



ECM Enrollment and Renewal Assessment

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Authorizations

May 2026



AGENDA:

1. Background
2. Workflow – Initial Enrollment
3. Workflow – Renewal



Background – ECM02 assessment

- **What**

- New assessment in Jiva Provider Portal
- Populates when an ECM02 authorization is submitted
- Auto-approvals will no longer be guaranteed – based on various Alliance data sources + assessment

- **Why**

- Align with DHCS emphasis on highest risk members
- Making sure that members are receiving appropriate and individualized care
- Manage appropriate enrollment through POF definitions
- Manage appropriate renewals based on ongoing and changing member needs

- **When**

- Planned Monday 5/18/2026



WORKFLOW - GENERAL

- Submit your ECM02 request normally
- Service Type = Enhanced Care Management
- Code Type = CUS
- Service Code = ECM02
- Start Date = First date of contact
- End Date = 1 year from start date
- Quantity = 12 (1 per month)

Service Type *

Department

Code Type *

Service Code *

[Advanced Search](#)

Modifier

Start Date *


End Date *

Requested # *

WORKFLOW - GENERAL

- If this is a Renewal – attach your care plan
- Select “Submit”
- You will receive a pop up to complete the assessment

Document Title


Document Received Date 

Document Received Time

Select Document

ccahuat2pp.zeomega.com says

There are no documents attached. PLEASE NOTE: FAILURE TO PROVIDE SUPPORTING DOCUMENTATION MAY DELAY OR VOID THIS REQUEST. Please complete ECM Enrollment Assessment.



WORKFLOW - GENERAL

- Now the assessment is available at the bottom of the request

Assessments

Assessment Title	Identified On
ECM Enrollment Assessment	04/15/2026

- Open the assessment and begin answering the questions



WORKFLOW - GENERAL

Assessment: ECM Enrollment Assessment Episode: OP Version: 9 (CLIENT) Default, Member DOB (Age): 01/01/1950 (76) Member ID: 1

[Complete](#) [Save as Draft](#) [Cancel](#) [Notes](#) [Last Answered Question](#)

Assessment Score	ECM Enrollment Assessment	Group Score
0 of 0		0 of 0
Timer: 00 : 00 : 29	<p>Has the member been enrolled in ECM with any provider in the past 6 months?</p> <p>Add Note <input type="radio"/> Yes <input type="radio"/> No</p> <p><i>02/06/2026 Answered : No,</i></p>	
Question Groups		
ECM Enrollment Assessment (0 of 2)	<p>Who is the member's case manager and their direct contact information? This may be shared with the member's care team to support coordination of care.</p> <p>Add Note <input type="text"/></p> <p><i>02/05/2026 Answered : na,</i></p>	



INITIAL REQUESTS

- For Members who:
 - Have never been enrolled in ECM or have not been enrolled in ECM for over 6 months **and**
 - Have high risk care coordination needs, meeting a DHCS population of focus



WORKFLOW – INITIAL REQUEST

- Select “No” for the first question
- The ECM POFs will populate

▼ ECM Enrollment Assessment

Has the member been enrolled in ECM with any provider in the past 6 months?

Yes
 No

02/06/2026 Answered : No, Add Note

▼ Population of Focus Assessment

What ECM population of focus does the member meet? (the member should not be enrolled in ECM if they do not meet a population focus. Connect with the member's PCP for other services that may support their needs)

Adult - Avoidable ED or Hospital Use (High Utilizer) - 5+ ED or 3+ IP/SNF in 6months
 Adult - Nursing Facility residents transitioning to the community
 Adult - Serious Mental Illness (SMI) or Substance Use Disorder (SUD) - SMI/SUD and SDOH factors
 Adult / Family - Experiencing Homelessness - Adults also need clinical risk factor, Family and Peds do not
 Adult - Living in the community at risk for LTC
 Adult - Justice Involved - JI factor and clinical risk factor
 Peds - Child Welfare Involved
 Peds - CCS or CCS WCM - with additional SDOH factors
 Peds - Avoidable ED or Hospital Use (High Utilizer) - 3+ ED or 2+ IP/SNF in 12 months
 Peds - Experiencing Homelessness
 Peds - SMI / SUD
 Peds - Justice Involved
 Birth Equity - Up to 12 months postpartum and subject to racial/ethnic disparities

Add Note



WORKFLOW – INITIAL REQUEST

- Different questions will populate depending on the POF selected
- Questions are based on DHCS definitions of POFs

▼ POF Adult - High Utilizer 5 ED or 3 IP/SNF

Has the member had 5 or more emergency room visits in the past 6 months that could have been avoided through outpatient care or treatment adherence?



[Add Note](#)



Yes

No

Has the member consented for this referral to be submitted on their behalf?



[Add Note](#)



Yes

No

WORKFLOW – INITIAL REQUEST

- Some questions may trigger a prompt to verify the member should be enrolled

Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.



[Add Note](#)

- If submitted, this will pend for Alliance Review



RENEWAL REQUESTS

- For Members who:
 - Are currently enrolled in ECM, or were enrolled within the past 6 months **and**
 - Who have ongoing, high level of care needs that they cannot self-manage or manage through a lower level of care



WORKFLOW – RENEWAL REQUEST

- Select “Yes” for the first question
- Renewal question to check graduation criteria will populate

Has the member been enrolled in ECM with any provider in the past 6 months? 02/06/2026 Answered : No,

Add Note Yes No

▼ ECM Graduation Assessment

What date was the Member's ECM Care Plan last updated? 02/06/2026

Add Note

Is your updated Care Plan and Outreach Log attached to the authorization request? 02/06/2026

Add Note Yes No

When was the Member's last Primary Care Provider (PCP) visit? 02/06/2026

Add Note

What type of clinical needs or goals does the Member still need support with? (Select all that apply)

Add Note

- Medical stability goals (e.g., uncontrolled chronic conditions, acute episodes, or conditions requiring intensive clinical oversight)
- Mental/behavioral health and/or substance use goals
- The member does not still need support with their clinical goals



WORKFLOW – RENEWAL REQUEST

- Some questions may trigger a prompt to verify the member should remain enrolled

Responses indicate that this member may be a ready for graduation, please consider whether this renewal should be requested or explain why it is needed below. If member has resolved high level needs and only needs a lower level of case management, they may qualify for Alliance Case Management or Community Health Worker services. The member can be advised to reach out to their Primary Care Provider to explore alternative options.



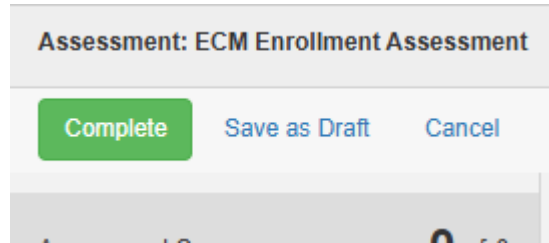
[Add Note](#)

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WORKFLOW – GENERAL

- When you are done, select “Complete” in the top left corner



- This will return you to the authorization
- Select “Submit” again to finish submitting the request



How to Manage Denials

- These changes may result in ECM requests being denied for members who do not meet criteria
 - All Alliance TotalCare members will be denied new enrollment for duplicative services
- These members can be directed to alternate resources such as their PCP, local CHW services, or internal Alliance case management
- It is recommended that they start with their PCP



How to Manage Denials

- If you disagree with a denial, you can file an appeal.
- Appeals should only be filed if you have reason to believe the member meets criteria.
- Appeals are filed on behalf of members and must have the members written consent to appeal on their behalf.
- All appeals submitted by a provider must be filed in writing and can be submitted from the appeal form from the Alliance website at <https://thealliance.health/providers/member-grievance-form-medi-cal/> and faxed to 831-430-5579.



Questions?

