
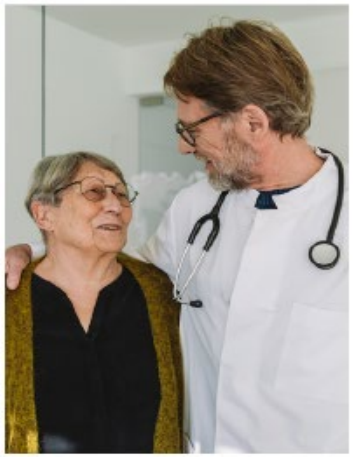


Enhanced Care Management Provider Manual

Part 5

Molina Healthcare of California

(Molina Healthcare or Molina)

2025

Capitalized words or phrases used in this Provider Manual shall have the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" has the same meaning as "Health Plan" in your Agreement. The Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current Provider Manual at MolinaHealthcare.com.

Last Updated: 06/2025

MOLINA® HEALTHCARE

Enhanced Care Management Provider Manual

The Molina **Enhanced Care Management (ECM) Provider Manual** serves as the reference guide for ECM Providers and is considered an extension of the Provider contract. The manual details processes and requirements for the administration and delivery of Molina's Enhanced Care Management Program (ECM). ECM Providers are required to review this manual, participate in associated trainings, share materials with existing and new staff, and educate on program requirements. The information contained in the manual is current as of the date of its publication and is subject to change based on new DHCS requirements and/or when changes are made to Molina's ECM processes.

Please contact Molina's ECM Team at: MHC_ECM@MolinaHealthCare.com for questions about the manual or the ECM Program.

Thank you for your partnership and service to our members!

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ECM Checklists

Molina has put together checklists to assist ECM Providers with the various ECM processes. Below are checklists that we put together to give our ECM Providers an idea of the MIF Process, Referral Process, Enrollment Process, Grievance Process, and Disenrollment Process. Please note these checklists do not encompass every single scenario possible and/or additional steps needed. Refer to our ECM Provider Manual for more information on ECM Program requirements:

MIF & Referral Process Checklist
MIF & Referral Notification Process ☐ ECM Provider provides member assignment parameters to Molina ECM Team, as well as any member assignment parameter changes. ☐ MIF: Molina's ECM Team sends a secure email to the ECM Provider with their monthly MIF. ☐ Referral: Molina processes referral form and assigns appropriate ECM Provider. ECM Provider receives secure email notification of assigned member referral.
ECM Provider reviews MIF or Member Referral and informs Molina's ECM Team: ☐ If there are any discrepancies with the MIF or member referral assignment. ☐ If they are unable to take on any members and need Molina's ECM Team to reassign the members to another ECM Provider.
Outreach & Engagement Process ☐ ECM Provider conducts initial outreach to the members in their MIF or referred member within five business days from the date of receipt of the MIF or referral notification and complete the minimum required outreaches within sixty (60) calendar days. ☐ ECM Provider checks Availity before member encounter to ensure their members are still eligible with our Plan, continues to be a Medi-Cal Beneficiary, does not have any hold restrictions, and their current ECM status. ☐ ECM Provider's EHR evidence above documentation. ☐ If 1st outreach was successful and the member was enrolled into ECM, refer to the next steps in the *"Enrollment Process Checklist."*
Member is UTC or Insufficient Contact Information ☐ ECM Provider conducts initial outreach, and member is UTC or ECM Provider does not have sufficient contact information to outreach member. ☐ ECM Provider completes at least four non-mail attempts and mail the *ECM Generic UTC Letter* (for a total of five attempts). The outreaches reflect different modes of contact at different times of the day. ☐ ECM Provider completes the Tasking Template and emails it to: CMescalationCA@MolinaHealthCare.Com Molina's Member Location Unit research alternate

contact information. Also, ECM Provider reviews the Daily IP Census Report to outreaches members in the hospital or SNF.

- ☐ ECM Provider documents all outreaches in their EHR, includes dates/times they were made, and method of outreaches.
- ☐ If, after exhausting the minimum required attempts, the member continues to be UTC, ECM Provider discontinues further outreach and documents final outcome in their EHR.
- ☐ OTF Template: ECM Provider reports outreaches.
- ☐ RTF template: ECM Provider enters "4" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the final outreach date.
- ☐ ECM Provider bills ECM outreaches via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member Incarcerated

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider is informed that the member is incarcerated.
- ☐ ECM Provider discontinues further outreach and documents in their EHR that the member is Incarcerated, who they spoke to or how they were made aware, and date/time outreach was made.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "5" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the date the ECM Provider identified the member to be incarcerated.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member Declines Participation in ECM

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member.
- ☐ Member declines participation in ECM.
- ☐ ECM Provider discontinues further outreach and documents in their EHR that the member *Declined to enroll ECM*, reason for declining to enroll in ECM, and date/time they spoke to the member.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "6" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the date the member declined to enroll in ECM.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member is in a duplicative program

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member.
- ☐ ECM Provider identifies the member to be in a duplicative program, such as CCM, and the member does not want to opt-out of duplicative program, the ECM Provider informs the member they are unable to enroll in the ECM Program.
- ☐ ECM Provider discontinues further outreach and document in their EHR date/time they spoke to the member and identified the member to be in duplicative program, name of duplicative program, and outcome of discussion.

- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "7" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the date the ECM Provider identified the member to be in a duplicative program (if identified prior to outreaching the member) or date ECM Provider had discussion with the member (if member informed ECM Provider). NOTE: ECM Provider may use this option for members enrolled in DSNP Plans (Non-EAE & EAE), the Recommendation for Discontinuation Date should equal the last day of the month the member had Medi-Cal coverage with Molina Healthcare, this can be verified in Availity prior to outreaching the member.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member lost Medi-Cal Coverage

- ☐ ECM Provider checks Availity prior to outreaching the member and identifies member is no longer a Molina Medi-Cal Beneficiary.
- ☐ ECM Provider discontinues further outreach and documents in their EHR the member *Lost Medi-Cal Coverage*, and date/time Availity was checked.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "8" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the last day of the month the member had Medi-Cal coverage with Molina Healthcare. NOTE: Use this option for members who are enrolled in a Marketplace plan or enrolled in DSNP plans (Non-EAE & EAE), the Recommendation for Discontinuation Date should equal the last day of the month the member had Medi-Cal coverage with Molina Healthcare, this can be verified in Availity prior to outreaching the member.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member switched health plans

- ☐ ECM Provider checks Availity and identifies the member is no longer enrolled with Molina. ECM Provider then identifies that the member switched to a different health plan.
- ☐ ECM Provider discontinues further outreach and documents in their EHR that the member is no longer enrolled with Molina and has switched to a different plan (indicate new health plan), and date/time the ECM Provider identified this information.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "9" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the last day of the month the member was enrolled with Molina Healthcare. If Availity still shows the member enrolled with Molina Healthcare, then the Recommendation for Discontinuation Date should equal the date the ECM Provider identified the member is with another health plan.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member moved out of the county

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member.
- ☐ ECM Provider identifies that the member moved out of the county to a county that Molina does not contract in. ECM Provider will inform member they are unable to enroll in ECM and should

refer to their new health plan's ECM program. NOTE: Even if the member moved to a county that your organization contracts in, the ECM Provider should assist the member with switching their Medi-Cal case to the new county.

- ☐ The ECM Provider discontinues further outreach and documents in their EHR that the member moved out of the county, indicate county member moved from and to, when the member made the move, if they have informed Molina of the change, and date/time they spoke to the member.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "10" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals the last day the member was enrolled with Molina Healthcare. If Availity still shows the member enrolled with Molina Healthcare, then the Recommendation for Discontinuation Date should equal the date the ECM Provider had the discussion with the member.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member moved out of the country

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member.
- ☐ Member informs the ECM Provider that they moved out of the country. ECM Provider informs member they are unable to enroll in ECM.
- ☐ The ECM Provider discontinues further outreach and documents in their EHR that the member moved out of the country, when the member moved out of the country, if the member has informed Molina, and date/time they spoke to the member.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "11" under Discontinuation Reason Code. Recommendation for Discontinuation Date should equal the last day of the month the member was enrolled with Molina Healthcare. If Availity still shows the member enrolled with Molina Healthcare, then the Recommendation for Discontinuation Date should equal the date the ECM Provider had the discussion with the member.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Member is Deceased

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider is informed that the member passed away.
- ☐ ECM Provider s discontinues further outreach and documents in their EHR that the member is *Deceased*, who they spoke to, date member passed away (if available), and date/time they spoke with respondent.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ RTF template: ECM Provider enters "14" under Discontinuation Reason Code. Recommendation for Discontinuation Date equals date ECM Provider was informed that member passed away.
- ☐ ECM Provider bills ECM outreach via claims and is reimbursed.
- ☐ ECM Provider submits Encounters.

Unsafe Behavior or Environment

- ☐ Member exhibits unsafe behavior or environment is unsafe.

- [ ] ECM Provider has discussion with their supervisor regarding member. ECM Provider staff and supervisor agree that member should not be enrolled in the program.
- [ ] ECM Provider discontinues further outreach and documents in their EHR they were unable to proceed with program discussion because member exhibited unsafe behavior or environment is unsafe, includes clear details, date/time they spoke with member (if it occurred) or date they identified unsafe behavior or environment.
- [ ] OTF Template: ECM Provider reports outreach.
- [ ] RTF template: ECM Provider enters “12” under Discontinuation Reason Code. Recommendation for Discontinuation Date equals date ECM Provider identified unsafe behavior or environment.
- [ ] ECM Provider bills ECM outreach via claims and is reimbursed.
- [ ] ECM Provider submits Encounters.

Member does not meet at least one Population of Focus

- [ ] ECM Provider conducts HIPAA Identity/Authorization Verification.
- [ ] ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member.
- [ ] ECM Provider identifies that the member does not meet at least one Population of Focus. ECM Provider informs member they are unable to enroll in ECM.
- [ ] If the member has care coordination needs, the ECM Provider may discuss with the member and submit a Direct Referral to Molina’s CM Department if member is interested in receiving care coordination support. A Molina CM representative will connect with the member.
- [ ] ECM Provider discontinues further outreach and documents in their EHR that the member does not qualify for any Population of Focus, notes anything else that was discussed, date/time they spoke to the member, and date they submitted the direct referral to Molina’s CM Department (if applicable).
- [ ] OTF Template: ECM Provider reports outreach.
- [ ] RTF template: ECM Provider enters “15” under Discontinuation Reason Code. Recommendation for Discontinuation Date equals date ECM Provider had the discussion with the member.
- [ ] ECM Provider bills ECM outreach via claims and is reimbursed.
- [ ] ECM Provider submits Encounters

Bottom-up Referral Process Checklist (Non-presumptive authorization)

- ☐ ECM Provider meets member in the community and conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider checks Availity to confirm member is eligible with our Plan, is a Medi-Cal Beneficiary, does not have any hold restrictions, and their current ECM status. ECM status indicates member is not enrolled in ECM.
- ☐ ECM Provider completes a referral form and submits it to Molina's ECM Team.
- ☐ Molina's ECM Team reviews, processes referral, and notifies the referring provider that the member has been assigned to them. NOTE: If Molina's ECM Team determines the member is not enrolled with Molina, or does not have Medi-Cal, or is enrolled in ECM and receiving services with another provider, the referral will be denied.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member & completes steps in *"Enrollment Process Checklist: Pre-enrollment (Successful Outreach)."*

Presumptive Authorization Process Checklist

- ☐ ECM Provider meets member in the community and conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider checks Availity to confirm member is eligible with our Plan, is a Medi-Cal Beneficiary, does not have any hold restrictions, and their current ECM status. ECM status indicates member is not enrolled in ECM.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member & completes steps in *"Enrollment Process Checklist: Pre-enrollment (successful Outreach)."*
- ☐ ECM Provider completes a referral form, indicates it's a presumptive authorization, provides the ECM Benefit Start Date, and submits it to Molina's ECM Team.
- ☐ Molina's ECM Team reviews, processes referral, and notifies the referring provider that the member has been assigned to them.
- ☐ NOTE: If Molina's ECM Team determines the member is not enrolled with Molina, or does not have Medi-Cal, or is enrolled in ECM and receiving services with another provider, the referral will be denied, and the provider will not be reimbursed.

Enrollment Process Checklist

Pre-enrollment (Successful Outreach)

- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM Provider reviews the ECM Program Eligibility and Populations of Focus with the member.
- ☐ Member meets the ECM Program Eligibility and at least one Population of Focus.
- ☐ Member verbally consents to enroll in the ECM Program and confirms they want to be assigned to ECM Provider.
- ☐ Member verbally agrees to data sharing related to care coordination through ECM.
- ☐ Member confirms their contact information, mailing address, and physical address.
- ☐ If the ECM staff enrolling the member is the member's assigned ECM LCM, they inform the member of this, provide their contact information, asks member what their preferred contact method is, agree on dates/times for continued engagement, and set a follow-up date.
- ☐ If the ECM staff enrolling the member is not the assigned ECM LCM, but they are aware of the member's assigned ECM LCM, the ECM staff will inform the member who will be the assigned ECM LCM (full name), provide the ECM LCM's contact information, inquire about member's preferred date/time and preferred contact method, and notify the member that the assigned ECM LCM will contact them within 5 business days from today's date. Recommend providing member with ECM staff contact information.
- ☐ If the ECM staff does not know yet who will be the member's assigned ECM LCM, the ECM staff will inform the member that someone from their organization will connect with them within 5 business days from today's date. ECM staff must provide member with a call back number.
- ☐ The ECM Provider must assign an ECM LCM to the member within 5 business days of member enrolling in the ECM Program and the assigned ECM LCM must contact the member within 5 business days of the member enrolling in the ECM Program.
- ☐ ECM Provider mails the Welcome Letter to the member within three business days of enrolling the member.
- ☐ ECM Provider's EHR evidence above documentation.
- ☐ OTF Template: ECM Provider reports outreach.
- ☐ ECM Provider submits Encounters.

Post-enrollment

- ☐ Molina automatically mails the ECM Notification Letter to the member's PCP after a member has been enrolled in the ECM Program.
- ☐ ECM LCM checks Availity before contacting member to ensure the member is still eligible with our Plan, continues to be a Medi-Cal Beneficiary, does not have any hold restrictions, and their current ECM status.
- ☐ ECM LCM also conducts a pre-call review and reviews all available member information (e.g., clinical notes, HEDIS/Gaps in Care Report, Member Activity Report, etc.).
- ☐ ECM LCM contacts member within 5 business days of the member enrolling in the ECM Program.
- ☐ ECM Provider conducts HIPAA Identity/Authorization Verification.
- ☐ ECM LCM provides the member with their contact information, asks member for preferred contact method and agree on dates/times for continued engagement.

- [ ] ECM LCM also confirms member's authorized support person(s).
- [ ] If member agrees, ECM LCM will start on the Comprehensive Assessment or agree on a follow-up date/time to start the Comprehensive Assessment.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM LCM also documents their credentials and confirmation of their expertise and skills to serve the individual member in a culturally relevant, linguistically appropriate, and person-centered manner within 5 business days of the member enrolling in the ECM Program.
- [ ] The RTF indicates the member's ECM status= "3-Enrolled," a "1" for each PoF the member qualifies, a "0" for each PoF the member does not qualify," the assigned ECM LCM's full name & contact information, and contacts/attempts made for the month. Refer to the OTF/RTF training in the Attachments section for complete requirements.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Post-enrollment (Comprehensive Assessment & Care Plan)

- [ ] ECM LCM checks Availity before contacting member to ensure the member is still eligible with our Plan, continues to be a Medi-Cal Beneficiary, does not have any hold restrictions, and their current ECM status.
- [ ] ECM LCM also conducts a pre-call review and reviews all available member information (e.g., clinical notes, HEDIS/Gaps in Care Report, Member Activity Report, etc.).
- [ ] ECM LCM primarily engages with the member in-person & conducts HIPAA Identity/Authorization Verification.
- [ ] ECM LCM starts the Comprehensive Assessment with the member within 30 days of the member enrolling into the ECM Program and completes it within 60 days of the member enrolling into the ECM Program.
- [ ] ECM LCM and member narrow down the main health concerns to at least 1 to 2 problems based on the completed Comprehensive Assessment.
- [ ] ECM LCM identifies member's acuity level based on the criteria in Molina's Case Management Acuity.
- [ ] ECM LCM creates an individualized & person-centered care plan with the member no later than 90 days from the member enrolling into the ECM Program.
- [ ] The care plan clearly identifies:
    - The member's health concerns/problems
    - SMART goals (mixture of short-term and long term)
    - Self-management goals
    - Interventions
    - Outcomes
    - Barriers
    - Goals are prioritized & milestones are up to date (not overdue)
    - Health promotion activities

- Strategies to reduce avoidable emergency department visits, admissions, or readmission for the member (as applicable)

- [ ] ECM LCM reviews developed care plan with member and obtain member consent on agreed upon care plan.
- [ ] ECM LCM confirms with member their assigned PCP.
- [ ] ECM LCM mails a copy of the completed care plan and ECM Care Plan Letter to the member and a copy of the completed care plan and ECM PCP Care Plan Letter to the member's PCP no later than 90 days of member enrolling into the ECM Program.
- [ ] If ECM LCM is non-clinical, ECM LCM coordinates an ICT meeting with the Clinical Consult and reviews the Comprehensive Assessment and care plan to address the member's clinical needs. If changes are needed, the ECM LCM reviews the updated care plan with the member and obtain member consent on agreed upon care plan.
- [ ] ECM LCM mails a copy of the updated care plan and the ECM Care Plan Letter to the member and a copy of the updated care plan and the ECM PCP Care Plan Letter to the member's PCP no later than 14 business days of updating the care plan.
- [ ] ECM LCM sets reminder to follow-up.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] The RTF indicates the member's ECM status= "3-Enrolled," a "1" for each PoF the member qualifies, a "0" for each PoF the member does not qualify," the assigned ECM LCM's full name & contact information, the date the Comprehensive Assessment was started and completed, the date the care plan was created, and contacts/attempts made for the month. Refer to the OTF/RTF training in the Attachments section for complete requirements.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters

Post Completion of the Comprehensive Assessment and Care Plan

- [ ] ECM LCM engages member every month and provides ECM services; this includes educating/coaching the member and their family/support group, addressing the care plan goals, and assists with care coordination needs.
- [ ] ECM LCM will refer member to community support services, LTSS, CBAS, IHSS, etc., as applicable, and close loop on these referrals.
- [ ] ECM LCM checks Availity before member encounter to ensure the member is still eligible with our Plan, continues to be a Medi-Cal Beneficiary, does not have any hold restrictions, and their current ECM status.
- [ ] ECM LCM also conducts at a minimum one pre-call review and reviews all available member information (e.g., clinical notes, HEDIS/Gaps in Care Report, Member Activity Report, etc.) prior to member encounter.
- [ ] ECM LCM conducts HIPAA Identity/Authorization Verification.
- [ ] ECM LCM updates the care plan with the member at a frequency that is appropriate to the member's individual progress of changes in needs.
- [ ] ECM LCM continuously engages with the Clinical Consultant for clinical input.

- [ ] To ensure compliance with Molina's ECM Program Requirements, ECM Provider conducts oversight and monitoring (e.g., internal audits, reviews scorecards, ECM LCM case load, reports, etc.) and administers required annual and refresher trainings to ECM staff.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider shares updates via the RTF every month for all their assigned members.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

ICT Meetings

- [ ] ECM LCM coordinates with the member's ICT and actively participates in discussions to help ensure that the member's care is continuous and integrated among all service providers.
- [ ] ECM LCM updates the care plan based on the ICT meeting recommendations.
- [ ] The updated care plan is shared with the member, their assigned PCP, and other members of the care team as appropriate, as outlined in the Comprehensive Assessment and Care Plan section of this manual.
- [ ] ECM Provider's EHR must evidence above documentation.

BH Crisis Line, NAL, HEDIS Behavioral Health Encounters, & High-Risk Members

- [ ] Molina's ECM Team notifies the ECM Provider if any of their assigned enrolled members have called the BH Crisis Line or had an Emergency Department Visit for Mental Illness and/or Alcohol and other drug abuse or dependence recently, or called the Nurse Advise Line (NAL) and needs follow-up, as well as members who are identified to be high risk and need a post-suicide contact.
- [ ] ECM LCM follows up with the member and assists the member with any care coordination needs.
- [ ] ECM Provider's EHR evidence above documentation.

Transitions of Care

- [ ] ECM LCM reviews the outbounded Daily IP Census Report, Molina ECM Team notifications, and any other tools that help identify members who have been hospitalized or in an SNF. ECM LCM must use all tools at their disposal to identify and interact with recently admitted/discharged members.
- [ ] ECM LCM follows up with the member via telephone within two business days of discharge (or agreed upon date if contact is made with the member before discharge) to ensure any follow-up care needs are met, including assisting with scheduling needed follow-up appointments with PCP/Specialist.
- [ ] ECM LCM conducts a face-to-face visit within seven business days from discharge to determine the member's post-inpatient status and any further care needs and discusses the Transition of Care Questions.
- [ ] ECM LCM collaborates, communicates, and coordinates with all involved parties.
- [ ] ECM LCM updates the care plan post-discharge to address hospitalization and measures to prevent readmission.
- [ ] ECM LCM discusses the updated care plan with their clinical consultant for clinical input.

- [ ] ECM LCM discusses the updated care plan with the member and obtain the member's consent.
- [ ] ECM LCM mails a copy of the updated care plan and ECM Care Plan letter to the member, as well as provides a copy of the updated care plan to the member's PCP along with the PCP ECM Care Plan letter, & any parties involved in the member's care within 14 business days of updating the care plan .
- [ ] ECM LCM coordinates of all services for members during and post-care transitions from lower acuity facilities/departments (emergency departments, skilled nursing facilities, residential/treatment centers, incarceration facilities, etc. For Homeless members, the ECM LCM plans an appropriate place for the member to stay post-discharge from the hospital or SNF, including temporary or permanent housing, and explores Community Support referrals.
- [ ] ECM Provider's EHR evidence above documentation.

PCQ

- [ ] ECM LCM completes the PCQ at a frequency that is appropriate for the member's individual progress or changes in needs.
- [ ] Based on PCQ responses, ECM LCM will determine if a member is ready to graduate from the ECM Program or needs to be downgraded to a lower level of care or needs to continue with the ECM Program.
- [ ] ECM Provider's EHR must evidence above documentation.

Medi-Cal SPD Members

- [ ] Molina's ECM Team notifies the ECM Provider if any of their enrolled members change to Medi-Cal SPD.
- [ ] ECM LCM ensures the member has a completed Comprehensive Assessment on file no later than 30 days of the member's enrollment into Medi-Cal SPD.

Grievance Process Checklist

- [ ] ECM member discusses complaint/grievance with their ECM LCM.
- [ ] ECM LCM encourages members to file a grievance and assists the member with filing the grievance.
- [ ] Member Services routes the grievance to the Appeals & Grievance Team.
- [ ] Appeals & Grievance Team reviews and routes the grievance to Molina's ECM Team to request information.
- [ ] Molina's ECM Team provides member's assigned ECM LCM contact information to the Appeals & Grievance Team
- [ ] Molina's ECM Team routes the *Grievance Response Form* to the assigned ECM Provider and gives them 48-72 hours to respond to the questions in the form.

- [ ] Depending on the grievance, the ECM LCM might need to make another outreach to the member.
- [ ] ECM Provider submits their completed Grievance Response Form to Molina's ECM Team.
- [ ] Molina's ECM Team reviews the Grievance Response Form and routes it to the Appeals & Grievance Team.
- [ ] Appeals & Grievance Team reviews and might ask for updates and/or additional information.
- [ ] Appeals & Grievance Team might also contact the assigned ECM LCM for information.
- [ ] Molina's ECM Team contacts the ECM Provider and requests an update and/or additional information.
- [ ] The requested information gets routed to the Appeals & Grievance Team.
- [ ] Appeals & Grievance Team mails a resolution letter to the member and include the assigned ECM LCM's contact information.
- [ ] ECM Provider's EHR evidence above documentation.

Disenrollment Process Checklist

Member has met all care plan goals

- [ ] ECM LCM administers the PCQ. The member's conditions are well-managed and care plan goals have been met. No additional problems have been identified; therefore, ECM services are no longer needed, and the member is ready to graduate from the ECM Program.
- [ ] ECM LCM discusses program graduation with the member. Member agrees to disenroll.
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. Date of disenrollment equals date ECM LCM had discussion with member.
- [ ] RTF template: ECM Provider enters "1" under Discontinuation Reason Code. ECM Benefit End Date equals date ECM Provider had the discussion with the member.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member is ready to transition to a lower level of care

- [ ] ECM LCM administers the PCQ. The member is managing conditions but has some care coordination needs. No additional problems have been identified; therefore, ECM services are no longer needed, and the member is ready to transition to a lower level of care.
- [ ] ECM LCM discusses transition to Molina's CM Department with the member. Member agrees to disenroll from ECM and continue with Molina's CM Department. ECM LCM notifies member that a representative will contact them.
- [ ] ECM LCM submits a direct referral to Molina's CM Department.

- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. Date of disenrollment equals date ECM LCM had discussion with member.
- [ ] RTF template: ECM Provider enters "2" under Discontinuation Reason Code. ECM Benefit End Date equals date ECM Provider had the discussion with the member.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member was disenrolled from ECM due no longer wanting to receive ECM services

- [ ] Member notifies ECM LCM they no longer want to continue with ECM Program. NOTE: ECM LCM should not delay disenrolling the member.
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, closes any other open items, and mails the Post Opt-In Decline Letter to the member. Date of disenrollment equals date ECM LCM had discussion with member.
- [ ] RTF template: ECM Provider enters "3" under Discontinuation Reason Code. ECM Benefit End Date equals date ECM Provider had the discussion with the member.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Unable to contact after exhausting minimum required attempts/Insufficient contact information

- [ ] Member is continuously UTC or unreachable.
- [ ] ECM LCM completes the Tasking Template and emails it to: CMescalationCA@MolinaHealthCare.Com. Molina's Member Location Unit research alternate contact information. Also, ECM LCM reviews the Daily IP Census Report in case the member is in the hospital or SNF.
- [ ] ECM LCM completes two months' worth of attempts; this includes four non-mail attempts and mailing the ECM Post Opt-In UTC Letter to the address on record during month one and then if the member continues to be UTC, extends those attempts to the 2nd month (3 additional non-mail attempts and mailing the ECM Post Opt-In UTC Letter).
- [ ] After mailing the ECM Post Opt-In UTC Letter to the member, the ECM LCM waits a couple of days *(recommend waiting about one week)* to allow time for the member to receive the letter and reach out to their ECM LCM. NOTE: ECM LCM should not mail the letter on the same day they are disenrolling the member.
- [ ] If the member continues to be UTC within a week of mailing the letter, the ECM LCM proceeds with disenrolling the member from the ECM Program no later than the last day of the month.
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, closes any other open items, and mails the Post Opt-In Decline Letter to the member. Date of disenrollment equals the last day of the month that attempts were exhausted.

- ☐ RTF template: ECM Provider enters “4” under Discontinuation Reason Code. ECM Benefit End Date equals the last day of the month that attempts were exhausted.
- ☐ ECM Provider’s EHR evidence above documentation.
- ☐ ECM Provider receives monthly payment.
- ☐ ECM Provider submits Encounters.

Member is Incarcerated

- ☐ ECM LCM is informed that the member is incarcerated. ECM LCM informs the informant that member will be disenrolled from the ECM Program.
- ☐ ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. Date of disenrollment equals date ECM LCM was informed the member is incarcerated.
- ☐ RTF template: ECM Provider enters “5” under Discontinuation Reason Code. ECM Benefit End Date equals date ECM LCM was informed the member is incarcerated.
- ☐ ECM Provider’s EHR evidence above documentation.
- ☐ ECM Provider receives monthly payment.
- ☐ ECM Provider submits Encounters.

Member is enrolled in a duplicative program

- ☐ ECM LCM identifies that the member is in a duplicative program (e.g., hospice, CCM, MSSP, etc.).
- ☐ ECM LCM discusses program overlap and exclusions with the member. Member agrees to disenroll from ECM and continue with other program.
- ☐ ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. Date of disenrollment equals date ECM LCM was informed the member is in a duplicative program.
- ☐ RTF template: ECM Provider enters “7” under Discontinuation Reason Code. ECM Benefit End Date equals date ECM LCM was informed the member is in a duplicative program.
- ☐ ECM Provider’s EHR evidence above documentation.
- ☐ ECM Provider receives monthly payment.
- ☐ ECM Provider submits Encounters.

Member Lost Molina Medi-Cal

- ☐ ECM LCM checks Availity prior to contacting the member and identifies member is no longer a Molina Medi-Cal Beneficiary. NOTE: There might be instances where Availity shows member with Molina Medi-Cal, but member notifies ECM LCM they changed their benefit plan.
- ☐ ECM LCM informs member they will be disenrolled from the ECM Program.
- ☐ ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. Date of disenrollment equals date ECM LCM identified the member is no longer Molina Medi-Cal Beneficiary.
- ☐ RTF template: ECM Provider enters “8” under Discontinuation Reason Code. ECM Benefit End Date equals date ECM LCM identified the member is no longer Molina Medi-Cal Beneficiary.

- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member switched health plans

- [ ] ECM LCM checks Availity prior to contacting the member and identifies member is no longer enrolled with Molina.
- [ ] ECM LCM contacts the member and inquires about this change. Member informs ECM LCM that they switched to a different health plan. ECM LCM informs member they will be disenrolled from Molina's ECM Program, and to check with their new health plan if they offer ECM so there are no disruptions.
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. Date of disenrollment equals the last day of the month the member was enrolled with Molina.
- [ ] RTF template: ECM Provider enters "9" under Discontinuation Reason Code. ECM Benefit End Date equals the last day of the month the member was enrolled with Molina.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member moved out of the county

- [ ] Member informs the ECM LCM that they moved to another county. ECM LCM informs member that Molina does not contract in that county, and they need to be disenrolled from Molina's ECM Program.
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. If Availity shows the member enrolled with Molina, the date of disenrollment should equal the date the member informed the ECM LCM they moved to another county.
- [ ] RTF template: ECM Provider enters "10" under Discontinuation Reason Code. ECM Benefit End Date equals the last day of the month the member was enrolled with Molina, however, if Availity shows the member enrolled with Molina, the date of disenrollment should equal the date the member informed the ECM LCM they moved to another county
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member Moved Out of the Country

- [ ] Member informs the ECM LCM that they moved to out of the country. ECM LCM informs member that they no longer qualify for the program, and they need to be disenrolled from Molina's ECM Program.

- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. If Availity shows the member enrolled with Molina, the date of disenrollment should equal the date the member informed the ECM LCM they moved out of the country.
- [ ] RTF template: ECM Provider enters "11" under Discontinuation Reason Code. ECM Benefit End Date equals the last day of the month the member was enrolled with Molina, however, if Availity shows the member enrolled with Molina, the date of disenrollment should equal the date the member informed the ECM LCM they moved out of the country.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Unsafe Behavior or Environment

- [ ] Member exhibits unsafe behavior, or environment is no longer safe for ECM LCM.
- [ ] ECM LCM has discussion with their supervisor regarding member. ECM LCM and supervisor agree that member needs to be disenrolled from the program.
- [ ] ECM Provider (does not need to be the ECM LCM, depending on matter) informs member they will be disenrolled (if possible & appropriate).
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items.
- [ ] RTF template: ECM Provider enters "12" under Discontinuation Reason Code. ECM Benefit End Date equals the date the ECM LCM disenrolled the member.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member Deceased

- [ ] ECM LCM is informed by the member's family that the member passed away. ECM LCM informs member's family the member will be disenrolled from the program. ECM LCM notes who they spoke to and when member passed away.
- [ ] ECM LCM disenrolls the member from the ECM Program, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items. If Availity shows the member enrolled with Molina, the date of disenrollment should equal the date the ECM LCM was informed of the member's passing.
- [ ] RTF template: ECM Provider enters "14" under Discontinuation Reason Code. ECM Benefit End Date equals the last day of the month the member was enrolled with Molina, however, if Availity shows the member enrolled with Molina, the date of disenrollment should equal the date the ECM LCM was informed of the member's passing.
- [ ] ECM Provider's EHR evidence above documentation.
- [ ] ECM Provider receives monthly payment.
- [ ] ECM Provider submits Encounters.

Member did not qualify for at least one Population of Focus

- ☐ Member requested an ECM Provider reassignment.
- ☐ ECM LCM contacts member and upon discussion identifies member does not qualify for at least one Population of Focus.
- ☐ ECM LCM informs member they can't continue enrolled ECM in the ECM program and explains reason.
- ☐ ECM LCM disenrolls the member from the ECM Program and if applicable, closes care plan & milestones, indicates reason for disenrollment, and closes any other open items.
- ☐ RTF template: ECM Provider enters "15" under Discontinuation Reason Code. ECM Benefit End Date equals the ECM LCM identified that the member did not qualify for at least one Population of Focus.
- ☐ ECM Provider's EHR evidence above documentation.
- ☐ ECM Provider receives monthly payment.
- ☐ ECM Provider submits Encounters.