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	Gold Coast Health Plan
MCP County	Ventura County
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	WPC – Yes HHP – 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*	*200*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*50*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*50*
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)

1. Our ECM Provider, Ventura County Health Care Agency (VCHCA), and their sister agency, Ventura County Behavioral Health (VCBH), must engage in integrated care planning with the Member's ECM Care Team and other providers. GCHP engages with VCHCA to ensure that these activities are occurring.

2. Approximately $3.8M of our total potential IPP funds are allocated to VCHCA, to support IT infrastructure, requiring development of EMR encounter types for all ECM populations, participation in county data exchange activities, and develop roadmaps for data sharing. Additional funds for future programs with VCHCA and non-County Providers (appx $4M) is in development, for care planning, data exchange and ECM provider expansion.

3. The Learning Community includes weekly IT technical assistance meetings with the IT data teams and director of interoperability to identify and resolve issues and support development of a universal ECM consent form with the support of GCHP's Director of Interoperability, participants will include future ECM providers. This is aligned with statewide efforts around AB133.

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)

1. GCHP engaged VCHCA to develop a pathway to implement a universal platform for ECM case management. VCHCA is expanding Cerner access to VCBH. For the second phase, VCHCA will engage with additional County agencies anticipated to serve future populations. Approximately $3.8M of our total potential IPP funds are allocated to VCHCA, to support IT infrastructure, including above listed activities.

2. ECM Providers must use a certified EHR for ECM activities and is supporting infrastructure development to meet this requirement with additional incentive funds for future non-County Providers (appx $4M) which will require demonstration of specific IT capabilities, including use of a certified EHR, or upgrades to current systems.

3. GCHP has developed a comprehensive approach to engage new ECM Providers, including technical assistance tools to support ECM technology requirements and gap identification, including gaps in EHR. These tools will also help GCHP in identifying areas to direct incentive dollars to support providers to meet GCHP readiness requirements.

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)

GCHP requires ECM Providers to use a certified EHR that supports EDI claims and IT infrastructure development to meet this by utilizing incentive dollars with an allocation of $3.8M in incentive dollars to VCHCA.

To meet the deliverables required for their incentive allocation, VCHCA has:

- Convened a workgroup to develop billing infrastructure for CalAIM ECM and CS
- Participated in regular joint VCHCA/GCHP claims/billings meeting to facilitate submission of compliant claims and resolve issues/barriers
- Built out
    - Billing/claims infrastructure to align with DHCS guidance
    - Cerner linkages to claims rules to bill for each ECM/CS service
    - Medical service and special registration rules to facilitate claims generation
- Obtained CalAIM specific NPI and taxonomies

As previously noted, GCHP has also developed tools to help future ECM providers understand ECM claims requirements and identify gaps to direct technical assistance support incentive dollars.

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)

To identify ECM populations, GCHP is conducting analysis including an ECM Community Needs survey that went out to a minimum of 20 community-based organizations, GCHP's 4 major medical groups and a select number of additional network providers. An analysis of the Rresults of the survey along with member's utilization data, diagnosis, and demographic data including zip code, age, and ethnicity, gender and preferred language will help to identify sub-populations at highest risk to experience poor health outcomes and inform our ECM data mining and risk stratification analyses, including diagnosis, utilization patterns and total cost of care. Preliminary data has shown some disparities based on Member's zip code, GCHP has initiated discussion on mitigation strategies with the ECM provider to determine cause while the Community Needs Assessment is being analyzed. Following this analysis GCHP will present any and all findings to the CalAIM advisory committee to identify best next steps for outreach.

GCHP is simultaneously supporting improved source data to help identify underserved populations through training our PCP network in SDoH documentation in accordance with DHCS guidance. In addition, all ECM Provider

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)

GCHP has leveraged existing infrastructure through a hub and spoke contracting approach for ECM and CS with VCHCA who subcontracts additional service providers for specialized ECM and CS services. This includes expansion of care management platform for subcontractors, development of a universal consent form and use of VCHCA Tonic Forms for ECM assessments and VCHCA's training and strategies developed through WPC to support subcontractors.

One anticipated challenge is the feasibility of expanding VCHCA's case management system to support both County affiliated and non-County affiliated Providers for ECM/CS data exchange. GCHP is developing incentive funds to support future Provider development and will explore whether these funds can be used to support non-County Provider access to VCHCA IT infrastructure.

GCHP is exploring how the new Medi-Cal CHW benefit can be used to supplement ECM/CS services, ECM/CS outreach and PCP CHW participation on ECM Care Teams. GCHP would appreciate DHCS guidance and/or scenarios on appropriate use of the CHW benefit in this effort.

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)

GCHP allocated approximately $3.8M of our total potential IPP funds to VCHCA, with dollars tied to offering Short-Term Post Hospitalization beginning July 1, 2022. GCHP worked with VCHCA and their sub-contractor, NHF to convert space within their Recuperative Care facility. GCHP has supported this development through participation in weekly joint GCHP/NHF/VCHCA meetings to ensure optimal utilization.

In addition, GCHP is developing a Provider Incentive Pool totaling $4M which will require future ECM and CS Providers to build out and demonstrate delivery infrastructure, including case management, data sharing, and claims transmission technology and additional capacity in both ECM and CS services.

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)

GCHP's Gap Filling Narrative was informed, vetted, and expanded upon by VCHCA. GCHP ECM/CS implementation activities have been developed with VCHCA through regular bi-weekly Clinical and IT planning meetings and monthly leadership meetings. VCHCA, as our primary ECM Provider and lead contractor representing all its subcontractors provided feedback and input to GCHP's draft Gap Filling Plan. VCHCA input was incorporated into the final version of the document and specific areas and activities that VCHCA identified as requiring investment served as a starting point for determining their incentive fund allocation and were included in the deliverables aligned with incentive payments.

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. GCHP has conducted the following activities to increase provider capacity and MCP oversight:

- GCHP has allocated incentive funds to VCHCA with specific deliverables for increasing ECM staffing and ECM authorizations, including development of an ECM outreach plan to target high volume, high opportunity locations for ECM outreach engagement activities.

- GCHP is also developing an incentive fund for non-County affiliated providers for network expansion and infrastructure required for successful participation. New ECM Providers that will be targeted include local FQHCs, which our provider network staff have already engaged in initial contracting discussions.

- GCHP has increased MCP oversight capacity of ECM with a CalAIM Care Management Manager, who engages in weekly meetings to ensure services are delivered appropriately; and have recruited a new Chief Policy and Program Officer, who previously oversaw WPC and ECM/CS implementation for VCHCA.

2. GCHP is investing in ECM workforce development and technical assistance by allocating incentive funds to VCHCA with the requirement that they develop and implement an ECM/CS Workforce and Training strategy and workplan that identifies and addresses ECM/CS workforce staffing and training needs with a focus on cultural competency, including the recruitment of diverse CHWs that reflect underserved communities (e.g. the Mixteco population). The strategy and workplan will be completed by 12/31/2022 and presented to GCHP leadership. GCHP has also developed ECM Provider onboarding technical assistance kit designed to assist providers in understanding ECM readiness requirements.

3. GCHP has allocated $3.8M in incentive funding to our primary ECM Provider VCHCA with the requirement that VCHCA develop and implement a strategic workforce plan to increase workforce and reduce attrition. . The strategy and workplan will be completed by 12/31/2022 and presented to GCHP leadership. In addition, GCHP is developing an additional Provider Incentive Pool to support non-County affiliated ECM Providers in ECM staff recruitment.

4. GCHP has engaged with VCHCA and VCBH through weekly IT technical assistance meetings where claim/encounter submission, cultural competency, compliance, and data sharing/reporting issues are identified and resolved. This work has informed the current development of technical assistance guides and trainings for future providers.

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.

Although Ventura County does not have a federally recognized tribe, GCHP is exploring delegating ECM services for tribal Members to CenCal, or contracting directly for ECM services with American Indian Health & Services based in Santa Barbara County. The very low numbers of tribal Members make contracting challenging, and an out-of-county provider could result in delays in services. As an alternative to this out-of-county contracting strategy to support tribal Members eligible for ECM, GCHP is a developing incentive funds that will offer a bonus for ECM Providers that demonstrate competency and experience in serving Members with tribal affiliations in Ventura County. Further, GCHP has reached out to local tribal partners to request a representative to serve on the GCHP ECM/CS Advisory Committee. Lastly, GCHP will be reaching out to the California Rural Indian Health Board for training and assistance regarding culturally competent services.

Since the submission, GCHP has been engaged in negotiations on a contract for tribal services with American Indian Health & Services. Significant progress has been made towards an agreement with American Indian Health & Services. GCHP expects to finalize the contract by Q1 of 2023.

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)

GCHP has leveraged existing County infrastructure with VCHCA who serves as our primary ECM Provider. VCHCA's experience with WPC has created a foundational approach for onboarding new county providers, processes, and infrastructure, while also tapping into the expertise of county agencies that specifically serve particular Populations of Focus.

One challenge with this approach has been lack of clarity in VCHCA's expertise with potential non-county ECM Provider. GCHP is developing incentive funds to support increased ECM Provider capacity and staffing, to ensure ECM services are embedded throughout Ventura County's safety net providers.

GCHP is exploring how the new Medi-Cal CHW benefit can be used to supplement ECM/CS services, ECM/CS outreach and PCP CHW participation on ECM Care Teams. GCHP would appreciate DHCS guidance and/or scenarios on appropriate use of the CHW benefit in this effort.

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

[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.

GCHP has allocated incentive dollars to support our homeless Population of Focus. VCHCA is required to engage communities of color disproportionately experiencing homelessness including detailed ECM data by race/ethnicity, including referrals, enrolled/authorized Members, service contacts, disenrollment, and graduations. GCHP will review this data annually to identify and remedy disparities to include an outreach plan by VCHCA to address any disparities identified. VCHCA must document high-volume and high opportunity locations for ECM outreach where staff can be embedded to ensure that ECM eligible members who are disproportionately experiencing homelessness are engaged and that ECM services are initiated. VCHCA does utilize publicly available data, such as the Ventura County Continuum of Care Alliance Homeless Count and Subpopulation Survey, to inform these efforts.

Data reviews between GCHP and VCHCA have preliminarily indicated potential barriers stemming from a lack of available FTEs and specifically a lack of Spanish and Mixteco fluent providers. To mitigate these challenges GCHP is allocating incentive fund to support network expansion to better serve Asian/Pacific Islanders and Spanish speaking members as well as engaging Mixteco Indigena Community Organizing Project (MICOP) to support the indigenous populations such as the Mixteco community.

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)

Yes – March 25, 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)

GCHP's Gap Filling Narrative was informed, vetted, and expanded upon by VCHCA. GCHP ECM/CS implementation activities have been developed with VCHCA through regular bi-weekly Clinical and IT planning meetings and monthly leadership meetings. VCHCA, as our primary ECM Provider and lead contractor representing all its subcontractors provided feedback and input to GCHP's draft Gap Filling Plan. VCHCA input was incorporated into the final version of the document and specific areas and activities that VCHCA identified as requiring investment served as a starting point for determining their incentive fund allocation and were included in the deliverables aligned with incentive payments.

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. GCHP is working with current Providers to increase capacity to ensure access to all eligible Members countywide. Our number for Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy Sustaining Services has increased from 45 to more than 100 and our number Recuperative Care beds remain at 14, but expansion plans are currently underway. While there is still a gap for our delegated members regarding short term post hospitalization, GCHP anticipates a change in the delegation agreement for 2024.

2. GCHP is in the process of developing an approach for our annual assessment of Community Supports capacity. This assessment will support leadership decisions to expand Community Supports by evaluating whether the services are cost-effective and improving health outcomes for Members, the level of need for the services, and provider interest and ability to provide services. Simultaneously, GCHP has also approved a new CS implementation timeline that will roll-out all DHCS approved CS by 2024. CS network expansion activities have been initiated to engage new providers needed for the roll-out. A Provider Incentive Pool is being developed to support new CS providers in developing the infrastructure required for CS service delivery.

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. GCHP has taken several concrete steps to increase CS Provider capacity and MCP oversight capacity:

- GCHP has allocated incentive funds to our primary CS Provider VCHCA with specific deliverables for increasing CS staffing and CS authorizations.

- GCHP is also developing a Provider Incentive Pool of funds for non-County affiliated providers to incentivize new CS providers to join our network and build the infrastructure required for successful participation

- GCHP has increased MCP oversight capacity of CS through the recruitment of a new CalAIM Care Management Manager, who engages with our CS Providers in weekly meetings to ensure that timely services are delivered appropriately. In addition, we have recruited a new Chief Policy and Program Officer, who previously oversaw WPC and ECM/CS implementation for VCHCA.

2. GCHP is investing in CS workforce development and technical assistance by allocating incentive funds to VCHCA with the requirement that they develop and implement an ECM/CS Workforce and Training strategy and workplan that identifies and addresses ECM/CS workforce staffing and training needs with a focus on cultural competency, including the recruitment of diverse staff that reflect underserved communities (e.g. the Mixteco population). The strategy and workplan will be completed by 12/31/2022 and presented to GCHP leadership. GCHP has also developed ECM Provider onboarding technical assistance kit designed to assist providers in understanding CS readiness requirements.

3. GCHP has allocated $3.8M in incentive funding to our primary CS Provider VCHCA with the requirement that CS authorizations increase by 20% by 2023 and that VCHCA develop and implement a plan for CS staff recruitment. In

addition, GCHP is developing an additional Provider Incentive Pool to support potential non-County affiliated CS Providers in CS staff recruitment.

4. GCHP has engaged with VCHCA through weekly IT technical assistance meetings attended by IT data teams and the director of interoperability where claim/encounter submission, cultural competency, compliance, and data sharing/reporting issues are identified and resolved. This work has informed the current development of technical assistance guides and trainings for future providers.

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)

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)

Although Ventura County does not have a federally recognized tribe, GCHP is exploring delegating Community Supports for tribal Members to CenCal, or contracting directly for Community Supports with American Indian Health & Services based in Santa Barbara County. The very low numbers of tribal Members make contracting challenging, and an out-of-county could result in delays in services. As an alternative to this out-of-county contracting strategy to support tribal Members eligible for Community Supports, GCHP is a developing a incentive funds that will offer a bonus for Community Supports Providers that demonstrate competency and experience in serving Members with tribal affiliations in Ventura County. Further, GCHP has reached out to local tribal partners to request a representative to serve on the GCHP ECM/CS Advisory Committee. Lastly, GCHP will be reaching out to the California Rural Indian Health Board for training and assistance regarding culturally competent services.

2.3.6 Measure Description

Mandatory
35 Points

Narrative Response Only

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

GCHP has allocated approximately $3.8M of our total potential IPP funds to VCHCA, who sub-contracts to HSA, NHF, and AAA for the CS they provide. VCHCA uses infrastructure developed through WPC to support their sub-contractors' provision of CS. VCHCA is developing a CS workforce development plan that is slated for completion by 12/31/2022.

Other incentive funds for future non-County CS Providers (appx $4M) is in development, to provide funds to incentivize new providers. By 2024, GCHP is slated to launch all DHCS approved CS.

GCHP is in the process of developing an approach for our annual assessment of Community Supports capacity. This assessment will support leadership decisions to expand Community Supports by evaluating whether the services are cost-effective and improving health outcomes for Members, the level of need for the services, and provider interest and ability to provide services. GCHP has also approved a new CS implementation timeline to roll out all DHCS approved CS by 2024. CS network expansion activities and incentive funds have been initiated for this.

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)

GCHP's Gap Filling Narrative was informed, vetted, and expanded upon by VCHCA. GCHP ECM/CS implementation activities have been developed with VCHCA through regular bi-weekly Clinical and IT planning meetings and monthly leadership meetings. VCHCA, as our primary ECM Provider and lead contractor representing all its subcontractors provided feedback and input to GCHP's draft Gap Filling Plan. VCHCA input was incorporated into the final version of the document and specific areas and activities that VCHCA identified as requiring investment served as a starting point for determining their incentive fund allocation and were included in the deliverables aligned with incentive payments.

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)*

Gold Coast Health Plan (GCHP) has taken concrete steps and invested significantly to ensure that its ECM provider and future providers can exchange bi-directional health information. With GCHP's initial disbursements of the CalAIM IPP dollars, GCHP entered into a Memorandum of Understanding (MOU) with the County of Ventura's WPC Pilot Program for $3,792,857.14. This initial disbursement of incentive dollars in part laid a foundation for the two organizations to actively participate in the County's Health Information Exchange collaborative, known as the Ventura County Community Health Improvement Collaborative (VCCHIC), develop a joint technology road map with cross-functional meetings to leverage technology to support and facilitate did exchange between GCHP and its ECM and CS providers, and electronically exchange information, including clinical documentation between care plan members. Additionally, GCHP is furthering its efforts by allocating another pool of $2,872,400 in additional incentives that, in part, go to ensuring further data-sharing agreements and creating a secure way for staff members to query data. GCHP will expand this offering within the next program year by launching a grant program for prospective ECM providers to ensure that bi-direction HIE goals are met. GCHP's grant program will take a phased approach in its disbursements for current and future prospective providers. Each

phase of the program will target specific provider-related outcomes to ensure measures are achievable, meaningful, and relevant to the organization's needs. While many details of the grant program are still in development, GCHP intends to put bi-directional health information exchange at the forefront of the program.

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)*

Within GCHP's initial allocation of CalAIM IPP dollars to its ECM provider, the County of Ventura, GCHP required the County to provide access to certified Electronic Health Record ("EHR") technology and care management documentation system that is able to generate and manage a patient care plan. Through the use of incentive dollars, the ECM provider purchased and implemented Cerner Health-E-Care as the ECM care management platform and built out Health-E-Care to report and track encounter types to align with ECM populations of focus, outreach efforts, and enable the GCHP CalAIM Care Management team to access and audit care plans. Through its second disbursement of funds, GCHP worked with the ECM team using data identified through the HER to develop population identification algorithms for new ECM populations of focus launching in January 2023. GCHP views projects like these as an integral element in operationalizing engagement with ECM populations of focus that will come online in the future. Then, as noted in the narrative response for 2B.1.1 and 2B.1.3. GCHP is In the process of developing a grant program. GCHP intends to leverage the grant program to ensure ECM

provider uptake of certified EHR technologies for new ECM providers. GCHP's efforts will focus on prospective ECM providers to ensure their certified EHR has the capability to generate and manage a patient care plan.

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)*

GCHP has invested significantly to ensure that contracted ECM and Community Supports providers are able to submit a claim to GCHP. As stated in the previous responses, 2B.1.1 and 2B.1.2, GCHP has allocated $3.79 million to the County of Ventura, as GCHP's ECM provider and hub for its Community Supports. As part of the disbursement of funds, GCHP required the County to convene a work group with County and GCHP staff to discuss claims, billing, and infrastructure regularly. Specifically, the workgroup would assist in building out a Cerner Quick Orders m-page and back-end linkages to claims rules to bill for each contracted ECM & CS service, work on medical services and special registration rules linked to CalAIM billing taxonomies to facilitate CalAIM claims generation, and the group would create infrastructure to align with the DHCS ECM and Community Supports billing and invoicing guidance. Furthermore, in future allocations of funds, GCHP will make incentives available to new and prospective providers to ensure they can process and send a claim to a GCHP for clean and compliant submission 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