



**L.A. Care Health Plan**  
**Enhanced Care Management (ECM): Dual**  
**Members**  
**Line of Business: Dual Special Needs Plan (D-SNP)**

## Table of Contents

<a href="#">L.A. Care Health Plan Enhanced Care Management (ECM): Dual Members Line of Business: Dual Special Needs Plan (D-SNP)</a>	1
Table of Contents	2
<a href="#">Purpose</a>	3
<a href="#">Exclusively Aligned Enrollment (EAE D-SNP)</a>	3
Definition	3
Example	3
Responsible Party for Care Management Services	3
ECM Exclusions	3
Special Considerations – Continuity of Care Guidance	3
<a href="#">Non Exclusively Aligned Enrollment (Non-EAE D-SNP)</a>	4
Definition	4
Example	4
Responsible Party for Care Management Services	4
ECM Exclusions	4
Special Considerations – Continuity of Care Guidance	5
<a href="#">Note</a>	5
<a href="#">Other Dual Members Eligible for ECM Services</a>	6
Medi-Cal MCP + Medicare Fee for Services (FFS)	6
Medi-Cal MCP + other Medicare Advantage	6
Medi-Cal MCP + Partial Medicare	6
<a href="#">Appendix A: ECM Provider Warm Handoff Workflow</a>	7-8
<a href="#">Appendix B: For ECM Providers using the Provider Portal to verify the Member’s D-SNP enrollment</a>	9

**Purpose:** A guide for contracted ECM Providers when they encounter Members who are enrolled in an Exclusively Aligned Enrollment (EAE) or Non Exclusively Aligned Enrollment (EAE) D-SNP.

<b>Exclusively Aligned Enrollment (EAE D-SNP):</b>	
<b>Definition:</b>	Exclusively Aligned Enrollment (EAE) D-SNP are Dual Members (those who have Medi-Cal + Medicare) enrolled in a Medi-Cal Managed Care Plan (MCP) <b>AND</b> in a D-SNP for Medicare benefits <b>AND</b> both plans are operated by the same parent organization.
<b>Example:</b>	The Member’s Medi-Cal and Medicare D-SNP plan are both through L.A. Care Health Plan (i.e., L.A. Care Medicare Plus).
<b>Responsible Party for Care Management Services:</b>	D-SNP Care Management benefits are delivered at the health plan level or at the IPA/PPG (Medical Group) level.
<b>ECM Exclusions:</b>	<p>Members who are enrolled in an EAE D-SNP such as L.A. Care Medical Plus are <b>not</b> eligible for Enhanced Care Management (ECM) services as care management services are provided by the health plan as a part of the Member’s EAE D-SNP benefits*.</p> <p><b>However, some members who are enrolled in an EAE D-SNP and meet criteria may be eligible to continue with their existing ECM Provider**.</b></p> <p><i>*If Member is an exclusion, see <b>Appendix A: “ECM Provider Warm Handoff Workflow”</b> for instructions to initiate a warm handoff to the L.A. Care’s Care Management (CM) Department.</i></p> <p><i>**See “Special Considerations – Continuity of Care Guidance.”</i></p>
<b>Special Considerations - Continuity of Care Guidance:</b>	<p>The Department of Health Care services (DHCS) has a Continuity of Care (COC) policy for Members continuously enrolled in an EAE D-SNP <b>and</b> received ECM services <b>prior</b> to 1/1/2024:</p> <p>Beginning on 1/1/2024, for new EAE D-SNP Members (continuously enrolled in the EAE D-SNP as of 1/1/2024) who are already receiving Medi-Cal ECM from their Managed Care Plan (MCP), <b>EAE D-SNPs shall provide ongoing continuity of care with the existing ECM providers, when possible, until the Member graduates from ECM and/or once their authorization expires.</b></p> <ul style="list-style-type: none"> <li>• EAE D-SNP Members must meet the following requirements to be eligible for Continuity of Care with their current ECM Provider: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Member has an active ECM authorization before 1/1/2024.</li> <li><input type="checkbox"/> 2) Member is <b>continuously</b> enrolled in an EAE D-SNP (i.e., L.A. Care Medicare Plus) before 1/1/2024.</li> </ul> </li> </ul>

<b>Non Exclusively Aligned Enrollment (Non-EAE D-SNP):</b>	
<b>Definition:</b>	<p>Non Exclusively Aligned Enrollment (non-EAE) D-SNP refer to Dual Members enrolled in a Medi-Cal Managed Care Plan and in a D-SNP for Medicare benefits <b>BUT</b> the plans are operated by a <b>different</b> parent organization.</p> <p><i>* Please note that this category differs from dual members who receive Medicare through a Medicare Advantage Plan or Fee-for-Service, for more information see "Other Duals" section below.</i></p>
<b>Example:</b>	The Member has Medi-Cal with L.A. Care, however the Member has their Medicare D-SNP with Blue Shield.
<b>Responsible Party for Care Management Services:</b>	See below and refer to Appendix B.
<b>Exclusions:</b>	As of 1/1/2024, Members with a non-EAE D-SNP are not eligible for ECM services because their Medicare D-SNP can provide sufficient care management and care coordination services that would be duplicative of what ECM offers. <b>However, under certain circumstances, some non-EAE D-SNP Members may be eligible for Continuity of Care with ECM services (see below).</b>
<b>Special Considerations - Continuity of Care Guidance:</b>	<p>The Department of Health Care services (DHCS) has a Continuity of Care policy for Members enrolled in a non-EAE D-SNP and receiving ECM services at the <b>end of 2023</b>:</p> <p>Beginning on 1/1/2024, non-EAE D-SNP Members who <b>do not</b> have an active authorization for ECM services at the end of 2023 will no longer be eligible to receive ECM services and may instead be eligible for ECM-like care management through their non-EAE D-SNP. Therefore, the ECM Provider should work with the Member to contact the Member's non-EAE D-SNP health plan to refer the Member to care management services. In other words, <b>the Continuity of Care policy does not apply under these circumstances.</b></p> <p>Beginning on 1/1/2024, non-EAE D-SNP Members who <b>are enrolled</b> in a Medi-Cal MCP <b>AND</b> have an active authorization to receive Medi-Cal ECM services at the end of 2023 <b>will continue</b> to receive ECM services through their Medi-Cal MCP for a period of up to 12 months (but not to exceed beyond 12/31/2024), or until the Member meets any of the circumstances for discontinuing ECM.</p> <ul style="list-style-type: none"> <li>• Non-EAE D-SNP Members must meet the following requirements to be eligible for Continuity of Care with their current ECM Provider: <ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Member is enrolled in a Medi-Cal Managed Care Plan.</li> <li><input type="checkbox"/> 2) Member has an active ECM authorization at the end of 2023.</li> </ul> </li> </ul>

Last edit: 9/9/2024

**Note:** For all Dual Members, regardless of EAE or non-EAE D-SNP, the current DHCS Policy Guide indicates that at the start of 1/1/2025, **all** D-SNP Members will need to transfer to Care Management services through their respective D-SNP health plan.

**Other Dual Members Eligible for ECM Services:**

**Medi-Cal MCP + Medicare Fee for Services (FFS)** – These are Dual Members enrolled in a Medicare FFS Plan and are **NOT** enrolled in a D-SNP for their Medicare benefits.

- For example – A Member’s Medi-Cal is with L.A. Care Health Plan and their Medicare is through the government.

***These Members are eligible for ECM services as long as they meet the Population of Focus requirements.***

**Medi-Cal MCP + other Medicare Advantage** – These are Dual Members enrolled in a Medicare Advantage Plan and are **NOT** enrolled in a D-SNP for their Medicare benefits.

- For example – A Member’s Medi-Cal is with L.A. Care Health Plan (i.e., MCLA) and their Medicare is with Blue Shield Medicare Advantage Plan.

***These members are eligible for ECM services as they would benefit from care coordination and case management services that ECM can provide.***

**Medi-Cal MCP + Partial Medicare** – These are Dual members who are enrolled in one or multiple parts of Medicare through Medicare or other health plan.

- For example – A Member’s Medi-Cal is with L.A. Care Health Plan and they have Medicare Part A, B, C and/or D through government or another health plan.

***These Members are eligible for ECM services as long as they meet the Population of Focus requirements.***

## Appendix A:

### ECM Provider Warm Handoff Workflow:

**Scenario #1:** If you have a Member enrolled in L.A. Care Medicare Plus (EAE D-SNP) interested in ECM and the Member is **not** currently enrolled with ECM, follow these steps:

- Step 1: Confirm Member’s eligibility utilizing the Provider Portal.
- Step 2: If the Member is enrolled in an EAE D-SNP through L.A. Care (L.A. Care Medicare Plus), refer member to L.A. Care’s Care Management team for D-SNP Care Management using the referral form on L.A. Care’s website or found here:  
[https://www.lacare.org/sites/default/files/files/la4310\\_cm\\_referral\\_form\\_202212.pdf](https://www.lacare.org/sites/default/files/files/la4310_cm_referral_form_202212.pdf).

**Scenario #2:** If you have a Member who currently has an open ECM authorization; **AND** Member’s EAE D-SNP enrollment occurred after 1/1/2024; **AND** Member’s EAE D-SNP is with L.A. Care Medicare Plus:

- Step 1: ECM Provider should inform the Member they are no longer eligible for ECM services.
- Step 2: ECM Provider should refer the Member to the L.A. Care’s Care Management (CM) team using the warm handoff instructions below.
- Step 3: ECM Provider should disenroll the Member from ECM.

**Note:** This is not an automatic disenrollment from ECM. Although the Member is no longer eligible for ECM services due to their EAE D-SNP enrollment (must be enrolled as of 1/1/2024), the ECM Provider (i.e., Lead Care Manager) should initiate the transfer immediately and support with the warm hand-off and then submit the request to disenroll the Member from ECM.

### How to Initiate the Warm Hand-off to L.A. Care:

- **Step 1:** ECM Provider will educate the Member that D-SNP Care Management is offered to the Member internally by their Health Plan (L.A. Care Health Plan) as part of their D-SNP benefits. Note: ECM Members who are transferred to L.A. Care for D-NSP care management services will remain “high risk.”
- **Step 2:** ECM Provider will complete the L.A. Care Care Management Referral Form and submit the Referral Form via email to [CM\\_Referrals\\_Mailbox@lacare.org](mailto:CM_Referrals_Mailbox@lacare.org). See example email template:
  - ECM Provider to include the following in the Subject Line and Body of the email:

<b>Subject Line:</b>	“Request - ECM Transfer for DSNP Case.”
<b>Body:</b>	<ul style="list-style-type: none"><li>• Include Lead Care Manager’s Name and Contact information (this will allow the LA Care assigned Care Manager to contact LCM for a warm handoff).</li><li>• Include Population of Focus (PoF) information:<ul style="list-style-type: none"><li>○ Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>○ Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness</li> <li>○ Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)</li> <li>○ Individuals with Serious Mental Health and/or SUD Needs</li> <li>○ Individuals Transitioning from Incarceration</li> <li>○ Adults Living in the Community and At Risk for LTC Institutionalization</li> <li>○ Adult Nursing Facility Residents Transitioning to the Community</li> <li>○ Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition</li> <li>○ Children and Youth Involved in Child Welfare</li> <li>○ Birth Equity Population of Focus</li> </ul>
<p><b>Attachments:</b></p>	<ul style="list-style-type: none"> <li>● Attach the CM Referral Form.</li> <li>● A copy of the Member’s existing care plan.</li> </ul>

- **Step 3:** The L.A. Care CM Department will notify the ECM Provider when the transfer request email is received and is in process.
- **Step 4:** The ECM Provider can expect the Member to be assigned to an L.A. Care D-SNP Care Manager within 5 business days.
- **Step 5:** To ensure that the loop is closed, the warm hand-off should involve communication and contact between the ECM Provider (Lead Care Manager) and L.A. Care’s Care Manager to discuss the Member’s case.
- **Step 6:** The ECM Provider should close out any pending care coordination activities as much as possible, update the care plan, and share all clinical documents as part of the warm handoff to the L.A Care Care Management team for a seamless transfer to ensure minimal interruption to the Member’s care.
- **Step 7:** The ECM Provider should report the Member’s exclusion from ECM services on the RTF. For questions about the RTF, please contact the assigned Account Manager.

**Note:** *If the Member becomes unengaged (i.e., L.A. Care’s CM team is unable to contact the member after multiple attempts or the Member declines CM services), the Member will eventually be transferred to their PPG for low risk care management after a 90 day monitoring period with L.A. Care’s Care Management team (assuming no inpatient admissions, discharges, or transfers from facility, etc.).*



**Appendix B:**

For ECM Providers using the Provider Portal to verify the Member's D-SNP enrollment:

As of 06/20/2024 [REDACTED] is eligible for DSNP , L.A. Care Medi-Cal

Member Information:	
Last Name:	[REDACTED]
First Name:	[REDACTED]
Date of Birth:	[REDACTED]
Gender:	M
Address:	[REDACTED]
Head of Household Name:	[REDACTED]
Phone:	[REDACTED]
Spoken Language:	English
Written Language:	English

  

DSNP	Eligible
Member ID:	[REDACTED]
PPG:	HEALTH CARE LA, IPA
Affiliated Hospital:	
Primary Care Physician/Clinic:	VENICE FAMILY CLINIC
Primary Care Physician/Clinic Address:	604 ROSE AVE, VENICE, 90291 CA
Primary Care Physician/Clinic Phone:	(310) 392-8636
Current Enrollment Effective Date:	05/01/2024
Disenrollment Date:	
Renewal Date:	
California Children Services(CCS):	

  

L.A. Care Medi-Cal	Eligible
Member ID:	[REDACTED]
Health Plan:	LA CARE HEALTH PLAN
PPG:	LA CARE
Affiliated Hospital:	
Primary Care Physician/Clinic:	HEALTH PLAN, L.A. CARE
Primary Care Physician/Clinic Address:	, ,
Primary Care Physician/Clinic Phone:	
Current Enrollment Effective Date:	05/01/2024
Disenrollment Date:	
Renewal Date:	
California Children Services(CCS):	

**Note: If an ECM Provider becomes aware of a non EAE-DSNP member, they should refer the member to ECM Membership at [ECMMembership@lacare.org](mailto:ECMMembership@lacare.org) for further assistance.**