

# CalAIM: Enhanced Care Management (ECM) Frequently Asked Questions

## Engagement and 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 Initial Outreach Tracker (IOT). An encounter is considered a successful interaction with a member and is documented on the Return Transmission File (RTF).

**Are there any circumstances where a wet signature consent is not required for the Release of Information (ROI) form?**

The Department of Health Care Services (DHCS) requires a wet signature and/or an electronic signature.

**On the ROI form, what is attachment A?**

Attachment A is created by the ECM provider and lists entities you are contracted to share information with.

**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 Partnership when doing the member assessment call?**

General education about the ECM benefit, then questions assessing eligibility for the Populations of Focus and any exclusion criteria that may apply.

**If we receive a referral from Partnership, do we need to complete a Treatment Authorization Request (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.

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## **If we receive a referral from Partnership, 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 Partnership eligibility prior to outreach and engagement.

## **Will our referrals be for patients who are already established at the clinic, or will Partnership 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.

## **How does a member disenroll from ECM?**

ECM member disenrollment can happen in a few ways. Typically, the member calls into Partnership requesting to disenroll or the ECM provider will indicate the discontinuation code (i.e., #3 member no longer wishes to receive ECM, #4 ECM provider has not been able to connect with member after multiple attempts, #6 declined to participate, etc.) and reason in their monthly Return Transmission File (RTF) reporting.

## **How does a member change ECM providers?**

If the member wishes to change their ECM provider and be reassigned to another organization, we request the member call into our Care Coordination Department at **(800) 809-1350**.

## **Billing and TARs:**

### **Does Partnership 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](mailto:EDI-Enrollment-Testing@partnershiphp.org).

### **Is there training for how to conduct the billing?**

Please reach out to our Claims team at [Claimsecmhelpdesksr@partnershiphp.org](mailto:Claimsecmhelpdesksr@partnershiphp.org).

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## **How can I access the Provider Online Portal? Is there a link to the provider eTAR training available?**

Access the Provider Online Portal [here](#). A pre-recorded 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](mailto:esystemssupport@partnershiphp.org) to schedule a 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 the 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 reimbursed for the \$150 outreach fee?**

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. Partnership 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 Partnership 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](mailto:contracting@partnershiphp.org).

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## **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 DHCS Provider Enrollment Division (PED) webpage [here](#).

## **Who needs to be credentialed for ECM?**

Partnership only credentials providers that have a pathway to Medi-Cal MD, DOs, LCSWs, LMFTs, NPs, PAs, etc. Partnership 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 [here](#).

## **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 the [ECM Policy Guide](#). For ECM rate-setting purposes, salary costs assumptions for certain licensure categories were included but this does not mean that the licensure is required.