

Managed Care Plan Quick Guide

Anthem Blue Cross

Referring IHSS Clients for Enhanced Care Management

ECM is a cost-free Medi-Cal benefit providing intensive clinical and non-clinical care coordination for high-need Managed Care Plan (MCP) members. ECM provides personalized care planning and hands-on support to reduce emergency room visits, hospitalizations, and address social determinants of health.

How to Refer IHSS Clients for ECM

Referrals can come from any source. A Provider Referral is recommended for IHSS clients. IHSS Social Workers and Public Authority staff are considered providers for this purpose. The general process is as follows

1. Confirm Medi-Cal eligibility.
2. Complete the appropriate ECM Referral Form.
3. Securely submit the form to MCP via email.
4. The MCP will follow up within 5 business days to verify eligibility and contact the member.

Checklist of Steps for County IHSS / Public Authority Staff:

1. Identify IHSS client who meets a Population of Focus
2. Discuss ECM with client and caregiver using toolkit materials and, if applicable, MCP-specific materials
3. Fill out ECM Referral Form.
4. Follow MCP process to submit form to member's plan.
5. Track outcome: Expect response within 5 business days after referral
6. Coordinate with ECM care team as needed after acceptance*

**Note: The ECM care team is responsible for following up with the client to get their agreement to participate in ECM, set up a care plan, etc. This is not an IHSS or Public Authority role.*

Anthem Blue Cross: Tools & Resources

ECM Information for Anthem Blue Cross Members is available at:

<https://providers.anthem.com/california-provider/patient-care/calaim>

Anthem Blue Cross ECM Referral Form:

https://providers.anthem.com/docs/gpp/california-provider/CACA_CA_EnhancedCareMngmtReferral.pdf

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