CalAIM: Enhanced Care Management (ECM) Frequently Asked Questions

Engagement & Outreach:

What is the difference between an "outreach" attempt and an "encounter" and when would a member receive one?
An outreach attempt is an interaction with a referred member that is **NOT** enrolled yet and is documented on the IOT. An encounter is considered a successful interaction with a member and is documented on the RTF.

Is there any circumstances where a wet signature consent is not required for the ROI?
DHCS requires a wet signature and/or an electronic signature is valid as well.

On the ROI, what is attachment A?
The attachment A is created by the ECM provider and lists entities you are contracted to share information.

How in-depth do the care plans have to be?
The care plan needs to follow the DHCS guidelines and should be based on the member's health status, needs, preferences, and goals regarding physical health, mental health, disabilities, substance use, oral health, community-based long-term services and supports, supports to manage serious illness, trauma-informed care needs and community and social services.

Referrals:

What is discussed by PHC when doing the member assessment call?
General education about the ECM benefit, then questions assessing for eligibility for the Populations of Focus and any exclusion criteria that may apply.

If we receive a referral from PHC, do we need to complete a TAR for the referral?
Yes, a TAR is based upon a completed and signed ROI and care plan. It is up to the provider to submit the TAR and engage with the member when the referral is received.

If we receive a referral from PHC, has the member's eligibility already been verified?
Yes, the members are vetted before a referral is sent to the provider. However, because overall Medi-Cal eligibility can fluctuate, we would ask the ECM provider to verify PHC eligibility prior to outreach and engagement.

Will our referrals be for patients who are already established at the clinic or will PHC also refer non-established patients?
We look at several factors such as the member's population of focus, the provider's population of focus expertise/experience, member's preference, proximity to member, and the provider's capacity. Depending on these factors, referrals may include patients who are either new or established.

Billing & TARs:

Does PHC accept electronic billing?
Yes. Electronic claims submission is encouraged and allows for faster reimbursement. If you do not bill electronically, you can start the process with our Electronic Data Interchange (EDI) Team at 707- 863-4527 or email EDI-Enrollment-Testing@partnershiphp.org.

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Is there training for how to conduct the billing?
Please reach out to our Claims Team: Claimsecmhelpdesksr@partnershiphp.org

How can I access the Provider Online Portal? Is there a link to the provider eTAR training available?
Click here to access the portal https://provider.partnershiphp.org/UI/Login.aspx. A pre-recorded Treatment Authorization Request (TAR) Training is available here. Simply fill out your information then you will be routed to the training. If you need further sign-up assistance or training on the Provider Online Portal, send an email to esystemssupport@partnershiphp.org to schedule one on one training.

What attachments need to be submitted with the TAR?
The ROI and Care Plan do not need to be submitted with a TAR. You will however still need to attach both the ROI and Care Plan to the member's profile in the PointClickCare platform within 60 days of TAR request date.

Is the one-time successful engagement fee a once in a lifetime fee or can it be accessed if someone leaves ECM services and later returns?
Yes, once every 12 months, which is defined as a rolling 12 months, not a calendar 12 months. The member must have a gap in ECM services for 12 months before the engagement fee can be billed again. A TAR will be required.

Is a TAR required in order to be paid for the $150 outreach reimbursement?
Yes, a TAR is required.

Reporting:

How often is the Target Engagement List (TEL) uploaded and sent to PointClickCare?
At this time, the Target Engagement List is uploaded once a month during the first week of the month.

Will we get an upload once a month with the Targeted Engagement List (TEL)?
Yes. PHC will upload the Targeted Engagement List (TEL) to PointClickCare once a month for the ECM Provider to review and begin outreach. The TEL list includes new referrals from PHC to the ECM provider.

Contracting:

If we have questions about contracts who should we reach out to?
Contracts and contracting questions can be submitted to contracting@partnershiphp.org

Do ECM Providers need to be Medi-Cal enrolled?
Yes. ECM Providers must be Medi-Cal enrolled. For more information on Medi-Cal enrollment, visit the Department of Health Care Services (DHCS) Provider Enrollment Division (PED) at https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx

Who needs to be credentialed for ECM?
PHC only credentials providers that have a pathway to Medi-Cal MD, DOs, LCSWs, LMFTs, NPs, PAs, etc. PHC does not credential RNs. The list of provider types supported by DHCS' Provider Application and Validation Enrollment (PAVE) can be found on the DHCS website https://www.dhcs.ca.gov/provgovpart/Pages/PED.aspx

Does the ECM Lead Care Manager need to be a licensed clinical staff person (e.g., RN, LCSW)? No. DHCS will not set licensing requirements for ECM Care Managers. For more information, please refer to ECM Policy Guide. For ECM rate setting purposes, salary costs assumptions for certain licensure categories were included but this does not mean that licensure is required.