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[Include MCP Name/County in Header]

Cover Sheet

This document outlines instructions for completing the Submission 4 Progress Report submission.

When submitting Progress Report responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this Progress Report applies in the header of their submission (header should repeat across all pages except Page 1). MCPs should also include a Cover Sheet with tables as shown below.

MCPs that operate in multiple counties will need to submit a separate Progress Report for each county in which they operate.

1. Details of Progress Report	
MCP Name	
MCP County	
Submission	Submission 4
Measurement Period	July 1, 2023 – December 31, 2023
2. Primary Point of Contact for Progress Report	
First and Last Name	
Title/Position	
Phone	
Email	

End of Section

Evaluation Criteria

Measure Criteria

Payment to MCPs is based on the successful completion of reporting and performance against measures in the Progress Report. The Progress Report materials indicate performance targets and point allocations for each measure. MCPs may earn no, partial, or all points on measures, as indicated.

Each measure in the Progress Report is assigned to one of the following Program Priority Areas:

- 1. Delivery System Infrastructure;
- 2. ECM Provider Capacity Building;
- 3. Community Supports Provider Capacity Building and Community Supports Take-Up; and
- 4. Quality and Emerging CalAIM Priorities.

Points Structure

MCPs can earn a maximum of 1,135 points in Submission 4. Of these, 100 points are available only to certain classes of MCPs operating in counties with Medi-Cal contracting transitions taking effect in January 2024.¹ All other MCPs will be able to earn a maximum of 1,035 points in Submission 4. This difference in maximum points is a technical scoring issue only and will not impact funding allocations nor dollars earned.

Priority Area	Points Allocation
1. Delivery System Infrastructure	Up to 120 points
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to 310 points
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to 220 points
4. Quality and Emerging CalAIM Priorities	Up to 485 points
TOTAL	Up to 1,135 points

¹ See [APL 23-003](#) for additional detail on MCP classes.

If an MCP achieves only a subset of the maximum possible points, it will earn a partial payment proportional to performance.

End of Section

Instructions

MCPs must submit their completed Submission 4 Progress Report by email to CalAIMECMILOS@dhcs.ca.gov by **Friday, March 1, 2024**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions.

Progress Report Format

The Submission 4 Progress Report consists of two documents: the Narrative Report (example contained in Appendix A of this Word document) and an accompanying Quantitative Reporting Template (Excel document). An additional document, Appendix B: Technical Specifications and Submission Guidance, provides clarification on measure definitions and further detail on submission requirements.

Quantitative Responses

MCPs must submit responses for quantitative measures using the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab and follow the prompts in the reporting template, referring to Appendix B: Technical Specifications and Submission Guidance where indicated.

For certain measures, MCPs may need to use publicly available data sources and complete their own calculations to respond. Examples of data sources include:

Source	Description	Link
California Department of Finance	Demographic data by county	https://dof.ca.gov/forecasting/demographics/
California Business, Consumer Services, and Housing Agency	Homeless Data Integration System (HDIS), which provides data on homelessness by county	https://bcsh.ca.gov/calich/hdis.html

Narrative Measures, Attestations, and Materials Submissions

In response to the narrative measure prompts, MCPs should describe activities conducted during the measurement period of July 1, 2023 through December 31, 2023.

MCPs must submit responses to narrative measures in the format specified in Appendix A: Narrative Report Format.

For measures where submission of supplemental materials or attestations are required (e.g., meeting notes and policies & procedures documents), MCPs should include these materials as additional attachments when submitting their completed Progress Report.

For narrative measures, there are multipart prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete. Narrative measures are considered “pay-for-performance” and will be evaluated against the criteria detailed in Appendix B: Technical Specifications and Submission Guidance.

End of Section

Measures for Priority Area 1: Delivery System Infrastructure

4.1.1 Measure Description

60 Points

Quantitative Response Only

Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE)

— — —

Aligns with measure 1.1.1, 2A.1.1, 2B.1.1, and 3.1.1.

NOTE: Measure excludes ECM providers employed by the MCP. See Technical Specifications for list of allowable ECM provider types.

Enter response in the Quantitative Reporting Template (Excel).

4.1.2 Measure Description

60 Points

Quantitative Response Only

Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP during the measurement period with access to closed-loop referral systems

— — —

Aligns with measure 1.1.4, 2A.1.4, 2B.1.4, and 3.1.2.

NOTE: Closed-loop referrals are defined as coordinating and referring the member to available community resources and following up to ensure services were rendered. A closed-loop referral system refers to a system or process which ensures the referring provider receives information that the Member was appropriately referred to, and received, services.

Enter response in the Quantitative Reporting Template (Excel).

End of Section

Measures for Priority Area 2: ECM Provider Capacity Building

4.2.1 Measure Description

60 Points
(30 Points for Each Sub-Measure)

Quantitative Response Only

Number of contracted ECM care team full time equivalents (FTEs)

— — —

Aligns with measure 1.2.1, 2A.2.1, 2B.2.1, and 3.2.1.

NOTE: Excludes ECM providers employed by the MCP. See Technical Specifications for list of allowable ECM provider types.

NOTE: Total FTEs are defined as the sum of ECM care team members' working hours divided by their employer's full-time working hours (i.e., 40 hours per week); multiple part-time ECM care team members can equate to one (1) FTE.

NOTE: MCPs are required to submit an attachment explaining the methodology for estimating denominators for each sub-measure, per the Instructions tab in the Quantitative Reporting Template (Excel).

Enter response in the Quantitative Reporting Template (Excel).

4.2.2 Measure Description

120 Points
(60 Points for Each Sub-Measure)

Quantitative Response Only

Number of Members enrolled in ECM

— — —

Aligns with measure 1.2.3, 2A.2.3, 2B.2.2, and 3.2.2.

Enter response in the Quantitative Reporting Template (Excel).

4.2.3 Measure Description

90 Points
(30 Points for Each Sub-Measure)

Quantitative Response Only

Number of members who are Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness that are enrolled in ECM during the measurement period

— — —

Aligns with measure 1.2.9, 2A.2.9, 2B.2.3, and 3.2.3.

Enter response in the Quantitative Reporting Template (Excel).

4.2.4 Measure Description

30 Points

Quantitative Response Only

Percentage of correctional facilities engaged by MCP outreach

— — —

Enter response in the Quantitative Reporting Template (Excel).

4.2.5 Measure Description

10 Points

Quantitative Response Only

Percentage of currently contracted ECM providers which employ staff with lived experience of justice system involvement

— — —

Enter response in the Quantitative Reporting Template (Excel).

End of Section

Measures for Priority Area 3: Community Supports Provider Capacity Building & Take-Up

4.3.1 Measure Description

120 Points
(60 Points for Each Sub-Measure)

Quantitative Response Only

Number of and percentage of eligible members receiving Community Supports, and number of unique Community Supports received by members

— — —

Aligns with measure 1.3.1, 2A.3.1, 2B.3.1, and 3.3.1.

Enter response in the Quantitative Reporting Template (Excel).

4.3.2 Measure Description

100 Points

Quantitative Response Only

Number of contracted Community Supports providers

— — —

Aligns with measure 1.3.2, 2A.3.2, 2B.3.2, and 3.3.2.

NOTE: See Technical Specifications for additional guidance.

NOTE: MCPs are required to submit an attachment explaining the methodology for estimating denominators for each sub-measure, per the Instructions tab in the Quantitative Reporting Template (Excel).

Enter response in the Quantitative Reporting Template (Excel).

End of Section

Measures for Priority Area 4: Quality and Emerging CalAIM Priorities

4.4.1 Measure Description

60 Points

(30 Points for Each Sub-Measure)

Quantitative Response Only

(A) Percentage of members who received CHW benefit

(B) CHW benefit utilization rate

— — —

Aligns with measure 3.4.1.

Enter response in the Quantitative Reporting Template (Excel).

4.4.2 Measure Description

60 Points

(30 Points for Each Sub-Measure)

Quantitative Response Only

(A) Percentage of contracted acute care facilities from which MCPs receive ADT notifications

(B) Percentage of contracted skilled nursing facilities (SNFs) from which MCPs receive ADT notifications

— — —

Aligns with measure 3.4.2.

NOTE: Acute care facilities exclude ICF/DD and intermediate rehab facilities

Enter response in the Quantitative Reporting Template (Excel).

4.4.3 Measure Description

15 Points

Quantitative Response Only

Percentage of members who had ambulatory visits within 7 days post hospital discharge

— — —

Aligns with measure 3.4.3.

Enter response in the Quantitative Reporting Template (Excel).

4.4.4 Measure Description

15 Points

Quantitative Response Only

Rate of emergency department (ED) visits per 1,000 member months for members ages 21 and older and who are eligible for ECM

— — —

Aligns with measure 3.4.4.

Enter response in the Quantitative Reporting Template (Excel).

4.4.5 Measure Description

15 Points

Quantitative Response Only

Percentage of emergency department (ED) visits with a discharge diagnosis of mental illness or intentional self-harm for members ages 21 and older and who are eligible for ECM who had a follow-up visit with any practitioner within 30 days of the ED visit (31 total days)

— — —

Aligns with measure 3.4.5.

Enter response in the Quantitative Reporting Template (Excel).

4.4.6 Measure Description

15 Points

Quantitative Response Only

Percentage of emergency department (ED) visits with a discharge diagnosis of alcohol or other drug (AOD) use or dependence for members ages 21 and older and who are eligible for ECM who had a follow-up visit with any practitioner within 30 days of the ED visit (31 total days)

— — —

Aligns with measure 3.4.6.

Enter response in the Quantitative Reporting Template (Excel).

4.4.7 Measure Description

15 Points

Quantitative Response Only

Percentage of members ages 21 and older and who are eligible for ECM who had an ambulatory or preventive care visit

— — —

Aligns with measure 3.4.7.

Enter response in the Quantitative Reporting Template (Excel).

4.4.8 Measure Description

15 Points

Quantitative Response Only

The percentage of members 3-20 years of age and who are eligible for ECM who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner.

— — —

Aligns with measure 3.4.8.

Enter response in the Quantitative Reporting Template (Excel).

4.4.9 Measure Description

15 Points

Quantitative Response Only

Percentage of hospital discharges for members ages 21 and older and who are eligible for ECM who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.

— — —

Aligns with measure 3.4.9.

Enter response in the Quantitative Reporting Template (Excel).

4.4.10 Measure Description

60 Points

Narrative Response & Materials Submission

MCP will submit:

(1) Written protocols for discharge planning and care transitions for each of these facility types:

- General acute care hospital
- Long term acute care hospital
- Skilled nursing facility

These protocols should include requirements for facilities to notify and communicate with primary care, and coordinate continuity of care with prior PCP and ECM providers, including sharing of discharge summaries, care plans, and medication lists.

(2) Meeting notes or emails showing progress toward requiring facilities to establish policies and procedures to support effective care transitions

(3) Narrative describing plan to establish periodic JOM with facilities serving the largest proportion of members. See technical specifications for a suggested methodology to identify facilities.

— — —
Aligns with measure 3.4.10.

Enter response in the Narrative Report; example in Appendix A.

Submit supporting materials as additional attachments.

4.4.11 Measure Description

100 Points

Quantitative Response & Attestation Submission

Demonstrate that the MCP provided a series of educational webinars/technical assistance (TA) sessions to its entire contracted network of providers during the measurement period focused on describing the ECM and Community Supports benefits and the process for submitting referrals and authorizations. The content of the webinar(s)/TA session(s) must include:

- 1) An overview of what ECM and Community Supports are;
- 2) Which Populations of Focus are eligible to receive ECM;
- 3) Information about which Community Supports are provided by the MCP;
- 4) How Providers can refer Members to ECM and Community Supports; and
- 5) The process the MCP follows to authorize ECM and Community Supports.

MCP must attest that it completed a series of educational webinars/TA sessions, as outlined above, and also respond to the quantitative measure prompt.

— — —

Aligns with measure 3.4.11.

Enter response in the Quantitative Reporting Template (Excel).

Submit attestation as additional attachment.

4.4.12 Measure Description

100 Points

Materials Submission

For all MCPs operating in counties where at least one MCP will be exiting or entering the Medi-Cal Managed Care market as of 1/1/2024, inclusive of MCP transitions from subcontracts to prime contracts.

Submission of a managed care transition plan outlining the MCP's plan to:

- (1) Support the transition of MCPs exiting the Medi-Cal Managed Care market in the given county by December 31, 2023; and
- (2) Support and collaborate with MCPs entering the market or transitioning from subcontract to prime contract in the given county on January 1, 2024.

The transition plan should describe how MCPs:

- (1) Supported transition of and coordination and collaboration with ECM and Community Supports provider networks to promote continuity of care for the member population, including:
 - a) Sharing the exiting MCPs' network rosters of currently and previously contracted ECM and Community Supports providers, inclusive of provider contact information;
 - b) Sharing the exiting MCPs' detailed documentation on plan-provider data exchange standards and protocols used to share member data with all currently contracted ECM and Community Supports providers;
 - c) Facilitating meetings between the exiting and entering MCPs with all ECM and Community Supports providers contracted in the prior plan year (MCPs may leverage PATH Regional Collaborative Planning meetings to meet this requirement);

- d) Collaborating with other Medi-Cal MCPs operating in the county to align ECM and Community Supports authorization and referral processes and related data sharing requirements and specifications; and
- e) Facilitating meetings between the exiting and entering MCPs with all county and regional partners engaged in ECM and Community Supports collaboration, including county behavioral health providers, county offices of California Children’s Services, local Continuums of Care, and local California Wraparound Hubs. (MCPs may leverage PATH Regional Collaborative Planning meetings to meet this requirement)

(2) Supported coordination and transition of PATH funded activities (e.g., MCP engagement in the Collaborative Planning initiative);

(3) Determined the needs and gaps in the county related to:

- a) Delivery system infrastructure;
- b) ECM provider capacity building;
- c) Community Supports provider capacity building and Community Supports take-up; and,
- d) Communicated these needs and gaps to all incumbent, entering, or exiting MCPs in the county.

MCPs must also submit a signed attestation from MCPs both exiting and entering the county on January 1, 2024, as well as incumbent MCPs remaining in the county, indicating that the parties were provided opportunities to review, comment and provide input into the transition plan and describing their support for the transition plan.

— — —

No equivalent measure for Submissions 1, 2A, 2B, or 3.

NOTE: This measure is NOT required for incumbent MCPs operating in counties with no contracting transitions.

Submit materials as additional attachments.

End of Section

Appendix A: Narrative Report Format

- Narrative responses should be submitted as a Word document file with 1 inch margins and 12 point Arial font.
- A Cover Sheet is required, as shown on Page 2 of the Progress Report.
- The MCP name and county must be included in the header on each page of the document.
- The measure number and point allocations must be at the top of the page as shown in this example:

4.4.10 Narrative Response

60 Points

- Include only one measure per page.
- The following page contains a sample Narrative Response.

[Include MCP Name/County in Header]

4.4.10 Narrative Response

60 Points

[MCP response in 12 point Arial font]

[Include MCP Name/County in Header]

End of Section

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