**CalAIM Statewide Learning Collaborative**

**Community Based Organization (CBO) Workgroup**

**Thursday, December 14, 3-4pm**

**NOTES**

[**Zoom Recording**](https://us06web.zoom.us/rec/share/nu6vfgdoJ1b-WbFbL1NaMeoTslj9RbpY7iiHggEyiktlnfs8inRvet3UFOsEh_0h.OOQ3tfsk17scHYRZ?startTime=1702594715000)(Passcode: sWK5r=8f)

GOAL: Develop a workplan with actionable recommendations for improving CalAIM implementation, including Enhanced Care Management (ECM) and Community Support (CS) services, for the older adult population.

* **Introductions (Name and Organization)**
  + **Darren Xanthos: California Health Policy Strategies**
    - “Every managed care plan is different...and what we’re going to learn today is really foundational.”
  + **Hye-Won (Grace) Shin Chae: Somang Society**
    - “We provide education, care planning, and dementia caregiving...[and] programs. We provide memory screening as well as home visits and education on utilizing care navigators.”
  + **Selena Coppi Hornback: California Assisted Living Association**
    - “I think where our members fall under more is the community supports and not necessarily ECM. But we’re just trying to get more information and help figure out how we can connect assisted living providers that want to participate. “
  + **Nora Reilly: Providence Adult Day Health Centers**
    - “We just started our ECM program alongside our day program and caregiver support resources.”
  + **Maria Nicolacoudis: Hearts and Minds Activity Centers**
    - “Hearts and Minds is a large capacity adult daycare for persons with dementia so we’re an ADP...and when I say ‘large capacity’ it means we’re licensed to serve up to 150 per day.”
* **Managed Care Contracting Presentation** 
  + **Darren Xanthos: California Health Policy Strategies**
    - Slideshow is attached to this email
* **Discussion** 
  + **Selena Coppi Hornback: California Assisted Living Association**
    - “From your perspective, because you manage the difficulty in contracting with managed care, do you think that once there’s a contract in place that it’s smooth sailing from there...or is it always kind of volatile?”
  + **Darren Xanthos: California Health Policy Strategies**
    - “It depends on the managed care plan...Once the contract is in place generally, it allows you to run the program. It’s not like you’re going to be getting a ton of amendments all of the time, The X factor, in my opinion is the state...[with] all plan letters that essentially work just like contract provisions...I haven’t seen any that are significantly impactful since ECM went live.”
  + **David Panush: California Health Policy Strategies**
    - “Darren, can you give us an example of one of the pesky Medi-Cal CMS requirements?”
  + **Darren Xanthos: California Health Policy Strategies**
    - Medi-Cal will require you to have an NPI and they’re going to require you to be registered as a Medi-Cal provider at the state...An NPI is a a National Provider Identification number right. So, to be a contracted provider under the managed care plan, Medi-Cal requires certain things like that.”
  + **Hye-Won (Grace) Shin Chae: Somang Society**
    - “Our trained care navigators are non-medical professionals. So to be contracted, is this okay? We are partnering with the medical clinics or homeless agencies with Medi-Care medical billing capacity. Is this allowed?”
  + **Darren Xanthos: California Health Policy Strategies**
    - “We’ll get into a little bit as we start talking about the contracts and what the qualified provider types are. You know what makes somebody qualified or eligible is going to be based on some criteria of their qualification. But then there's the registration, and then there's components related to the services that make those qualified that are guided by Medi-Cal or CMS, which would be things like documentation. You know what constitutes a visit, and then what we have to do from an obligatory standpoint to document the service. These are all going to be a little bit different, right?...It’s doable.”
  + **Chris Langston: Archstone Foundation**
    - “Know your costumer, and that’s the payer...and know your costs. You have to know your costs.”
    - “Just a couple of observations... I think your point about the billing of coding is very important, and just to drive it a little further, nobody has a 0-reject rate. And so, one of your costs of doing business is actually resubmission and cleaning up the claim...and you know you could do that a couple of times, but probably you reach a diminishing return. But at least you should plan on 20-25% rejection and somebody’s job is to then clean that up and get that down to 5% rejection. So, that has to be built into your costs.”
  + **Darren Xanthos: California Health Policy Strategies**
    - “That’s a great point. And the state does a great job of really pushing managed care plans to say that if your providers fail, you’re failing...So what are we doing to make that administratively easier?...You are 100% correct when you're thinking about sort of like a budgeting perspective and that cleaning up that you mentioned is called revenue cycle.”
  + **Chris Langston: Archstone Foundation**
    - “In addition to fee for service, there are other options, but none of them I would recommend. But I would suggest that you ask for some sort of guaranteed minimums because one of the things I think everyone has found over the last 10 years across multiple programs is that if the plans don’t have an incentive to send you people...you don’t get paid.”
  + **Darren Xanthos: California Health Policy Strategies**
    - “So that's part of that negotiation piece to this which is that planning and preparation to have leverage and understand what your opportunities are when working with the managed care plans. They have a lot of pressure right now to build this out. And there's been a lot of statewide discussion around the underutilization.”
  + **Selena Coppi Hornback: California Assisted Living Association**
    - “If an assisted living provider became contracted with Medi-Cal managed care plans to provide CS, would they then be included and required to participate in the health data exchange?”
  + **Carly Roman: Archstone Foundation**
    - “In the data sharing guidance, there’s a small section in there that says you have to sign the data sharing agreement and follow their policies and procedures. Unfortunately, it doesn't go into a lot of detail for CalAim participants on what that actually looks like. And they're a little bit like two separate efforts. But they're trying to crosswalk and figure out ways to guide data sharing agreement signatories within the context of CalAim. So, you wouldn't be required but by the data exchange framework, but by CalAim, it is something you'll need to do.”
  + **Selena Coppi Hornback: California Assisted Living Association**
    - “What type of data in that case would they be looking for? Is it health data that they’re specifically looking at?”
  + **David Panush: California Health Policy Strategies**
    - “I don't know what the what the mechanics are, and that's something that we can dig into a little bit. And that's kind of the core. The key question, you know, operationally, is that we all want to share all the data all the time with everybody... except for those that we don't want to share it with. But part of this is that we know that operationally, it is challenging, and I think we would have to take a look at what the requirements are specifically as they relate.”
  + **Maria Nicolacoudis: Hearts and Minds Activity Centers**
    - “The reason we didn’t pursue ECM is because it appears that the outcomes are really that they’re looking for people who can ameliorate their issues. And with dementia, this is not going to happen. So, I’m wondering if I’m misreading that?”
  + **Darren Xanthos: California Health Policy Strategies**
    - It certainly wasn’t intended to be that rigid. If we can connect some dots are going to help [patients with dementia] live independently or bring in some benefits or resources...that’s the goal. Those are treatment goals...We’re not there to cure people, we’re there to impact the functional impairments that prevent them from living in the least restrictive environments.”
* **Next Meeting and Next Steps**

*Please click on the links below to register for our upcoming workgroup meetings. Once you’ve completed the registration form, you will receive an email from Zoom with the meeting link.*

* + [Wednesday, January 17, 2024, 12-1pm](https://us06web.zoom.us/meeting/register/tZ0udOisqzkiHNAgx7mMEbTr2eqMUEkFQO6Q)
  + [Wednesday, February 21, 2024, 12-1pm](https://us06web.zoom.us/meeting/register/tZwkf-mopjksHNTPDXMUPm_-USrIrVXXZnI7)
  + [Wednesday, March 20, 2024, 12-1pm](https://us06web.zoom.us/meeting/register/tZwvcO2vrDMtG9dtSBRPQ4Y7B8NZPQPFx-Qe)
  + [Wednesday, April 24, 2024, 12-1pm](https://us06web.zoom.us/meeting/register/tZctfuuprzIjGtXakZmtd6esuPMhjXtTcMgD)
  + [Wednesday, May 22, 2024, 12-1pm](https://us06web.zoom.us/meeting/register/tZAlcuiuqz0qG9LgklAoMucwwAZCjhPq9MUh)