Essential Elements of Medi-Cal Palliative Care Services: Standards and Processes for Coordination and Expedited Authorizations

This resource is part of "Section C: Develop (or optimize) MCP operations" and "Section E: Strengthen the partnership, improve quality, and monitor operations" of the California Health Care Foundation publication *Essential Elements of Medi-Cal Palliative Care Services: Tips and Tools for Medi-Cal Managed Care Plans and Palliative Care Providers*.

Medi-Cal managed care plans and their palliative care provider partners shared information from their programs for this guide, including internal policies and procedures. CHCF is grateful for this leadership and willingness to contribute for the benefit of more people whose health and lives can be improved with high-quality palliative care.

To illustrate a strong working partnership between a managed care plan (MCP) and its main palliative care (PC) provider organization, here are excerpts from guidelines and agreements made over time in regular program improvement meetings.

MCP AND PC PROVIDER

Goals for cross-organization communications

- Direct communication and a warm handoff between health plan and PC provider case managers (CMs) for shared patients open to both
- Referrals discussed during clinical rounds meetings, with [MCP] CM requesting specific members by Thursday noon before the Monday meeting
- A clear process of notification from [PC PROVIDER] of discharge from palliative care
- Additional read-only access to [PC PROVIDER] electronic medical records for select [MCP] staff

Solutions

- Establish process steps for "Difficult to enroll" members/patients to track direct referrals and trigger notification back to referrer. (See process map below.)
- Add steps to the direct referral process.
  - [MCP] CM forwards information to [PC PROVIDER], including best time to reach member and any relevant case notes.
  - [MCP] Special Programs team (responsible for all care coordination and case management for patients with multiple care needs) is copied on all referrals, for coordination across health plan programs.
  - Time will be carved out of our regular meeting (every two weeks) call to collaborate on directly referred members. The associated CMs will be invited to the clinical call for collaboration.

Goals for timely follow-up with members

- Eligible members being discharged from hospital or a skilled nursing facility are enrolled in PC services within one week of discharge.
- PC provider acts on new referrals within 48 hours and provides timely follow-up after initial visit.

Solutions

- [PC PROVIDER] committed to outreach within 48 hours (currently 100% compliance).
- Use the new "difficult to enroll" process.
- For high-risk members, [MCP] CM indicates "urgent" on the referral. [PC PROVIDER] will do its best to outreach immediately.
- [PC PROVIDER] follows up with referrer via email with any questions.
- Use the same referral process for home-based and telephonic PC service models.

REFERRALS PROCESS BETWEEN THIS MCP AND PC PROVIDER