

13/13/2019

Topic Area	Status	Last Updated	Answered By	Questions	Comments/Answer
Data, Reporting, & Security	Not answered	1/14/2019		"What forms are required for: -Enrollment / disenrollment? -Member consent? (Written or verbal?) -Referrals? -Please identify all other forms"	
Data, Reporting, & Security	Not answered	1/14/2019		How will CB-CME's get external data on members? From Plans and other providers, including IPA's, or CBO's? Including medical records? Referrals/auths? How to handle confidential BH when you must be the treating provider? How can multiple practices accesses housing data?	Keep, ask to create a contact list and admissions and d/c, ER data, and SUD cross agency consent. Also maintainance of contacts lists
Data, Reporting, & Security	Not answered	1/14/2019		What logins or special access will CB-CME's need? (e.g., Coord Entry System/HMIS/HIE/CIE?)	Will you require use of HIE & CIE? What role do the health plans see them playing? ID a single source of truth. How can we get enrollment data to this entity?
Data, Reporting, & Security	Not answered	1/14/2019		How will providers access the different levels of security / consents within the CIE? Universal consent & auth?	Need to cross reference WPW form. What are other counties doing? Send them questions. (IE allows verbal consent)
Data, Reporting, & Security	Being evaluated	1/14/2019		What are the service & reporting requirements? How do CB-CME's submit?	Health plans are evaluating
Data, Reporting, & Security	Not answered	1/14/2019		What does the feedback loop look like? Data, utilization rates, engagement rates?	Plans need to develop or agree to a single reporting format, and provide access to real time utilization data so we know when we are decreasing cost of care - even if in the aggregate
Data, Reporting, & Security	Not answered	1/14/2019		How do we want to approach review of DHHS Federal Register proposal to modify HIPAA rules to increase coordinated care?	At 01.10.19 meeting, HSD agreed to review County comments and sign on to those for a single submission. Comments are due 02.12.19.
Data, Reporting, & Security	Not answered	1/14/2019		With whom do CB-CME's need to sign contracts, MOU's, or BAA's for data or access?	

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Financial	Being evaluated	1/14/2019	Norris	Payment structure – Is there more than one type of payment? Will payments be risk-adjusted or tiered? Is payment prospective (vs retrospective)?	Likely will be slightly different payment structures in that Molina is using their own, previously approved contract from other counties. For other Health Plans, there is an effort to develop boilerplate contract language, and thus payment structure may be similar (though amounts could vary by Health Plan and by CB-CME).
Financial	Being evaluated	1/14/2019	Norris	What triggers payment? How will Plans pay the CB-CME?	Will come in contract language
Financial	Not answered	1/14/2019		For providers who are contracted with the Plan for primary, specialty, or BH services – will the Plan be able to accurately and separately pay for CB-CME services? (e.g., potentially 2 types of payment or PMPM – must come in separate checks for FOHC's)	
Financial	Being evaluated	1/14/2019		What information needs to be on any claim or encounter submission? Please provide a sample claim.	
Financial	Being evaluated	1/14/2019		Will the CB-CME still get paid for any work done on a member that turns out to be ineligible? (i.e., how sure can we be that member / target lists are accurate and that there are no retroactive changes)	Depends on whether contract covers outreach to engage client. Will be covered in contract language.
Financial	Being evaluated	1/14/2019		Is there funding for initial start-up and training? (e.g., CHCF for Inland Empire, includes training)	Depends on whether contract covers outreach to engage client. Will be covered in contract language.
Operations, Member Eligibility, & Outreach	Not answered	1/14/2019		How will HHP and RTFH integrate? Will RTFH prioritize? Judith believes that they will need to be consistent in using the VI-SPDAT score to prioritize housing to prevent “bumping” anyone who has a more vulnerable VI-SPDAT score that is not part of HHP.	
Operations, Member Eligibility, & Outreach	Not answered	1/14/2019		How do members consent to being in HHP? What role does the CB-CME play in this regard?	
Operations, Member Eligibility, & Outreach	Not answered	1/14/2019		How will CB-CME's receive and verify eligibility?	

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Operations, Member Eligibility, & Outreach	Not answered	1/14/2019		How will we receive Targeted Engagement Lists (TEs) and what are the expectations about working them (e.g., priorities etc)?	
Operations, Member Eligibility, & Outreach	Not answered	1/14/2019		How do members switch CB-CME's?	
Operations, Member Eligibility, & Outreach	Not answered	1/14/2019		How will SMI members be introduced in January 2020?	
Other	Not answered	1/14/2019		Create a workflow document	
Other	Not answered	1/14/2019		How do we not duplicate efforts and integrate?	
Other	Not answered	1/14/2019		What is the set-up and lead time required for currently non-contracted providers / CB-CME's, including with Kaiser?	
Other	Answered	1/14/2019	Health Plans	Who at your Plan is on point to manage the implementation?	See HHP Plan contact grid handed out at 12.28.18 meeting.
Other	Being evaluated	1/14/2019	Group	Please confirm the 7 quality measures and 3 utilization measures representd in the link. Are there any other measures?	<a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2018-health-home-core-set.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2018-health-home-core-set.pdf</a>
Other	Being evaluated	1/14/2019	Norris	How will you assess performance?	Partly with State metrics at <a href="https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2018-health-home-core-set.pdf">https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/health-home-information-resource-center/downloads/2018-health-home-core-set.pdf</a> . Partly what health plans determine
Other	Not answered	1/14/2019		What are the critical milestones that members must reach?	
Other	Not answered	1/14/2019		What happens if this model is not sustainable?	
Other	Answered	1/14/2019		Is there a single CB-CME contract template or is each Plan developing their own? For Plans in multiple counties, will all CB-CME contract templates be the same?	12.28.18 Payers will develop thier own contract templates. Molina will be using the same state-approved template in Riverside & San Diego Counties.
Participation Requirements	Not answered	1/14/2019		What are the minimum requirements to participate as a CB-CME? (size? # of potential lives?)	

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Participation Requirements	Not answered	1/14/2019		How will we work differently with 2-1-1, HIE, CIE that will help with case management? (Only 2-3 plans are on the CIE)	
Participation Requirements	Not answered	1/14/2019		County – which organizations will be invited to be CB-CME's? Will plans contract with the same CB-CME's for consistency?	
Participation Requirements	Answered	1/14/2019		Can CB-CME's subcontract, or be part of other CB-CME's, or to bring services together in some fashion?	Yes
Participation Requirements	Not answered	1/14/2019		List all CBO's that a CB-CME will be required to work with.	
Staffing	Not answered	1/14/2019		Do non-traditional staff need to be credentialed or loaded into Plan systems for the claim or encounter to be accepted? What about Kaiser, even for traditional provider types?	
Staffing	Being evaluated	12/28/2018	Group	"What staffing is required of the CB-CME? "	"12.28.18 stakeholder presentation slides: "
Dedicated Care Coordinator HHP Director - the minimum aggregate staffing ratio is 60:1 o	Clinical Consultant (any licensed individual) o	Housing Navigator (for people experiencing homelessness) "	Recommend ed staffing: o	Community Health Workers o	Additional team members may be included on the multidisciplinary care team to meet the HHP member's individual care coordination needs, e.g., pharmacist, nutritionist/dietician, behavioral health provider, health educator, etc. "
					Minimum in-person visits for the aggregated population is 260 visits per 100 enrolled members per quarter. A visit can be with any licensed practitioner type, e.g., BH, pharmacists, dietician, etc."
Training & Support	Not answered	1/14/2019		Will Plans have monthly meetings with providers? Will they be Plan specific or combined? Coaching, learning sessions, cross-training, skills building, motivational interviewing to be included?	Keep this question. What is best practice for GMC with 7 plans? Work with providers to develop?