Agenda

• Complexities for CBOs
• Framework Discussion
  – Feasibility
  – Contracting
  – Implementation Framework
• Experience with CalAIM
• General Areas of Difference for CBOs
• Discussion

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Complexity for CBOs to Consider ECM

- Contract with Managed Care
- Design and Develop a New Program
- Maintain Current Book of Business
- Ensure Alignment with Vision/Mission
- Financial Sustainability
Where do we start and where does it end?
Seems like a perfect fit...
Am I making progress?
Time to de-tangle the mess
Simplify Into a Few Key Steps

- Feasibility
- Contracting
- Implementation Design and Planning

Launch

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Feasibility Analysis – Go/No-Go

Regulatory
- Medi-Cal and CMS Requirements
- MCP/payer contract requirements
- Compliance and agency-specific guidance

Operational
- Business Requirements
- Technical Specifications
- Gap Analysis from current state to future state
- Available resources

Financial
- Business Model
- Pro forma and projections
- Start-up and sustainable funding
- “Loss leader?”
Core Components of Payer Contracts

- Eligible Population
- Service Delivery Model
- Staffing Requirements
- Quality Standards
- Reporting
- Pricing
- Billing and Coding
- Legal

Payer Contracts

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Implementation Framework

Requirements
- Identify Regulatory and Business Requirements
- Contract Requirements

Design and Strategy
- Key Business Decisions
- Layout program systems, structures and processes
- Risk Mitigation and Issue Resolution

Product Build
- Initial build and drafting of product tools
- Examples: JDs, P&Ps, budgets, workflows, ECM model of care, care tools, EHR configuration, subcontracts, KPIs, reporting tools

Testing/Validation
- Pressure test of build deliverables
- UAT, exec review, board approvals, etc
- Review against requirements and design

Launch and Post-launch
- “Day 1” validation of working systems, structures, processes
- Automation of Day 1 manual workarounds
- Integrate to ongoing “MOB”
- Execute “Day 2” deliverables
ECM Impact for CBOs

Reimbursement Models in Managed Care
- Fee for Service (Claim-based)
- Case Rate (utilizer-based)
- Encounters and Claims
- Revenue Cycle

Medi-Cal Requirements
- Compliance Requirements: Documentation, program tools, audits
- Qualified staff
- Eligibility verifications and segments
- Medical necessity

ECM Program
- Prescribed ECM model
- Data reporting requirements
- Productivity standards
- Time-limited
- Outreach and engagement
Discussion

• What concerns you most in thinking about building and providing ECM?

• What efforts have you completed so far?

• Where can we be most helpful in this workgroup?