Policy:	FF.4002
Title:	**Special Payments: Enhanced Care Management Supplemental Payment**
Department:	Finance
Section:	Accounting
CEO Approval:	*/s/ Michael Hunn 08/08/2024*
Effective Date:	01/01/2022
Revised Date:	08/01/2024
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the criteria for an Enhanced Care Management (ECM) Provider to receive a supplemental payment for ECM services provided to an ECM-eligible Member, including outreach services to Members included in "Populations of Focus" as prescribed by the Department of Health Care Services (DHCS).

II. POLICY

A. Effective for dates of service on or after January 1, 2022, CalOptima Health shall make an ECM supplemental payment to an ECM Provider at rates set forth in the Contract for Health Care Services, in accordance with the terms and conditions of this policy.

B. CalOptima Health shall issue an ECM supplemental payment when all the following conditions are met:

1. Member is identified as an ECM-eligible Member in accordance with CalOptima Health Policy GG.1354: CalAIM Enhanced Care Management - Eligibility and Outreach;

2. CalOptima Health has authorized the ECM services; and

3. ECM services are billed and reported to CalOptima Health in accordance with Section III.A. of this policy, consistent with the most recent state or regulatory guidance and using the national standard specifications and code sets, as defined by DHCS.

C. A Member shall not be eligible for ECM benefits while enrolled in the following programs:

1. 1915(c) waivers, including Multipurpose Senior Services Program (MSSP);

2. Fully integrated programs for members dually eligible for Medicare and Medi-Cal including Cal MediConnect program or Program for All-Inclusive Care for the Elderly (PACE); or

3. Basic or complex case management programs.

D. In the event DHCS or CalOptima Health identifies that a Member did not agree to receive, was not qualified for, or was not authorized to receive ECM services, CalOptima Health shall recover any ECM supplemental payments made to the ECM Provider for that Member.

III. PROCEDURE

A. ECM Provider Claims Submissions

1. The ECM Provider shall bill for all ECM services rendered by a qualified professional.

2. To qualify for the ECM supplemental payment, the ECM Provider shall bill on a monthly basis, between the first (1) and the fifteenth (15) day of the month, for ECM services rendered in the previous month.

   a. One claim per member per month shall be submitted;

   b. Claims shall be billed in unit measurements for procedure codes associated with ECM services, as defined by DHCS;

   c. Each unit shall represent a fifteen (15) minute interval;

   d. CalOptima Health shall pay a Per Enrollee Per Month ECM supplemental payment for each ECM Provider Member authorized to receive ECM services who receives two (2) or more hours of ECM services in a given month as identified by eight (8) or more units billed; and

   e. In order to ensure adequate data collection on ECM services, a claim shall be submitted for each ECM Provider Member eligible for ECM services, regardless of whether those services reached the two (2)-hour supplemental payment threshold for the month being reported.

B. CalOptima Health shall process a claim in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.

C. If an ECM Provider identifies an overpayment of the ECM supplemental payment, the ECM Provider shall return the overpayment to CalOptima Health in accordance with CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible.

D. An ECM Provider may file a provider dispute regarding an ECM supplemental payment in accordance with CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract for Health Care Services
B. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
C. CalOptima Health Policy FF.2001: Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
D. CalOptima Health Policy GG.1354: CalAIM Enhanced Care Management - Eligibility and Outreach
E. CalOptima Health Policy HH.1101: CalOptima Health Provider Complaint

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
12/17/2021	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
11/04/2021	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2022	FF.4002	Special Payments: Enhanced Care Management Supplemental Payment for Capitated Health Networks	Medi-Cal
Revision	01/01/2023	FF.4002	Special Payments: Enhanced Care Management Supplemental Payment	Medi-Cal
Revision	07/01/2023	FF.4002	Special Payments: Enhanced Care Management Supplemental Payment	Medi-Cal
Revision	08/01/2024	FF.4002	Special Payments: Enhanced Care Management Supplemental Payment	Medi-Cal

IX. GLOSSARY

Term	Definition
Contract for Health Care Services	The written instrument between CalOptima Health and Physicians, Hospitals, Health Maintenance Organizations (HMO), or other entities. Contract shall include all applicable DHCS Medi-Cal Managed Care Division Policy Letters and All Plan Letters, and any Memoranda of Understanding entered into by CalOptima Health that are binding on a Physician Hospital Consortium (PHC), a physician group under a shared risk contract, or an HMO.
Department of Health Care Services (DHCS)	The single State department responsible for the administration of the Medi-Cal Program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs as provided by statute and/or regulation.
Enhanced Care Management (ECM)	A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.
Enhanced Care Management (ECM) Provider	Community-based entities with experience and expertise providing intensive, in-person care management services to Members in one or more of the Populations of Focus for Enhanced Care Management (ECM).
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health Medi-Cal program.
Per Enrollee Per Month	An all-inclusive case rate that applies whenever a provider has provided at least the minimum level of ECM services to an enrolled Member. This rate is paid on the basis of submitted claims and is not to be considered a capitation payment.
Population of Focus (POF)	Subject to the phase-in requirements prescribed by DHCS and Member transition requirements for HHP and WPC, Members eligible to participate in ECM under the CalAIM initiative include the following, as defined by DHCS: 1. Adult Populations of Focus include the following: a. Individuals and families experiencing Homelessness; b. Individuals At Risk for Avoidable Hospital or emergency department utilization; c. Adults with Serious Mental Illness (SMI) and/or Substance Use Disorders (SUD); d. Individuals transitioning from incarceration; e. Individuals who are at risk for institutionalization and are eligible for long-term care (LTC); f. Nursing facility residents who want to transition to the community; and g. Birth Equity Population of Focus. 2. Populations of Focus for Children and Youth include the following: a. Children (up to age 21) experiencing Homelessness; b. Individuals At Risk for Avoidable Hospital or emergency department utilization;

Term	Definition
	c. Children (up to age 21) with Serious Mental Illness (SMI) and/or Substance Use Disorders (SUD); d. Individuals transitioning from incarceration; e. Enrolled in California Children's Services (CCS) Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition; f. Involved in, or with a history of involvement in, child welfare (including foster care up to age 26); and g. Birth Equity Population of Focus.