

Anthem Blue Cross' Enhanced Care Management (ECM) Provider Letter of Interest Form

CalAIM will improve how Medi-Cal Managed Care (Medi-Cal) members access health care services beyond the traditional walls of health care settings and into communities. As a key part of CalAIM, Enhanced Care Management (ECM) is a statewide Medi-Cal benefit available to select "Populations of Focus" that provides high-need members with in-person care coordination and care management where they live. For additional information from DHCS on CalAIM and ECM, refer to: <https://www.dhcs.ca.gov/calaim> and <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>.

To achieve this goal, Managed Care Plans (MCPs) are:

- Leveraging the existing county and community provider care management infrastructure and experience.
- Ensuring the participation of providers experienced with serving the ECM population(s) of focus.

To become an ECM Provider, your organization must be one of the following:

- City/county government agency
- County behavioral health provider
- PCPs or Specialist or Physician groups
- Federally Qualified Health Center
- Community health center
- Community Based Organizations
- Hospital or hospital-based physician group or clinic (including public hospital and district and/or municipal public hospital)
- Rural health clinic and/or an Indian Health Service Program
- Local health department
- Behavioral health entity
- Community mental health center
- Child Welfare Organization
- Private non-profit organization
- Substance use disorder treatment provider
- Community Based Adult Services (CBAS) Providers
- Skilled Nursing Facilities (SNFs)
- Organizations serving individuals experiencing homelessness
- Organizations serving justice-involved individuals
- California Children's Services (CCS) Providers
- Regional Centers
- First 5 County Commissions
- School-Based Health Centers
- Other qualified provider or entity that are not listed above, as approved by DHCS

To become an ECM Provider, your organization must serve one or more of the following ECM Populations of Focus:

- 1.a Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness
- 1.b Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
2. Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")
3. Individuals with Serious Mental Health and/or SUD Needs
4. Individuals Transitioning from Incarceration
5. Adults Living in the Community and At Risk for LTC Institutionalization
6. Adult Nursing Facility Residents Transitioning to the Community
7. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition
8. Children and Youth Involved in Child Welfare
9. Birth Equity Population of Focus

To qualify for consideration an ECM Provider will have:

- Strong, engaged, organizational leadership who agrees to participate in learning activities, including in-person sessions and regularly scheduled calls, and is committed to the program’s constant quality improvement.
- Demonstrated experience with the population(s) of focus the provider intends to serve.
- Capacity to provide appropriate and timely in-person care management activities, as needed in various settings that are most convenient and desirable for the Member (i.e., in-person, telephonically, etc.) to assist in achieving the participants health, medical, and social determinants of health.
- Capacity to serve all referred members with timely outreach for engagement and care coordination activities.
- Ability to transition, accept, perform outreach activities and enroll ECM members assigned by the health plan, according to the ECM Provider contract with the MCP.
- Demonstrated cross-sector provider engagement and cooperation that is relevant to the population(s) of focus the provider intends to serve. An ECM should demonstrate coordination with area hospitals, and primary care practices, . Depending on the population of focus, the ECM provide may also demonstrate coordination with and behavioral health providers, specialists, homelessness coordinated entry system, county government, regional centers, and other entities, including housing support and other Community Support providers. Engagement must be demonstrated through the development of agreements or processes, to collaborate with the ECM Provider on care coordination.
- Capabilities to link member to ECM services and share relevant information between the ECM Provider, PCP, and MCP and other providers involved in the member’s care.
- Ability to meet MCP data sharing, care management documentation system or process, and reporting requirements.

The following outlines the seven core ECM services performed by the ECM Provider that are universal for all Populations of Focus. The services coordinate interventions that address the medical, social, behavioral health, functional impairment, cultural, and environmental factors affecting health and health care choices available to ECM enrolled members.

1. **Outreach and Engagement:** Includes identifying (or accepting referrals for) members who are eligible for ECM. ECM Providers are responsible for reaching out to, and engaging assigned members, using multiple strategies for engagement.
2. **Comprehensive Assessment and Care Management Plan:** Includes assessing a member’s current health status including physical health, mental health, SUD, palliative, community based LTSS, oral health, social support and SDOH needs. The ECM assessment is used to develop an individualized care plan to appropriately address the member’s health status and gaps in care and is made available to member’s interdisciplinary care team such as, but not limited to, PCPs, mental health providers, SUD providers, and ECM members.
3. **Enhanced Coordination of Care:** Includes the services necessary to implement the member’s care plan including organizing member care activities as laid out in the care plan, referral coordination, medication review and/or reconciliation, scheduling appointments, coordinating transportation, treatment adherence, and communication with member’s multidisciplinary care team.

4. **Health Promotion:** Includes supporting member’s ability to monitor and manage their health and make lifestyle choices based on healthy behavior which may include health education, coaching, disease management, and motivational interviewing to assist the member with self-management of their health and social needs.
5. **Transitional Care Services:** Includes service intended to support Members and their families and/or support networks as Members transfer from one setting or level of care to another, including but not limited to discharges from hospitals, institutions, other acute care facilities, and SNFs to home or community-based settings, Community Supports, post-acute care activities, or LTC settings. Services include supporting member’s transition from discharge planning until they have been successfully connected to all needed supports, coordinating with the PCP, creating and sharing a discharge risk assessment and discharge planning document with appropriate parties, conducting medication review/reconciliation, Closed Loop Referrals, scheduling follow up appointments with recommended outpatient Providers and/or community partners, etc.
6. **Member and Family Supports:** Includes identifying supports needed for the Member and/or their supports and conducting activities to ensure the Member and/or parent, caregiver, guardian other family member(s) and/or authorized support person (s) are knowledgeable about the Member’s condition (s) with the overall goal of improving the Member’s care planning and follow-up, adherence to treatment, and medication management.
7. **Coordination of and Referral to Community and Social Support Services:** Includes determining, coordinating, and referring members to the available community resources and follow up with the Member and/or parent, caregiver, guardian to ensure services were rendered.

Please complete this LOI form and email your completed LOI form to the MCP/s’ email address/es you’re interested in contracting with, using “ECM_Organization Name_Letter of Intent” in the e-mail subject line.

Health Plan	Email Address	Additional Instructions
Anthem Blue Cross	calaim@anthem.com	
Blue Shield of California Promise Health Plan	ECM@blueshieldca.com	
Health Net	CalAIM_providers@healthnet.com	Please note underscores in email address
L.A. Care Health Plan	ECM@lacare.org	
Molina Healthcare of California	MHC_ECM@MolinaHealthCare.Com	Please note underscores in email address
<p>For Kaiser Permanente (KP): KP is contracting with three Network Lead Entities (NLEs) to provide a network of ECM, CS and CHW services across their Medi-Cal footprint. If an organization wishes to become part of a KP NLE’s network, please email your completed LOI form to:</p> <ol style="list-style-type: none"> 1. Full Circle Health Network: network@fullcirclehn.org 2. Independent Living Systems: ILSCAProviderRelations@ilshealth.com 3. Partners in Care Foundation: Hubinfo@picf.org <p>In your email, please specify the services that your organization provides, geography and population expertise. Please refer to “Kaiser Permanente, Network Lead Entity FAQ” at https://kpov.kaiserpermanente.org/content/dam/kporg/final/documents/community-providers/ncal/ever/kp-nle-faq-external.pdf for more information. If you have questions, please send an email with your inquiry to: Medi-Cal-State-Program@kp.org</p>		

Required responses are identified with an asterisk *

About Your Organization

In the table below, please provide organizational information and designated point of contact information.

About Your Organization	
Organization Name *	
Organization Type *	
Legal Entity Name (as it appears on W-9) *	
Organization Website *	
Mailing Address *	
Point of Contact: Full Name *	
Point of Contact: Phone Number *	
Point of Contact: Email Address *	
Point of Contact: Fax Number	
Please identify which Service Planning Areas (SPAs) your organization has coverage in? *	<input type="checkbox"/> SPA 1 <input type="checkbox"/> SPA 2 <input type="checkbox"/> SPA 3 <input type="checkbox"/> SPA 4 <input type="checkbox"/> SPA 5 <input type="checkbox"/> SPA 6 <input type="checkbox"/> SPA 7 <input type="checkbox"/> SPA 8
Interested in becoming an ECM Provider? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information
If you are interested in serving the Justice Involved Population as an ECM provider, does your organization have staff with lived experience? ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information
If you are interested in serving the Justice Involved Population as an ECM provider, does your organization have relationships with County correctional facilities? This includes but is not limited to lines of communication, agreements, or contractual relationships.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information
Are you a Community Supports Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Interested in becoming a Community Supports Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe, would like more information

¹ “Lived experience” as it pertains to the CalAIM Justice Involved Initiative can be defined as the following: first-hand experience with the criminal justice system, including a history of arrest or incarceration, or second-hand experience, including having a close family member, being a caregiver, or having a partner who has experience with the criminal justice systems.

About Your Organization	
Does your organization currently serve as an ECM contracted provider? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what Health Plan(s) are you contracted with? * <i>Select all that apply.</i>	<input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> Health Net <input type="checkbox"/> Blue Shield Promise <input type="checkbox"/> Molina Healthcare of California <input type="checkbox"/> L.A. Care Health Plan <input type="checkbox"/> Kaiser Permanente

Counties where your organization would like to provide ECM services (select all that apply):			
<input type="checkbox"/> Alpine	<input type="checkbox"/> Fresno	<input type="checkbox"/> Los Angeles	<input type="checkbox"/> San Francisco
<input type="checkbox"/> Amador	<input type="checkbox"/> Inyo	<input type="checkbox"/> Madera	<input type="checkbox"/> Santa Clara
<input type="checkbox"/> Calaveras	<input type="checkbox"/> Kern	<input type="checkbox"/> Mono	<input type="checkbox"/> Tulare
<input type="checkbox"/> El Dorado	<input type="checkbox"/> Kings	<input type="checkbox"/> Sacramento	<input type="checkbox"/> Tuolumne

Enhanced Care Management Service Delivery *

In the table below, please indicate the Enhanced Care Management services your organization currently provides, is in process to develop, or needs support to provide. ***Please check all that apply.***

ECM Core Services	Current Members Served		Your organization is developing	Your organization needs help to develop
	Your organization currently provides	Number of members currently served for		
Outreach & Engagement	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Comprehensive Assessment & Care Management Plan	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Enhanced Coordination of Care	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Health Promotion	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Transitional Care Services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Member & Family Supports	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Coordination of & Referral to Community & Social Support Services	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Enhanced Care Management Populations of Focus *

In the table below, please indicate which Enhanced Care Management populations of focus your organization currently serves. ***Please check all that apply. You can check multiple Populations of Focus and multiple Adults and Children & Youth if applicable.***

Population of Focus	Your organization <u>currently</u> serves	Additional Information
1a. Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness	<input type="checkbox"/> Adults	
1b. Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
2. Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
3. Individuals with Serious Mental Health and/or SUD Needs	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
4. Individuals Transitioning from Incarceration	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
5. Adults Living in the Community and At Risk for LTC Institutionalization	<input type="checkbox"/> Adults	
6. Adult Nursing Facility Residents Transitioning to the Community	<input type="checkbox"/> Adults	
7. Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	<input type="checkbox"/> Children & Youth	
8. Children and Youth Involved in Child Welfare	<input type="checkbox"/> Children & Youth	
9. Birth Equity Population of Focus	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	

About Your Organization's Service Delivery Model*

Please identify the services your organization currently provides and any narrative you would like the Managed Care Plans to be aware of. **Please check all that apply. You can check multiple Specialty Types & Services and multiple Adults and Children & Youth if applicable.**

Specialty Type & Services	Your organization currently provides services to: <i>Please select both boxes if you serve both</i>	Additional Information, such as specific age groups and conditions served; services provided:
Primary Care	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Specialty care	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Mental Health	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
I/DD services	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Substance Use Disorder	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
CBAS	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
MSSP	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
CCS or CCS WCM	<input type="checkbox"/> Children & Youth	
Child Welfare Services	<input type="checkbox"/> Children & Youth	
Services for Justice Involved Persons	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Housing Services	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Services for Pregnant and Post-partum populations, such as Home Visiting/Black Infant Health or Similar Maternal Evidenced Based Interventions for Pregnant and Post-partum Populations	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Services for persons with dementia and/or Alzheimer's	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	
Doula Services	<input type="checkbox"/> Adults <input type="checkbox"/> Children & Youth	

About Your Organization’s Patient Population

Please provide any other information you would like Managed Care Plans to know about the populations you currently serve – adults, children & youth, specific conditions, etc. For providers interested in serving the Birth Equity Population of Focus, please indicate the racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality you currently serve. Groups may include but are not limited to: Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals. Providers are encouraged to include additional groups not listed. Please refer to CDPH data for more information: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx>

LA3389 0421