), and CDSS' CalWorks Home Visiting Program (HVP).

- As for all ECM PoF, MCPs have policies and procedures that allow providers to refer patients to the MCP for ECM if they suspect eligibility criteria are met.

- Members and their families may self-refer to ECM.

Outreach and engagement

- ECM requires engagement with the member in the community, at provider locations, or the member's requested location. In instances where the member is also enrolled in a local pregnant or postpartum program and that program is also their ECM provider, ECM services could be provided where the member receives those services.
- In instances were the member is enrolled in a local pregnant or postpartum program (in other words, CPSP, BIH program, etc.) and that program is **not** their ECM provider, the ECM provider is expected to consult with the local pregnant or postpartum program and keep them informed as appropriate.

Comprehensive Assessment and Care Management Plan

- For members enrolled in CPSP, the ECM provider is expected to leverage the comprehensive assessments conducted by CPSP, including the CPSP individualized care plan and postpartum assessment, in developing the member's ECM care management plan. The CPSP individualized care plan is reassessed at each trimester with a strengths-based assessment.
- Additional assessments maybe be needed to ensure the member's ECM care management plan incorporates the member's needs and strategies to address those needs across the areas of physical health care, mental health care, SUD care, community-based LTSS, oral health care, palliative care, social supports, SDOH care and others.

Comprehensive Assessment and Care Management Plan (cont.)

- A member who qualifies for ECM through this PoF would not be disenrolled from ECM simply because their pregnancy and/or postpartum period concludes. Rather, just as any member enrolled in ECM, a member who is enrolled in ECM through this PoF would only disenroll if they meet graduation criteria.

Examples of applicable ECM services for this PoF

- ECM should include addressing the needs of the pregnant or postpartum individual to ensure the best health and lifelong outcomes for them, as well as their newborn infant. Examples of applicable ECM services (but are not limited to):
  - Facilitating access to Community Supports that will help the pregnant or postpartum individual as they prepare for or recover from labor and delivery, including housing and food related Community Supports.
  - Coordinating the transition from hospital to home after labor and delivery, and with various health and social services providers, including sharing data, to facilitate better-coordinated whole-person care.
  - Supporting member treatment adherence, including scheduling prenatal and postpartum appointments and well-child visits, appointment reminders, as needed.
  - Connecting the pregnant or postpartum individual, their partner, and/or their family with resources regarding the member's conditions to assist them with providing support for the member's health and newborn or infant's health.

Community Supports

MCPs are strongly encouraged to offer Community Supports to eligible Members who enroll in ECM under this and all other PoFs. Doing so can enhance care and prevent costly and unnecessary hospitalizations. Each member will have different needs and functional limitations. Below are a few examples of the 14 Community Supports that may be particularly beneficial:

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Short-term post-hospitalization housing
- Medically tailored meals/medically-supportive food
- Sobering centers

If a provider identifies the need for any Community Supports when working with a member, they are encouraged to submit a referral for these to the MCP

Doula Benefit

- DHCS has recently introduced a Doula benefit in Medi-Cal.
- Members receiving doula services who also qualify for ECM are not be precluded from receiving ECM as long as the MCP ensures that providers do not receive duplicative reimbursement for the same services provided to the same member.
- Doula services are available to any birthing individual in Medi-Cal, whereas ECM eligibility is limited to a qualifying Population of Focus.
- Doulas and ECM care coordinators are envisioned to have separate and distinct roles, though if eligible (see Section VII. ECM Provider Network), doulas are welcome to contract with MCPs as ECM providers.

To learn more about DHCS' new Medi-Cal-covered doula benefit, see the DHCS Doula Services webpage.

Community Health Worker Benefit

- DHCS also added Community Health Worker (CHW) services as a Medi-Cal benefit starting July 1, 2022.
- CHW services are preventive health services to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health.
- CHW may include individuals known by a variety of job titles, including promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.

To learn more about DHCS' new Medi-Cal-covered doula benefit, see the **DHCS Community health workers webpage**.

References

- DHCS CalAIM Enhanced Care Management Policy Guide – Updated December 2022
- DHCS Enhanced Care Management (ECM) Implementation Timeline & Updated Populations of Focus
- DHCS Fact Sheet: California Advancing and Innovating Medi-Cal (CalAIM) Justice-Involved Initiative
- DHCS: Update on CalAIM Justice-Impacted Waiver Approval presentation materials Feb 23, 2023
- DHCS: CalAIM Monthly MCP Technical Assistance Meeting – Apr 25, 2023
- DHCS: Community Health Workers Webpage

https://providers.anthem.com/ca