CalAIM Incentive Payment Program (IPP) Webinar

December 22, 2022

DHCS

Agenda

» **IPP Timeline**

» **Submissions 3-5 Preview**

» **Next Steps and Q&A**

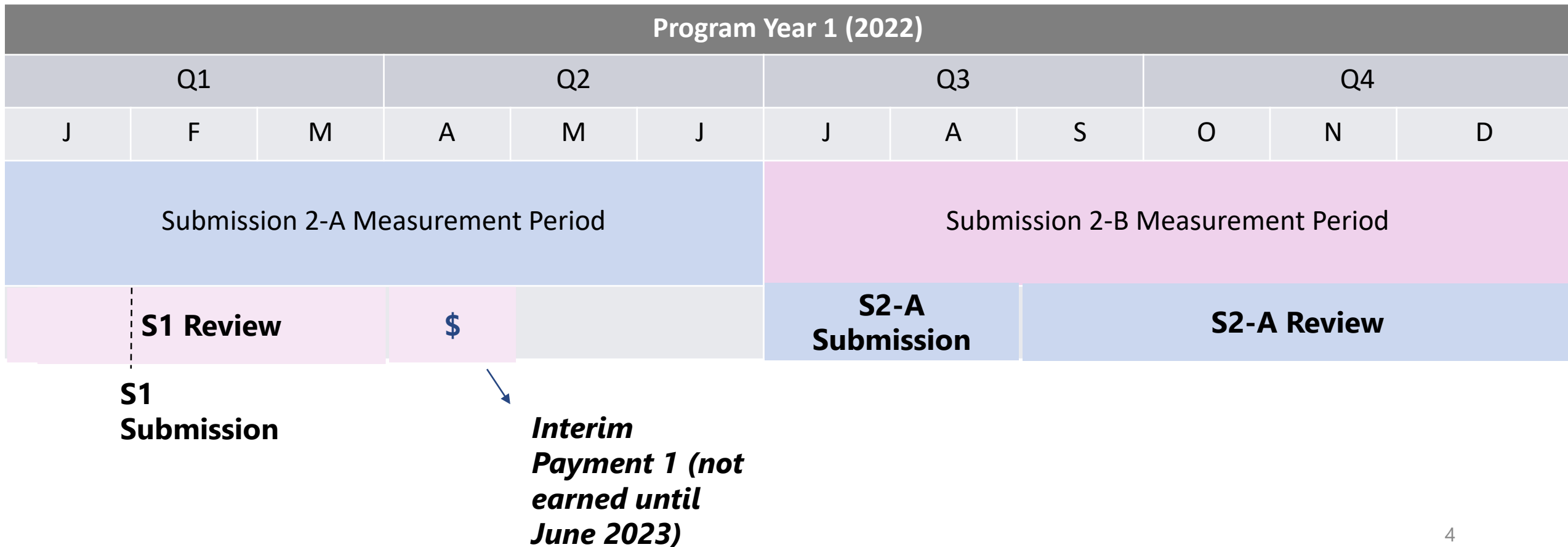» **DHCS Notice of the Public Health Emergency (PHE) Unwinding**

Today's Goals:

- Review **full program timeline** for IPP
- Preview measure set for **Submissions 3-5**
- **Explain key next steps** and answer questions

IPP Timeline

IPP Timeline

IPP assesses performance in 6-month increments across three distinct Program Years (PY). MCPs submit reports documenting progress against program measures following each measurement period. DHCS will make five IPP payments in total, with dollar amounts earned based on MCP submission scores.

Program Year 1 (2022)											
Q1			Q2			Q3			Q4		
J	F	M	A	M	J	J	A	S	O	N	D

Submission 2-A Measurement Period	Submission 2-B Measurement Period

| S1 Review | $ | | S2-A Submission | S2-A Review |

S1 Submission

Interim Payment 1 (not earned until June 2023)

IPP Timeline

IPP assesses performance in 6-month increments across three distinct Program Years (PY). MCPs submit reports documenting progress against program measures following each measurement period. DHCS will make five IPP payments in total, with dollar amounts earned based on MCP submission scores.

Program Year 2 (2023)											
Q1			Q2			Q3			Q4		
J	F	M	A	M	J	J	A	S	O	N	D
Submission 3 Measurement Period						Submission 4 Measurement Period					
S2-A Submission	S2-A Review				$	S3 Submission		S3 Review			$

Payment 2

MCPs will next complete Submission 2-B (S2-B) due in March 2023. S2-B measures progress from July – December 2022 against a streamlined version of the S2-A measure set. S2-B is *required* for all MCPs to fully earn interim Payment 1 and earn Payment 2.

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IPP Timeline

IPP assesses performance in 6-month increments across three distinct Program Years (PY). MCPs submit reports documenting progress against program measures following each measurement period. DHCS will make five IPP payments in total, with dollar amounts earned based on MCP submission scores.

Program Year 3 (1H2024)											
Q1			Q2			Q3			Q4		
J	F	M	A	M	J	J	A	S	O	N	D
Submission 5 Measurement Period											
S4 Submission		S4 Review			$	S5 Submission			S5 Review		$

Submissions 3-5 Preview

Submissions 3-5: IPP Vision, Principles, & Goals

IPP is designed to support continued _expansion_ of ECM, Community Supports and other CalAIM goals by incentivizing the use of sustainable infrastructure and capacity, member engagement, service quality, and equity.

IPP Vision

Support the implementation and expansion of ECM, Community Supports, and other CalAIM goals through incentives focused on capacity building, infrastructure, equity and quality.

Design Principles

Updated **design principles** and **goals** for IPP guided the development of program measures for Submissions 3-5.

Strive for **simplicity** by identifying key priorities and finalizing program design

Identify opportunities for **alignment** with other DHCS programs and measure sets

Apply an **equity lens** to program measures and milestones

Submissions 3-5: IPP Vision, Principles, & Goals

IPP is designed to support continued _expansion_ of ECM, Community Supports and other CalAIM goals by incentivizing the use of sustainable infrastructure and capacity, member engagement, service quality, and equity.

IPP Vision

Support the implementation and expansion of ECM, Community Supports, and other CalAIM goals through incentives focused on capacity building, infrastructure, equity and quality.

Goals Moving Forward

Engagement and Service Delivery/Utilization
- Meet member engagement targets
- Identify and obtain useable information for DHCS to assess member engagement and service delivery

Sustainable Infrastructure and Capacity
- Advance health information technology capabilities, workforce capacity, and MCP provider networks

Quality
- Promote utilization of services to further the goals and requirements of the PHM Program
- Measure the impact of programs

### Equity, Access and Support for PoFs
- Continue to advance equitable access for existing PoFs
- Establish new IPP components to support access for new PoFs, including Children & Youth, Justice Involved, and LTC

Submissions 3-5: Measure Set Preview

DHCS has simplified and streamlined the IPP measure set based on stakeholder feedback and experiences with ECM, Community Supports, and other CalAIM initiatives to date. Submissions 3, 4, and 5 have **fewer total measures, fewer narrative** measures, revised language to **promote clarity**, and a shift from reporting to **performance**. Select **new measures** correspond to emerging priorities and CalAIM goals, including ECM Populations of Focus going live in 2023 and 2024.

➢ *Similar to prior reporting periods, measures are organized into four Priority Areas:*

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

➢ *Most measures require only a quantitative response rather than a narrative. Scoring for most quantitative measures is based on a gap-filling calculation relative to baseline*

➢ *Submissions 3-5 have an updated approach to quality measurement with fewer, more targeted measures*

➢ *For Submissions 3-5, all measures are mandatory for the relevant class of MCPs*

Submissions 3-5: Revised Measures
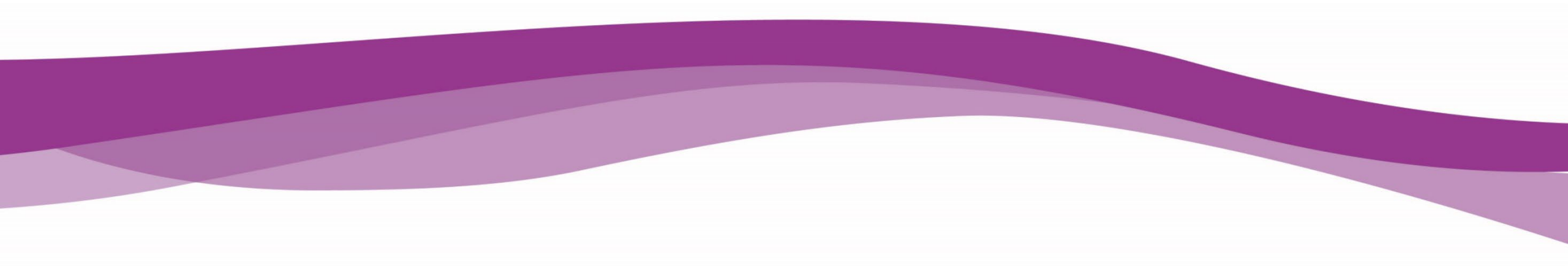
Submissions 3-5: Revised Measures

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

Narrative: Describe the concrete steps taken and investments made by the MCP to increase the number of contracted providers with capabilities to electronically store, manage, and exchange care plan information and clinical documents with other care team members

Payment 1 equivalent: Measure 1.1.1

3.1.1, 4.1.1 *(Removed for Submission 5)*
Quantitative Response Only
Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE)

This measure is required for Submissions 3 and 4 and removed for Submission 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

Submissions 3-5: Revised Measures

3.1.1, 4.1.1 *(continued)*
Quantitative Response Only
Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE)

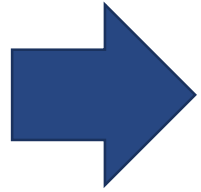| Numerator:	Denominator:
Number of identified ECM providers with contracts in place for the MCP's provider network to provide ECM services during the measurement period that engage in bi-directional Health Information Exchange (HIE). In order to meet the requirement to actively engage in bi-directional HIE, all contracted ECM providers must: - Sign the statewide CalHHS Data Sharing Agreement; and - Attest to having a participation agreement with a health information exchange organization (HIO) OR have an active Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) in place.	Total number of identified ECM providers with contracts in place for the MCP's provider network to provide ECM services during the measurement period

Submissions 3-5: Revised Measures

2.1.4 Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP starting January 1, 2022 or July 1, 2022, with access to closed-loop referral systems

Payment 1 equivalent: Measure 1.1.4

This measure is required for Submissions 3, 4, and 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

3.1.2, 4.1.2, 5.1.2
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 or going live in the following measurement period with access to closed-loop referral systems.

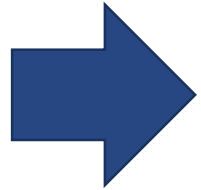| Numerator:	Denominator:
Number of identified Community Supports providers with contracts in place for MCP's provider network to offer Community Supports during the measurement period or going live in the following measurement period and who have access to closed-loop referral systems.	Total number of identified Community Supports providers with contracts in place for the MCP's provider network to provide Community Supports services during the measurement period

Submissions 3-5: Revised Measures

2.2.1 *Number of contracted ECM care team FTEs*

Payment 1 equivalent: Measure 1.2.1

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3.2.1, 4.2.1, 5.2.1
Quantitative Response Only
Number of contracted ECM care team FTEs

| **Numerator:** Number of contracted ECM care team FTEs serving adults	**Denominator:** Total number of ECM care team FTEs needed to serve adult members who meet eligibility criteria for ECM services as of the last day of the measurement period
Numerator: Number of contracted ECM care team FTEs serving children and youth	**Denominator:** Total number of ECM care team FTEs needed to serve child and youth members who meet eligibility criteria for ECM services as of the last day of the measurement period

This measure is required for Submissions 3, 4, and 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

Submissions 3-5: Revised Measures

2.2.3 *Number of Members receiving ECM*

Payment 1 equivalent: Measure 1.2.3
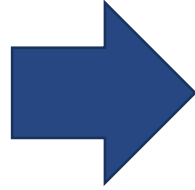
3.2.2, 4.2.2, 5.2.2
Quantitative Response Only
Number of Members enrolled in ECM

Numerator: Total number of adult members enrolled in ECM during the measurement period	**Denominator:** Total number of adult members that meet the eligibility criteria for any ECM Populations of Focus that are live during the measurement period
Numerator: Total number of child and youth members enrolled in ECM during the measurement period	**Denominator:** Total number of members that meet the eligibility criteria for any ECM Populations of Focus that are live during the measurement period

This measure is required for Submissions 3, 4, and 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

Submissions 3-5: Revised Measures

2.2.9 Baseline data for individuals who are Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions."

Narrative: Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions." Response should include details on what barriers have been identified in reaching these populations as well as concrete steps taken and investments made to address these barriers, including partnerships with local partners.

Payment 1 equivalent: Measure 1.2.9

3.2.3, 4.2.3, 5.2.3
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

This measure is required for Submissions 3 and 4 and removed for Submission 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

Submissions 3-5: Revised Measures

3.2.3, 4.2.3, 5.2.3 *(continued)*
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

Numerator:	**Denominator:**
Number of Black/African American members who 1) were enrolled in ECM and 2) were experiencing homelessness or were at risk of experiencing homelessness during the measurement period. The member needs to be ECM eligible and ECM enrolled to be counted.	Number of Black/African American members who were experiencing homelessness or were at risk of experiencing homelessness during the measurement period. The member needs to be ECM eligible to be counted.
Number of _____ [racial or ethnic group disproportionately experiencing homelessness in the county] members who 1) were enrolled in ECM and 2) were experiencing homelessness or were at risk of experiencing homelessness during the measurement period. The member needs to be ECM eligible and ECM enrolled to be counted.	Number of _____ [racial or ethnic group disproportionately experiencing homelessness in the county] members who were experiencing homelessness or were at risk of experiencing homelessness during the measurement period. The member needs to be ECM eligible to be counted.

Submissions 3-5: Revised Measures

2.3.2 *Number of contracted Community Supports providers*

NOTE: For Community Supports that the MCP was not offering as of June 30, 2022, MCPs should enter a ""0"" in the numerator. In the denominator, MCPs should provide either (1) an estimate for the number of providers expected to meet demand for a Community Support that will be offered at a later time; or (2) enter a ""0"" if the MCP does not plan to offer that Community Support.

Payment 1 equivalent: Measure 1.3.2

This measure is required for Submissions 3, 4, and 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%. Only applies to Community Supports which were live during the reporting period.

3.3.2, 4.3.2, 5.3.2
Quantitative Response Only
Number of contracted Community Supports providers.

Sub-measure numerator and denominator statements are specific to each of fourteen (14) Community Supports. Numerator and denominator shown below are examples for one specific Community Support.

Numerator:	**Denominator:**
Number of Community Supports providers with contracts in place for the MCP's provider network to provide Housing Transition Navigation Services during the measurement period	Number of providers needed to serve members who are eligible for Housing Transition Navigation Services

Submissions 3-5: Revised Measures

2.3.9 The number of individuals enrolled in the Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," who were housed for more than 6 consecutive months.
No equivalent measure for Payment 1

3.4.8, 4.4.8, 5.4.8 Quantitative Response Only
The number of individuals who meet the criteria for the Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," who were (1) newly transitioned into housing *(NEW)* and (2) housed for more than 6 consecutive months.

This measure is required for Submissions 3 and 4 and removed for Submission 5. Scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

3.4.8, 4.4.8, 5.4.8 Quantitative Response Only *(continued)*
The number of individuals who meet the criteria for the Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," who were (1) newly transitioned into housing *(NEW)* and (2) housed for more than 6 consecutive months.

(NEW) **Numerator:** Number of members who (1) meet the eligibility criteria for the Population of Focus, "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," and (2) transitioned into housing during the measurement period	*(NEW)* **Denominator:** Total number of members who meet the eligibility criteria for the Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions" during the measurement period
Numerator: Number of members who (1) meet the eligibility criteria for the Population of Focus *(as above)* and (2) transitioned into housing during the measurement period, or within 6 months prior, and were housed for more than 6 consecutive months	**Denominator:** Total number of members who meet the eligibility criteria for the Population of Focus *(as above)* during the measurement period

Submissions 3-5:
New Measures
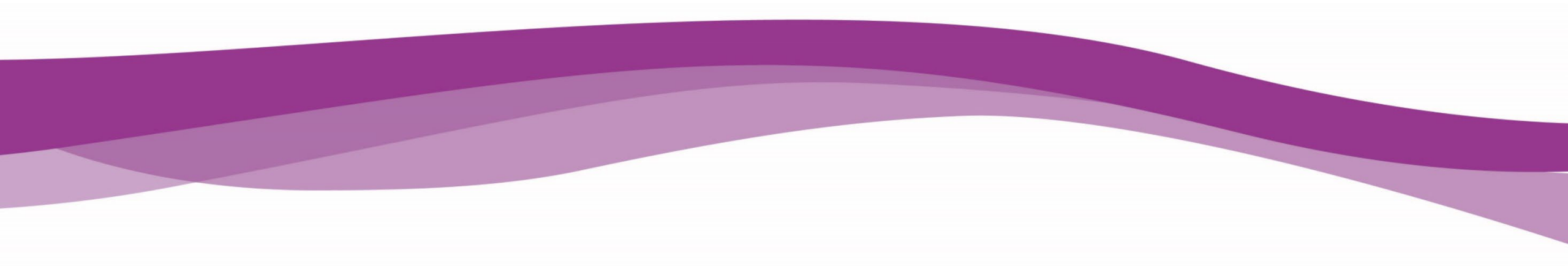
Submissions 3-5: New Measures

Measure Description

3.2.4 Narrative Response Only

Describe the MCP's strategy to provide comprehensive provider education and training on ECM. The response must include how the MCP is supporting:

- Outreach and education on ECM for the MCP's entire contracted provider network in the county;
- Ongoing training and TA for the entire contracted provider network in the county on timely identification and referral of members eligible for ECM; and
- Ongoing training and TA for the ECM workforce in the county (including but not limited to billing, contracting, authorization for ECM services, Medi-Cal certification, workforce recruitment and retention, and cultural competency needs by county).

MCPs must clarify if trainings and TA are offered directly from the MCP, through external trainings and TA (including those offered by DHCS), or through other means (e.g. participation in local health fairs, conferences, Roundtable/workgroups).

Responses must include specific activities conducted during the measurement period related to:

- Training and TA on ECM in general,
- Outreach and education efforts to local organizations that are not contracted with the MCP but may serve the eligible populations for ECM, and
- The efforts to educate and contract with local providers to offer ECM.

This measure is required for Submission 3 and, for MCPs newly entering the county, in Submission 5.

Submissions 3-5: New Measures

Measure Description	Numerator	Denominator
3.2.5, 5.2.5 **Quantitative Response & Attestation** Demonstrate that the MCP provided a series of educational webinars/technical assistance (TA) sessions to the entire contracted network of providers during the measurement period focused on describing the ECM benefit 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 is; 2) which Populations of Focus are eligible to receive ECM; 3) how Providers can refer Members; and 4) the process the MCP follows to authorize ECM. MCP must attest that it completed a series of educational webinars/TA sessions, as outlined above, and also respond to the quantitative measure prompt.	Number of contracted providers in the county that have attended at least one educational webinar/TA session on ECM (as described in the measure description) during the measurement period	Total number of contracted providers in the MCP's provider network in the county during the measurement period

This measure is required for Submissions 3 and, for MCPs newly entering the county, in Submission 5. Scoring is based on a uniform performance threshold to be determined.

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Submissions 3-5: New Measures

Measure Description	Numerator	Denominator
3.2.6, 4.2.6, 5.2.6 **Quantitative Response Only** Number of FTEs in ECM contract providers with demonstrated experience providing re-entry services to justice involved populations	Number of FTEs in contracted ECM providers who have demonstrated expertise and experience providing pre- and post-release re-entry services as individuals leave carceral settings and re-enter the community	Total number of incarcerated individuals released from jails or prisons in the county in the previous year

This measure is required for Submissions 3, 4, and 5. Scoring is based on pay-for-reporting in Submission 3 to establish a baseline.

Submissions 3-5: New Measures

Measure Description

3.3.3 Narrative Response Only

Describe the MCP's strategy to provide comprehensive provider education and training on Community Supports. The response must include how the MCP is supporting:

- Outreach and education on Community Supports for the MCP's entire contracted provider network in the county;
- Ongoing training and TA for the entire contracted provider network in the county on timely identification and referral of members eligible for Community Supports; and
- Ongoing training and TA for the Community Supports workforce in the county (including, but not limited to, billing, contracting, Medi-Cal certification, workforce recruitment and retention, and cultural competency needs by county).

MCPs must clarify if trainings and TA are offered directly from the MCP, through external trainings and TA (including those offered by DHCS), or through other means (e.g. participation in local health fairs, conferences, Roundtable/workgroups).

Responses must include specific activities conducted during the measurement period related to:

- Training and TA on Community Supports in general and specific trainings and TA on Community Supports offered in the county,
- Outreach and education efforts to local organizations that are not contracted with the MCP, but serve the eligible populations for Community Supports, and
- The efforts to educate and contract with local providers to offer Community Supports.

This measure is required for Submission 3 and, for MCPs newly entering the county, in Submission 5.

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Measure Description	Numerator	Denominator
3.3.4, 5.3.4 Quantitative Response & Attestation Demonstrate that the MCP has provided a series of educational webinars/technical assistance (TA) sessions to the entire contracted network of providers during the measurement period focused on describing which Community Supports the MCP offers and the process for submitting referrals and authorizations. The content of the webinars/TA sessions must include: 1) an overview of what Community Supports are; 2) information about which Community Supports are provided by the MCP; 3) how Providers can refer Members to Community Supports; and 4) the process the MCP follows to authorize Community Support(s). MCP must attest that it completed a series of educational webinars/TA sessions, as outlined above, and respond to the quantitative measure prompt.	Number of contracted providers in the county that have attended at least one educational webinar/TA session on Community Supports (as described in the measure description) during the measurement period	Total number of contracted providers in the MCP's provider network in the county during the measurement period.

This measure is required for Submissions 3 and, for MCPs newly entering the county, in Submission 5. Scoring is based on a uniform performance threshold to be determined.

Submissions 3-5: New Measures

Measure Description	Numerator	Denominator
3.4.1, 4.4.1, 5.4.1 **Quantitative Response Only** The number of CHW FTEs available to meet member needs for CHW assistance.	Number of FTE providers available to be assigned as CHWs for individuals through the MCP contracted network. Note: For FTE purposes, this number excludes CHWs being used for ECM.	The total number of FTE CHWs needed to meet anticipated member needs for CHW assistance. For FTE purposes, this number excludes CHWs being used for ECM. Note: This number is plan specific based on usage assumed in the capitated rate.

This measure is required for Submissions 3, 4, and 5. Scoring is based on pay-for-reporting in Submission 3 to establish a baseline. In Submissions 4 and 5, scoring is based on 20% gap-filling improvement from the prior reporting period, or achievement of at least 90%.

Submissions 3-5: Quality Measurement

Submissions 3-5 include simplified, targeted quality measures. Reporting on all quality measures is **mandatory**.

Measure	Measure Description
4.2	Rate of emergency department (ED) visits per 1,000 member months for members ages 21 and older and who are eligible for ECM
4.3	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)
4.4	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)
4.5	Percentage of members are ages 21 and older and who are eligible for ECM who had an ambulatory or preventive care visit

Submissions 3-5: Quality Measurement Continue

Submissions 3-5 include simplified, targeted quality measures. Reporting on all quality measures is mandatory.

Measure	Measure Description
4.6	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
4.7	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
4.9	*(CMS MLTSS-2)* The percentage of Medicaid MLTSS participants ages 21 and older and who are eligible for ECM who have documentation of a long-term services and supports (LTSS) comprehensive care plan in a specified timeframe that includes documentation of core elements

Scoring is based on pay-for-reporting in Submission 3 to establish a baseline.

Submissions 3-5: Classes of MCPs

Submission 5, which reports progress during the final IPP measurement period (January – June 2024), coincides with transitions in Medi-Cal managed care plan contracting. Both continuing and new market entrant MCPs will have an opportunity to participate in IPP and earn Payment 5 incentives. MCPs in markets with contracting transitions will report on additional, transition-specific measures in Submissions 4 and 5.

Program Year 3 (1H2024)											
Q1			Q2			Q3			Q4		
J	F	M	A	M	J	J	A	S	O	N	D
Submission 5 Measurement Period											
S4 Submission		S4 Review			$	S5 Submission			S5 Review		$

MCPs exiting a market on December 31, 2023 will be eligible to participate in Submission 4, including a specialized measure requiring materials submission of a transition plan. MCPs entering a market as of January 1, 2024 will be eligible to participate in Submission 5 and must submit a Needs Assessment and Gap-Filling Plan upon market entry as a condition of participation in IPP.

Approach to Technical Assistance

DHCS continues to be committed to providing MCPs with robust technical assistance and support in responding to and submitting IPP materials. Specifically, DHCS will provide support through:

Office Hours

DHCS will host technical assistance calls for Submissions 3-5.* MCPs should view this as an "office hours"-style venue and may submit questions in advance of these calls.

Offline Support

DHCS can answer a wide array of ad hoc questions about Submissions 3-5 via email. MCPs should send offline questions to:

CalAIMECMILOS@dhcs.ca.gov

One-on-One Calls

As needed, DHCS can accommodate one-on-one calls to address any specific, individualized challenges MCPs may face in completing submissions.

* DHCS may leverage the monthly "CalAIM: Monthly ECM/CS MCP Meeting" calls, depending on schedule

Next Steps and Q&A

Next Steps

Stakeholders provide feedback on IPP materials

DHCS incorporates stakeholder feedback

DHCS finalizes measure set and APL

Questions should be submitted to
CALAIMECMILOS@dhcs.ca.gov.

DHCS Notice of the Public Health Emergency (PHE) Unwinding

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.