



# Addressing gaps in Sickle Cell Disease care: Tapping into the California Enhanced Care Management model

APRIL 2026

This snapshot describes a technical assistance engagement by the Camden Coalition’s National Center team which helped to pool administrative functions across specialty clinics with the aim of reducing overhead costs and administrative burden and improving patient outcomes.

## Project background

In 2018, Dr. Diane Nugent (Center for Inherited Blood Disorders - CIBD) and Mary Brown (Sickle Cell Disease Foundation - SCDF) came together in California to address the 20+ year life expectancy gap facing adults with sickle cell disease.<sup>1</sup> They identified a significant shortfall in their local care ecosystems—a lack of specialty adult Sickle Cell Disease (SCD) providers. Together, they worked with state officials to create funding in 2019 for a statewide adult SCD specialty clinic network, Networking CA for Sickle Cell Care (NCSCC). These clinics featured community health workers (CHWs) who are often from the communities they serve, a unique asset that can help build deep relationships that facilitate care.

As a result of this funding, NCSCC specialty clinics were launched in nine of California’s counties, and their results were impressive. Data collected from the NCSCC work demonstrated enormous improvements in quality and health outcomes. Counties with specialty clinics (relative to those without) saw:<sup>2</sup>

- 20% reduction in hospitalizations
- 11% fewer ED visits
- 50% reduction in hospital days

In 2024, as funding from the California Department of Public Health concluded, state officials recognized the program as a strong fit to the California Advancing and Innovating Medi-Cal (CalAIM) framework, suggesting integration as a path forward to sustainability. Of the 11,000 Californians with sickle cell disease, 90% are on Medi-Cal (California Medicaid) and approximately one in four are eligible for Enhanced Care Management (ECM).<sup>2</sup> State officials referred SCDF & CIBD to the Camden Coalition to adapt

their existing care model to align with ECM guidelines and help navigate the process of contracting with managed care plans (MCPs).

Camden Coalition helped them to create Sickle Cell Disease Enhanced Care Management (SCDECM), a new entity that would hold MCP contracts on behalf of NCSCC. By pooling administrative functions, clinics could focus on providing services while simultaneously reducing overhead costs and burden.

## Project outputs

- Produced a program guide and core policies
- Outlined a proposed operational and contracting structure for ECM contracting
- Identified the structural and programmatic needs to scale the model using a shared administrative structure in SCDECM
- Developed foundational tools for MCP engagement and facilitated Introductions to MCPs
- Modeled the financial cost and opportunity associated with MCP contracts for ECM
- Secured MCP contracts with Partnership Health Plan, Health Net, and Full Circle Health Network
- Supported application for [PATH CITED](#)

## Understanding the opportunity

[California Advancing and Innovating Medi-Cal \(CalAIM\)](#) is a statewide, five-year, multi-system Medi-Cal transformation. Through an 1115 waiver expansion, CalAIM’s Enhanced Care Management (ECM) aims to stabilize the health of the highest-need populations with multiple chronic conditions. The program addresses these Medi-Cal members’ clinical and non-clinical needs not only at the doctor’s office but wherever they need help: whether that’s in their home, in a shelter or on the street. This is a new benefit that is billable to Managed Care Plans (MCPs).



## Our TA approach

For over a year, the Camden Coalition and SCDECM teams met weekly to support the development of financial modeling, legal agreements, policy and procedures, grant applications, model design and documentation, value proposition, and MCP engagement. The Camden Coalition also provided hands-on coaching to ensure access to services by helping our client to secure ECM contracts with MCPs across SCDECM's regionally and demographically diverse service area. With clear roles, we were able to advance multiple workstreams, simultaneously secure those contracts, and work towards the scalability and sustainability of these emergent ECM programs.

Having immersed ourselves in the world of CalAIM since 2023 in various capacities, the Camden Coalition leveraged a large portfolio of CalAIM-specific work and key relationships. Camden Coalition served as SCDECM's personal "CalAIM whisperer," synthesizing and distilling the policy requirements and making sense of the shifting policy landscape. From there, Camden Coalition co-developed standard operating procedures that would ensure compliance in ways that were true to their organizational norms and culture.

## Project details

### *Aligning operations and requirements*

The Camden Coalition began by comparing Department of Health Care Services (DHCS) ECM requirements with existing NCSCC workflows and clinic operations, identifying concrete compliance gaps across eligibility, enrollment and consent, care planning, documentation, grievances, and reporting. This crosswalk became the backbone for drafting and iterating a focused set of ECM policies, ultimately forming a comprehensive SCDECM Program Guide.

Developed through joint working sessions between the Camden Coalition TA team and CIBD/SCDF's leadership, research/clinical leads, and administrative directors, the guide translates regulatory requirements into operational guidance, outlining the program's purpose and populations served; referral, intake, authorization, enrollment, and assessment processes; interdisciplinary care planning; field-based care management; and standards for documentation, member rights, and disenrollment.

### *Streamlining operations*

Significant effort also went into clarifying roles and workflows across central and site-based staff, aligning processes with existing documentation systems, and creating practical implementation supports such as checklists, scripts, and a preliminary training map to support future onboarding and internal ownership.

### *Preparing to contract*

In parallel, the team positioned SCDECM for MCP contracting by conducting a market scan, developing a shared MCP tracker, and articulating a clearer value proposition. This work informed early external-facing materials and talking points for plan engagement. Building on this foundation, the team developed a forward-looking operational budget and hybrid contracting model for a statewide ECM program, envisioning both a network-based approach and selective direct MCP contracts. The proposed budget and financial modeling highlight staffing and fixed infrastructure costs as well as the operational complexity of running dual systems and is intended as a planning tool to help SCDECM assess financial sustainability and strategic tradeoffs as ECM revenue and scale grow.

### *Building operational infrastructure*

To deliver and bill for ECM services, SCDECM needed more than compliant policies—they needed technology infrastructure that could support CHW workflows across 12 clinic sites. The team selected Pear Suite, a platform purpose-built for CHW and clinical care manager-led care management, to power core operations for their direct MCP contracts. The system handles care planning documentation and claims submission in a single workflow, enabling CHWs to focus on member engagement rather than administrative burden. This investment in operational infrastructure positions SCDECM to scale services as enrollment grows.

### *A hybrid contracting model*

SCDECM was coming into an already crowded ECM market in which many MCPs were managing dozens or even hundreds of provider contracts. In this environment, the demonstrated success of SCDECM's CHW/clinic integration model helped them stand out. This meant some MCPs would not want to take on new ECM contracts. Nevertheless, to move quickly to serve patients under ECM, they had to be flexible and work with existing ECM hubs like Full Circle to support their patient population that needed Sickle Cell support while also contracting directly with payers such as Health Net and Partnership that were still open to new contracts.



## What our clients said about working with the Camden Coalition

We rely on feedback during TA engagements and, of course, when a project is done. Here are some comments we heard from SCDECM about working with our team:

*SCDEMC trusted the Camden Coalition team*

*“As far as the relationship with Camden, it’s been incredible... Your kind of leadership and organization has been really well received...”*

Shalini Vora

Director of Grants Administration  
Center for Inherited Blood Disorders

*The deliverables were thorough, well put together, and useful*

*“I thought it was one of the most thorough documents I’ve ever read in my life.”*

Mary Brown

President and CEO  
Sickle Cell Disease Foundation

*The Camden Coalition’s external-facing work was effective because of the team’s credibility*

*“Walking in front of health plans... and the way they melted in your presence and really understood the problem... that said so much about what you had built.”*

Dr. Diane Nugent

President and Founder  
Center for Inherited Blood Disorders

## Citations

1. Jiao, B., Johnson, K. M., Bender, M. A., Devine, B., & Basu, A. (2023). Long-term survival with sickle cell disease: A nationwide cohort study of Medicare and Medicaid beneficiaries. *Blood Advances*, 7(13), 3276–3283. <https://doi.org/10.1182/bloodadvances.2022009202>
2. Data courtesy of Networking California for Sickle Cell Care.

## Contact us for more information

If you need help operationalizing a new Medicaid health benefit, or for more information about this work contact:

Camden Coalition Technical Assistance Services  
[camdenTA@camdenhealth.org](mailto:camdenTA@camdenhealth.org)