



Date: December 31, 2024

From: CenCal Health
Care Management, Medical Management Department

Subject: New Enhanced Care Management Updates Effective January 1, 2025

Dear ECM Providers,

Effective January 1, 2025, CenCal Health will implement updates to the Enhanced Care Management (ECM) Program. These changes align with the Department of Health Care Services (DHCS) requirements for all Managed Care Plans and are designed to streamline referrals and expedite services for our Members. Key updates include:

1. New ECM Referral Forms

- Standardized referral forms for all Managed Care Plans, with separate forms for Adults and Children/Youth.
- Forms include updated mandatory and optional fields.
- ECM Referral Forms can be found here:
 - [ECM Referral-Adult \(21+\)](#)
 - [ECM Referral-Children/Youth](#)
- ECM Providers can continue submitting referrals via the Provider Portal.

2. Elimination of Outreach Authorizations for “Bottom-Up” Referrals

- Providers can initiate outreach for Members they identify without requiring prior authorization from CenCal Health.
- Submit at least one outreach claim promptly to ensure Member assignment in the Provider Portal.
- Outreach authorization remains for Members identified by CenCal Health.

3. Presumptive Authorization for ECM Services

- DHCS now allows certain provider types to initiate services for specific Populations of Focus for up to 30 days without prior authorization. CenCal Health has selected to exceed the minimum requirements and extend this to **ALL ECM Providers**.



- Submit an ECM Referral/Authorization Request no later than five (5) working days before the presumptive period ends.
- Reimbursement for presumptive period services is guaranteed unless:
 1. The Member is not enrolled in CenCal Health at the time of service delivery.
 2. The Member has an existing ECM authorization with another ECM Provider.
- Presumptive Authorization applies only to Initial Authorizations, not Reauthorizations.

Resources

- [ECM Provider Reference Guide](#)
- [ECM Program Forms Outline and Description](#)
- [ECM Authorization Information and Checklist \(FORM A\)](#)

Thank you for your continued commitment to our Members' care.

In Partnership,
CenCal Health