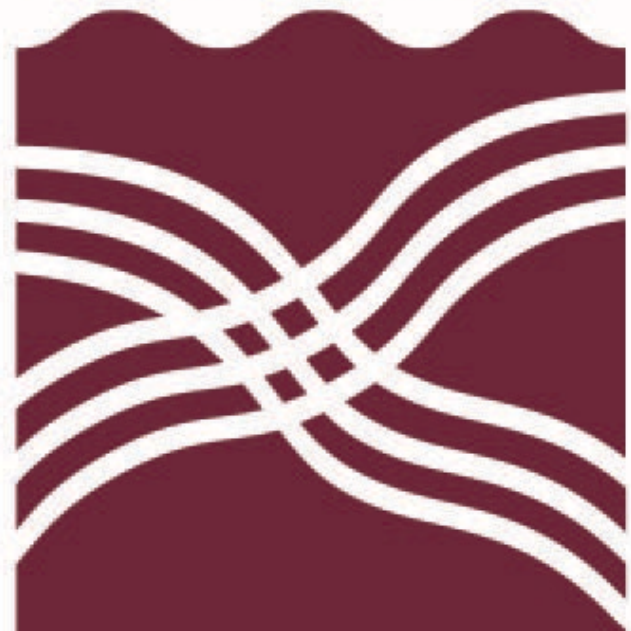




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Using Collective Medical to Support ECM

December 14, 2021



Agenda

- Welcome - *Dr. Robert Moore - chief medical officer*
- Collective Medical - *Lisa Craig - customer success manager*
- Collective Medical and ECM - *Dr. Robert Moore - chief medical officer*
- Demo – *Lisa Craig – customer success manager*
- ECM Provider Reporting, Other IT Systems & Resources - *Dr. Robert Moore - chief medical officer*
- Additional Collective Medical Functions - *Dr. Robert Moore - chief medical officer*

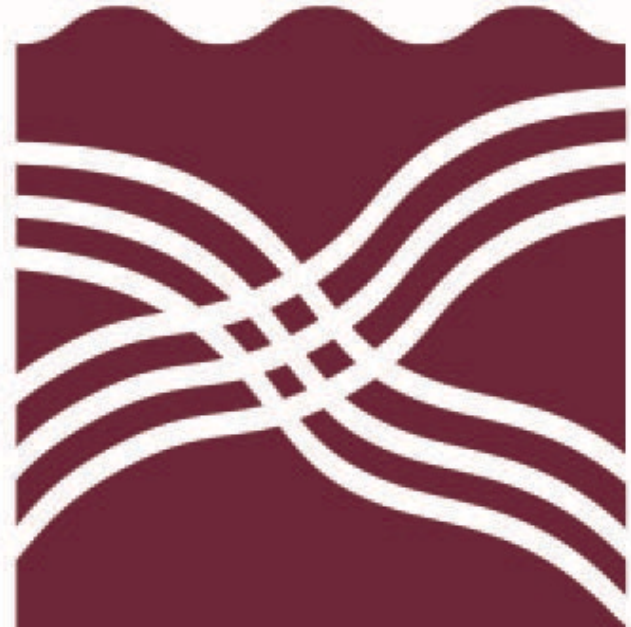


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Collective Medical

- Lisa Craig - customer success manager

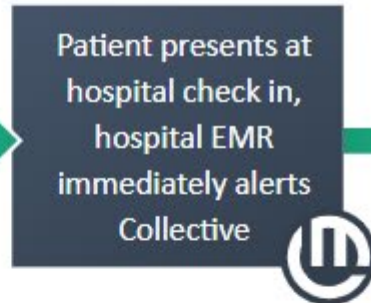
The logo consists of a white circle containing a stylized white 'M' shape, which is formed by two vertical bars and a horizontal bar at the top, all connected at the bottom.

collectivemedical[®]
A **PointClickCare**[®] Company

Collective Medical -How it Works

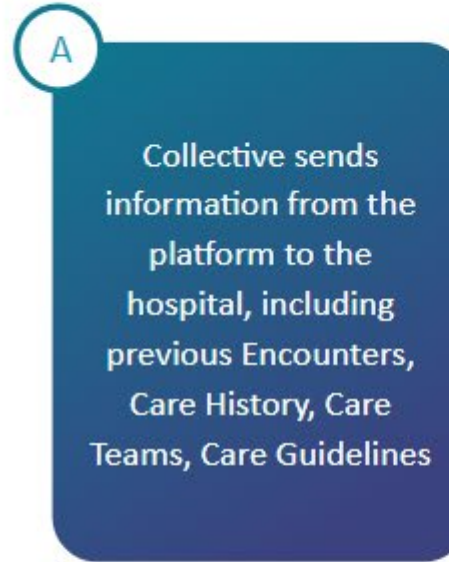


the Collective network

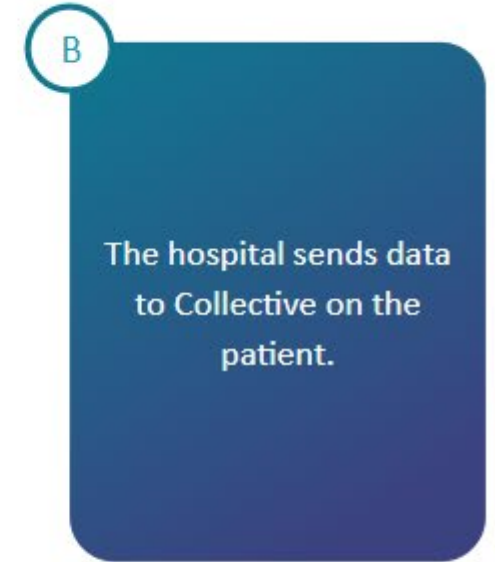


*Patient's registration data immediately sent from hospital to Collective

*If visit triggers the organization's established criteria, Collective notifies the end-user



- Insights
- Diagnoses
- Security and Safety Events



- Encounter type
- Discharge disposition
- Diagnosis
- Patient Demographics

Technical Implementation

Steps:

1. Contracting

- Discovery Form
 - Agreement
-

2. Patient Eligibility File

- Provides essential information so we can identify and track your patient population(s), this TEL file will be provided by Partnership Health Plan weekly.
-

3. Patient File Validation, Configuration, and Processing

- Initial File is analyzed manually and processed if sufficient
-

4. Auto Processing

- When second file is received, and headers are consistent we can set to auto process

Clinical Implementation

Steps:

1. Review Clinical Onboarding

- User Account Form
 - Notification Destination Form
 - Verification of Primary Contacts
-

2. Determine your facility's goals and identify workflows

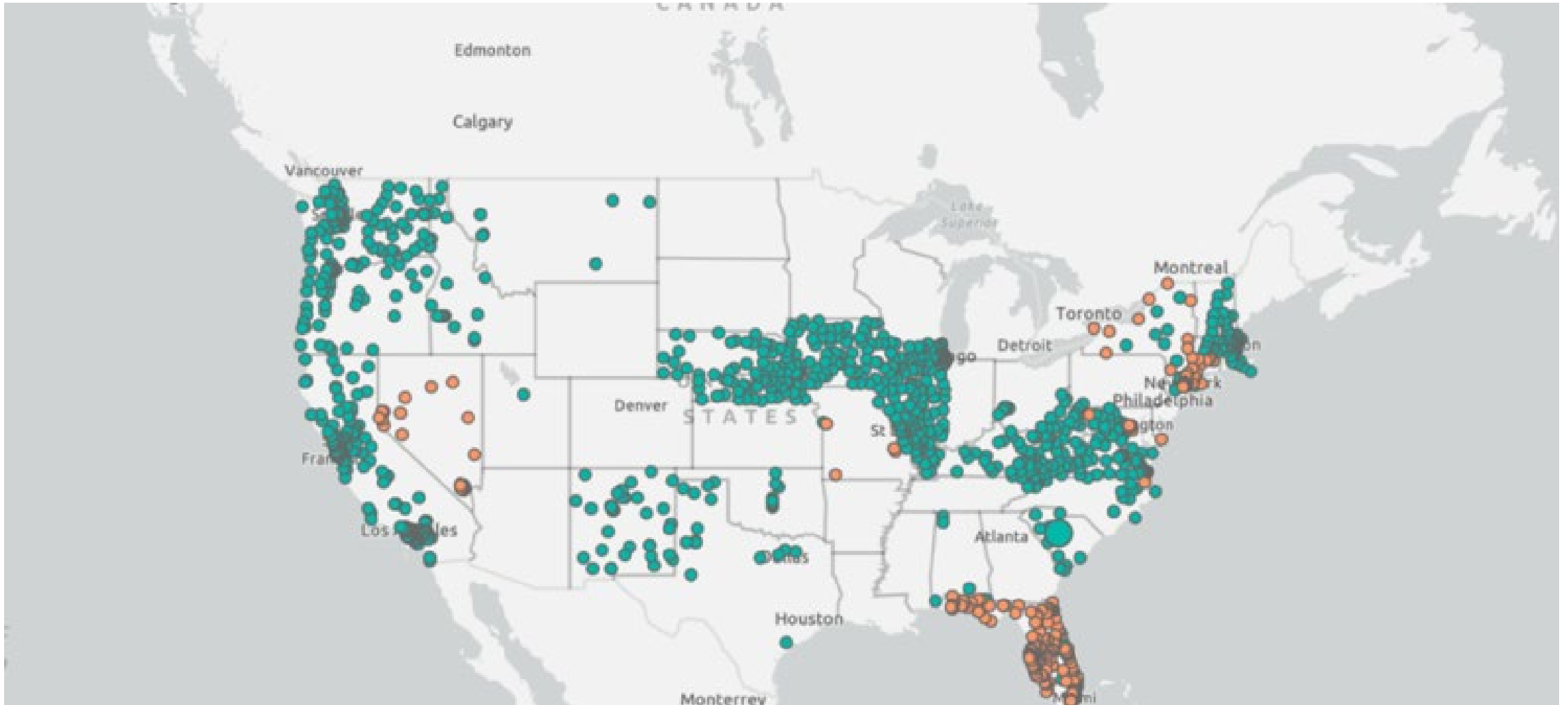
- Review of options for Cohorts
-

3. Training and Activation

4. Iteration and Optimization

- Follow up engagement at 15, 45, 90 days

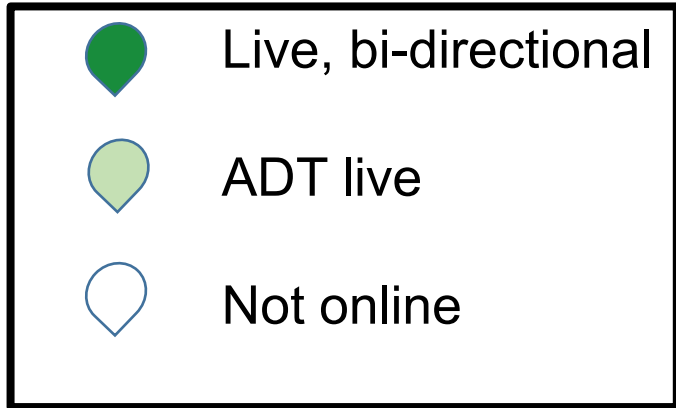
Collective Medical Hospital and HIE Connections



● Hospitals Contracted with Collective Medical

● HIE Connections with Collective Medical

Hospital Implementation of EDIE/Collective Medical Technologies in California





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Collective Medical And ECM

- Dr. Robert Moore - chief medical officer



Core Functionality for ECM

- Notification of Emergency Room and Inpatient Admissions
- View patients enrolled, in process, referred in the ECM program
- Required upload of Release of Information
- Required upload of Care Plans

Notifications

Email Notification of Cohort criteria met

Collective™



Tue Mar 17 16:52:00 MDT 2020

Information regarding a patient meeting Notification Criteria is available on the Collective portal.

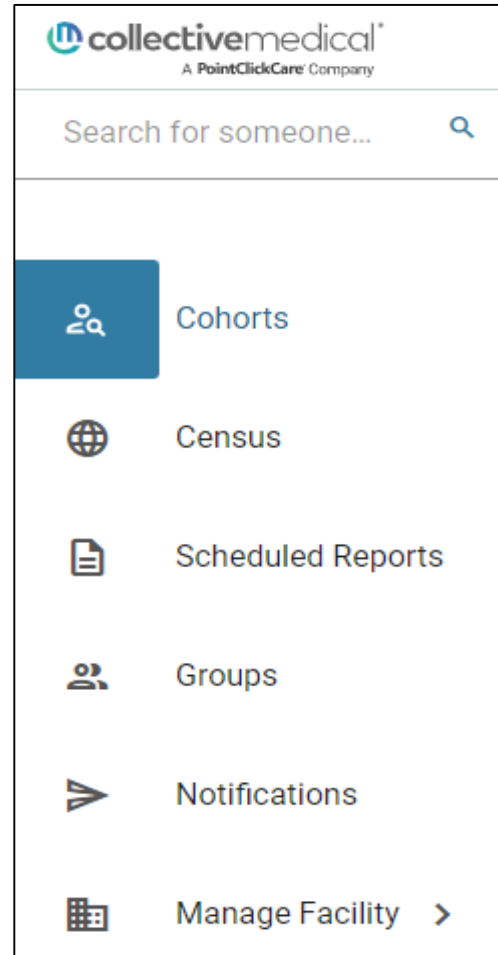
To view the patient's encounter information, please visit:

<https://secure.collectivemedical.com/notify/d8debf31-f244-47c5-a4bb-1beffd64e329>

This message is intended for the use of the individual and entity to whom it is addressed. If you believe you have received this email in error, or are no longer an authorized recipient, please contact support@collectivemedical.com for more information.

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Cohort Used to Set Up Alerts



Cohorts

1 Selected | Previous 30 Days | Sorted By: Name | Search

> 3+ ED Visits in 3 Months	Events 1	Change 0%	Activity
> 3+ IP Encounters 6 Months	Events 0	Change ↑0%	Activity
> 5+ ED Visits in 12 Months	Events 2	Change ↑100%	Activity
> 5+ ED Visits in 6 Months	Events 1	Change 0%	Activity
> ED Discharges	Events 3	Change 0%	Activity
> ED Visits	Events 3	Change ↓-25%	Activity
> ED Visits - Behavioral Health Dx	Events 0	Change ↑0%	Activity
> Homelessness/Housing Insecurity	Events 0	Change ↑0%	Activity
> Inpatient Admissions	Events 1	Change 0%	Activity
> Inpatient Discharges	Events 2	Change 0%	Activity



Notifications

- Collective Medical Sets up notifications – ECM Member arrives in hospital or Emergency Department

Notification Set Up

- Collective Medical sets up notifications
- ECM Provider to configure notifications to go to the correct person/teams
- Consider a shared mailbox for multiple people to view even when they are on vacation
- Homework – assignment, workflow, how often, Notification email or text. Those who get the Notifications must have a log in to see what the Notification is about.
- Once you get the Notification you must login to through a desktop computer
- Members must be in one of the following categories to see the notification from ED/Hospital Visits.



Collective Medical Enrollment Categories


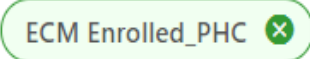
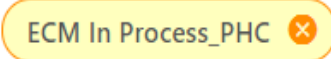
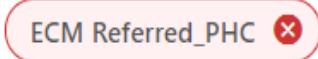
Enrollment Categories	Descriptions
ECM Referred_	Member is potentially ECM Eligible and has been referred for ECM Services
ECM In Process_	Member is Eligible and Approved, and Outreach has begun
ECM Enrolled_	ECM Member Engagement has started, and a Care Plan has been Developed

** There are additional categories noted on other reports.

Enrollment Categories

Partnership will assign **Group Tags** to patients/members via the TEL file. You can locate the Tags on the Groups page, or in the drop down on the Patient Overview Page.

- My Facility**
- ABC Program
 - David's Care Group
 - ECM Enrolled_PHC
 - ECM In Process_PHC
 - ECM Referred_PHC
 - Group 123
 - Physician Group A
 - Physician Group B
 - Physician Group C
 - Physician Team A
 - Physician Team B
 - Physician Team C
 - Physician Team D
 - XYZ Patients

Tags    

ROI Requirements

- ROI must be submitted along with the TAR
- ROI is also required to be uploaded to Collective Medical
- ROI must be uploaded as a PDF and saved using the following naming convention:
 - ❑ ROI County/Provider Exp.mm/yy Member CIN #
 - ❑ ROI Marin Exp. 05.18.26 CIN 123456789.pdf

Attachments

Upload New Attachment

Supported file types include: .docx, .gif, .png, .jpg, .jpeg, .pdf, and .txt. Files must not exceed 2MB in size.

ECM ROI Form_Eng_Draft_Updated 09.13.2021.pdf Browse

Other ⌵

ROI Marin Exp. 05.18.26 CIN 123456789 (example)

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ROI & Attachment A



ENHANCED CARE MANAGEMENT SERVICES (ECM)

AUTHORIZATION FOR USE, EXCHANGE AND/OR DISCLOSURE OF MY CONFIDENTIAL HEALTH CARE AND PERSONAL INFORMATION

PURPOSE

Health care providers, health payers and social services agencies have joined together to provide **Enhanced Care Management (ECM)** services to help you get the services you may need to promote your health and well-being. To allow Partnership HealthPlan of California (PHC), and/or other participating entities to share your health care and other personal information with each other, you must first give your authorization (permission). By completing this form, you are authorizing the use and disclosure (release) of your health care and other personal information by the entities participating in ECM. The participating entities will only use and share the information necessary to achieve the intended purpose or referral. The information may be shared in a secure electronic format, in writing, or verbally during meetings to coordinate services for you. Please complete this form and send it to:

Partnership HealthPlan of California
Attn: Member Services – Northern Region
3688 Avtech Pkwy
Redding, CA 96002
(530) 223-2508

OR

Partnership HealthPlan of California
Attn: Member Services – Southern Region
4665 Business Center Drive
Fairfield, CA 94534
Fax: (707) 420-7580

Member Information

First Name:	Last Name:
Address:	
Phone Number: ()	Date of Birth:
Member ID/CIN:	

I authorize and request (ask) Partnership Health Plan of CA and participating ECM entities named in Attachment A to use and share any of my health care or other personal information with each other for the purpose stated above.

Choose ONE of the following two options:

<i>INITIAL HERE</i>	Consent for Communication Required by ECM Program: By initialing here, I am allowing ALL of the agencies listed in ATTACHMENT A to use and share my health care and other personal information pertaining to my medical history, physical condition, and receipt of social services, and to communicate with each other in order to provide ECM services, OR
<i>INITIAL HERE</i>	Decline To Participate in ECM: I understand that the ECM program requires community partners to communicate with each other to coordinate my care. I decline to participate in the ECM program. I can ask for participation in other case management programs that I am eligible for.

Further, by initialing below, I specifically authorize release of the following information (this information will NOT be released unless you specifically authorize it)

<i>INITIAL HERE</i>	Mental Health Information including: diagnosis, treatment plan, and provider name.
<i>INITIAL HERE</i>	HIV Test Results (Health & Safety Code § 120980 (g))

Substance Use Disorder Information

Substance use records are protected by federal confidentiality rules (42 CFR Part 2). The federal rules do not let any further disclosure of information that identifies a patient as having or having had a substance use disorder either by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

INITIAL HERE Initial here to allow the entities in Attachment A to use and share ALL of your drug and alcohol information, including test results, treatment plans, programs attendance, communication with counselor and diagnosis.

Expiration and Revocation

Choose ONE of the following two options:

<i>INITIAL HERE</i>	Standard Expiration. This Authorization will expire exactly 5 years from today's date, OR
<i>INITIAL HERE</i>	Early Expiration. This Authorization will expire on: _____. This date may not be less than 6 months (to participate in the ECM program), nor more than 5 years from today's date.

This Authorization may be withdrawn and revoked (taken back) at any time by calling PHC at (800) 863-4155 or by sending your signed request to: Partnership HealthPlan of California, Attn: Member Services 4665 Business Center Dr., Fairfield, CA 94534. The revocation will take effect when PHC receives it, but does not affect information that has already been disclosed.

Signature of Member

I understand that:

- I may refuse to sign this authorization. My refusal could affect my ability to participate in the ECM program. My refusal will not affect my ability to get treatment, services, or eligibility for benefits otherwise available to me.
- Some information shared under this Authorization may be re-shared with others under certain conditions and may no longer be protected by State and Federal confidentiality laws.
- 42 CFR part 2 does not allow redisclosure of substance use records that are subject to that part without my authorization.
- I may inspect or get a copy of the health information that is being shared.
- I have a right to ask for a copy of this authorization and one will be sent to me.

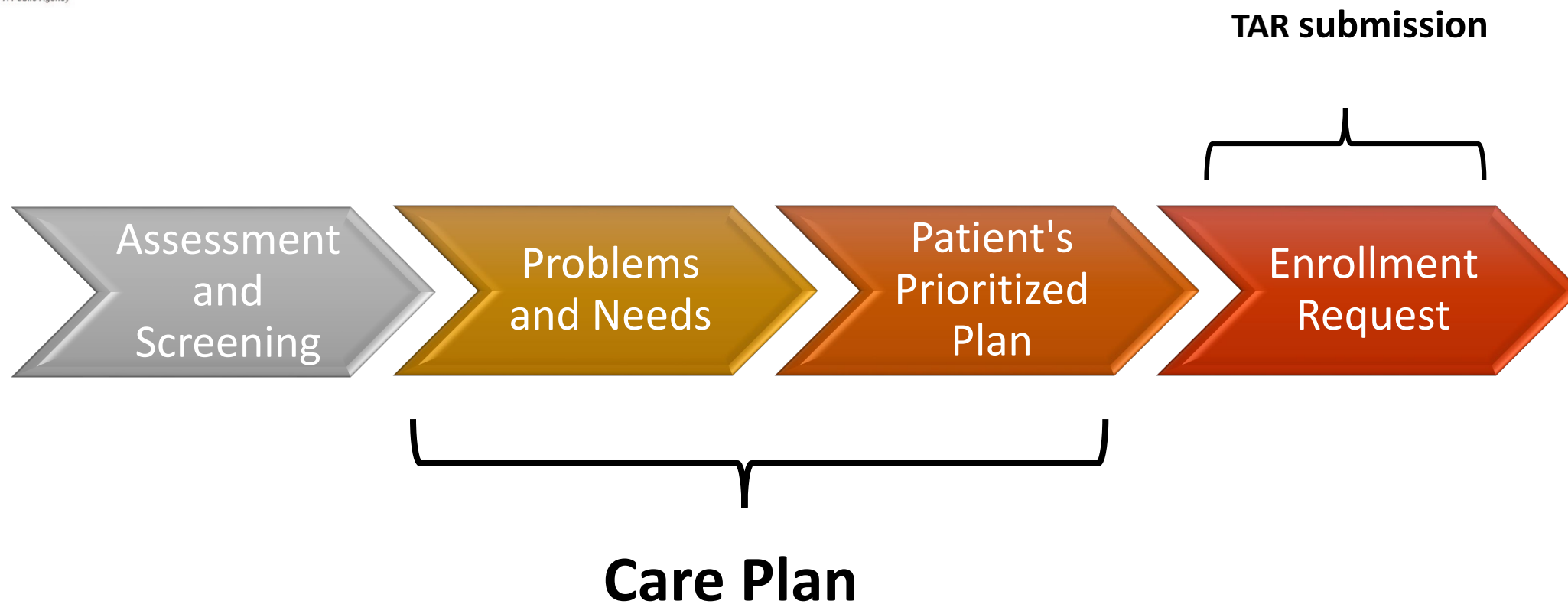
Enhanced Care Management (ECM)

**** Please ensure you list every entity you work with.**

Participating Entities:

- Adopt a Family
- Heart Health
- PHC Programs
- Built For Hearts
- Health Alliance
- Church Charities
- Center Point
- Police Authority
- City of People
- Health Alliance
- Community Team
- Health & Human Services
- District Attorney's Office
- Probation Department
- County Public Defender's Office
- Downtown Team
- Housing Advocates
- Hospice by the Bay
- Kaiser Permanente
- Medical Care
- Health and Wellness
- Community Clinics
- Free Library
- Sheriff's Office
- General Hospital
- Housing Authority
- Treatment Center
- Community Services
- Bay Regional Authority
- Medical Center
- St. Vincent
- Street Help
- The Community Services

Refresher: Engagement Process



Care Plan

- Required to be submitted along with the TAR (generally every 6 months)
- Care Plan is also required to be uploaded into Collective Medical
- Care plan must be uploaded as a PDF and saved using the following naming convention:
 - CP County/Provider Date Member CIN #
 - CP Marin 05.18.26 CIN 123456789.pdf

Attachments

Upload New Attachment

Supported file types include: .docx, .gif, .png, .jpg, .jpeg, .pdf, and .txt. Files must not exceed 2MB in size.

ECM Care Plan.pdf Browse

Shared Care Plan ↕

• CP Marin 5.18.21 CINXXXXX.pdf

31 / 50

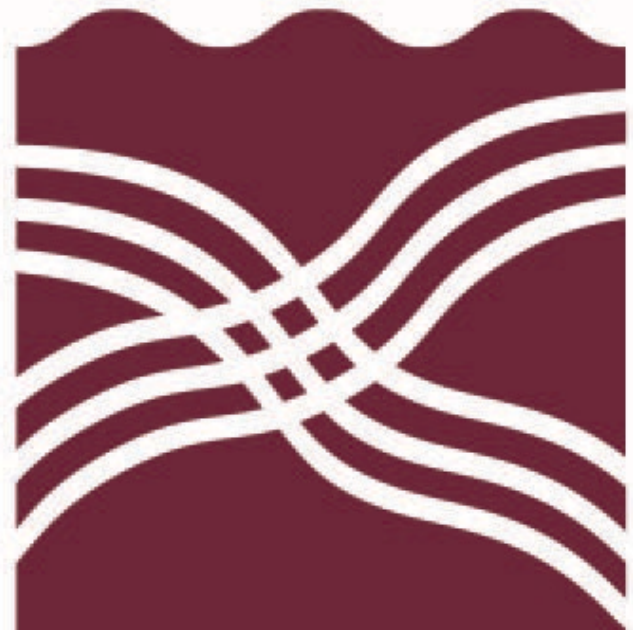


Standard elements of the Care Plan

Care plan shall contain at minimum, needs strategies, and patient prioritized goals surrounding care coordination needs for services including but not limited to:

- Physical Health
- Mental health
- Developmental health
- SUD
- LTSS
- Oral health
- Necessary community-based and/or social services
- Health promotion
- Transitional care needs
- Member and/or family supports

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DEMO

Lisa Craig - customer success manager



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- ECM Provider Reporting
- Other IT Systems
- Resources

- Dr. Robert Moore - chief medical officer



ECM Provider Reporting

- There a number of mandated DHCS required reports and we have simplified as much as possible.

These will include:

- PHC to send a monthly list of ECM Members. This will include new and current list of eligible MIF (Member Information File)
- Provider to update monthly MIF file
- Attempted Engagement List due to PHC



Interface with other IT Systems

- Eligibility Portal
 - Training
- TAR submission process online
 - Training
- Claims/Invoicing Process
 - Training

ECM Provider Case Management System

- We anticipate that you will use your own case management system to document all of your visits, contacts, and so on, as well as to generate the care plan.



Resources

- PHC CalAIM Webpage:

<http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>

- DHCS ECM and Community Supports (ILOS) Webpage:

<https://www.dhcs.ca.gov/enhancedcaremanagementandinlieuofservices>

- Additional Questions: CalAIM@partnershiphp.org

- Collective Medical: Lisa Craig



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Additional Collective Medical Functions

Dr. Robert Moore - chief medical officer

Optional: Care History as Action Plan

- The Care Plan is a comprehensive overview of all issues facing a member enrolled in ECM
- Action plan prioritizes areas that are current focus of Member/ECM provider and are more dynamic, updated regularly
- Your case management system will often have functionality for an action plan
- Alternatively, you can use CM to communicate the action plan to other care plans/entities using the “Care History” Section
- Options for entry of Action Plan: Copy and paste text or write free text
- Automatically time stamped with name of person loading Care Plan and Organization

SUMMARY

MEDICAL/SURGICAL

INFECTION/CHRONIC

SUBSTANCE USE/OVERDOSE

BEHAVIORAL

SOCIAL

RADIATION

+ Add Information

MEDICAL/SURGICAL

Partnership Health Plan: Robert Moore - May 18, 2021



- o current active problems
- o chronic health conditions
- o Medication reconciliation
- o DME needs
- o Health screening needs

SUBSTANCE USE/OVERDOSE

Partnership Health Plan: Robert Moore - May 18, 2021



Substances Used:
Substance Use Disorder:
History of Treatment:
Needs:

SOCIAL

Partnership Health Plan: Robert Moore - May 18, 2021



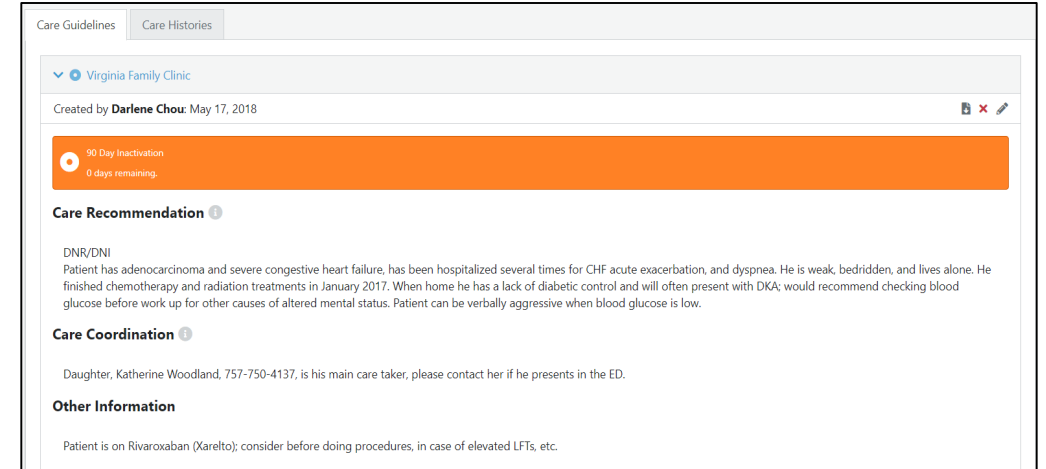
- Psychosocial/Socioeconomic
- o E.g. Including housing stability, financial concerns, family dynamics
- Justice Involved
- Long term support
- o Qualifying for other programs?
- o Disabled, qualified for SSI and Medicare?
- o Advance Care Planning Status

Optional Notifications to Emergency Department

- Care guidelines, examples:
 - Care Recommendations: Avoid certain medications
 - Care Coordination: Direct Member to contact ECM case manager
 - Other Information

Security and safety

- Patient has volatile personality etc.,



Care Guidelines | Care Histories

Virginia Family Clinic

Created by **Darlene Chou** May 17, 2018

90 Day Inactivation
0 days remaining.

Care Recommendation

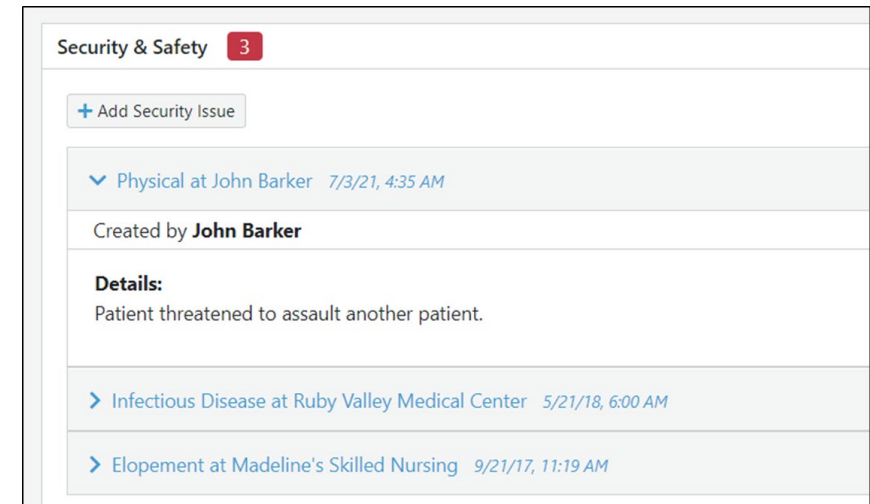
DNR/DNI
Patient has adenocarcinoma and severe congestive heart failure, has been hospitalized several times for CHF acute exacerbation, and dyspnea. He is weak, bedridden, and lives alone. He finished chemotherapy and radiation treatments in January 2017. When home he has a lack of diabetic control and will often present with DKA; would recommend checking blood glucose before work up for other causes of altered mental status. Patient can be verbally aggressive when blood glucose is low.

Care Coordination

Daughter, Katherine Woodland, 757-750-4137, is his main care taker, please contact her if he presents in the ED.

Other Information

Patient is on Rivaroxaban (Xarelto); consider before doing procedures, in case of elevated LFTs, etc.



Security & Safety 3

+ Add Security Issue

Physical at John Barker 7/3/21, 4:35 AM

Created by **John Barker**

Details:
Patient threatened to assault another patient.

Infectious Disease at Ruby Valley Medical Center 5/21/18, 6:00 AM

Elopement at Madeline's Skilled Nursing 9/21/17, 11:19 AM

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Questions