



# Enhanced Care Management Year 1

*Provider Observations: Views from the Ground*

March 29, 2023



# Agenda Topics

- ✚ MedZed in California
- ✚ Understanding Provider Economics
- ✚ Facing Complexity and Variation in Service Requirements
- ✚ Solving the Conundrum of Capacity Planning and Management
- ✚ Importance of Data Exchange
- ✚ Looking Ahead

# MedZed in California: From Health Homes to ECM



MedZed is an end-to-end integrated care provider focused on serving high-risk, home-based patients with chronic conditions and complex social needs. We partner with Medicaid and Medicare Advantage health plans.

Our ECM and CS services build on our work with Whole Person Care and Home Health Pilots. They are grounded in our Longitudinal Social Care solution, a technology-driven Community Health Navigator (CHN) program that executes a comprehensive SDoH service plan for patients in conjunction with a plan's clinical teams.

## Current Programs

10 Health Plan Partners

3,200+

ECM Members Enrolled

97

Community Health Navigators (CHNs)

17 Counties

430+

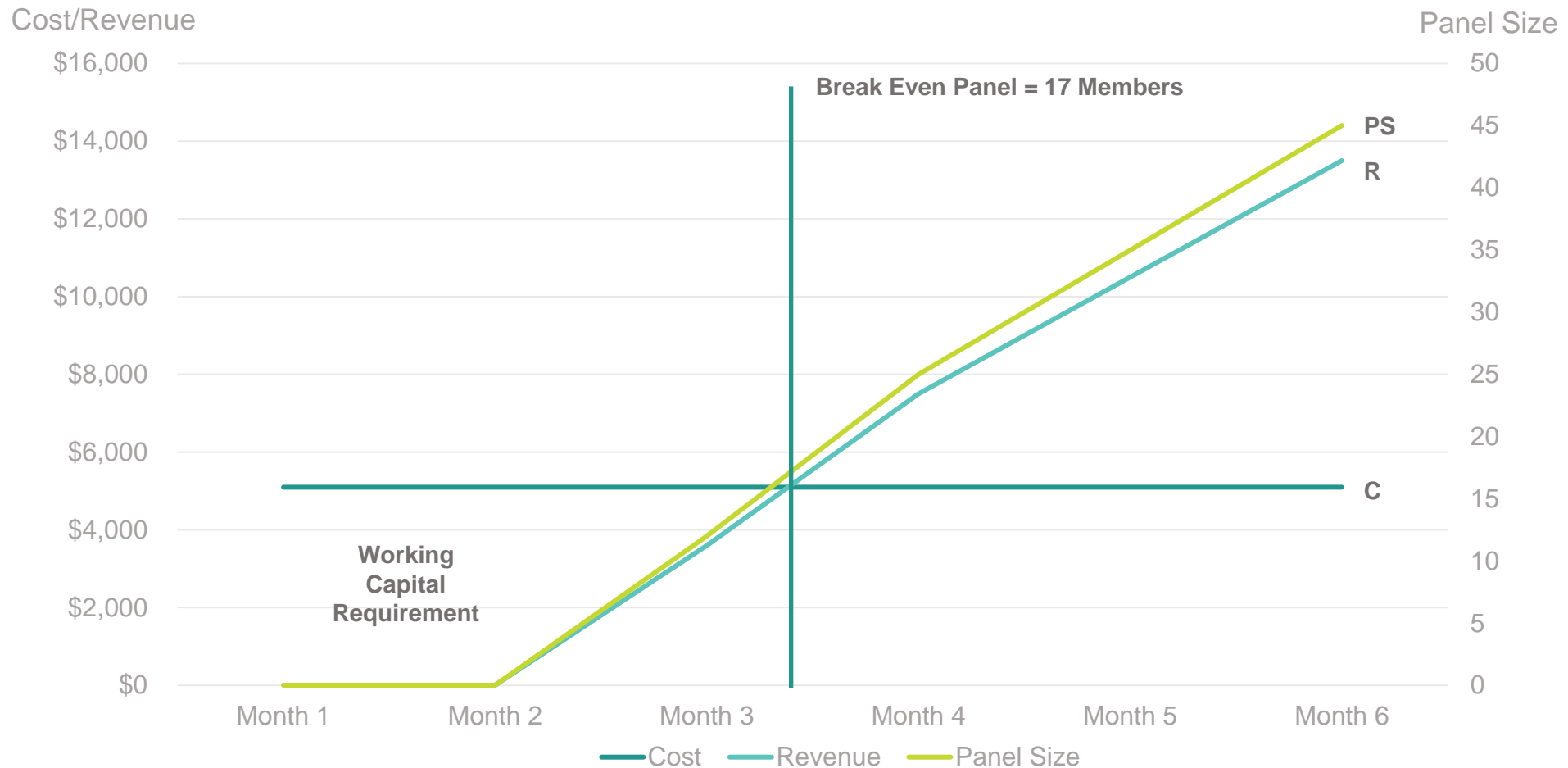
CS Members Enrolled

16

Administrative Staff

# Understanding Provider Economics

## Cost to Deploy One Community Health Navigator



# Facing Complexity and Variation in Service Requirements

## Health Plan: 1

### Authorization Process

6-month authorization provided upon consent & primary assessment

### Key Service Criteria

1 hour of work required to trigger PMPM. All work provided is considered billable

### Service Challenges

Worked with health plan to adjust service requirements to allow for continued growth

## Health Plan: 2

6-month authorization provided upon care plan completion

Only in person interactions constitute successful work for PMPM each month.

Care Coordination is not considered in this scenario yet is a large component of a member's care from month to month.

## Health Plan: 3

6-month authorization

3 successful member facing interactions on separate calendar days triggers PMPM each month

Member was provided multiple urgent services over the course of 2 days, but then was unreachable for rest of month. Member was not "successfully engaged that month."

## Health Plan: 4

3-month authorization provided upon primary assessment completion

2 hours of successful member facing work to trigger PMPM.

Only 57 of 175 members in a specific month were considered "engaged" for the month, thus we were only able to bill for 33% of the cohort.

Increasing Complexity



# Solving the Conundrum of Capacity Planning and Management

## Current Process

VS.

## Forecast-Based Approach

### MCPs ISSUE CAPACITY REPORT TEMPLATES [EXCEL]

Generally standardized with minor variations across MCPs



### PROVIDER RESPONSES

- Indicate which counties they are serving for each health plan
- List all staff members providing care in ECM or CS and the percentage of their time allocated to each program in each county
- Determine % of staff devoted each population of focus served
- ECM Case load calculated for each health plan in each county served

Good for tracking current staff utilization but no incentive for providers to add capacity

### MCPs ISSUE 45-DAY FORECAST

- Anticipated referrals available by market and PoF in upcoming 45 days
- Prior referrals not yet engaged by providers

Providers can plan on basis of projected available referrals.



### PROVIDERS REQUEST REFERRALS

- Indicate number of referrals they will take by market/PoF and confirm intent to accept referrals within 7 business days of forecast release
- Demonstrate readiness to receive referrals within 30 days of forecast release
- Failure to demonstrate readiness results in loss of referrals until the next 45-day cycle

Request constitutes a commitment to accept referrals.



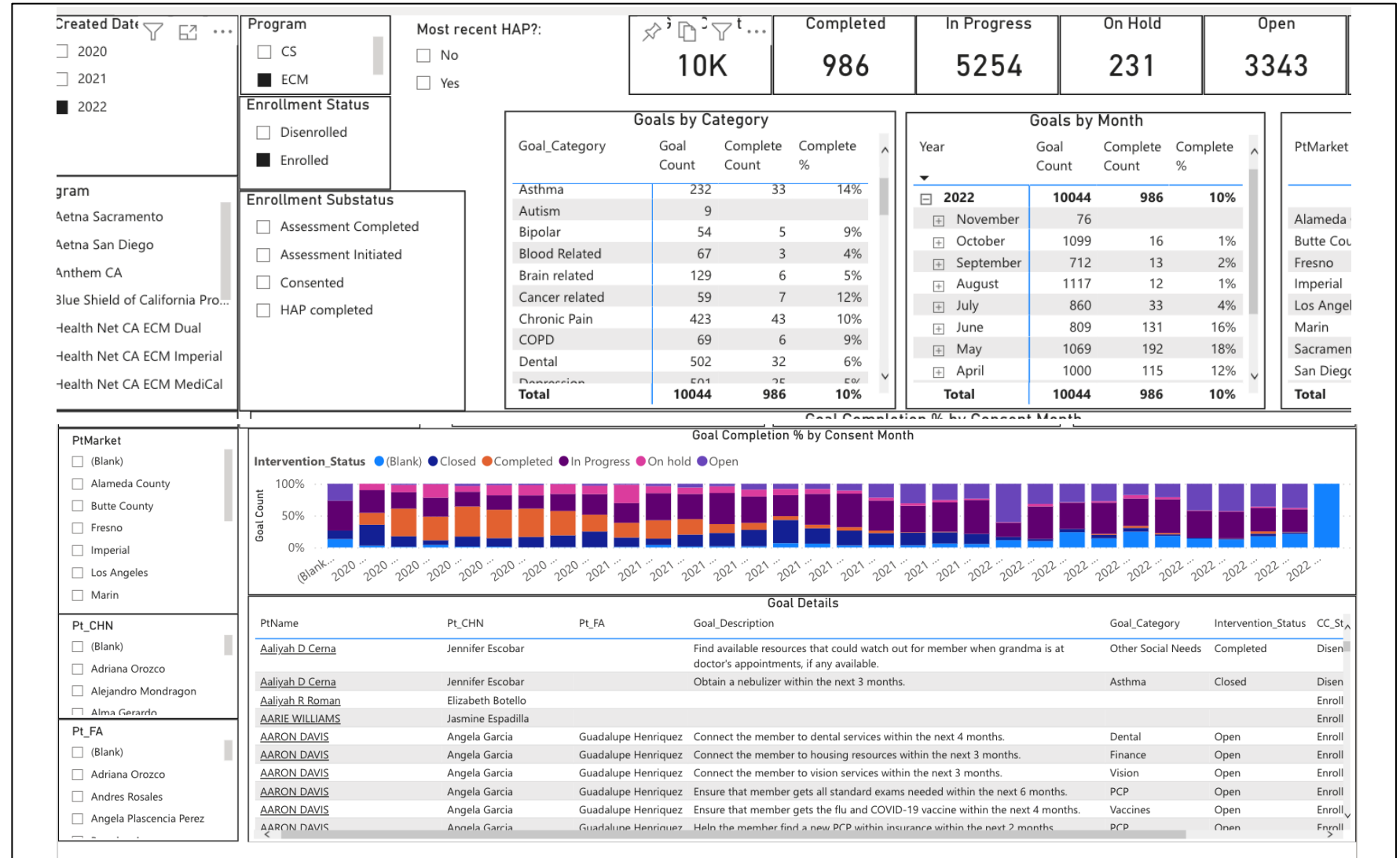
### MCPs DELIVER REFERRALS

- Monitor engagement rates
- Providers that fail to meet agreed upon engagement rates ineligible to request additional new referrals

Providers accountable for delivering on their commitments.

# Importance of Data Exchange

- Comprehensive Assessment used to develop individualized care plans
- 120+ questions map directly to Problems, Goals, and Interventions to address a member's unique needs
- Member outcomes tracked through dashboards and daily meetings to make an impact every day



# Looking Ahead: What's Next

## **Redeterminations and the return of churn**

- Providers have a key role helping with continuity of coverage or transition to other programs
- We have built churn management into our workflows

## **Importance of continued support through IPP and PATH/CITED**

- Fundamental to addressing provider working capital requirements and one-time capacity building investments
- Consider permanent investment fund modeled after the State Revolving Funds used for infrastructure

## **ECM 2.0**

- Integrated clinical/social model to address unmet clinical needs in the ECM population



# Thank you



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