



Incentive Payment Program (IPP) Stakeholder Webinar

May 31, 2022

Agenda

- » Incentive Payment Program (IPP) Background
- » IPP Program Year 1 Design
- » Next Steps
- » DHCS Notice of the Public Health Emergency (PHE) Unwinding

Today's Goals:

- Review key components of the IPP program
- Orient participants to PY1 Submission 2 updates
- Solicit feedback on PY1 Submission 2 updates

Incentive Payment Program (IPP) Background

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About ECM & Community Supports (ILOS)

CalAIM includes several initiatives designed to support populations enrolled in Medi-Cal managed care, including ECM and Community Supports:

Enhanced Care Management

A **Medi-Cal managed care benefit** that addresses clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

Community Supports

Services that **Medi-Cal managed care plans (MCPs) are strongly encouraged but not required to provide** as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Building on What We Know. ECM and Community Supports built on the design and learnings from California's **Whole Person Care Pilots (WPC)** and **Health Homes Program (HHP)** and replaced both models to scale interventions to a statewide care management approach as of **January 1, 2022**.

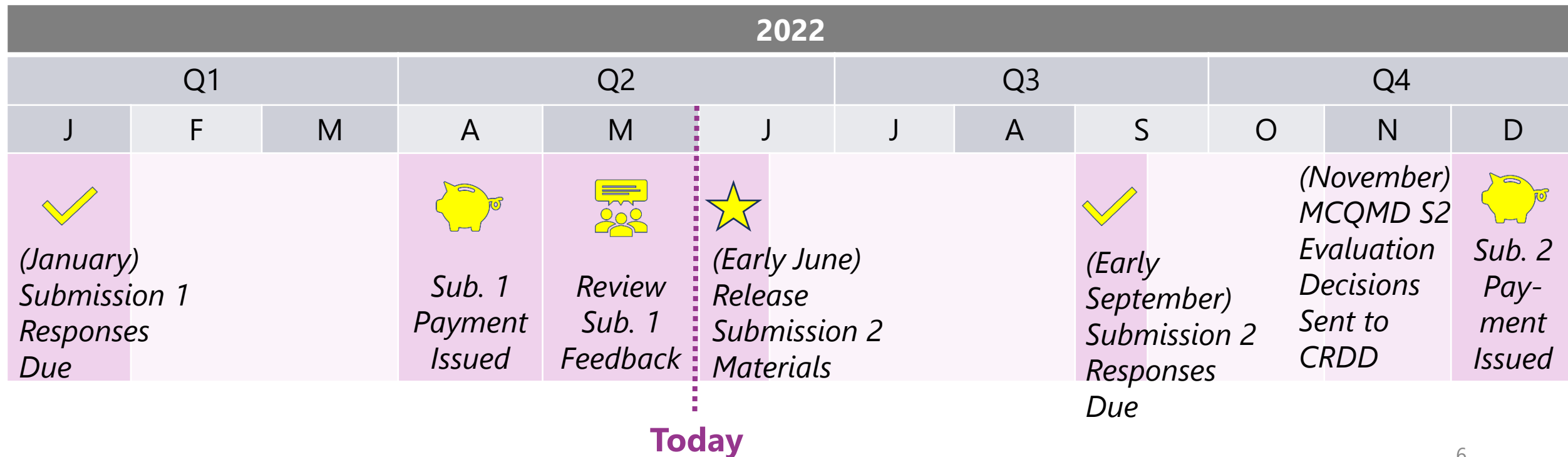
About IPP

The **CalAIM Incentive Payment Program (IPP)** is intended to support the implementation and expansion of ECM and Community Supports by incentivizing managed care plans (MCPs), in accordance with 42 CFR Section 438.6(b), to:

- Drive **MCP delivery system investment** in provider capacity and delivery system infrastructure;
- **Bridge current silos** across physical and behavioral health care service delivery;
- **Reduce health disparities** and promote health equity;
- Achieve improvements in **quality performance**; and
- **Encourage take-up** of Community Supports.

IPP PY1 Timeline

In January, MCPs submitted their first responses to IPP and received initial payments in April. Since then, the Department has solicited feedback on the Submission 1 process and content to inform updates to the second submission of PY1, which will be released early June.



IPP Priority Areas

MCPs that elect to participate in the IPP must meet requirements set forth in the reporting template, which includes measures in each of the following priority areas:

1. Delivery System Infrastructure

Fund core MCP, ECM and Community Supports Provider HIT, and data exchange infrastructure required for ECM and Community Supports

2. ECM Provider Capacity Building

Fund ECM workforce, training, TA, workflow development, operational requirements and oversight

3. Community Supports Provider Capacity Building & MCP Take-Up

Fund Community Supports training, TA, workflow development, operational requirements, take-up and oversight

MCPs are **required** to report on a minimum number of optional measures

4. Quality

Optional measures with a set number of points allocated to Priority Areas 2-3 (ECM/Community Supports Capacity Building)

MCP Performance & Payments

MCP payment is based on the successful completion of and performance against IPP measures.

Priority Area	Mandatory Measures	Optional Measures (Quality Priority Area #4)	MCP Discretionary Allocations
1. Delivery System Infrastructure	Up to 200 points	None	Up to 300 points
2. ECM Provider Capacity Building	Up to 170 points	Up to 30 points	<i>MCPs may allocate points across Priority Area 1-3. Discretionary points are earned proportionately based on performance. For example, if a MCP allocates 100 points to Priority Area 1 and earns 90% of the Priority Area 1 points, it will earn 90 of those 100 discretionary points.</i>
3. Community Supports (ILOS) Provider Capacity Building and Community Supports (ILOS) Take-Up	Up to 250 points	Up to 50 points	
Category Totals	Up to 620 points	Up to 80 points	
TOTAL	Up to 1,000 points	<i>If an MCP achieves only a subset of these points, it will earn a partial payment.</i>	

PY 1 Payments

For PY1 (CY 2022), DHCS is following a bi-annual payment cycle to issue \$600M to MCPs.



Submission 1: April 2022 Payment

- DHCS issued 50% of available PY1 dollars (\$300M)
- Payments are tied to the completion of “Gate” requirements, which were completed and reported on in January
- Submission 1 funds are subject to recoupment based on successful completion of and performance against certain Submission 2 measures



Submission 2: December 2022 Payment

- DHCS will issue 50% of available PY1 dollars (\$300M)
- Payments are tied to the completion of “Ladder” measures, which aim to measure progress against gap-filling goals outlined in Submission 1
- Submission 2 materials will be submitted by MCPs in September 2022, based on activity from January through June 2022

IPP Program Year 1 Design

Submission 1 Recap & Submission 2 Updates

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Submission 1: Overview & Goals



Components

- **Needs Assessment:** Baseline data about the status of delivery system infrastructure, ECM and Community Supports provider capacity, and Community Supports take-up.
- **Gap-Filling Plan:** Narrative that outlines MCPs' approaches to addressing gaps identified in the Needs Assessment. MCPs are expected to work closely with local partners to develop, vet, and iterate gap-filling plans.



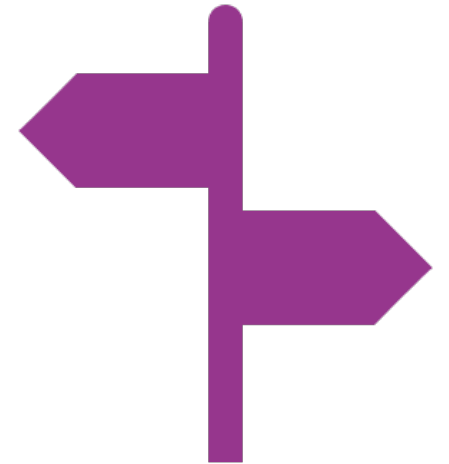
Goals

- **Landscape:** Provide a “point in time” understanding of the ECM and Community Supports infrastructure prior to launch. This landscape assessment is the baseline to measure programmatic growth.
- **Strategic Planning:** Create a common framework across MCPs and counties to facilitate long-term, sustainable planning.
- **Collaboration:** Establish collaborative relationships for MCPs and local partners.

Submission 2: Guiding Principles

The following principles drove the development of Submission 2 programmatic updates, with the understanding that additional updates will be incorporated into PY 2 design in the coming months.

- » Implement **feasible, high value changes** to Submission 2
- » Meaningfully **incorporate feedback** from stakeholders and key takeaways from the marketplace regarding ECM and Community Supports launch
- » Improve efficiency of submission and evaluation processes to **reduce the administrative burdens** of DHCS, MCPs, and local partners
- » **Advance the goals of CalAIM** and support **successful implementation** of ECM and Community Supports programs
- » Center the lives and **wellbeing of Medi-Cal members**



Submission 2: Summary of Updates

To inform Submission 2 updates, DHCS reviewed “on the ground” findings from ECM and Community Supports providers, MCPs, and other local partners. DHCS also solicited feedback from MCPs on the Submission 1 process.

Stakeholder Feedback/Marketplace Findings	Submission 2 Updates
<ul style="list-style-type: none">Reported confusion regarding how to answer questions that are not applicable to the MCP’s county (e.g., non-WPC counties, counties without recognized tribes)	<ul style="list-style-type: none">Provided either clarifying instructions or alternative questions for certain narrative measures for MCPs in non-WPC counties and/or counties without recognized tribes
<ul style="list-style-type: none">Mixed feedback from counties, providers, and other local partners regarding the availability of and participation in developing Needs Assessments and Gap-Filling Plans	<ul style="list-style-type: none">Include new measures to submit evidence of collaborative participation on the Gap Filling Plan with local partners and/or plans for engagementMore clearly delineate expectations regarding publicly posting and engaging local partners on Needs Assessments and Gap-Filling Plans
<ul style="list-style-type: none">Requests that multi-part narrative measures with several topics be separated into smaller, more distinct measures	<ul style="list-style-type: none">Streamlines and breaks up multi-topic narratives into discrete measures and, if possible, aligned narrative with quantitative measures

Submission 2: Summary of Updates

Stakeholder Feedback/Marketplace Findings	Submission 2 Updates
<ul style="list-style-type: none">Challenges in estimating available providers and demand for populations of focus (POFs) that are not yet live	<ul style="list-style-type: none">Allows submission of “0” for numerator of POFs that are not yet liveContinues requesting estimated demand (i.e., denominator) for POFs that are not yet live, but allowing for revision of the denominator at a later time
<ul style="list-style-type: none">Proposed revisions to the Needs Assessment responses, using new data and marketplace knowledge acquired since Submission 1	<ul style="list-style-type: none">Allows for updates to denominator figures (i.e., estimated demand); DHCS understands these figures will change as new information becomes available—
<ul style="list-style-type: none">Challenges in identifying data on community make-up (e.g., race)Desire to share data sources or methodologies used to develop quantitative responses or describe challenges in data collection	<ul style="list-style-type: none">Provides examples of publicly available data sources MCPs can leverage (e.g., <i>county-level demographic data from DOF</i>)*Creates an optional narrative field for MCPs to share context on their data sourcing and calculation methodologies (<i>does not impact score</i>)

* <https://dof.ca.gov/forecasting/demographics/>¹⁴

Submission 2: Summary of Updates

Stakeholder Feedback/Marketplace Findings	Submission 2 Updates
<ul style="list-style-type: none"> • Instructions for Submission 1 were often unclear, including instructions for certain measures, points structures, and processes 	<ul style="list-style-type: none"> • Adds clarity and specificity to measures to elicit more targeted responses • Refines programmatic explanations throughout Submission 2 materials • Enhances submission instructions throughout the reporting template
<ul style="list-style-type: none"> • Confusion regarding definitions of some terms in Submission 1 	<ul style="list-style-type: none"> • Adds definitions for unclear terms and defined often used terms
<ul style="list-style-type: none"> • Uncertainty regarding the reporting period of Submission 2 • Concern on how the possible Payment 1 recoupment will impact counties where ECM and Community Supports have not yet gone live 	<ul style="list-style-type: none"> • Added clarification that the reporting period is from Jan.—Jun. 2022 • Added clarification that, for counties where ECM and Community Supports will not have gone live until July 2022, performance improvement must be shown for the Jul. – Dec. 2022 reporting period
<ul style="list-style-type: none"> • Other feedback from stakeholders regarding discrete topics 	<ul style="list-style-type: none"> • Modify measure content, as needed, based on marketplace feedback

Next Steps

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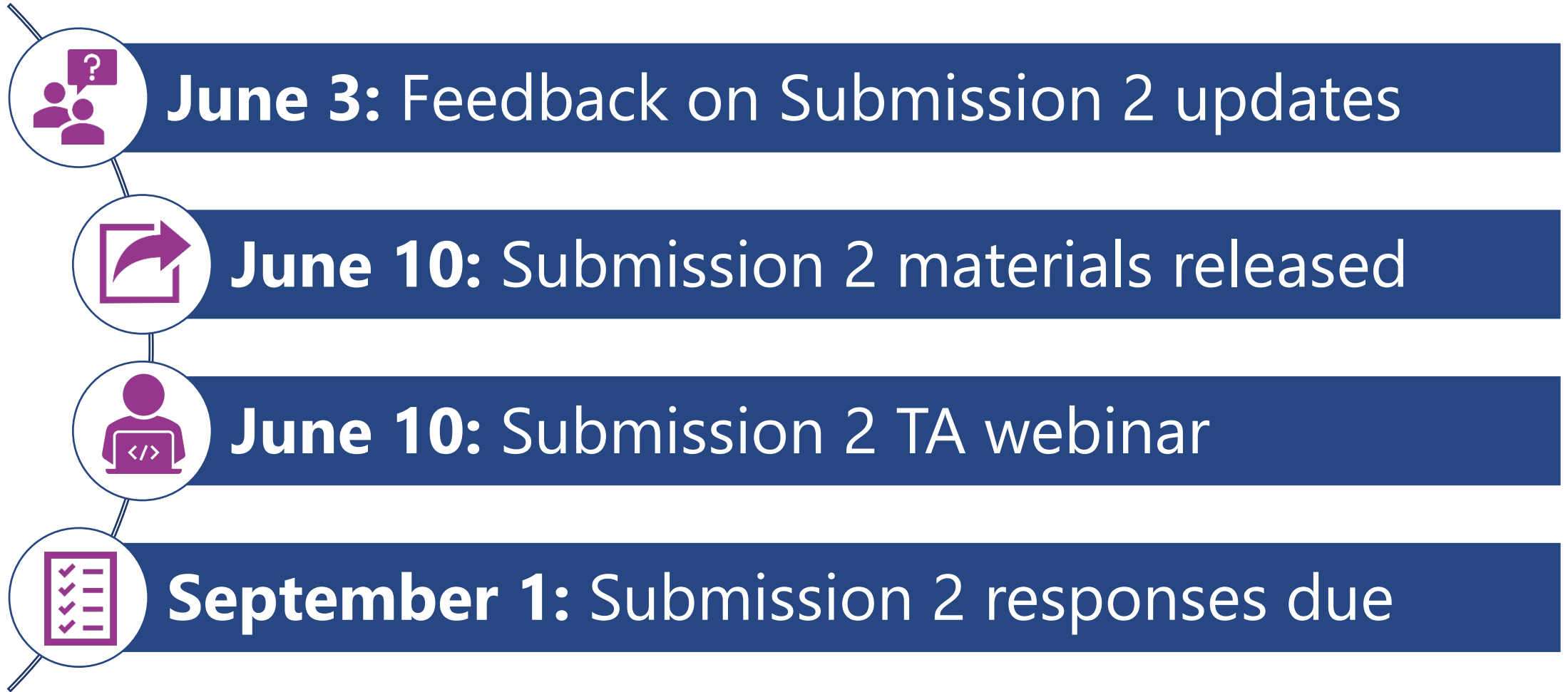
Share Your Feedback



- » DHCS is requesting your **feedback** on the proposed PY1 **Submission 2** updates discussed on today's call.
- » No later than **EOD Friday, June 3,** please share your feedback via email to the below stakeholder inbox:

CalAIMECMILOS@dhcs.ca.gov

Key Submission 2 Dates



Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.