GET READY

A CONTRACTING BEST PRACTICES GUIDE FOR BECOMING A MEDICAID COMMUNITY SUPPORTS PROVIDER

JULY 2023 | HEALTHBEGINS, AURRERA HEALTH GROUP, AND TRANSFORM HEALTH

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INTRODUCTION

This best practices guide is designed to help community-based organizations (CBOs) ***Get Ready*** to contract with Medi-Cal Managed Care Plans in support of CalAIM. This is the first in a series of best practice resources to help CBOs "Get Ready, Get Set, and Go" to deliver needed services to Medi-Cal beneficiaries.

California Advancing and Innovating Medi-Cal (**CalAIM**) is a long-term commitment to transform healthcare by offering a more equitable, coordinated, and person-centered approach to improving population health. A critical component of this work, **Community Supports** are new services that are designed to address the social drivers of health—the social and structural factors of where we live, work, eat, sleep, and play that impact our health.

This expansion of services calls for bringing untraditional organizations that have experience in rendering social services into the Medi-Cal landscape as contracted providers. Because many of these providers have never participated in the Medi-Cal contracting process, this best practices guide is designed to support these organizations' ability to prepare for contracting, establish relationships and coordinate with key partners, identify funding sources, and successfully navigate contracting negotiations.

From 2021 to 2023, the **California Health Care Foundation (CHCF)** generously funded **HealthBegins**, **Aurrera Health Group**, and **Transform Health** to provide community based organizations with much-needed support in building contracting readiness via the **CalAIM Links Initiative**. The best practices enclosed are aggregated from the learnings of this work.

DOCUMENT LIBRARY

The Department of Health Care Services (DHCS) has developed a number of helpful documents to help future providers navigate the contracting process. The documents listed below are referenced in this guide and will provide more comprehensive information to expand upon the practices uplifted in this guide. Click on each cell to learn more and visit the **DHCS CalAIM website** to check for updates.

STANDARD TERMS AND CONDITIONS

Important DHCS requirements that Community Supports providers must meet.

COMMUNITY SUPPORTS POLICY GUIDE

A comprehensive guide that details community supports definitions.

NON BINDING PRICING GUIDANCE

A pricing tool to support rate negotiations between providers and Managed Care Plans.

BILLING GUIDANCE

A brief and helpful billing guide that outlines importing billing information.

PATH INITIATIVE

DHCS has funded multiple initiatives to support providers. Click here to learn more.

DATA SHARING GUIDANCE

Guidance to ensure the Protected Health Information (PHI) being shared is HIPAA compliant.

QUARTERLY IMPLEMENTATION REPORTING

Information outlining how DHCS will monitor Community Supports and a provider's role in submitting reports.

MANAGED CARE PLANS BY COUNTY

Please review this link to access the full list of Managed Care Plans in California by county.

CALAIM LINKS

Review contracting webinars hosted by HealthBegins, Transform Health, and Aurrera Health Group to support building contracting readiness.

DHCS CALAIM WEBSITE

Your primary resource for all things CalAIM.

QUICK START:
OVERVIEW OF THE CONTRACTING PROCESS

To become a Community Supports provider, an organization must fulfill a multi-part contracting process in which they must meet certain criteria. Below, we've mapped out the phases of the contracting journey using a Get Ready, Get Set, Go model. The content of this guide focuses on the best practices your organization should consider in the Get Ready phase of this model. To support being well-prepared for future conversations with Managed Care Plans (MCP), we encourage you to keep a running list of questions that arise as you review this guide!

This guide focuses on the best practices your organization should consider in the ***Get Ready*** phase of this model.

SELF - ASSESS

BEST PRACTICE 1:

Review the **contracting requirements** in order to fully understand the contracting obligations and determine your organization's operational readiness to provide services. This includes determining what people, processes, and systems you will need.

ESTIMATE COSTS

BEST PRACTICE 2:

Estimate how much it will cost to deliver your program after accounting for the people, processes, and systems you will need to meet the service delivery requirements.

DETERMINE PATHWAY

BEST PRACTICE 3:

Based upon what you calculate, determine if your organization is operationally prepared to contract **directly** with a Managed Care Plan—the insurer you will be contracted with to provide services on behalf of. If administratively less burdensome, some MCPs allow **indirect** contracting with another contracted organization. Determine if your MCP offers this pathway.

IDENTIFY RESOURCES

BEST PRACTICE 4:

There are a number of funding, networking, and training sources available to support your organization in becoming a provider. Explore all available resources before initiating the contracting process.

EXPRESS INTEREST

Request a **National Provider Identifier (NPI)** and express interest to the plan which your organization would like to contract with. Some plans request a formal Letter of Interest (LOI), while others merely need a call or email.

CREDENTIALING

Submit a certification application to become certified as a provider with the Managed Care Plan. It is very important to validate your experience on this application.

FILL GAPS

If your certification application reveals operational deficiencies, leverage available resources to fill the gaps identified.

FINALIZE

Referencing the initial self assessment and cost estimation your organization conducted, negotiate a **rate** that will sustain programming and finalize your contract.

BUILD CAPACITY

Upon closing your contract, leverage resources to improve coordination, enhance workflows, and work towards expanding referrals capacity. One available resource is **Collaborative Planning and Implementation (CPI)** in which your organization can participate in a regional CalAIM workgroup.

How to prepare for contracting.	How to initiate contracting.	How to close contracting.
GET READY	**GET SET**	**GO**

BEST PRACTICE 5

Throughout this process, it will be invaluable to actively build relationships and coordinate with Managed Care Plans, peer providers, county agencies, and more.

BEST PRACTICE 1
SELF ASSESSING YOUR ORGANIZATION'S READINESS TO CONTRACT

Now that you've reviewed the steps to fulfilling the CalAIM Community Supports contracting process, you must be wondering how to get started. These best practices will walk you through the process. Before obtaining an NPI and submitting an LOI, it is best to self assess your organization's readiness to provide Community Supports services and ensure the services offered are in alignment with DHCS service definitions.

REVIEW THE REQUIREMENTS

There are three sets of requirements that your organization should review to understand if your organization can meet—or get prepared to meet—the requirements for providing services.

Service definitions. Before submitting an LOI, your organization should review the **Community Supports Policy Guide** to understand the service definitions provided by DHCS. Providers must have experience delivering the services as defined in this guide. When submitting an application, ensure that your services are in alignment with these definitions.

Standard Terms and Conditions (STC). The DHCS **Standard Terms and Conditions** are the core requirements providers must meet in order to provide Community Supports services. These requirements pertain to service delivery criteria, quality and oversight requirements, data sharing requirements, and payments. Review this guidance to determine if your organization can meet these requirements, or get prepared to meet these requirements.

Model of Care. In addition to meeting the DHCS requirements, each plan has developed a Model of Care (MOC), which is the plan's strategy for providing Community Supports to its members. Each MCP's Model of Care will include its overall approach to Community Supports, including its policies and procedures for partnering with providers for the administration of Community Supports. You can **contact the MCP in your county** to request MOC components relevant to your Community Support, and reviewing this document will give you a better understanding of how you will work with the plan and what the expectations will be. Please note that some components of the MOC may not be shared until you have actively begun the contracting process.

EXAMINE INTERNAL POLICIES

Now that you have a good understanding of what the requirements are for Community Supports providers, review your organization's internal policies and operations against those requirements to determine what workflows and procedures need to be developed or amended.

PREPARE FOR REPORTING

Prepare for reporting requirements by reviewing the minimum data elements you'll need to collect from client or patient visits, and determining what workflows need to be established in order to collect and protect information. DHCS defines the minimum data elements providers will need to submit on claims, and these elements can be found in the **Billing and Invoicing Guidance**. Additionally, ask your MCP for any available information on tools, guidance, and training pertaining to reporting and data sharing. This may include templates, timelines, and provider portals to support preparing for reporting.

ESTABLISH BILLING SYSTEMS

Many potential providers currently use grant-based funding models, so it's important to acknowledge that the shift to a fee-for-service (FFS) and/or per member per month (PMPM) reimbursement model can be challenging for new providers. For this reason, we not only recommend assessing what billing and data infrastructure needs you may have in order to meet the STCs, but we also recommend engaging a current provider to learn more about billing best practices. We also recommend reviewing **Billing Better in CalAIM**, an issue brief published by **Aurrera Health Group**. This is a powerful resource to understand the state of CalAIM billing and recommendations to enhance reimbursement processes.

BUILD WORKFORCE

Lastly, determine if you need to build workforce capacity to meet the requirements outlined in the Standard Terms and Conditions. These activities may include hiring and training existing staff to meet program requirements.

BEST PRACTICE 2
ESTIMATING COSTS

After following the steps to self assess your organization's operational readiness to deliver services, you'll have a better understanding of the new costs your program will incur. It is at this point that you should follow these steps to estimate costs.

- **Request Proposed Rates:** Contact the **Managed Care Plan(s)** in your region to determine if they are seeking new providers for the **Community Supports** your organization wants to offer and request their proposed rates for these services.

- **Estimate Actual Costs:** After accounting for the people, processes, and systems you will need to meet service delivery requirements, estimate your actual program costs against this rate. We strongly encourage visiting the HealthBegins **ROI Resource Library** to find helpful tools and resources to support this process. One such tool includes the **Value Proposition Tool** developed by the **Nonprofit Finance Fund** that supports CBOs in articulating their value within a potential or existing partnership. We also want to uplift the value of connecting with experienced providers to learn more about costs from those already rendering Community Supports services.

- **Review the Non-Binding Pricing Guidance:** DHCS consulted local and national experts—including CBOs—to develop cost considerations and payment ranges that providers and MCPs should consider when contracting. This guidance is not binding, meaning that providers and Managed Care Plans have the ability to negotiate rates and are not bound to the metrics enclosed. Use this **guidance** to consider additional costs. At minimum, the cost considerations should reflect the information provided below.

STAFFING MODELS AND PROGRAM NEEDS

What staff are required to meet programmatic needs and service delivery requirements? What are the associated costs?

SUBCONTRACTORS

Has your organization considered the costs of subcontractors?

INFRASTRUCTURE COSTS

What are the costs of billing and data storage systems? What are other IT needs and their associated costs?

SERVICE OFFERINGS AND CAPACITY

What are the associated costs of administering the program as required by the DHCS Standard Terms and Conditions?

ADMINISTRATIVE COSTS

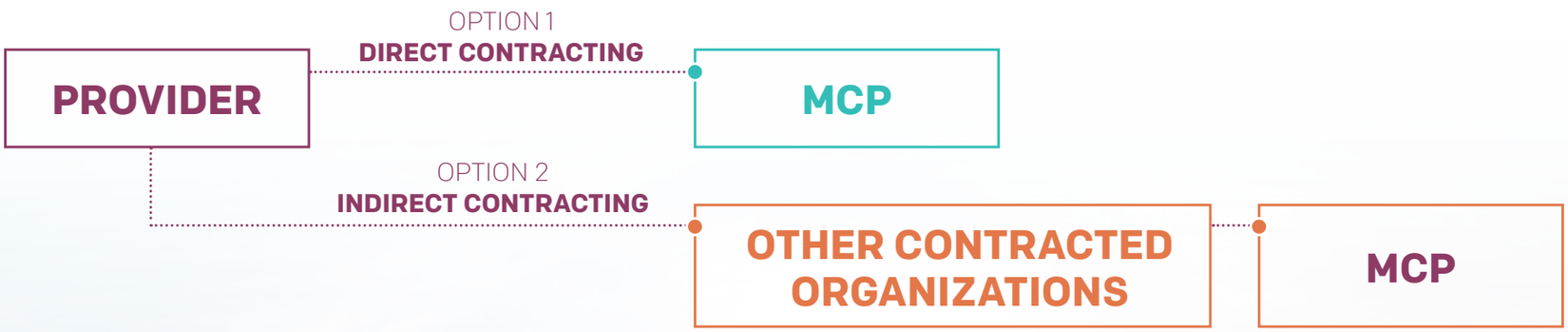
Examine administrative costs, including how the size of your facility impacts operations.

Following this process will support your organization's ability to estimate costs, and therefore determine a sustainable rate. Based upon your findings, you will also be better prepared to determine if your organization should contract directly with a Managed Care Plan, or—if the MCP offers this option—take the less administratively burdensome route of subcontracting with a provider that is directly contracted with the managed care plan. We'll talk more about this in the next section.

BEST PRACTICE 3
DETERMINING THE BEST PATH TO CONTRACTING

As you now know, DHCS has established comprehensive requirements pertaining to service delivery criteria, quality and oversight requirements, data sharing requirements, and payments to ensure Medi-Cal beneficiaries receive the best support from high quality providers to meet their health and health-related needs. However, smaller organizations may find it difficult to build the capacity needed to meet the administrative requirements as outlined in the Standard Terms and Conditions. Resultantly, if allowed by the plan, organizations may have the option to indirectly contract with another provider, such as a CBO or county agency, and should ask the plan who the "administrative and contracting hubs" are.

Under the indirect model, the subcontracting organization is still required to meet all obligations pertaining to service delivery, however, the organization directly contracted with the MCP may take on critical administrative functions pertaining to data sharing and billing that would ease the burden for the subcontractor, therefore presenting another pathway for providers to participate in CalAIM. DHCS is currently developing a list of all contracted providers so organizations will know where subcontracting opportunities exist. Check the DHCS website for updates!



BEST PRACTICE 4
IDENTIFY FUNDING, TRAINING, AND NETWORK RESOURCES

Now that your organization has assessed its readiness to provide services, and estimated costs, you may be wondering how you'll build the capacity needed (securing people, processes, and systems) to successfully meet contracting requirements. DHCS understands that there is a considerable need here, particularly for smaller providers. Resultantly, multiple programs have been designed and funded to support this journey. Let's dive in.

STEP 1— REVIEW PATH FUNDING OPPORTUNITIES

DHCS has funded the **Providing Access and Transforming Health (PATH)** initiative to support the implementation of CalAIM. These funds are disbursed directly to providers and are available during and after the contracting process. Please click each hyperlink to learn more.

CITED

The Capacity and Infrastructure Transition, Expansion and Development (CITED) initiative serves to support the transition, expansion, and development of Community Supports. Funds can be used for upfront costs to build capacity. Upon approval, CITED funds are available to existing providers and those working to finalize the contracting process. Click **here** to learn more.

An important note on CITED: These funds have been made available to support providers that are already contracted. If your organization is navigating the contracting process (readers of this guide) and has the full intention of becoming a contracted Community Supports provider, you can request a signed attestation from the MCP you are working with to submit a funding application during the certification process despite not yet being contracted.

TAM

The TA-Marketplace (TAM) is a virtual one-stop-shop where providers can access hands-on or pre-designed (off-the-shelf) technical assistance (TA) to support CalAIM contracting and implementation. TAM is open to all potential and existing providers, but requires an initial application to DHCS to be approved in order to apply for TA. **All approved projects are no cost to the provider.** Apply **here**.

CPI

Collaborative Planning and Implementation (CPI) work groups address CalAIM contracting and implementation challenges, and serve as an excellent way to network with providers and plans. CPI is available to existing and prospective providers. Register at no cost **here**.

STEP 2 — TALK TO YOUR MCP ABOUT IPP FUNDING OPPORTUNITIES

DHCS has also funded the **Incentive Payment Program (IPP)** to support the implementation of CalAIM. These funds are disbursed directly to the MCPs to support the implementation of Community Supports. Applicants can apply for multiple rounds of funding through June 30, 2024.

After self-assessing your organization's readiness to meet the contracting requirements, estimating costs, determining your contracting pathway, and reviewing these funding sources, you should be ready to express interest in becoming a Community Supports provider. It is at this point that you should further engage the MCP you would like to contract with to ask any outstanding questions. Should your organization decide to move forward, it is now time to "Get Set" by requesting an **NPI** (a fast and easy process required of all providers), expressing interest to the **MCP in your region**, and working with the plan to complete the certification and gap filling process. It is at this point that your organization should leverage these funding opportunities to help build the capacity needed to become a provider. Technical Assistance webinars providing further guidance on the contracting process can be accessed on the **CalAIM Links website**.

BEST PRACTICE 5
BUILD RELATIONSHIPS WITH PEERS AND MANAGED CARE PLANS

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Becoming a Community Supports Provider is a long term partnership to advance health equity. You are highly encouraged to cultivate strong relationships with peer organizations, county agencies, and Managed Care Plans in order to uplift bright spots, identify challenges, and thought partner on solutions. You can start by joining a CalAIM Collaborative in your region by registering here.

ACKNOWLEDGEMENTS

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California Health Care Foundation

The **California Health Care Foundation** is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford.

Program Officer: Carlina Hansen, MS

HEALTH BEGINS

HealthBegins is a national strategy and implementation firm that helps Medicaid-serving organizations to meet health care equity and social needs requirements and achieve long–term impact for people and communities harmed by societal practices. We have extensive experience working with health plans, health systems, and CBOs in developing clinical-community partnerships to integrate health and social care, address individual social needs, and improve community-level social and structural determinants of health equity.

Program Office: Sadena Thevarajah, JD; Rishi Manchanda, MPH, MD; Alexis Taylor, MPA, MSL; Melissa Meza, MPH; Shiva Dhiman.

Aurrera HealthGroup

Aurrera Health Group's mission is to advance access to affordable, comprehensive, high-quality health coverage and care, and we pursue clients that enable our firm to stay true to that mission. Aurrera Health Group includes nationally recognized experts in Medicaid, Medicare, and behavioral health policy and financing, as well as a seasoned team of strategic communications professionals. Our woman-led firm provides the experience and passion that is essential to navigating a complex and ever-changing health policy landscape.

Program Office: Lucy Pagel, MPH; Jill Donnelly, MPH; Kathleen Kane, MPH

transform health

Transform Health works with leaders in the public and private sectors to drive solutions that promote efficiency, value, and access to care, in order to address key social determinants of health to improve health outcomes. Their passion is grounded in health policy and health system transformation to achieve high-quality health care. As true agents of change, they are a mission-driven, nationally certified women and minority-owned consulting firm.

Program Office: Gretchen Schroeder, MPH; Keri Arnold; Lisa Chan-Sawin, MHA