

CalAIM Enhanced Care Management Quick Reference Guide

Introduction to Enhanced Care Management (ECM) — Anthem Blue Cross (Anthem) requirements and process information			
Current ECM go-live timeline:	Date	Whole-person care and health homes counties	All other counties
	January 1, 2022	<ul style="list-style-type: none"> Individuals and families experiencing homelessness Adult high utilizers Adult SMI/SUD Los Angeles individuals transitioning from incarceration 	
	July 1, 2022		<ul style="list-style-type: none"> Individuals and families experiencing homelessness Adult high utilizers Adult SMI/SUD
	January 1, 2023	<ul style="list-style-type: none"> Individuals at risk of institutionalization and eligible for long term care services Nursing facility residents who want to transition to the community Individuals transitioning from incarceration (includes children/youth)¹ 	
	July 1, 2023	<ul style="list-style-type: none"> All children and youth 	

¹ Individuals transitioning from incarceration — this population of focus is currently on hold awaiting a new go-live date from the California Department of Health Care Services (DHCS).

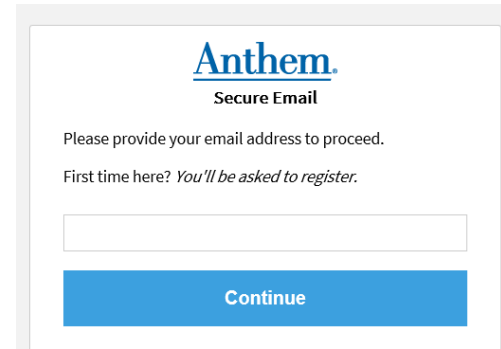
* Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross. Elsevier is an independent company providing survey services on behalf of Anthem Blue Cross.

<https://providers.anthem.com/ca>

Submitting referrals	
How to submit an ECM referral:	<p>ECM Referral Template</p> <p>ECM Providers can submit via:</p> <ol style="list-style-type: none">1. Provider Portal (Care Central)2. Login via Availity.<ul style="list-style-type: none">• Go to Payer Spaces.• Select Anthem Blue Cross.• Select Care Central for ECM.3. Secure email at CalAIMReferrals@anthem.com. Refer to the <i>Data submission methods</i> section below.4. Fax at: 844-429-9626.5. Call one of our Customer Care Centers Monday to Friday from 7 a.m. to 7 p.m:<ul style="list-style-type: none">• At 800-407-4627 (members outside of Los Angeles).• At 888-285-7801 (members in Los Angeles). <p>Any member of the ECM Team may submit a referral (referrals must include appropriate supporting documentation). Refer to <i>Appendix I</i> in the <i>ECM Provider Guide</i>.</p>

Mandatory trainings	
Register for Elsevier*	All providers are required to register prior to logging into Elsevier. Your agency administrator may request registration for your staff by emailing CalAIM@anthem.com .
Logging into Elsevier	Once you have been registered, your credentials will be as follows: <ul style="list-style-type: none"> • Login: Email provided • Password: Your initial password will be hello (<i>all lowercase</i>). The system will prompt you to create a unique password for your account.
Accessing trainings with Elsevier	Access trainings directly at http://tinyurl.com/ElsevierLogin . <div data-bbox="1528 505 1906 1019" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> </div>
Adding learners	To add learners: <ol style="list-style-type: none"> 1. <= 10 learners: https://chkmkt.com/Elsevier_Enrollment 2. 10 email: CalAIM@anthem.com
Accessing mandatory training:	To access mandatory training: <ol style="list-style-type: none"> 1. Select Elsevier eLearning. 2. Select Self Enroll section. 3. Search <i>ECM Mandatory Training</i>.

Data exchange	
Assessments, care management plans, and transition plans	<ul style="list-style-type: none"> • Format: PDF (Microsoft Word and Microsoft Excel in development) • Transmission: Provider Portal (preferred); on a case-by-case basis, Anthem will accept via secure file transfer protocol (SFTP) or secure email • Timeline: Initial care plan within 60 days of enrollment or following a significant change in condition, but no less frequently than once every 6 months • File specification: File layout is at the provider’s discretion, except where a universal care plan template is used
Reporting Timelines:	<ul style="list-style-type: none"> • Return transmission file (RTF): Provider submits RTF on the fifth calendar day of the month • Outreach tracker file (OTF): Provider submits OTF on the fifth calendar day of the month • Staffing and capacity report (SCR): For Q1 and Q2 2022, submit quarterly. Exact dates will be provided closer to the deadline. Starting Q3, provider should submit OTF on the fifth calendar day of the month. • Member Information File (MIF): Anthem will provide updated MIFs on the 10th day of the month.
Data submission methods:	<ol style="list-style-type: none"> 1. Provider Portal (Availity/Care Central): Availity Support: 800-282-4548 2. SFTP e-file exchange support: E-FileExchangeSupport@anthem.com (in development): <ul style="list-style-type: none"> • SFTP support: MGFT on-call support: 757-408-9090 3. Secure email (send any document containing PHI via encrypted/secure email). <ul style="list-style-type: none"> • For ECM reporting, please use our encryption platform and email to CalAIMReporting@anthem.com. <ul style="list-style-type: none"> ○ eBusiness Help Desk: 866-755-2680



Claims submission and billing	
Pathways for claims submission (in order of preference)	<ol style="list-style-type: none">1. Provider portal (Availity/Care Central) benefits:<ul style="list-style-type: none">• Simple and intuitive user interface, and low administrative burden• Rapid turn-around-time for payment, similar to the Availity EDI 837 process• Real time claims submission receipt and claims status• Highest data integrity due to better accuracy and completeness of ECM claims and encounter submission• Recommended for provider without 837 claims submission capacity• Best practice: LCMs directly enter claims in real-time, in parallel with the ECM services they are providing2. Electronic Data Exchange (EDI)/Availity benefits:<ul style="list-style-type: none">• Standardization, automation, and efficient claims processing• No cost to submit claims via Availity• Recommended for organization with 837 claims capacity• Best practice for organizations with a centralized and automated system for tracking encounters and processing claims3. Invoice (via secure email):<ul style="list-style-type: none">• Excel macro-enabled workbook: request template by emailing CalAIMInvoices@anthem.com• Submit invoices to: CalAIMInvoices@anthem.com via secure email platform.• Recommended for organizations that, at a given moment, are not able to access Care Central4. Paper claims:<ul style="list-style-type: none">• Professional claims: Use the current standard red <i>CMS Form 1500 (02-12)</i>• Facility claims: Use the <i>UB-04 (CMS-1450)</i>• For additional guidance, see the Medi-Cal Provider Manual (pg. 128)• Generally, the slowest claims submission process; not recommended but may be the best option for any providers with an established paper submission process

Claims submission and billing (cont.)				
Claim submission policy	1. ECM pre-enrollment outreach: <ul style="list-style-type: none"> • Policy: One-time payment, payable upon enrollment or exclusion of the member • To implement this policy, providers must: <ul style="list-style-type: none"> ○ Submit outreach claims only after the member’s status has been changed to “Enrolled”, “Declined” or “Excluded” on the RTF. ○ Submit claim at the negotiated rate. 			
	2. ECM core services: <ul style="list-style-type: none"> • Policy: Per member per month (PMPM) case rate, payable upon submission of the first ECM claim in the calendar month, where the member is present • To implement this policy, providers must submit per the below table. 			
		837	Care Central	Invoice
	First event as claim	Submit the first claim for the calendar (service) month at the negotiated ECM rate.		
	Subsequent events as encounters	1. Submit an encounter. Suggest a charge amount that equals the negotiated rate, to make it easier to remember. Any amount entered is valid. 2. Follow the EDI protocols for encounter submission .	1. For each event, select Encounter from the <i>Service Type</i> options. 2. You may add a charge that is equal to the negotiated rate. Any rate is valid.	1. Select the field that indicates Encounter .
OR Subsequent events as claims	You also have the option to submit subsequent events as claims: <ol style="list-style-type: none"> 1. Submit with a charge amount greater than or equal to \$0.01. For simplicity, this amount may equal the negotiated ECM rate. Regardless of the amount, the claim will pay at \$0.01. 2. A claim with a charge amount of \$0 will deny. 3. Anthem will recode all subsequent claims as encounters for the purpose of reporting to DHCS. 			

Claims submission and billing (cont.)				
ECM procedure codes and modifiers	All ECM services must be coded according to DHCS Coding Guidelines . DHCS outlines the following coding structure:			
		HCPCS code	U Modifier	GQ Modifier
	Purpose	Distinguishes staffing	Identified service	Identifies mode
	Allowable codes	G9008: Clinical G9012: Non-clinical	U1: ECM (clinical) ² U2: ECM (non-clinical) U8: Pre-enrollment outreach	GQ = telehealth If blank = in person
	Validation rules		<ul style="list-style-type: none"> Service start date for U8 must be prior to, the same day as, or after enrollment Service start date for U1 and U2 must be on the same day as, or after enrollment 	If member is not present (in other words, unsuccessful outreach or care team meeting), code as GQ
National provider identifier (NPI)				
Updating NPIs	Providers are encouraged to register individual NPIs for each physical location. The member assignment process prioritizes providers with a local location NPI. To update or register additional location-level NPIs with Anthem: Please use our Provider Maintenance Form .			

² For further description of clinical vs. non-clinical, see the *ECM Provider Guide*.

Outreach and engagement				
Pre-enrollment outreach timelines	Outreach priority group	Member acuity level	Outreach requirements	Timing to complete outreach
	Priority group #1	High	<ul style="list-style-type: none"> Five attempts (live calls, text, or in-person); then a letter Attempts should be multi-modal and over the initial period of 30 days. 	To 50% of eligible members within 3 months; to 100% in 6 months
	Priority group #2	Moderate	<ul style="list-style-type: none"> Five attempts (live calls or in-person) Attempts should be multi-modal and over the initial period of 30 days 	To 50% of eligible members within 5 months; to 100% in 7 months
	Priority group #3	Low	<ul style="list-style-type: none"> Five attempts (live calls or in person) Attempts should be multi-modal and over the initial period of 30 days 	To 50% of eligible members within 6 months; to 100% in 9 months
	Unsuccessful outreach: After a minimum of five attempts to reach the member within the timeframes above, it may be appropriate to exclude the member from the program. ECM providers should notify Anthem of an exclusion no later than the next RTF.			
Post-enrollment frequency of contact	<p>Anthem requires a minimum of one face-to-face contact per month for all tiers.</p> <ul style="list-style-type: none"> High acuity, minimum one contact per week if any of the below apply: <ul style="list-style-type: none"> Newly enrolled in ECM (in the last month) Emergency department (ED) visit or hospitalization (in the last 30 days) New diagnosis or new initiation of treatment (in last 30 days) Documented or known non-adherence (medication, treatment, or appointments) Little or no identified social support Homeless or recently secured permanent housing (within the last 90 days) Moderate acuity, minimum bi-weekly (two times per month) contact if any of the below apply: <ul style="list-style-type: none"> ED visit or hospitalization in the last 2 to 6 months Newly sustained treatment adherence (medications, appointments) Newly integrated social support Secured permanent housing within last 3 to 6 months At risk of homelessness 			

Outreach and engagement (cont.)	
Post-enrollment frequency of contact	<p>Low acuity, minimum monthly contact if any of the below apply:</p> <ul style="list-style-type: none"> • Clinically stable on examination and laboratory findings (in maintenance phase) • No ED visit or hospitalization (in the last 6 months) • Ongoing treatment adherence (medications, appointments) • Strong family/social support • Stable housing • On target to achieve at least one care plan goal (in the next 3 months)
Comprehensive assessment and care management plan	
Post-enrollment engagement timelines	<ol style="list-style-type: none"> 1. Begin assessment within 30 days of enrollment (date member opts-in). 2. Complete Care Plan within 60 days (of member's enrollment in ECM).
Quality, monitoring, and oversight	<p>Lead by Anthem's ECM Clinical Team, Anthem will regularly monitor ECM provider performance and compliance with ECM requirements using a variety of methods, which may include monthly meeting calls, on-site visits, and audits. Collaborative participation in the monitoring activities is expected for both leadership and frontline staff of the ECM provider. In some cases, there may be <i>Corrective Action Plans</i> placed to gain compliance with program requirements.</p> <p>Clinical team conducts monthly care plan audits Quarterly performance dashboard and review with clinical team</p>

If you have any questions regarding ECM, email CalAIM@anthem.com.