Inland Empire Health Plan

Live Wholeheartedly.

Enhanced Care Management: Birth Equity Population of Focus

Elissa Padilla, LMFT

Health Services Special Initiaitves

What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM)

- CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.
- The goals of CalAIM include:
  - Implementing a whole-person care approach and address social drivers of health.
  - Improving quality outcomes, reduce health disparities, and drive delivery system transformation.
  - Creating a consistent, efficient and seamless Medi-Cal system.

CalAIM Care Management Continuum:

Population Health Management (PHM): Provision of Services and Supports

In 2023, MCPs are required to have a broad range of programs and services to meet the needs of all members organized into the following three areas.

Enhanced Care Management (ECM) is for the **highest-need members** and provides intensive coordination of health and health-related services

Complex Care Management (CCM) is for members at **higher- and medium-rising risk** and provides ongoing chronic care coordination, interventions for temporary needs, and disease-specific management interventions.

Basic Population Health Management (BPHM). BPHM is the array of programs and services for **all** MCP members, including care coordination and comprehensive wellness and prevention programs, all of which require a strong connection to primary care.

Transitional Care Services

are also available for all Medi-Cal Managed Care Plan members transferring from one setting or level of care to another.

What is ECM?

- Beginning 1/1/2022, ECM became a benefit for qualified IEHP members.
- Whole-person approach to **comprehensive care management** that addresses the clinical **and** non-clinical needs of high-need, high-cost MCP members. Focuses on both health and socioeconomic factors to improve outcomes for historically marginalized members of the population.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services ("meeting the member where they are").
- ECM services accessed by meeting certain criteria to be deemed a member of a specific "Population Of Focus" or "POF"

Population Of Focus: Birth Equity

- Effective 1/1/2024, Adults and youth who:
  - 1. Are pregnant or are postpartum (through 12 months period); and
  - 2. Meet one or more of the following conditions:
    - i. Qualify for eligibility in any other adult or youth ECM POF; or
    - ii. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

    - **Note:** There are multiple populations of focus, including homeless adults and children, those with SMI or SUD, etc.

Population Of Focus: Birth Equity: Cont'd

- Pregnant or Postpartum: defined as individuals who are **currently** pregnant. **Currently** postpartum means having delivered, whether a live birth or stillbirth; or a late term abortion.
- Racial and ethnic groups experiencing disparities in care for maternal morbidity and mortality are Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals.

Current Maternal Health Services at IEHP: Maternal Health Team

- The Maternal Health Team consists of a Care Coordinator, Behavioral Health Specialists, Behavioral Health Care Managers, and Nurse Care Managers.
- The team is specialized in helping pregnant/postpartum IEHP Members navigate through any medical and/or behavioral health barriers encountered throughout their pregnancy and/or postpartum period for up to 1 year.
- Care coordination and/or case management services.
- The team refers Members to both county and community programs/resources.

Current Agency Partnerships

Riverside County Public Health Programs:

- Nurse Family Partnership
- Adolescent Family Life Program
- Black Infant Health
- WIC
- IEHP is part of the Riverside County Maternal Child and Adolescent Health Community Advisory Board

San Bernardino County Public Health Programs:

- Black Infant Health
- Low Income First Time Mother's Program
- WIC
- San Bernardino County Breastfeeding Collective

How to Connect a Member to ECM Services

Do you think you may be speaking with an ECM eligible IEHP member? If so, follow these steps:

- Send ***secure*** email to our Care Extender team at DGECMCareextenderteam@iehp.org and include the member ID, name, best contact number, and preferred language.
- Have member call IEHP Member Services at 800-440-4347 and inquire about ECM.

How to Refer to the Maternal Health Program

- **Members** can self-refer by contacting IEHP Member Services at 800-440-4347 and asking for the Behavioral health team
- **Providers** can obtain more information regarding direct referrals to the Maternal Health Program by emailing dgcomplexchildrenandfamilyleadership@iehp.org

Interested in becoming an ECM provider for the Birth Equity Population?:

Send an email to the ECM team:

ECM@iehp.org

Thank you!

Any Questions?