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	CenCal Health
MCP County	San Luis Obispo
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	No
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)

CenCal Health went live with Enhanced Care Management (ECM) services on July 1, 2022. At the time of go live, three (3) provider organizations were contracted for ECM services and an additional five (5) were actively reviewing CenCal Health's ECM agreement. Some contracted and interested provider organizations have the capacity to engage in bi-directional HIE, and others are interested in exploring more efficient methods of data exchange. CenCal Health makes available data exchange through an integrated Provider Portal and secured sFTP sites and is working with ECM providers now to understand how we can best evolve our systems to meet community needs. In a survey sent by CenCal Health to current and potential ECM providers in August of 2022, over 72% of respondents indicated that IPP funding will be utilized to assist with data and technology enhancement or infrastructure, indicating a continued need for more robust HIE development.

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)

CenCal Health went live with Enhanced Care Management (ECM) services on July 1, 2022. At the time of go live, three (3) provider organizations were contracted for ECM services and an additional five (5) were actively reviewing CenCal Health's ECM agreement. All currently contracted ECM providers have an EHR and/or care management documentation system. Some contracted or interested provider organizations are exploring potential care management interfaces or functional system add-ons (e.g. in EPIC). In a survey sent by CenCal Health to current and potential ECM providers in August of 2022, over 72% of respondents indicated that IPP funding will be utilized to assist with data and technology enhancement or infrastructure, such as EHR enhancements.

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)

As of August 2022, CenCal Health is contracted with three (3) organizations for ECM services, two (2) organizations for Community Supports, and is engaged in active transition activities to convert existing Recuperative Care programs under the Community Supports framework. CenCal Health hosted a series of weekly roundtables and individual meetings with provider organizations where claims payment and invoicing options were shared, and step-by-step assistance was provided to support claims submission. To date, all ECM and Community Supports organizations contracted with CenCal Health have the capacity to submit claims with the necessary information for encounter data reporting.

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)

CenCal Health uses available internal and external data, including data obtained through our partnership with ECM Providers, to identify Members who are eligible for ECM. As part of the data stratification process CenCal utilizes members demographics, such as race, ethnicity, language, and age to identify our underserved population and determined that in our service area, members who are White have the highest prevalence of homelessness compared to Hispanic/Latinx and Black/African Americans. In addition to experiencing homelessness, there is a high percentage of members with an SMI/SUD disorder, often making it more difficult to engage with service providers. CenCal Health understands that to effectively engage members from underserved populations they should receive services through an

ECM provider whose expertise includes, but is not limited to, working with individuals experiencing homelessness, with chronic health conditions, severe mental illness, and/or substance use issues as well as experience working with individuals from diverse backgrounds and specific age groups. CenCal Health has contracted with Behavioral Health/SUD, homeless providers who have experience working with members with complex medical conditions and underserve ECM provider assignment is based on the members populations of focus or specific ECM provider assignment requested by Member and/or authorize representative. As part of our continued efforts, we are committed to partnering with our ECM providers, and Community/Government agencies to develop initiatives through direct funding or direct collaboration to improve access and services for our underserved populations.

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)

CenCal Health is committed to continuously expanding ECM and Community Supports infrastructure. Through regular roundtables hosted no less than monthly, CenCal Health engaged current and interested ECM and Community Supports providers in understanding the challenges and opportunities with providing these new services. Success was found by bringing multiple stakeholders to the table to learn from one another and engaging in targeted follow-up discussions to understand specific barriers. A comprehensive survey was developed and deployed, and to which eleven (11) organizations responded regarding needs and potential barriers in the provision of services. All providers indicated a need

for staffing assistance, and many require support with data sharing. CenCal Health plans to utilize IPP funding to support these efforts. As it relates to staffing, the Community Health Worker (CHW) benefit provides a new avenue for ECM staffing and is something which CenCal Health knows provider organizations are considering.

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)

CenCal Health is deeply engaged in supporting traditional and non-traditional providers in infrastructure expansion necessary to support the continued growth of ECM and Community Supports. In a recent survey sent by CenCal Health, over 54% of providers surveyed indicated a need for IPP funding to support infrastructure building, and we intend to allocate significant funding to support infrastructure expansion through brick-and-mortar financing as well as IT and data sharing system acquisition. Plans are underway to build and open a 4-unit Sobering Center through the County Behavioral Health Department in partnership with a CenCal Health-contracted ECM and Community Supports provider, and additional expansion plans include a Sobering Center in Paso Robles. CenCal Health will support these efforts through IPP funding dedicated to infrastructure development as requested by the County.

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)

CenCal Health has been deeply engaged with current and interested ECM and Community Supports organizations throughout the Plan's Service Area. Weekly roundtables have provided collaborative forums for problem solving and group question and answers, and individual meetings with interested providers (some held weekly) have ensured that we remain closely connected with potential partners. An August 25th engagement session brought new partners to the table in anticipation of future Community Supports planning efforts. Partners actively involved include both County Behavioral Health Departments, County Public Health, Good Samaritan Shelter, Independent Living Systems, Partners in Care, Dignity Health, American Indian Health and Services, Santa Barbara Neighborhood Clinics, Cottage Health, PATH, CAPSLO and Doctors Without Walls/Santa Barbara Street Medicine. In addition, CenCal Health has been engaged in local Continuums of Care, which has afforded robust connection to housing support providers whom CenCal Health is now engaging in Community Supports which will launch in January 2023. As CenCal Health seeks to expand ECM and Community Supports capacity and awards IPP funding, these groups will continue to work together to collaboratively build and/or advance local data sharing and integration capacity to promote and ensure seamless patient care.

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

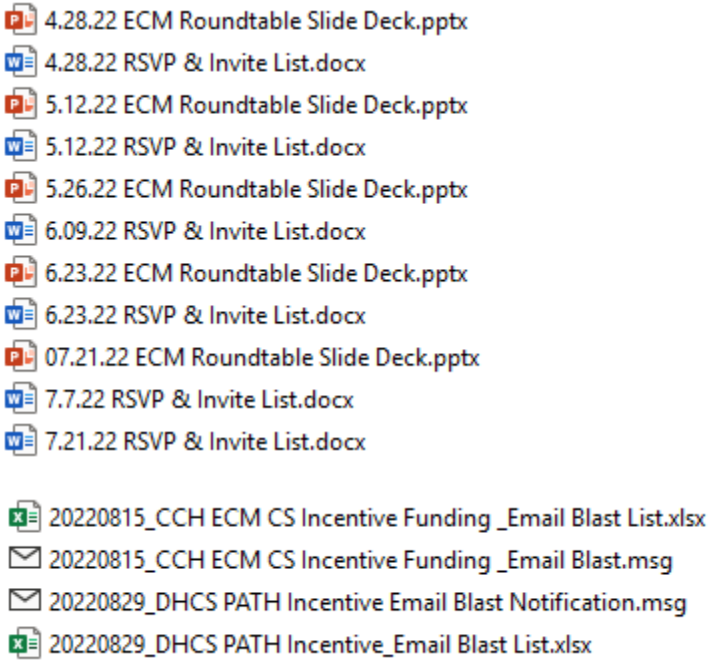
Narrative Response Only

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. As of July 1, 2022, CenCal Health was contracted with three (3) organizations for ECM services. Since that time, an additional six (6) organizations have engaged in meetings and roundtables to learn more about the benefit, and many are in the process of reviewing CenCal Health's contracting materials. Capacity remains sufficient to serve those members eligible for and seeking ECM services; however, CenCal Health seeks to continuously expand and diversify capacity, including ensuring capacity for upcoming populations of focus. Over 63% of providers surveyed by CenCal Health indicated the IPP funding would be used to support one-time capacity investments and ongoing operations. As CenCal Health prepares to issue IPP funding, we look forward to supporting these development opportunities.
2. CenCal Health prioritizes promoting health equity and building a diverse network which meets the needs of all members continues to be one of our core priorities. All (100%) providers surveyed indicated that IPP funding will be utilized for workforce needs, and 82% indicated that funds would be used for training. Through provider roundtables and individual meetings, we have learned more about the Technical Assistance (TA) needs identified by our provider partners and look forward to supporting our network through IPP funding.
3. Consistent with the labor market across California, CenCal Health's Service Area is challenged with successfully recruiting medical and non-medical staff. Those organizations with whom CenCal is contracted for ECM services have been successful in onboarding their teams, though 100% of providers surveyed indicated a need for IPP funding to continue to support staffing resources.
4. Please see attached agenda, presentations, and related content.



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.

CenCal Health has been actively engaged with the Santa Ynez Tribal Health Clinic (SYTHC) in Santa Barbara County. This Tribal Clinic is the only Tribal Clinic in CenCal Health's service area, and there are no other Tribal Clinics in surrounding counties.

The CEO of CenCal Health met personally with the chief executive of the SYTHC, Richard W. Matens, M.Div., regarding CenCal Health's continued collaborative health efforts and participation in ECM and other services to support CalAIM. Mr. Matens reported that the SYTHC was unable, due to a reorganization and a major capital project underway, to participate in ECM/CS at this time. Mr. Matens strongly iterated the commitment of SYTHC to participate in the near future.

CenCal Health has provided the SYTHC with a Letter of Intent (LOI) seeking SYTHC's ECM/CS participation at its earliest convenience.

Please see attachment SYTHC-CenCal ECM Letter of Intent.pdf

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)

CenCal Health is the only Managed Care Plan (MCP) in our Service Area, and neither county operated Whole Person Care (WPC) programs. CenCal Health initially solicited interest from County partners (e.g. Public Health) and contracted FQHCs who would be well suited to provide ECM services; however, we quickly learned that non-traditional providers were also interested in and capable of providing ECM services. As CenCal Health did not have WPC experience, we collaborated closely with other health plans to learn from them, and program specifics were built off of those shared experiences. What proved most successful was the continuous engagement of our current and potential providers through regular roundtable sessions whereby we were able to test working hypotheses and co-design operational decisions together. CenCal Health looks forward to continuing these collaborative discussions as we continue to build capacity.

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.

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

[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.

well as concrete steps taken/investments made to address these barriers, including partnerships with local partners. (100 word limit)

CenCal Health has engaged the CoC (Continuum of Care) collaboratives, ECM/CS roundtables, CBO engagement and other Community/Government forums to better understand the challenges in reaching individuals who are disproportionately experiencing homeless or who are at risk of becoming homeless.

Though the white ethnicity group experiences homelessness at a higher rate than other ethnicity groups, the local CoCs have found that the Black/African American, Indigenous, and people of color (BIPOC) population experiencing homelessness do so for a longer period compared to the white ethnicity.

Other findings concluded that the ethnicity group "White Hispanic" receives street outreach at an alarmingly lower rate compared to other ethnicity groups. Most outreach workers most always speak English and are not equipped with culturally appropriate resources. This gap provides evidence that culturally appropriate resources are needed for BIPOC Members experiencing homelessness.

CenCal Health has engaged with the CoCs to support the development of culturally appropriate resources for outreach and engagement to BIPOC Members experiencing homelessness, as well as interpretation services. The CoC's are comprised of local homeless service agencies, government agencies, and other community partners that will engage in distributing culturally appropriate resources. We will invest to expand the availability of trainings for services providers across the continuum of care.

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.

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)

This optional measure was not selected by CenCal Health.

2.2.11 Measure Description

Mandatory
10 Points

[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.

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)

Yes. CenCal Health hired a Health Equity Officer, Dr. Van Do-Reynoso, who began in August of 2022.

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)

In preparation of the July 1, 2022 kick-off, CenCal engaged with current and interested ECM (and Community Supports) organizations throughout the Plan's Service Area. Partners actively involved include both County Behavioral Health Departments, County Public Health, Good Samaritan Shelter, Independent Living Systems, Partners in Care, Dignity Health,

American Indian Health and Services, Santa Barbara Neighborhood Clinics, Cottage Health, PATH, CAPSLO and Doctors Without Walls/Santa Barbara Street Medicine.

In addition to the weekly roundtables providing collaborative forums, the meetings have assisted in identifying opportunities to expand capacities through increased staffing, infrastructure investments such as improved information/dataflow and other steps that can be supported through proper funding. Given the recent start date of July 1, 2022, CenCal Health is encouraged by the broad community participation.

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. Describe steps taken to reduce gaps or limitations in Community Supports coverage across the county.

        CenCal Health does not intend to restrict access to the Community Supports which we will offer, and we will seek to continuously expand our Community Supports network to meet the needs of all current and future CenCal Health members.

    2. Describe steps taken to increase number and/or reach of Community Supports offered in January 2022 or July 2022.

        Through community and provider partners' feedback, CenCal Health proposes prioritizing Community Supports (CS) that provide desperately needed resources to individuals experiencing homelessness or at risk of homelessness. This population of focus (POF) has experienced some of the most challenging barriers during and post-pandemic. This POF also has a high prevalence of severe mental illness (SMI) and substance use disorders (SUD), supporting the need for sobering centers. CenCal Health received Board approval to offer four (4) additional Community Supports effective January 1, 2023, as follows: Housing Transition Services, Housing Deposits, Housing Tenancy & Sustaining Services, and Sobering Centers.

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. As of July 1, 2022, CenCal Health was contracted with two (2) organizations for Community Supports services. Since that time, several additional organizations have engaged in meetings and roundtables to learn more about the option to provide these services, and some are in the process of reviewing CenCal Health's contracting materials. CenCal Health also engaged in collaborative discussions with hospitals and shelters regarding existing recuperative care programs, through which insight regarding operational design was gained. Capacity remains sufficient to serve those members eligible for and seeking the two (2) Community Supports which CenCal Health offers; however, CenCal Health seeks to continuously expand and diversify capacity, including ensuring capacity for the additional Community Supports which CenCal will offer. Over 63% of providers surveyed by CenCal Health indicated the IPP funding would be used to support one-time capacity investments and ongoing operations. As CenCal Health prepares to issue IPP funding, we look forward to supporting these development opportunities.

2. CenCal Health prioritizes promoting health equity and building a diverse network which meets the needs of all members continues to be one of our core priorities. All (100%) providers surveyed indicated that IPP funding will be utilized for workforce needs, and 82% indicated that funds would be used for training. Through provider roundtables and individual meetings, we have learned more about the Technical Assistance (TA) needs identified by our provider partners and look forward to supporting our network through IPP funding.

3. Consistent with the labor market across California, CenCal Health's Service Area is challenged with successfully recruiting medical and non-medical staff. Those organizations with whom CenCal Health is contracted for Community Supports services have been successful in onboarding their teams, though 100% of providers surveyed indicated a need for IPP funding to continue to support staffing resources. CenCal Health looks forward to supporting our network through IPP funding.

4. Please see attached agenda, presentations, and related content.

- 8.1.22 GoodSam Dignity Operational Meeting Agenda.pdf
- 8.3.22 GoodSam Lompoc Valley Operational Mtg Agenda.pdf
- 8.4.22 CAPSLO Dignity Operational Meeting Agenda.pdf
- 8.11.22 PATH Cottage Operational Meeting Agenda.pdf
- 8.11.22 RC Operational Meeting Cottage PATH.pptx
- 8.15.22 CAPSLO Dignity Operational Meeting Agenda.pdf
- 8.15.22 Dignity CAPSLO CS RC Operational Meeting Slides.pptx
- 8.17.22 CAPSLO Tenet Operational Meeting Agenda.pdf
- 8.17.22 CS RC Operational Meeting 1 Slides.pptx
- 8.25.22 Community Supports Engagement Session.pptx
- 8.25.22 RSVPed Registration List.xlsx
- 8.29.22 CAPSLO Dignity Operational Meeting Agenda.pdf
- 8.29.22 CS RC Operational Meeting Good Sam Lompoc Valley.pptx
- 8.29.22 Dignity CAPSLO CS RC Operational Meeting Slides - Copy.pptx
- 8.29.22 GoodSam Lompoc Valley Operational Meeting Agenda - Copy.pdf
- FIN-2022-05-24-Agenda-Packet.pdf
- FULL-2022-01-19-Agenda-Packet.pdf
- FULL-2022-03-16-Agenda-Packet.pdf
- FULL-2022-05-18-Agenda-Packet.pdf
- HOUS-2022-02-01-Agenda-Packet.pdf
- HOUS-2022-04-05-Agenda-Packet.pdf
- HOUS-2022-05-03-Agenda-Packet.pdf
- Housing Support Program HSP HSOC Presentation.pdf
- HSCC-2022-02-07-Agenda-Packet.pdf
- HSCC-2022-04-04-Agenda-Packet.pdf

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)

CenCal Health has been actively engaged with the Santa Ynez Tribal Health Clinic (SYTHC). This Tribal Clinic is the only Tribal Clinic in CenCal Health's service area and there are no other Tribal Clinics in surrounding counties.
The CEO of CenCal Health met personally with the chief executive of the SYTHC, Richard W. Matens, M.Div., regarding CenCal Health continued collaborative health efforts and participation in ECM and other services to support CalAIM. Mr. Matens reported that the SYTHC was unable, due to a reorganization and a major capital project underway, to participate in ECM/CS at this time. Mr. Matens strongly iterated the commitment of SYTHC to participate in the near future.
CenCal Health has provided the SYTHC with a Letter of Intent (LOI) seeking SYTHC's ECM/CS participation at its earliest convenience.

Please see attachment SYTHC-CenCal ECM Letter of Intent.pdf

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)

CenCal Health is committed to continuously expanding Community Supports capacity. CenCal Health is the only Managed Care Plan (MCP) in our Service Area, and neither county operated Whole Person Care (WPC) programs. CenCal Health approached Community Supports through the lens of exploring acute county needs and determining what already existed which could be leveraged. Through these activities, medically tailored meals and recuperative care were selected. Recuperative care programs exist throughout CenCal Health's Service Area, so the opportunity to collaborate more deeply under the Community Supports framework was exciting. As CenCal Health did not have WPC experience, we collaborated closely with other health plans to learn from them, and program specifics were built off of those shared experiences. What proved most successful was the continuous engagement of our current and potential providers through regular roundtable sessions whereby we were able to test working hypotheses and co-design operational decisions together. Success was found by bringing multiple stakeholders to the table to learn from one another and engaging in targeted follow-up discussions to understand specific barriers. A comprehensive survey was developed and deployed, and to which eleven (11) organizations responded regarding needs and potential barriers in the provision of services. All providers indicated a need for staffing assistance, and many require support with data sharing. As it relates to staffing, the Community Health Worker (CHW) benefit provides a new avenue for Community Supports staffing and is something which CenCal Health knows provider organizations are considering. CenCal Health looks forward to continuing these collaborative discussions as we continue to build capacity.

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)

In preparation of the July 1, 2022 kick-off, CenCal Health engaged with current and interested Community Supports organizations throughout the Plan's Service Area. Partners actively involved include County Behavioral Health Departments, County Public Health, Good Samaritan Shelter, Independent Living Systems, Partners in Care, Dignity Health, American Indian Health Services, Santa Barbara Neighborhood Clinics, Cottage Health, PATH, CAPSLO.

In addition to the weekly roundtables providing collaborative forums, the meetings have assisted in identifying opportunities to expand capacities through increased staffing, infrastructure investments, such as improved information/dataflow, and other steps that can be supported through proper funding. Given the recent start date of July 1, 2022, CenCal Health is encouraged by the broad community participation.

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)*

CCH Response: CenCal Health is committed to advancing the engagement of providers in our service area in Health Information Exchange (HIE) and other data sharing capabilities. CenCal Health has executed a Data Sharing Agreement (DSA) with the California Health and Human Services (CalHHS) Data Exchange Framework (DXF) to allow participation and foster collaboration with our provider network and community partners. Deep planning is underway to ensure the requirements of the DSA are able to be carried out, identify sharing entities, perform provider education and outreach, build and/or adapt technology to support data sharing, design metrics to improve outcomes for Members, and use the data in a manner that promotes health equity and optimal health outcomes. CenCal Health currently is aware of two (2) contracted ECM providers who have executed a DSA with the CalHHS DXF but do not meet the criteria for this reporting period: Partners In Care Foundation signed a DSA but did not meet the additional attestation requirement at this time, and PathPoint has indicated they signed a DSA in February 2023 (after the reporting period) and also do not meet the attestation requirement.

CenCal Health has included questions in our provider readiness assessment process to learn of providers' capabilities for bi-directional HIE. This will allow us to learn of providers' means and capacity for data sharing, and where CenCal Health may provide any support needed. CenCal Health shares data with all contracted ECM providers through our Provider Portal and Secure File Transfer Protocol methods, providing a closed-loop system for referrals to providers.

CenCal Health has already begun to award Incentive Payment Program (IPP) funding in support of this measure. One contracted ECM provider in our December 2022 IPP Application cycle was awarded funding that included expansion of their EHR system capacity for data-sharing with external provider partners. CenCal Health has also awarded another organization in 2023 IPP application cycles thus far for data exchange capabilities (outside this review period) and continues to encourage organizations to apply for IPP funds in support of their technology and other infrastructure needs.

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)*

CCH Response:

CenCal Health continues to support the efforts of contracted ECM providers to build and/or expand their Electronic Health Records (EHR) and care management systems capabilities to streamline operations. Four (4) out of the five (5) contracted ECM Network Providers during the reporting period indicated they had an EHR or care management system, two (2) of which pursued funding to expand their systems. One (1) provider has indicated they do not have a certified EHR or care management system, so CenCal Health has provided information about the availability of IPP funding for this purpose and will continue to follow-up with them to understand their needs and offer any support in expanding technology capacities.

CenCal Health has already begun to award Incentive Payment Program (IPP) funding in support of this measure. Two contracted ECM providers in our December 2022 IPP application cycle were awarded funding related to EHR and care management system expansion: One (1) contracted ECM provider was awarded funding that included expansion of their EHR system capacity for data-sharing with external provider partners, and another was awarded funding to expand capacity for Case Management software. CenCal Health has also awarded multiple organizations in 2023 IPP application cycles thus far for care technology needs (outside this review period) and continues to encourage organizations to apply for IPP funds in support of their technology and other infrastructure needs.

Additionally, CenCal Health has included questions to our provider readiness assessment process to learn of providers' EHR and/or care management systems. This will allow us to learn of providers' means and capacity for data sharing, and where CenCal Health may provide any support needed. CenCal Health shares data with all contracted ECM providers through our Provider Portal and Secure File Transfer Protocol methods. We also regularly promote the use of electronic transactions including electronic claims and remittance files exchange for all network providers.

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)*

For the measurement period, CenCal Health was contracted with five (5) organizations for ECM services and four (4) organizations for Community Supports (CS). CenCal Health prioritized the importance of supporting ECM and CS providers in the submission of claims which allowed for the receipt of compliant encounter data. Multiple departments throughout CenCal Health provided one-on-one assistance with establishing processes for accurate encounter data submission. CenCal Health created and distributed claims/billing guides and Frequently Asked Questions (FAQ) documents for all programs to assist our interested and contracted ECM and CS Providers to ensure billing success and timely reimbursement. All submitted claims were checked daily for accuracy, and when claims were submitted with data errors, CenCal Health staff contacted the Provider directly to troubleshoot errors and offer further training to make sure all questions were answered, and all issues were resolved.

To date, the audited encounter data shows 100% accuracy for ECM and CS paid claims.

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