SPRITE HEALTH

CalAIM ECM/CS Overview

Providing ECM/CS services can be an arduous task as it involves fulfilling numerous obligations such as obtaining authorizations, conducting eligibility checks, engaging in outreach activities, developing care plans, coordinating services, generating invoices/claims, sharing data, and many other responsibilities expected by MCPs. As a result, the majority of ECM/CS providers find themselves spending more than 50% of their time on administrative tasks to facilitate reporting and billing requirements.

Sprite Health offers a highly comprehensive digital platform that enables the efficient management of all ECM and CS requirements in a single place. Our solution is purposefully designed to cater to the specific needs of the CalAIM ECM/CS initiative.

By adopting our system, your staff can save countless hours each day that they can redirect towards interacting with new and existing members. Our platform also enhances outreach efforts, streamlines care planning and coordination, and fosters a data-driven and outcome-oriented approach that advances equity, and clinical outcomes.

By utilizing Sprite's CalAIM ECM/CS solution, you can:

- Significantly reduce administrative work through the use of auto-generated documentation and reporting (RTF, OTF, SCR) that is compatible with various MCPs such as HealthNet, CenCal, Anthem, CalOptima, LA Care, PHP, CCAH and others.
- Expedite payment with the help of automated claims and billing features.
- Generate additional revenue by reaching out to populations of focus through a multichannel approach (text, email, video, call).
- Earn Quality bonuses by fulfilling MCPs' quality metrics.
- Stay compliant with MCPs' audit requirements using intelligent checklists.
- Provide comprehensive, whole-person interdisciplinary care to members with complex needs.
- Match and refer members to both clinical and non-clinical resources.

SPRITE HEALTH

CalAIM Solution

Capabilities	
Outreach and Onboarding	✓
Whole-person Care Management	✓
Multi-MCP Data Exchange Platform	✓
Revenue cycle Automation	✓
Population Health Management	✓
QIP (quality improvement program) Management	✓
Centralized Referral Intake and Coordination	✓
Patient Activation	✓
Data Analytics and Reporting	✓
Custom Workflow Designer	✓
Custom Messaging	✓
Care Pathways Designer	✓
Online Tech Support	✓

DETAILS

Outreach and Onboarding:

This module enables the automatic assignment of new members to staff based on custom criteria (including MCP, language, caseload, etc.) to minimize the delay between referral assignment and outreach. Your team can connect with members on their terms using multiple channels including phone calls, video calls, in-person, letters, etc. Sprite uniquely provides bidirectional texting in multiple languages (Arabic, Armenian, Spanish, Cantonese, Mandarin, Tagalog, Persian, and more) to help your team stay connected with members who don't speak the same language.
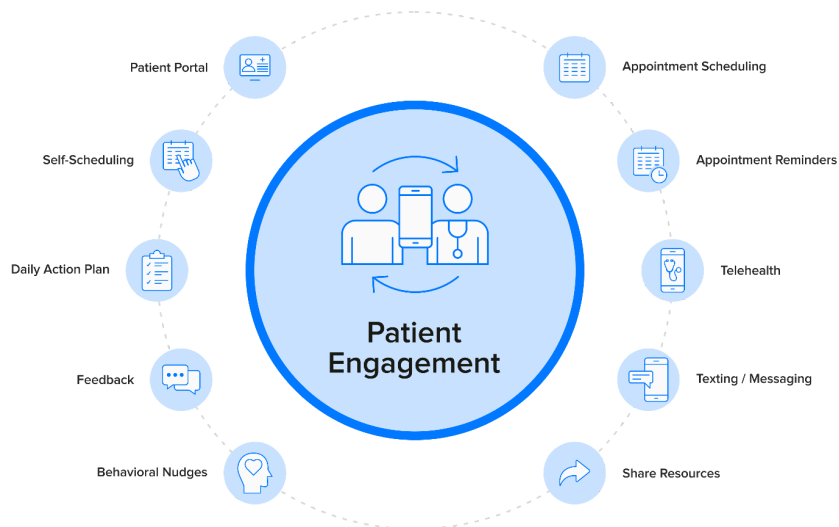

Additionally, this module facilitates member eligibility checks, tracks outreach (both electronic and in-person), generates follow-up reminders, logs member consents, and enables appointment scheduling via direct integration with your Google and Outlook calendars.

Whether it is successful enrollment or discontinuation, with this module, your staff can proactively engage with members before, during, and after visits to ensure seamless care coordination and improve overall health outcomes.

Whole-person Care Management:

This module makes it easy for your team to complete assessments to track physical, behavioral, housing, food, financial, legal, transportation, LTSS, and other needs. The assessment reviews directly feed into personalized care plans that follow the member-centric whole-person care approach. The system recommends SMART goals and interventions that are likely to deliver maximum impact on each member's overall well-being.
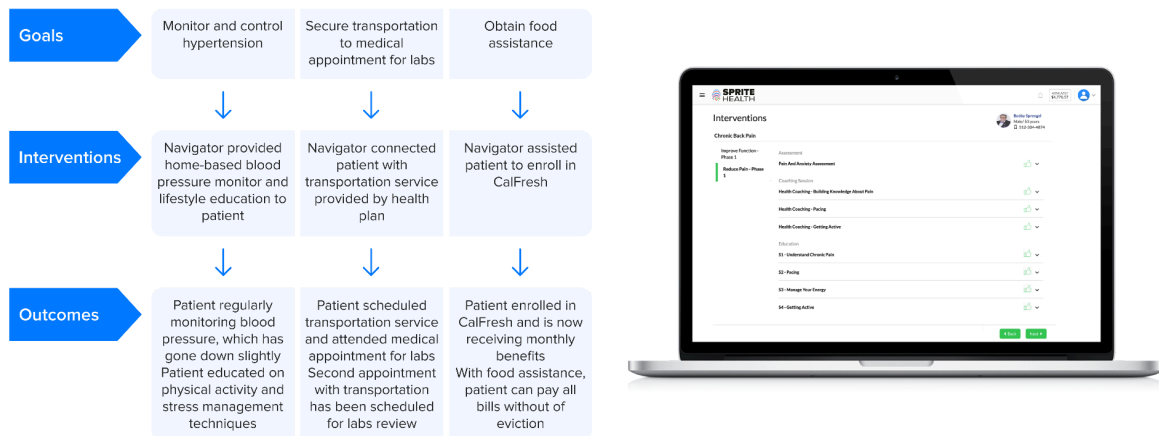
The care plans can easily be shared with health plans in their desired format. The system makes it super-easy for your team to schedule multidisciplinary team meetings, track MDT notes, and collaborate in real-time using HIPAA-compliant secure messaging tools.
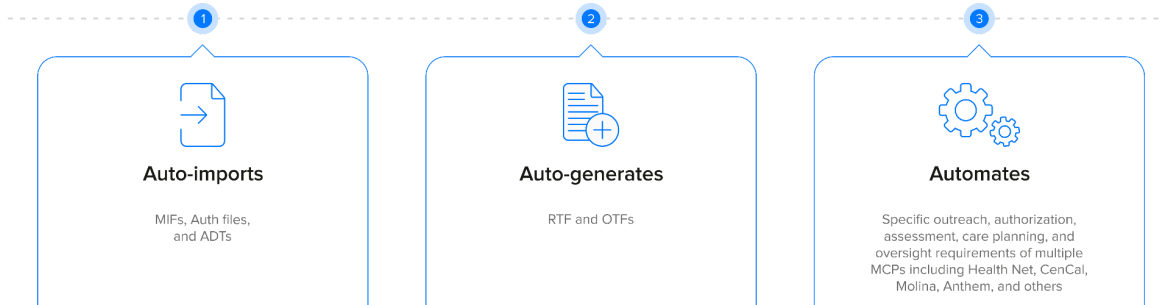
In addition, this module simplifies the measurement of clinical outcomes and PROs, ensuring your staff can efficiently track member progress and adjust care plans as needed.

Multi-MCP Data Exchange Platform:

The data exchange platform collects, organizes, and unifies data from multiple MCPs into one place. Our pre-built adapters for multiple health plans (Health Net, Anthem, LA Care, CenCal, Partnership, and many others) can get you started in no time. This means that you can sign new contracts with new MCPs and not worry about integration.

In addition to MIF and ASF files, the data exchange platform integrates data from disparate systems including claims, EHRs, HIE, ADT events, and community SDoH resources, and enables your teams to have the information they need to provide better care. Built on modern architecture, the FHIR-enabled data platform provides real-time access to an accurate, reliable, and 360-degree view of your members.

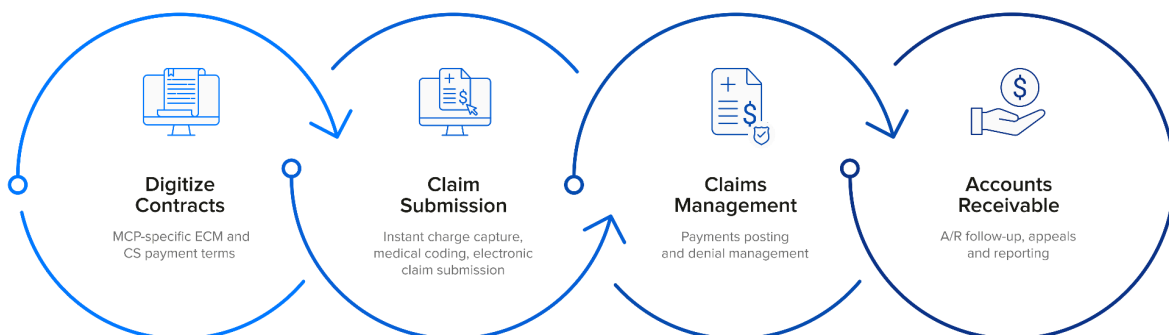| 1	2	3
Auto-imports	**Auto-generates**	**Automates**
MIFs, Auth files, and ADTs	RTF and OTFs	Specific outreach, authorization, assessment, care planning, and oversight requirements of multiple MCPs including Health Net, CenCal, Molina, Anthem, and others

The data-exchange platform also supports MCPs' data reporting requirements by effectively tracking member encounters, outreach attempts, and SDOH, and generating RTF, and OTF files as necessary.

Revenue Cycle Automation

ECM/CS billing is complex. Payment models and codes vary between MCPs leading to significant delays. Generating electronic claims, and collecting revenue has never been easier with Sprite's advanced RCM capabilities. This tech-enabled service is designed to drive better revenue outcomes and lower the administrative burden on your billing organization. Automating billing operations directly from workflows reduces the risk of claim denials and ensures timely and accurate payment for services and procedures. The system captures billing records, generates claims, and sends them to MCPs' clearinghouses, streamlining the billing and payment process. Our technology minimizes the risk of underpayments and ensures accurate and timely payment for services rendered, by monitoring submitted and remitted claims, flags the ones that have a high likelihood of underpayment, and our staff handles appeals on your behalf.

Digitize Contracts	Claim Submission	Claims Management	Accounts Receivable
MCP-specific ECM and CS payment terms	Instant charge capture, medical coding, electronic claim submission	Payments posting and denial management	A/R follow-up, appeals and reporting

This module brings the various pieces of RCM into one platform and reduces re-work with pre-check, which alerts you to potential issues before submission, saving you time and speeding up your revenue collection. Your team can stop working on a half dozen or more websites to collect and track your revenue - and use Sprite for what you need in one streamlined platform.

Population Health Management:

This module enables you to quickly identify the members most likely to need your attention and inform your decision-making with data science to help with prioritization and patient engagement.
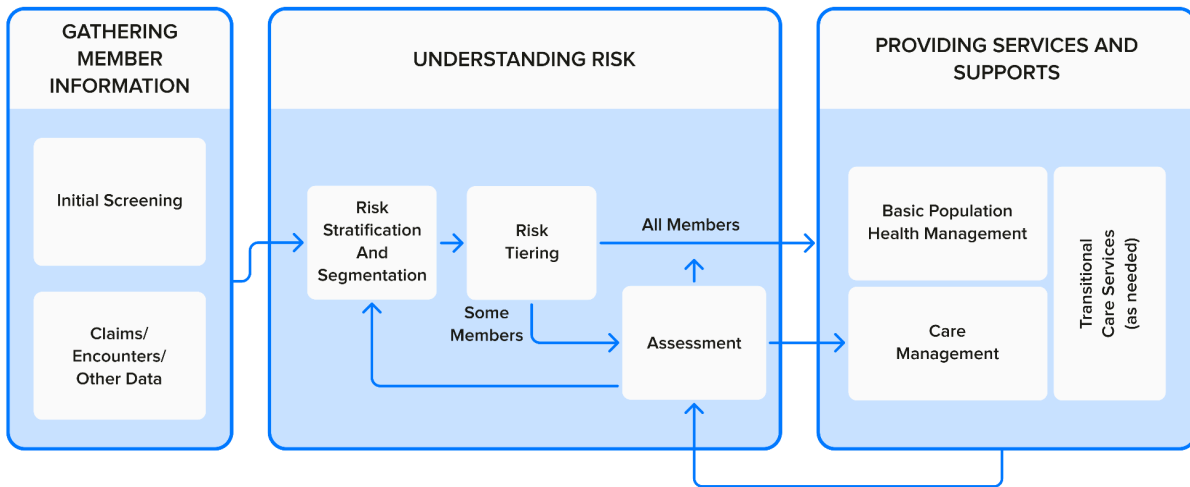
By distilling complex data down to what is most essential for you to deliver better care at a lower cost, your staff can proactively address health issues and social determinants of health for your members, improving the quality of care and the overall health of your member population.

QIP (quality improvement program) Management

Many MCPs are now offering value-based incentives for meeting quality measures. This module sets up quality measures from each MCP and highlights how you are performing against each measure. The measures include care plan timeliness, PHQ-9, BP, and HbA1C monitoring as well as clinical outcomes and patient-reported outcomes.
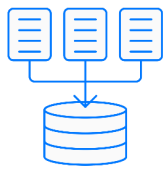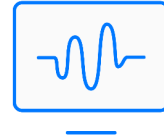
	Partner data collection	Alerts, issues, patient progress updates	
	Referral engagement and outcomes data →	The data on engagement, outcomes, alerts and issues is shared in the EHR/Client system	

|	Multi-level analytics	Social support network insights	
	Readily available analytics at patient, provider, program and community levels →	Informed network design, evaluation, and ongoing management	

When gaps are found, this module automatically alerts your care staff and engages members using custom campaigns to inform them of their need for care and provides them with an easy way to schedule appointments.

Patient Activation:

This member-facing iOS and Android mobile app enables your members to take charge of their health. Designed for care recipients with pure simplicity, the app includes a customizable home screen, and a la carte features configurable by your staff from a dashboard.
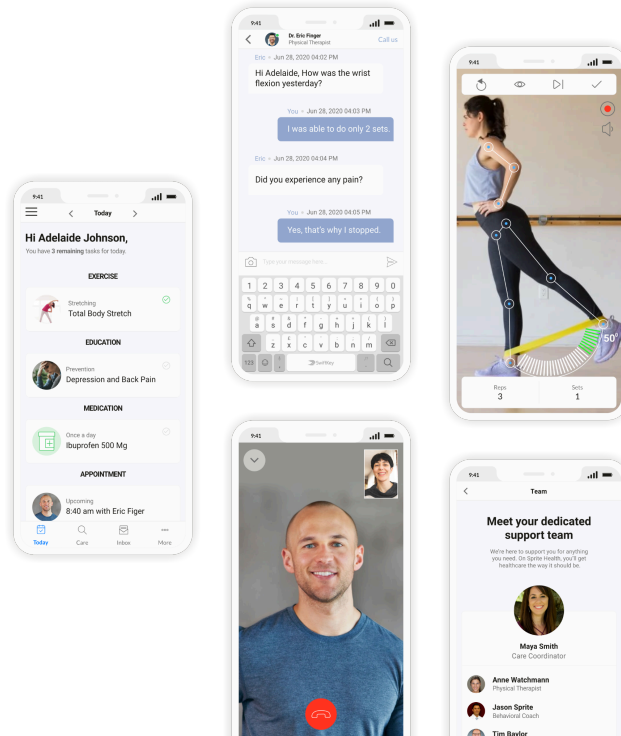
Members receive a daily action plan for education, exercise, mindfulness, medication, appointment reminders, and more. They receive automated behavioral nudges direct to their mobile app where they can chat, video, or schedule an appointment with their care team.