



CALAIM INCENTIVE PAYMENT PROGRAM (IPP)

Payment 2 Progress Report (*Updated Spring 2023*)

Submissions 2-A and 2-B

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Cover Sheet

Response Required to this Section

This document outlines instructions for completing the Payment 2 Progress Report submissions.

When submitting Payment 2 responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this Gap Assessment 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	Aetna Better Health of California
MCP County	Sacramento
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	YES
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022 Payment 2 (Submission 2-A and Submission 2-B)
Reporting Periods	Submission 2-A: January 1, 2022 – June 30, 2022 Submission 2-B: July 1, 2022 – December 31, 2022

2. Primary Point of Contact for This Gap Assessment Progress Report	
First and Last Name	
Title/Position	
Phone	
Email	

End of Section

Introduction

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports by incentivizing 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 Payment 1

To qualify for Payment 1 of the IPP, MCPs submitted the Needs Assessment and the Gap-Filling Plan in January 2022. The Needs Assessment was intended to provide a “point in time” understanding of ECM and Community Supports infrastructure and provider capacity prior to launch. The Gap-Filling Plan—which MCPs were to develop in conjunction with local partners—outlines MCPs’ approaches to addressing gaps identified in the Needs Assessment.

DHCS issued Payment 1 to MCPs in April 2022 on an interim basis, based on DHCS’ review and acceptance of Submission 1. MCPs must demonstrate progress on activities outlined in their Gap-Filling Plan to fully earn Payment 1. MCPs were evaluated based on the set of measures they submitted as part of their Needs Assessment and Gap-Filling Plan to determine acceptance of Submission 1. Points for each measure were either credited in full, or not credited, unless the measure is noted as having a tiered evaluation approach. For the measures that are evaluated using a tiered approach, MCPs received the specified number of points within each tier for having completed the activity associated with each tier, as detailed in the Measure Set and Reporting Template. All other measures do not use a tiered approach and MCPs received either full or no credit for the measures. For counties where ECM and Community Supports have gone live as of June 30, 2022, Payment 2 measures that determine whether Payment 1 is fully earned are outlined in the Progress Report.¹ Please refer to the IPP [All Plan Letter \(APL\)](#) and IPP [FAQ](#) for more information.

¹ Applies only to counties where ECM and Community Supports have gone live as of June 30, 2022. For counties where ECM and Community Supports will not have gone live until July 1, 2022, performance improvement must be shown during the July – December 2022 reporting period.

IPP Payment 2

For Payment 2 and beyond, MCPs will submit Progress Reports to demonstrate their progress against the Gap-Filling Plans that were developed for Payment 1 submissions. All measures in the Progress Reports build on the requirements contained in the Needs Assessment, Gap-Filling Plan, and associated APL and are referenced, where appropriate, throughout. Before beginning work on the Progress Reports, MCPs should review these documents to ensure complete and robust responses.

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, with a fourth Quality Program Priority Area that is allocated between Priority Areas 2-3:

1. Delivery System Infrastructure;
2. ECM Provider Capacity Building; and
3. Community Supports Provider Capacity Building and Community Supports Take-Up

Points Structure

MCPs can earn a maximum of 1,000 points for Submission 2-A. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 700 points is assigned between the mandatory and optional² measures in Program Priority Areas 1-3. MCPs may allocate the remaining 300 points across Program Priority Areas 1-3; points from this discretionary allocation are earned proportionately based on performance.³

² MCPs are required to report on a minimum number of optional measures.

³ For example, if an 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.

(Added Spring 2023) MCPs will earn Payment 2 based on their total points achieved across Submission 2-A and Submission 2-B. MCPs can earn a maximum of 120 points for Submission 2-B. If an MCP achieves only a subset of these points, it will earn a partial payment. A total of 120 points is assigned to mandatory measures in Program Priority Areas 1-3.

MCPs must indicate their discretionary allocation distribution in their submission response for Submission 2-A (does not need to be in table format). Allocations for this submission do not need to align with allocation ratios in other IPP submissions.

Priority Area	Mandatory Measures	Optional Quality Measures (Priority Area #4)	Discretionary Allocations
1. Delivery System Infrastructure	Up to 200 points	<i>None</i>	130
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to 170 points	Up to 30 points	70
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to 250 points	Up to 50 points	100
Category Totals	Up to 620 points	Up to 80 points	Up to 300 points
TOTAL	Up to 1,000 points		

DHCS may, at its sole discretion, consider granting exceptions in limited cases where the MCP makes a compelling request to DHCS to allocate more than 30% to the MCP's selected Program Priority Area (i.e., by allocating dollars from another priority area). MCPs requesting to allocate more than 300 points must respond to the following prompt; otherwise, leave blank:

(OPTIONAL) Describe preferred allocation methodology, including how many points would be allocated to each measure (where different from above), and reason for requesting an allocation different from that above. (100 word limit)

End of Section

Instructions

MCPs must submit the Submission 2-A Gap-Filling Progress Report to CalAIMECMILOS@dhcs.ca.gov by **Thursday, September 1, 2022**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions. (Added Spring 2023) MCPs must submit the Submission 2-B Progress Report to CalAIMECMILOS@dhcs.ca.gov by March 15, 2023 for the measurement period beginning July 1, 2022 and ending December 31, 2022.

Progress Report Format

The Progress Report consists of two documents: the Narrative Report (as outlined in this Word document) and an accompanying Quantitative Reporting Template (Excel document). The Narrative Report includes Appendices A-B, which contain additional information, instructions, and references that are applicable to the Submission 2-A Progress Report.

For Submission 2-A, MCPs are required to submit responses to the measures noted as mandatory and for a minimum number of optional⁴ measures. **MCPs are permitted and encouraged to work closely with providers and other local partners on these measures and any ongoing strategic planning.**

Sections that require MCPs to submit a response are indicated under each header in this document with the phrase *"Response Required to This Section."* No response is required from MCPs to any other sections.

For Submission 2-B, all measures are mandatory and MCPs are required to submit responses to all measures.

Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted during the measurement period of January 1, 2022 through June 30, 2022 for Submission 2-A, and during the measurement period of July 1, 2022 through December

⁴ Refer to Appendix B for more information on responding to mandatory and optional measures.

31, 2022 for Submission 2-B (regardless of when the Gap-Filling Plan was submitted to and finalized with DHCS).

For several measures, attachments and supplemental information are required (e.g., meeting agendas). MCPs should include these attachments via email submissions.

For several measures, there are multipart narrative prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete.

For several measures, there are alternative narrative prompts within the measure to account for variances among counties (e.g., counties with and without recognized Tribes). MCPs must respond only to the question that is applicable to the county for which the Progress Report is being completed.

Quantitative Responses

MCPs must submit responses for quantitative measures within the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab, follow the prompts in the reporting template, and enter responses accordingly.

For several measures, MCPs may need to use publicly available data sources and complete their own calculations to respond to some measure prompts. Examples of data sources that may be helpful in MCP responses 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

End of Section

Submission 2-A Measures for Priority Area 1: Delivery System Infrastructure

Response Required to This Section

2.1.1 Measure Description

*Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response*

Quantitative Response

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

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with HIE capabilities to electronically store, manage, and securely exchange health information and other clinical documents with other care team members (i.e., with other providers outside of the ECM’s practice, clinic or care setting). (100 word limit)

Aetna collaborated with our Plan partners in Sacramento to: 1) collect baseline data through ECM/CS certification application and gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to electronically store, manage, and exchange care plan information and clinical documents with other care team members. Aetna worked with our plan partners to evaluate all the IPP funding requests, processed them with our plan partners and subsequently granted funds to applicants that requested them. Aetna worked with its plan partners to jointly fund most of the providers together, for them to begin the work to increase their capacity.

2.1.2 Measure Description

*Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response*

Quantitative Response

Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. (100 word limit)

Aetna collaborated with our Plan partners in Sacramento: 1) collect baseline data through ECM/CS certification application and gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. Aetna worked with our plan partners to evaluate all the IPP funding requests, processed them with our plan partners and subsequently granted funds to applicants that requested them. Aetna worked with its plan partners to jointly fund most of the providers together, for them to begin the work to increase their capacity.

2.1.3 Measure Description

*Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response*

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. (100 word limit)

Aetna collaborated with our Plan partners in Sacramento to: 1) collect baseline data through ECM/CS certification application and gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to submit a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS. Aetna worked with our plan partners to evaluate all the IPP funding requests, processed them with our plan partners and subsequently granted funds to applicants that requested them. Aetna worked with its plan partners to jointly fund most of the providers together, for them to begin the work to increase their capacity.

2.1.4 Measure Description

*Mandatory
20 Points*

Quantitative Response Only

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.

Enter response in the Excel template.

2.1.5 Measure Description

*Mandatory
20 Points*

Quantitative Response Only

Number and percentage point increase in behavioral health providers with contracts in place to provide ECM that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

2.1.6 Measure Description

*Mandatory
10 Points*

Narrative Response Only

Describe progress against Gap-Filling Plan regarding identification of underserved populations and the ECM providers to which they are assigned. Response should provide detail regarding which populations are underserved, the methodology used to identify them, the approach to assigning these members to an ECM provider, and any other relevant information regarding MCP activities completed and investments made. (100 word limit)

Aetna identified three underserved populations of focus by analyzing its member populations. The three underserved POF's are:

- 1) Members experiencing homelessness
- 2) Members who have chronic comorbidities and are high utilizers
- 3) Members who suffer from severe mental illness and/or substance use disorder

Aetna assigns underserved populations of focus to all contracted ECM providers. Aetna uses, Claims, Prior Auth, HIE/CIE Data, State Data files, as well as data from our case management systems to identify these members. County MCP's have just completed the application process for funding investments in providers to increase the ability for these providers to serve members.

2.1.7 Measure Description

*Mandatory
10 Points*

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to enhance and develop needed ECM and Community Supports infrastructure and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support infrastructure building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM and Community Supports. (100 word limit)

In collaboration with our Plan partners, Aetna maintained existing WPC infrastructure by: 1) convening a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborating on a joint IPP Grant Application

process to support ECM/CS infrastructure development and capacity-building. Barriers included: time constraints related to provider education, stakeholder capacity. Ongoing successful strategies include: leveraging developed WPC infrastructure and partnerships; utilizing a Steering Committee model; standing meetings with Plan partners; supporting ECM/CS infrastructure development and capacity-building with IPP funding.

2.1.8 Measure Description

*Mandatory
10 Points*

Narrative Response Only

Describe any progress to build physical plant (e.g., sobering centers) or other physical infrastructure to support the launch and continued growth of ECM and Community Supports benefits. This response should provide detail regarding how the MCP has contributed to this infrastructure building, including but not limited to: financial contributions, participation in planning committees, partnerships with other MCPs and other community entities engaged in infrastructure building, etc. Please exclude technology-related infrastructure (e.g., IT systems) from this response. (100 word limit)

Aetna collaborated with our Plan partner(s) in Sacramento to: 1) convene a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborate on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. We are in continued discussions via the CalAIM Roundtable to identify community priorities and solicit feedback to inform community-wide investments to support the build of physical plants (e.g., sobering centers) or other infrastructure to support successful implementation of ECM/CS.

2.1.9 Measure Description

*Mandatory
10 Points*

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Delivery System Infrastructure portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

Aetna collaborated with our Plan partners in Sacramento to collect baseline data through the ECM/CS certification application and gap closure process. Plans will continue to leverage the CalAIM Roundtable to understand local level, priorities, discuss with community partners the best ways to enhance and develop ECM/CS infrastructure, and to inform development of the Delivery System Infrastructure portion of our Gap-Filling plan. The CalAIM Roundtable website contains access to all meeting materials (i.e., agendas, PPTs, list of organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) that document our collaboration. Additional supporting documentation outlining the organizations that Aetna collaborates with is attached and is also available at <https://sac.calaimroundtable.com/>

End of Section

Submission 2-A Measures for Priority Area 2: ECM Provider Capacity Building

Response Required to This Section

2.2.1 Measure Description

*Mandatory
20 Points*

Quantitative Response Only

Number of contracted ECM care team full time employees (FTEs).

Enter response in the Excel template.

2.2.2 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Reporting on racial and ethnic demographics of ECM care team FTEs for each Program Year 1 Populations of Focus relative to the racial and ethnic demographics of the beneficiaries in the Program Year 1 Populations of Focus.

Enter response in the Excel template.

2.2.3 Measure Description

*Mandatory
20 Points*

Quantitative Response Only

Number of Members receiving ECM.

Enter response in the Excel template.

2.2.4 Measure Description

*Mandatory
10 Points*

Quantitative Response Only

Number of Members across Program Year 1 Populations of Focus receiving ECM. Break out of Members across Program Year 1 Populations of Focus receiving ECM by race, ethnicity, and primary language.

ECM Populations of Focus for Year 1 / Calendar Year 2022 include:

- Individuals and Families Experiencing Homelessness
- High Utilizer Adults
- Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)
- Adults and Children/Youth Transitioning from Incarceration (WPC Pilot counties only)

Enter response in the Excel template.

2.2.5 Measure Description

*Mandatory
40 Points*

Narrative Response Only

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. (100 word limit per question below)

1. Describe what concrete steps have been taken and/or investments made to increase ECM provider capacity and MCP oversight capacity.
2. Describe what concrete steps have been taken and/or investments made to address ECM workforce, training, TA needs in county, including specific cultural competency needs by county.
3. Describe what concrete steps have been taken and/or investments made to support ECM provider workforce recruiting and hiring of necessary staff to build capacity.

4. List the MCP training and TA programs that have been provided to ECM providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the planning of training efforts. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

Based on stakeholder feedback, IPPs prioritized investments to increase provider capacity as well as oversight capacity internally, both from the provider and health plan perspective for administration. In May, 2022, MCPS solicited applications for specific projects that would increase providers' capacity in both ECM and Community Supports. In July, along with the other health plans, we have committed funding to providers that requested it to hire positions for increased capacity. Distribution of funds is currently underway. Aetna more specifically has developed training materials, as well as provided for 1:1 provider training in ECM/CS. Aetna's provider networks and dedicated ECM team also is available during regular business hours to address providers needs/concerns. They can reach us via phone/email and dedicated CalAIM workgroup email through our site at sac.calaimroundtable.com. Aetna holds regular meetings with each provider to facilitate assistance. Aetna and its plan partners hold a roundtable meeting monthly as another avenue for provider assistance and knowledge share. Additional supporting documentation outlining the organizations that Aetna collaborates with is attached and is also available. Concerns are usually addressed within 24/48 hours depending on the concern.

2.2.6 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response & Materials Submission

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. Note that the strategic partnership requirements may be fulfilled through active and meaningful participation in the PATH Collaborative Planning Initiative—MCPs leveraging this must include details regarding any memoranda of understanding (MOUs), activities, and financial investments to support the PATH Collaborative Planning Initiative. (100 word limit per question below)

1. Describe progress against the narrative plan submitted for Payment 1 regarding the establishment and maintenance of strategic partnerships with MCPs in the county and other organizations (*see narrative measure 1.2.6, sub-question 2*).
2. Describe progress against the narrative plan submitted for Payment 1 regarding addressing health disparities through strategic partnerships (*see narrative measure 1.2.6, sub-question 3*).

AND

Submission of (1) MOUs or other collaborative agreements and (2) quarterly meeting agendas and notes (including a list of which organizations attended).

2.2.7 Measure Description

*Mandatory
20 Points*

Narrative Response & Materials Submission

MCPs must complete a narrative response for either of the prompt options below (and associated sub-components), as applicable. MCPs must also submit the required documents, as described below. (100 word limit)

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of ECM services for members of Tribes in the county (*see narrative measure 1.2.7, sub-questions 2-3*). This response should include details on (1) concrete actions taken and investments made to demonstrate progress, (2) what issues have been identified in meetings facilitated to date, and (3) upcoming plans for meetings and other activities:
 - a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
 - b. Providing ECM services for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent ECM services for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties.

AND

Submission of MOUs or other collaborative agreements and associated agendas and/or meeting notes.

Aetna collaborated with our Plan partners in Sacramento to: 1) convene a CalAIM Roundtable to understand local level priorities, discuss with community partners ways to enhance and develop ECM/CS infrastructure, and 2) develop a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity building. IPP grant funding opportunity specific to Tribes and Tribal Providers. Aetna works with SNAHC to provide Tribal Members with ECM and Community support services.

2.2.8 Measure Description

*Mandatory
20 Points*

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support ECM capacity expansion and, if applicable, leverage existing Whole Person Care (WPC) capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support ECM capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for ECM. (100 word limit)

Aetna and its plan partners along with Sacramento County, and Community Partners, maintained and expanded on existing WPC infrastructure by: 1) convening a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborating on a joint IPP Grant Application process to support ECM/CS capacity-building. Barriers included: time constraints related to provider education, stakeholder capacity. Ongoing successful strategies include leveraging WPC infrastructure utilizing lessons learned from the WPC pilot, utilizing a Steering Committee model; standing meetings with Plan partners; and IPP funding. As health plans gain more guidance and experience in the new CHW benefit, joint discussions will include consideration of how this benefit may support ECM and CS and identified gaps.

2.2.9 Measure Description

*Mandatory
20 Points*

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who are disproportionately⁵ 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.”

Enter response in the Excel template.

Narrative Response

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/investments made to address these barriers, including partnerships with local partners. (100 word limit)

Aetna, HSD, and our partners are engaging with an external facilitator, Transform Health, to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. The IPP applications included a section to gather information on provider staff and populations served including race, ethnicity and languages. Through ECM, we are specifically prioritizing outreach to identified Populations of Focus to address health disparities. The Healthy San Diego Health Equity, Cultural and Linguistic (HECL) workgroup offered a training during the CalAIM roundtable meeting entitled

⁵ MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest counts of homelessness. This will require some basic calculations using publicly available data.

“Healthcare Barriers for Gender-Diverse Populations” on June 24. We will continue to seek growth in this area as we prioritize this important work. In Order to identify the groups in 2.2.9 the plan utilized claims, authorizations, member and 834 data to identify these groups

2.2.10 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who disproportionately⁶ meet the Population of Focus definition (“individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community”) and who have been successfully outreached to and engaged by an ECM provider.

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings and meet the Population of Focus definition: “individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.” Response should include details on what barriers have been identified in reaching these populations and concrete steps taken/investments made to address these barriers, including partnerships with other community entities. (100 word limit)

⁶ MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest incarceration figures. This may require basic calculations using publicly available data or data obtained from county partners.

Aetna, and our plan partners are engaging with an external facilitator, Transform Health, to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. The IPP applications included a section to gather information on provider staff and populations served including race, ethnicity, demographics of staff and populations served including their languages spoken. Justice involved stakeholders are invited to CalAIM meetings and PATH funding presentations. Our justice involved workgroup meets regularly and we are beginning to discuss steps to take this population live on 7/1/2023. ABHCA is providing baseline data purely based upon information that is contained in the member record notes for incarceration and/or care plans and in some cases claims data notes. These are the member we could initially identify in the incarcerated populations, in the coming month when the POF goes live in 2024 for this population, data will be received from the sheriff's department, jail and county as we have now kicked off a Jail workgroup in order to facilitate better reporting of this data.

2.2.11 Measure Description

*Mandatory
10 Points*

Quantitative Response Only

Number of contracted behavioral health full-time employees (FTEs)

Enter response in the Excel template.

2.2.12 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Narrative Response Only

Has the MCP hired a full-time Health Equity Officer by July 1, 2022, who has the necessary qualifications or training at the time of hire or within 1 year of hire to meet the requirements of the position, as outlined in the MCP Procurement?

Reply "YES" with the date of hire if this measure has been met.

OR

If this measure has not been met, reply “NO” with a description of concrete actions the MCP is taking to hire a full-time Health Equity Officer, including at a minimum (a) date when the job was posted, (b) how many candidates have been interviewed, and (c) how many job offers have been made to date. (100 word limit)

2.2.13 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Plan 30-Day Readmissions (PCR)

For beneficiaries who are in the ECM Populations of Focus and between ages 18-64, the number of acute inpatient stays during the reporting period that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data is reported in the following categories:

- Count of Observed 30-Day Readmissions
- Count of Index Hospital Stays (IHS)

Enter response in the Excel template.

2.2.14 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Ambulatory Care—Emergency Department Visits (AMB)

Rate of emergency department (ED) visits per 1,000 beneficiary months for beneficiaries who are in the ECM Populations of Focus.

Enter response in the Excel template.

2.2.15 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Depression Screening and Follow-Up for Adolescents and Adults (DSF)

The percentage of beneficiaries 12 years of age and older who are in the ECM Populations of Focus and who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

Enter response in the Excel template.

2.2.16 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)

The percentage of members 12 years of age and older who are in the ECM Populations of Focus with a diagnosis of depression and who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Enter response in the Excel template.

2.2.17 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of mental illness or intentional self-harm and who had a follow-up visit for mental illness. Two rates are reported:

- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.18 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

- Percentage of ED visits for which the beneficiary received follow-up within 30 days of the ED visit (31 total days)
- Percentage of ED visits for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)

Enter response in the Excel template.

2.2.19 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)

Percentage of beneficiaries ages 18 to 85 who are in the ECM Populations of Focus and who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg) during the reporting period.

Enter response in the Excel template.

2.2.20 Measure Description

Optional

Report on five (5) optional Payment 2 measures in Program Priority Area #2 to earn a total of 30 points

Quantitative Response Only

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Percentage of children and adolescents ages 1 to 17 who are enrolled in the ECM Populations of Focus and who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

- Percentage of children and adolescents on antipsychotics who received blood glucose testing
- Percentage of children and adolescents on antipsychotics who received cholesterol testing
- Percentage of children and adolescents on antipsychotics who received both blood glucose and cholesterol testing

Enter response in the Excel template.

2.2.21 Measure Description

Mandatory

10 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the ECM Provider Capacity Building portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe

upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

Aetna, and our plan partners are engaging with an external facilitator, Transform Health, to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. CalAIM Roundtable Meetings with community stakeholders solicited feedback to assess for gaps within the community. A countywide survey was administered with prospective ECM and CS providers. The results were reviewed to determine gaps within the county. The results were used to inform our gap filling plan. Additional supporting documentation outlining the organizations that Aetna collaborates with is attached and is also available at <https://sac.calaimroundtable.com/>

End of Section

Submission 2-A Measures for Priority Area 3: Community Supports Provider Capacity Building & Take-Up

Response Required to This Section

2.3.1 Measure Description

*Mandatory
30 Points*

Quantitative Response Only

Number of and percentage of eligible Members receiving Community Supports and number of unique Community Supports received by Members.

Enter response in the Excel template.

2.3.2 Measure Description

*Mandatory
30 Points*

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

2.3.3 Measure Description

*Mandatory
35 Points*

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe steps taken to reduce gaps or limitations in Community Supports coverage across the county.
2. Describe steps taken to increase number and/or reach of Community Supports offered in January 2022 or July 2022.

Aetna has had all 14 Community supports Available at initial go live of 1/1/22 countywide. We supported our member plans in the county by participating in regular stakeholder, and CalAim RoundTable meetings to educate the public, provider trainings on CalAIM and Community Supports, leveraging our ECM providers to proactively identify members who could benefit from Community Supports and proactively identifying members through our internal interdisciplinary rounds. Aetna continues to evaluate CS needs on a monthly basis and has a list of additional potential providers that we are ready to contract with should we have additional needs that arise. As part of the CALAIM workgroups we are discussing ways that we can help increase additional provider capacity or setup new potential providers as a community supports provider in order to increase capacity. The CalAim workgroup for instance is discussing the need for an additional sobering center and street medicine programs to reach members. Aetna has always offered all 14 community supports throughout the county from 1/1/22. Aetna constantly is looking at their providers and working with them to ensure increased reach, for instance we have one provider going to find the members, even if they may be homeless.

2.3.4 Measure Description

*Mandatory
35 Points*

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe what concrete steps have been taken and/or investments made to increase Community Supports provider capacity and MCP oversight capability from January through June 2022.
2. Describe what concrete steps have been taken and/or investments made to address Community Supports workforce, training, and TA needs in region/county, including specific cultural competency needs by region/county.
3. Describe what concrete steps have been taken and/or investments made to support Community Supports workforce recruiting and hiring.
4. Please list the MCP training and TA programs that have been provided to Community Supports providers, including details on when and where the trainings were held, how many people attended, and any organizations involved in the

planning. *NOTE: MCPs may submit relevant meeting minutes and attendee lists, training materials, and other attachments in lieu of a narrative response to Sub-Part 4.*

Aetna participated in meetings, trainings, and roundtables to educate stakeholders on the newly available Community Supports. Our Provider networks team meets with all newly contracted providers within 10 days of execution of their agreement to complete cultural competency training as part of the standardized onboarding process (see attached spreadsheet with dates by provider). Our internal Enhanced Care Management team provides ongoing education and training to Community Supports providers who are also ECM entities. competency training as part of the standardized onboarding process (see attached spreadsheet with dates by provider). Our internal Enhanced Care Management team provides ongoing education and training to Community Supports providers who are also ECM entities. Through IPP applications there were multiple requests for staff augmentation. HSD solicited workforce trainings and recruitment as part of the IPP provider application process. Additional supporting documentation outlining the organizations that Aetna collaborates with is attached and is also available at <https://sac.calaimroundtable.com/>

2.3.5 Measure Description

*Mandatory
35 Points*

Narrative Response Only

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of Community Supports for members of Tribes in the county (*see narrative measure 1.3.6, sub-questions 2-3*). This response should include details on concrete actions taken/investments made to demonstrate progress made in the below activities. (100 word limit)
 - a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
 - b. Providing Community Supports for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent Community Supports for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties. (100 word limit)

Aetna collaborated with our Plan partners in Sacramento to: 1) convene a CalAIM Roundtable to understand local level priorities, discuss with community partners ways to enhance and develop ECM/CS infrastructure, and 2) develop a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity building. IPP grant funding opportunity specific to Tribes and Tribal Providers. Aetna works with SNAHC to provide Tribal Members with ECM and Community support services.

2.3.6 Measure Description

*Mandatory
35 Points*

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support Community Supports capacity expansion and, if applicable, leverage existing WPC capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support Community Supports capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for Community Supports. (100 word limit)

Aetna and its plan partners spent many months preparing for the transition from Whole Person Care to ECM/CS. Aetna contracted with both of the WPC providers the county subcontracted with, Elica and Serene health for Health Homes and subsequently for ECM and CS. Barriers include lack of housing and transition relative to authorization and billing practices. (not just for Aetna). Success stories are linked to a higher rate of engagement through in-person contact in the community.

2.3.7 Measure Description

*Mandatory
30 Points*

Quantitative Response Only

Percentage of enrollees receiving Community Supports by race, ethnicity, and primary language, relative to the demographics in the underlying enrollee population.

Enter response in the Excel template.

2.3.8 Measure Description

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Asthma Medication Ratio (AMR)

The percentage of beneficiaries ages 5 to 64 who are receiving Community Supports and who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the reporting period.

Enter response in the Excel template.

2.3.9 Measure Description

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

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 housed for more than 6 consecutive months.

Enter response in the Excel template.

2.3.10 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)

Percentage of beneficiaries 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") 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg).

Enter response in the Excel template.

2.3.11 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Comprehensive Diabetes Care (CDC)

Percentage of beneficiaries 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," 18-75 years of age with diabetes who had hemoglobin A1c > 9.0%.

Enter response in the Excel template.

2.3.12 Measure Description

Mandatory

20 Points

Narrative Response & Materials Submission

Submission of a signed letter of collaboration, meeting agendas/notes, or other materials that outline the organizations with which the MCP collaborated in developing the Community Supports Provider Capacity Building and Community Supports Take-Up portion of the Gap-Filling Plan. If the MCP is unable to produce these documents, please specify why in the narrative response.

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with local partners within the county. This response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

Aetna and its plan partners, along with stakeholders and the county of Sacramento worked with potential Enhanced Care Management (ECM) and Community Supports (CS) providers who were surveyed on network, capacity, and potential gaps. The Calaim workgroup used needs assessments from the COC, Sacramento Population Demographics, and held multiple meetings with the Whole Person Wellness County staff and other County leaders to gather information to complete the Gap Filling Plan. Additional supporting documentation outlining the organizations that Aetna collaborates with is attached and is also available at <https://sac.calaimroundtable.com/>

End of Section

Submission 2-B Measures *(Added Spring 2023)*

Response Required to This Section

2B.1.1 Measure Description

10 Points

Quantitative Response

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

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers that engage in bi-direction Health Information Exchange (HIE). *(No longer than one page per Measure)*

Aetna Better Health of California has been working with its plan partners and the County of Sacramento throughout the IPP grant process to align and fund infrastructure investments that will increase the number of providers exchanging data, not only with the MCP's, but also the County and each other. The MCP's and County of Sacramento's largest investment is for the creation of a SHIE (Social Health Information Exchange).

The county has pledge its own 10 million dollars and the plans are investing incentive dollars collectively as well in order to make this happen. The County of Sacramento is in process of hiring personnel and beginning the work to get this large investment started on the path to creation and implementation. The MCP anticipate utilizing funds from both IPP and from HHIP in order to fund this endeavor. By Creating the SHIE the Providers will have a one stop shop connection within the county, in order to better exchange data.

Along with the above steps Aetna has also done the following to increase the number of contracted providers that engage in bi-directional HIE:

1. Aetna has contracted and is fully implemented with Manifest Medex, one of the largest HIE's in the state for health information exchange. We are contributing claims and member data to the exchange and receiving back ADT/CCDA's in real time from a good portion of our providers.
2. Aetna has fully executed and is in the planning stages of implementing the State Data Sharing Agreement. All of Aetna's providers have also signed the DXA and we will begin working with those providers to get connected to one of the major exchanges in the state if they are not already in process of doing so.
3. Aetna has create a closed loop referral system with FINDHELP in which all of our ECM/CS providers are connected with and exchange data to and from.
4. Aetna exchanges data monthly with each of its providers for ECM, including all required files (MIF/Outreach) and we can exchange on a more frequent basis if needed.
5. Aetna Signed an MOA Letter of commitment of funding for the SHIE efforts in Sacramento County with the County of Sacramento

2B.1.2 Measure Description

20 Points

Quantitative Response

Number and percentage point increase in contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. *(No longer than one page per Measure)*

Aetna Better Health of California has contracted with ECM providers that have EMR systems in place in order to submit claims and generate HAP (Health Action Plans). During the IPP process if there were applied for funds that included enhancements to already in place EMR/Care management systems. The MCP's collectively approved those funds and they are being utilized to enhance and/or Upgrade the EMR systems the Providers have in place already.

2B.1.3 Measure Description

20 Points

Quantitative Response

Number and percentage point increase in contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with information necessary for the MCP to submit a compliant encounter to DHCS.

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM and Community Supports providers capable of submitting a claim or invoice to a MCP, or have access to a system or service that can process and send a claim or invoice to a MCP with the information necessary for the MCP to submit a compliant encounter to DHCS. *(No longer than one page per Measure)*

Aetna Better Health of California has partnered with Findhelp's platform, in order to increase the ability of providers to be able to submit invoices into one referral system, and that system then in turn will change the invoice into a claim and send to the clearinghouse for the plan to have a proper encounter for DHCS to receive. The Health plan provides for onboarding and training to the providers in order to facilitate the process smoothly.

2B.1.4 Measure Description

20 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.

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 Excel template.

2B.2.1 Measure Description

10 Points

Quantitative Response Only

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

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.

Enter response in the Excel template.

2B.2.2 Measure Description

10 Points

Quantitative Response Only

Number of Members enrolled in ECM

Enter response in the Excel template.

2B.2.3 Measure Description

10 Points

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.

Enter response in the Excel template.

2B.3.1 Measure Description

10 Points

Quantitative Response Only

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

Enter response in the Excel template.

2B.3.2 Measure Description

10 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

End of Section