CALAIM INCENTIVE PAYMENT PROGRAM (IPP)

Payment 2 Progress Report (*Updated Spring 2023*)
Submissions 2-A and 2-B

Contents

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	Blue Shield of CA Promise Health Plan
MCP County	San Diego County
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 optional[2] 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]

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[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	*None*	*300*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*0*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*0*
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 optional[4] 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)

In May, 2022, MCPs in San Diego County worked with the Provider community and solicited applications for specific projects that would directly impact this measure. BSCPHP committed funds to Providers that support individual platform customizations and upgrades, case management software development, IT consultants, computer equipment, administrative coordinators, databases, and staff training. BSCPHP is investing IPP funds internally to replace our existing ECM/CS case management platform used by all ECM providers to Salesforce, a more advanced platform that will better support ECM requirements and includes the ability to integrate with the local HIE, San Diego Health Connect. Salesforce launches Q1 2023.

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)

In May, 2022, MCPs in San Diego County worked with the Provider community and solicited applications for specific projects that would directly impact this measure. BSCPHP committed funds to Providers that support individual EHR platform customizations and upgrades, case management software development, IT consultants, computer equipment, administrative coordinators, databases, and staff training. BSCPHP is investing IPP funds internally to replace our existing ECM/CS case management platform used by all ECM providers to Salesforce, a more advanced platform that will better support ECM requirements and includes the ability to generate and manage patient care plans. Salesforce launches Q1 2023.

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)

MCPs in San Diego County collaborated to develop and execute an IPP application process to fund ECM Providers' specific projects that will increase and streamline Providers' capabilities to process claims/invoices. BSCPHP has committed funding to Providers that will invest in staffing and technology upgrades specific to claims and invoicing processes. BSCPHP is investing IPP funds internally to replace our existing ECM/CS case management platform used by ECM/CS providers to Salesforce, a more advanced platform that better supports ECM requirements and includes ability to enter data needed for claims/invoices to be converted into compliant encounters.

Salesforce launches Q1-2023.

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)

BSCPHP's Health Equity Insights Platform combines data from diverse sources and uses intelligent analytics to generate unique whole-person-based insights impacting health equity. Public datasets present social risks based on race/ethnicity (Black, Hispanic/Latinx, Asian), zip code, economics (low income), education, housing (homelessness status), food,

transportation etc. BCSPHP aggregates data and stratifies populations based on social factors to supplement clinical risk, informing care delivery and health interventions. BSCPHP's ECM Program Management team carefully assigns members to Providers who meet their unique needs. When applicable, the member will be matched to a Provider with whom they have an existing, documented relationship.

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)

MCPs in San Diego County leveraged our existing collaboration group, Healthy San Diego to convene local level CalAIM Roundtables to determine optimal ways in enhancing and developing ECM/CS infrastructure. Barrier: time constraints to meet infrastructure needs within the reporting period and delayed IPP funding. The MCPs found success in developing a joint IPP application process that will fund ECM/CS infrastructure builds. MCPs are also jointly funding 211 CIE to improve data sharing throughout the county. Providers can use BSCPHP's upgraded care management system that will launch Q1 2023. BSCPHP will connect and encourage coordination between CHWs and ECM Providers.

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)

Blue Shield Promise, along with other MCPs in San Diego County, developed and executed a robust and transparent stakeholder engagement process to source feedback from the community for any physical plant needs. Throughout the various workgroups, surveys and feedback solicitations, community stakeholders have not yet identified physical plants as need, however, there was one Provider who requested funding to lease office space in order to provide a safe place to provide ECM services. BSCPHP will be funding these leases for 3 years. BSCPHP continues to source feedback from the community and will invest in the building of physical plants if/as needed.

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)

The Managed Care Plans in San Diego County surveyed current and prospective ECM/CS Providers on network, capacity, and potential gaps to inform the gap filling plan. BSCPHP also used needs assessments from the San Diego Regional task Force on Homelessness, San Diego Population Demographics, San Diego Workforce Partnership: Justice Involved in CA's Southern Border Region, and 211 San Diego Justice-involved Individuals Report. Community stakeholders were trained on how to participate in the application process, and MCPs held transparent CalAIM Roundtables that provided stakeholders with further education, support and progress updates. Gap filling plans were also posted publicly online.

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*.

1) MCPs in San Diego County collaborated to develop and execute an IPP application process to fund ECM Providers' specific requests for projects that will increase ECM Provider capacity. MCPs were diligent in approving funds for projects that would increase Provider capacity such as enhancing, onboarding, and training staff and streamlining administrative processes. Based on volume of current and anticipated ECM members and number of Providers needed to meet network capacity, BSCPHP's staffing model ensured adequate internal staffing for Provider contracting, training/TA, daily operations, Provider monitoring and reporting capabilities.

2) BSCPHP provides new Providers with a comprehensive orientation that includes training materials with a focus on cultural competency that can be routinely referenced. BSCPHP has conducted ad-hoc and tailored TA trainings to Providers to address unique Provider challenges. In addition, the Healthy San Diego workgroup holds routine roundtables for stakeholders and Providers that provide further education, support and progress updates. MCPs in San Diego County collaborated to develop and execute an IPP application process to fund ECM Providers' specific requests for projects that would address ECM workforce and training. BSCPHP has committed funding to numerous projects that will enhance training to Providers' ECM workforce.

3) MCPs in San Diego collaborated to develop and execute an IPP application process to fund ECM Providers' specific requests for to enhance ECM workforce, training and TA needs. BSCPHP has committed funds to recruit, hire, onboard and train care managers, physicians, nurses, LCSWs, care and intake coordinators. In October, Providers will report on the progress of these projects and the effects on the ability to serve more members.

4) See ATTACHMENT 2.2.5

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.

Tribes in San Diego County have not responded to MCP outreach with a need to contract as ECM Providers. Most Tribal members in the county are ineligible for Medi-Cal and have their own robust federally supported health program. MCPs have engaged Tribal organizations through local clinic consortiums. For example, the Health Care Partners of Southern California attend the CalAIM Roundtable and distribute information to Tribal members (see membership list attached). We will continue to make best efforts to engage and pursue contracting with the Tribes on an ongoing basis.

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)

BSCPHP's WPC Providers are contracted for ECM, and have applied for IPP funds for capacity expansion. The joint IPP application process will fund specific Provider ECM capacity building requests. Barrier: steep learning curve for providers who had never worked with MCPs. Success: leveraging existing collaboration group to provide training/TA and roundtable community forums. BSCPHP provides ongoing monitoring to ensure Provider compliance with program requirements. BSCPHP will connect and encourage coordination between CHWs and ECM Providers. As CHWs identify Plan members experiencing homelessness, they will assist with navigation and make referrals back to the ECM Provider or the Plan as necessary.

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 disproportionately[5] 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.

[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.

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)

BSCPHP's approach to identifying current and emerging disproportionally affected racial/ethnic groups involves collaborating with CBOs (i.e. Regional Taskforce on Homelessness, whose recent 2020 PIT count highlights groups disproportionately experiencing homelessness), and leveraging data from HMIS, CIE, internal predictive triage tool, claims, and case management. Outcomes are monitored by race/ethnicity. Barrier: data often not reported. Investment: efforts to capture race/ethnicity data at plan and provider level. BSCPHP ensures ECM staff reflect the populations served, and provide cultural competency training to ensure providers tailor services to identified groups. Most contracted ECM Providers also provide CS tenancy services to promote continuity.

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 disproportionately[6] 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.

[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.

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)

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)

No. BSCPHP completed drafting a Job Evaluation Questionnaire (JEQ) for the Chief Health Equity Officer (CHEO) position on 04/02/22. The JEQ and position requisition was approved by BSCPHP HR and BSCPHP CEO on 5/19/22**.** The CHEO job was posted on 06/02/22 through 07/04/22 (ATTACHMENT 2.2.12). Three total candidates were interviewed for the position. First round of interviews were conducted from 06/06/22 through 06/13/22. Final interviews have concluded and were scheduled from 06/28/22 through 07/29/22. Successful candidate has been selected and offer will be extended.

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)

Within the Healthy San Diego (HSD) workgroup, BSCPHP surveyed current and prospective ECM/CS Providers on network, capacity, and potential gaps to inform the gap filling plan. BSCPHP also used needs assessments from the San Diego Regional task Force on Homelessness, San Diego Population Demographics, San Diego Workforce Partnership: Justice Involved in CA's Southern Border Region, and 211 San Diego Justice-involved Individuals Report. Community stakeholders were trained on how to participate in the application process, and MCPs held CalAIM Roundtables that provided stakeholders with further education, support and progress updates . Gap filling plans were also posted publicly online.

For submission see Attachment 1

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.

1. BSCPHP worked collaboratively with Healthy San Diego and a variety of stakeholders during the Community Supports implementation to reduce gaps and limitations of coverage. Through Healthy San Diego workgroups and subcommittees, we educated the Hospital Association on the newly available Community Supports. This allowed the discharge planners to begin accessing these resources for members discharging from the hospital. We leveraged our ECM partners and other case management stakeholders to proactively identify members who could benefit from Community Supports. All Health Home/WPC members received applicable Community Supports.

2. BSCPHP developed a network that could meet the capacity needs of our membership for the Community Supports launched on 1/1/22. We engaged in efforts to increase the reach of Community Supports including participating in Healthy San Diego 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 researching/engaging additional CBOs who would qualify as CS providers. We continually evaluate the need to add services to meet demand. Based on our evaluation, BSCPHP added three more Providers to our network in 2022.

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.*

1.) MCPs in San Diego County collaborated to develop and execute an IPP application process to fund CS Providers' specific requests for projects that will increase CS Provider capacity. MCPs were diligent in approving funds for projects that would increase Provider capacity such as enhancing, onboarding, and training staff and streamlining administrative processes. Based on volume of current and anticipated CS members and number of Providers needed to meet network capacity, BSCPHP's staffing model ensured adequate internal staffing for Provider contracting, training/TA, daily operations, Provider monitoring and reporting capabilities.

2.) BSCPHP provides new Providers with a comprehensive orientation that includes training materials that can be routinely referenced, and a focus on cultural competency. BSCPHP has conducted ad-hoc and tailored TA trainings to Providers to address unique Provider challenges. In addition, the Healthy San Diego workgroup holds routine roundtables for stakeholders and Providers that provide further education, support and progress updates. MCPs in San Diego County collaborated to develop and execute an IPP application process to fund ECM Providers' specific requests for projects that would address ECM workforce and training. BSCPHP has committed funding to numerous projects that will enhance training to Providers' CS workforce.

3 .) MCPs in San Diego collaborated to develop and execute an IPP application process to fund CS Providers' specific requests for to enhance ECM workforce, training and TA needs. BSCPHP has committed funds to recruit, hire, onboard and train care managers, physicians, nurses, LCSWs, care and intake coordinators. In October, Providers will report on the progress of these projects and the effects on the ability to serve more members.

4.) See ATTACHMENT 2.3.4

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)

Tribes in San Diego County have not responded to MCP outreach with a need to contract as CS Providers. Most Tribal members in the county are ineligible for Medi-Cal and have their own robust federally supported health program. MCPs have engaged Tribal organizations through local clinic consortiums. For example, the Health Care Partners of Southern California attend the CalAIM Roundtable and distribute information to Tribal members (see membership list attached). We will continue to make best efforts to engage and pursue contracting with the Tribes on an ongoing basis.

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)

The Healthy San Diego Collaborative spent roughly a year preparing for the transition from Whole Person Care to ECM/CS. BSCPHP contracted with both WPC Providers, PATH (People Assisting the Homeless) and Exodus, for Health Homes and subsequently for CS. A critical barrier encountered is lack of housing. Success stories are linked to a higher rate of engagement through in-person contact in the community. The MCPs are partnering with the Regional Taskforce on Homelessness in San Diego to address housing barriers.

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

Optional
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

Optional
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)

Within the Healthy San Diego (HSD) workgroup, BSCPHP surveyed current and prospective ECM/CS Providers on network, capacity, and potential gaps to inform the gap filling plan. BSCPHP also used needs assessments from the San Diego Regional task Force on Homelessness, San Diego Population Demographics, San Diego Workforce Partnership: Justice Involved in CA's Southern Border Region, and 211 San Diego Justice-involved Individuals Report. Community stakeholders were trained on how to participate in the application process, and MCPs held CalAIM Roundtables that provided stakeholders with further education, support and progress updates . Gap filling plans were also posted publicly online.

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)*

Through the grant program described in the narrative for Measure 2B1.2 below, Blue Shield Promise awarded 13 providers IPP funds to support Delivery System Infrastructure. Seven providers used IPP funds to implement more sophisticated care management systems that increased efficiency of electronic bi-directional exchange of health information. Providers also used the funds to engage in the County Health Information Exchange, San Diego Health Connect. San Diego Health Care Quality Collaboration attests, "We utilize [HIE] to check for new or alternative contact information before disenrolling members due to loss of connection. The HIE also offers timely emergency visit and hospitalization data which… allows lead care managers to reach out to hospitals or discharge/case management staff as appropriate when their members have been unreachable and receiving care."

Healthy San Diego and Transform Health also held bi-monthly CalAIM roundtables for providers and MCPs to collaborate. Through these roundtables, MCPs received feedback on community pain points regarding Health Information Exchange, and we are currently using this feedback to consider a community-wide investment in San Diego Health Connect. MCPs

also used this platform to communicate the roll out of the CalHHS Data Exchange Framework. Blue Shield Promise signed the Data Sharing Agreement by 01/31/2023 and are conducting outreach and education on the QHIO Onboarding Grant as well as the TA Grant available to support providers in the DSA signing process. Blue Shield continues to educate and encourage providers to sign the DSA.

Blue Shield Promise has made a substantial investment, supplemented by IPP funds, in purchasing, upgrading, and implementing internal technology for connectivity and bi-directional data sharing with the local Health Information Exchange. On 01/01/2023 Blue Shield launched CareConnect, a replacement of our care management documentation system that offers robust functionality to support ECM and CS operations. Blue Shield Promise is on track to finalize integration with the local HIE in Q2 2023. Blue Shield Promise executed a contract with San Diego Health Connect on 02/08/2023, developed eligibility extract files, and is pursuing regulatory approval.

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)*

All Medi-Cal Managed Care Plans (MCPs) in Healthy San Diego implemented a robust stakeholder engagement process focused on CalAIM's Incentive Payment Program facilitated by Transform Health, a women and minority-owned consulting firm. MCPs jointly developed an application for providers to apply for IPP funding to support projects that directly impact priority areas defined by DHCS, such as Delivery System Infrastructure. Applicants were given a list of examples for which they could apply to funding under this category including Electronic Health Records, Care Management Documentation Systems, Billing Systems, Services, Health Information Exchange Solutions, and Closed Loops referrals. The application was released on 04/28/2022 and closed on 05/20/2022; and there were two application webinars held on 05/06/2022 and 05/13/2022. MCPs jointly reviewed and approved applications in June and July 2022, and jointly awarded grant funds in proportion to MCP assigned Medi-Cal membership. After executing agreements, 75% of funding was released up-front to providers in November 2022. The remaining 25% of funding is released when providers submit final progress reports to the plan with documentation that they have completed their milestones.

On 01/01/2023 Blue Shield launched CareConnect, a replacement of our care management documentation system that offers robust functionality to support ECM and CS operations. All ECM and CS providers have access to CareConnect, and Blue Shield Promise invested in technical assistance and trainings to support provider adoption.

Although Blue Shield Promise's EHR is available to all providers, we are committed to supporting providers' unique needs and internal EHR systems. Through the grant program described above, Blue Shield Promise awarded 13 providers funding to support Delivery System Infrastructure. Four providers used IPP funds to update existing EHR systems which include Efforts to Outcome (ETO), SQL, and eCare. Three providers implemented brand new EHR systems which include World Advancement of Technology for EMS and Rescue (WATER) and Ochin EPIC (the third provider will choose and go-live with their new EHR system by 06/30/2023).

Father Joes attests, "We were able to successfully implement the new EHR Ochin Epic. Staff has been fully onboarded and we have been able to able to access more patient records through the Epic system and provide more efficient and coordinated care."

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)*

Through the grant program described above in the narrative for Measure 2B1.2, Blue Shield Promise awarded 13 providers funding to support Delivery System Infrastructure. Three providers used IPP funds to update existing billing systems and procedures and three providers implemented brand new billing systems which include World Advancement of Technology for EMS and Rescue (WATER), and Direct Care Innovations (DCI), (the third provider will choose and go-live with their new billing system by 06/30/2023). Two providers also hired billing specialists to increase efficiency of overall billing procedures.

PATH attests "Hiring someone with billing experience made submission of claims easy. We were able to easily submit claims for the services and plans we were documenting exclusively in our portal, and for the plans that made data in their portal easily extractable."

On 01/01/2023 Blue Shield also launched CareConnect, a replacement of our care management documentation system that offers robust functionality to support ECM and CS operations. All ECM and CS providers have access to CareConnect,

and Blue Shield Promise invested in technical assistance and trainings to support provider adoption. CareConnect offers the capability for ECM/CS providers to submit required data elements for claims/invoicing, and Blue Shield Promise extracts this data to submit compliant encounters to DHCS.

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 appropriate 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