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	Health Plan of San Mateo
MCP County	San Mateo
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	Yes
Program Year (PY) / Calendar Year (CY)	Program Year 1 / Calendar Year 2022 Payment 2 (Submission 2-A and Submission 2-B)
Reporting Periods	Submission 2-A: January 1, 2022 – June 30, 2022 Submission 2-B: July 1, 2022 – December 31, 2022

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

End of Section

Introduction

The CalAIM Incentive Payment Program (IPP) is intended to support the implementation and expansion of Enhanced Care Management (ECM) and Community Supports by incentivizing MCPs, in accordance with 42 CFR Section 438.6(b), to drive MCP delivery system investment in provider capacity and delivery system infrastructure; bridge current silos across physical and behavioral health care service delivery; reduce health disparities and promote health equity; achieve improvements in quality performance; and encourage take-up of Community Supports.

IPP Payment 1

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

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

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

IPP Payment 2

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

End of Section

Evaluation Criteria

Measure Criteria

Payment to MCPs is based on the successful completion of reporting and performance against measures in the Progress Report. The Progress Report materials indicate performance targets and point allocations for each measure. MCPs may earn no, partial, or all points on measures, as indicated.

Each measure in the Progress Report is assigned to one of the following Program Priority Areas, with a fourth Quality Program Priority Area that is allocated between Priority Areas 2-3:

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

Points Structure

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

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

[3] For example, if an MCP allocates 100 points to Priority Area 1 and earns 90% of the Priority Area 1 points, it will earn 90 of those 100 discretionary points.

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

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

Priority Area	Mandatory Measures	Optional Quality Measures *(Priority Area #4)*	Discretionary Allocations
1. Delivery System Infrastructure	Up to **200** points	*None*	*100*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*75*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*125*
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)

Through the RFI process, HPSM ensures that all contracted ECM providers have access to an EHR as a first step. A second step, that has been a focus of this reporting period, is ensuring that all ECM providers can report out and intake clinical information. At this point, all ECM providers can do this. Our next step is to have all ECM providers share clinical documents with other care team members. Given HPSM is often the collector and collator of information, we are in process of determining whether this will come directly from the ECM provider or HPSM. All providers have bi-directional HIE capabilities for ECM.

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)

Through our RFI process for providers interested in contracting for ECM and a grant application to HPSM for IPP technology funding, HPSM has been able to ensure that all ECM providers have access to either certified EHR technology, or in most cases, a care management documentation system with care planning capability prior to contracting.

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)

HPSM and the contracted providers have taken the following steps:

1. HPSM supplied all providers with detailed encounters/claims specifications outlining all necessary requirements for claims submission.
2. HPSM worked with a 3rd party clearing-house to identify all minimum data requirements for claims processing.
3. HPSM supplied all providers with claims submission summary reports so that all claims and encounters reconciliation could be easily conducted and processed.
4. HPSM built an internal validation tool to review accuracy in reporting for all encounters/claims submitted and supplied all providers with an error report so that changes could be made timely for processing.

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)

HPSM is currently assigned members to ECM providers based on a number of factors. The first is expertise in population of focus. The second is capacity and the third is member/provider cultural and language match. We have invested in pay

for performance programs with the providers based on number of members served (by provider) and member/provider culture and language match, and outreach to engagement/enrollment rate increases.

Through the Population Needs Assessment, HPSM identifies disparities amongst populations. HPSM stratifies its population by race and ethnicity and conducts disparity analysis on a number of areas including but not limited to, access to care, engagement with PCPs and language access. HPSM also conducts disparity analysis for relevant HEDIS measures by race/ethnicity and language. HPSM then focuses on referral of those members who face disparities. Amongst this population, HPSM has identified, older adults, persons with disabilities, Black/African American and those with limited English proficiency as having disparities. HPSM also focuses its efforts on smaller sized populations, who although (due to their small size), would not show up as statistically significant in disparities analysis, have been historically marginalized. (eg. American Indian and Native Alaskan population). We have also found that these members are overrepresented among HPSM's homeless population. HPSM also conducts a disparities analysis for this population for relevant HEDIS measures. Members who are identified through these disparities are directed to appropriate resources by proactive member identification, referral, and coordination of clinical, social and ECM services.

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)

HPSM is the only MCP in San Mateo County. HPSM and the WPC LE met to collaboratively map providers and services. For all ECM/CS – like services, HPSM asked providers to fill out an RFI. Many of the providers from WPC contracted with HPSM as ECM or CS providers. For those that were not ready to contract with HPSM, the County secured other funding sources or HPSM is working to complete readiness deliverables with the providers in anticipation of contracting. Early on, HPSM and the County/WPC encountered challenges in program capacity and adjusting from WPC to encounter/claims submission. HPSM provided early technical assistance and helped develop processes along with the WPC partners to gain buy in and completion. Another challenge was in data file submissions for members transitioning from WPC into ECM and Community Supports. We had several data files submitted back and forth and finally confirmed files in early April through biweekly check in meetings.

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)

HPSM has contributed financially to offset costs of small office space for CBOs who are providing ECM and Community Supports. HPSM provided a one-time contribution that does not need to be repaid to get the Nursing Facility transition to Assisted Living to expand services. HPSM is meeting at least monthly with ECM and Community Support providers to determine needs, plan for expansion, and assess any financial gaps and needs.

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)

HPSM worked with County Health (including BHRS), Healthcare for the Homeless and Center on Homeless to collaborate and iterate on ideas for and completion of improvement activities. The County represents 50% of our ECM and CS providers. This engagement included monthly operational meetings in addition to weekly huddles for strategy between HPSM and County Health Leadership and resulted in HPSM receiving justice-involved data.

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. HPSM meets biweekly with all ECM providers to review provider capacity and brainstorm ways to support capacity increases which includes one-time funding, advances, and incentives. During the period all ECM providers had and maintained significant capacity to take on the WPC transitioning members and all new referrals and members identified via data driven eligibility. We also began conversations with existing providers to plan for expanded capacity to take on new populations of focus in January 2023.

2. During the review period training was conducted on ECM outreach best practices which resulted in a guide for ECM providers along with a training on best practices for coordinating handoffs between providers. Follow-up technical assistance was provided for authorizations, encounters, and claims submissions along with monthly reporting. Follow-up technical assistance was provided for authorizations, encounters, and claims submissions along with monthly reporting. ECM providers are required to participate in webinars and trainings required by DHCS and to receive training and support to provide culturally and linguistically appropriate communication.

Additionally, all providers were trained on threshold languages, racial/ethnic makeup of population, and use of interpreter services where applicable.

3. All ECM providers hire bilingual and bicultural staff to meet the needs of HPSM's membership. During the review period, all contracted ECM providers maintained their staffing and met capacity demands for ECM. All providers had and currently have additional capacity to take on more.

4. HPSM provided the following virtual trainings to all ECM providers and their respective staff in Q1 with additional training as needed:
    - Comprehensive overview of HPSM CalAIM website
    - Prior Authorization Process
        - What is a prior authorization?
            - Prior authorization form
            - Community Supports Request Information Form
            - Medically Appropriate Criteria
            - Notification letters
            - Member Eligibility
    - Billing and Claims submission (includes Claims Submission Timeframes and Claims/Encounters submission process)
    - Online Portals:
        - HPSM Provider Portal Training
        - eReport Portal (claims)
    - DHCS Reporting and Requirements

The trainings were all held over Microsoft Teams to support as many attendees being able to attend as possible. They were either held at specifically scheduled training times (where all eligible providers could attend) or were included in already pre-existing operational meetings. The first ECM Provider-wide training was held on December 20, 2021, with at least 35 attendees and the second ECM Provider-wide training was held on February 23, 2022, with

at least 32 attendees. All trainings were recorded and shared with providers. All training materials were developed in collaboration across multiple departments: Strategic Partnerships, Provider Services, Integrated Care Management, Business Services Intelligence, Claims, Utilization Management and Marketing. Training materials were shared with providers and placed on a public-facing webpage found here: https://www.hpsm.org/provider/calaim-at-hpsm.

Please see attached for attendance at 2/23/2022 meeting.

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.

During the reporting period, HPSM focused on better data identification for utilization amongst Tribal providers in surrounding counties. During our initial submission, we were not able to identify any members utilizing these services,

however, during this reporting period, we were able to identify 11 members and the sites they are utilizing. We are planning to outreach to these facilities/providers partnership to better understand how to best serve these individuals and partner given these providers are out of the county.

Culturally Inclusive Care: A key component of HPSM's Health Equity Strategy is focused on promoting Culturally Inclusive Care. Native & Indigenous people is a priority population of focus due to identified disparities or known inequities this populations faces. HPSM is prepping a landing page on the provider side of the website in the culturally inclusive care section focused on this population. The landing page will include demographic information, local resources and cross-cultural communication tips. The page will be available and promoted to the provider network by end of 2022.

Cultural Competency Training for HPSM Staff: All HPSM staff, including clinical teams, participate in our annual cultural competency training curriculum which includes modules on implicit bias and the ResCUE Model for Cross-Cultural Communication. These courses help make the connection between culture, everyday professional interactions, and health outcomes. Learning objectives are aimed at improving cross-cultural interactions and include the following: Demonstrate respect for cultural diversity, Communicate clearly in cross-cultural interactions, Understand how cultural differences can impact healthcare, Find solutions when cultural differences create conflict. The Implicit bias course provides an essential overview of the research surrounding implicit bias, its societal prevalence, and negative effects. This learning objectives for this course include the following: Understand cognitive shortcuts used by the brain to process information, Explain implicit bias and provide examples, Assess the potential consequences of implicit biases when interacting with others, Apply strategies to minimize the impacts of implicit bias in various settings and situations.

SFHP is conducting outreach to two tribal providers, Native American Health Center and Friendship House. The goal of this outreach is to introduce SFHP and the tribal providers; overview CalAIM; discuss ECM, CS, and IPP; and determine what opportunities there are for alignment between SFHP and the tribal providers. Native American Health Center provides ECM services in Alameda County and is interested in providing services in San Francisco. SFHP's call with Native American Health Center is scheduled for September 1, 2022, and the power point presentation that will be used is attached.

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)

WPC providers responded to HPSM's RFI to determine ability and interest in delivering ECM services and went on to contract with HPSM effective January 1st; one additional ECM provider contracted in Q3 of 2022. HPSM works proactively with ECM provider network maintaining open capacities since launching by meeting biweekly to discuss current state of authorizations, claims/encounter data, workflows, and member outreach status to ensure potential bandwidth issues are addressed early on. Our ECM provider with the largest capacity and our newest provider going live soon, have extensive experience leveraging CHWs. Other ECM providers are encouraged to leverage the CHW benefit.

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)

HPSM is focusing on data completeness. HPSM has created a workgroup that is focused on accurately capturing social drivers of health information, like homelessness, from providers. Additionally, we have a data improvement project that is focused on the process of ingesting race/ethnicity data to be able to better drill down into specific categories and identify disparities amongst member subgroups, specifically within the Hispanic/Latino populations. HSPM facilitated conversations with community partners such as Healthcare for the Homeless and specific county clinics to explore barriers to access and potential for member incentive pilots.

In addition to the Black/African American population, HPSM has identified disparities amongst the Hispanic/Latinx and White populations. This is consistent with the PIT count in the County. We will be drilling down in the data to better understand subsets of these populations, like middle or older aged White adults who are disproportionately experiencing

[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.

homelessness. We continue to work with Healthcare for the Homeless in our County to better understand each groups access to and willingness to engage in services.

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)

[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.

2.2.11 Measure Description

Mandatory
10 Points

Quantitative Response Only

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

Enter response in the Excel template.

2.2.12 Measure Description

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

Narrative Response Only

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

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

OR

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

2.2.13 Measure Description

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

Quantitative Response Only

Plan 30-Day Readmissions (PCR)

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

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

Enter response in the Excel template.

2.2.14 Measure Description

Optional

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

Quantitative Response Only

Ambulatory Care—Emergency Department Visits (AMB)
Rate of emergency department (ED) visits per 1,000 beneficiary months for beneficiaries who are in the ECM Populations of Focus.

Enter response in the Excel template.

2.2.15 Measure Description

Optional

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

Quantitative Response Only

Depression Screening and Follow-Up for Adolescents and Adults (DSF)
The percentage of beneficiaries 12 years of age and older who are in the ECM Populations of Focus and who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care.

Enter response in the Excel template.

2.2.16 Measure Description

Optional

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

Quantitative Response Only

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)
The percentage of members 12 years of age and older who are in the ECM Populations of Focus with a diagnosis of depression and who had an outpatient encounter with a PHQ-9 score present in their record in the same assessment period as the encounter.

Enter response in the Excel template.

2.2.17 Measure Description

Optional

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

Quantitative Response Only

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

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

Enter response in the Excel template.

2.2.18 Measure Description

Optional

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

Quantitative Response Only

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
Percentage of emergency department (ED) visits for beneficiaries age 18 and older who are in the ECM Populations of Focus and have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD abuse or dependence. Two rates are reported:

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

Enter response in the Excel template.

2.2.19 Measure Description

Optional

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

Quantitative Response Only

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

Enter response in the Excel template.

2.2.20 Measure Description

Optional

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

Quantitative Response Only

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)
Percentage of children and adolescents ages 1 to 17 who are enrolled in the ECM Populations of Focus and who had two or more antipsychotic prescriptions and had metabolic testing. Three rates are reported:

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

Enter response in the Excel template.

2.2.21 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

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

AND

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

HPSM meets biweekly with the ECM providers for oversight, collaboration and capacity discussions. HPSM will plan to share applicable aspects of the plan with all ECM providers, with County Health (including Behavioral Health) and Human Services (including homeless services and housing) and community partners. Please see attached for meeting examples. Also, HPSM will continue to meet and discuss gap filling plan with providers over the full incentive period.

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. The only limitation on Community Supports coverage for HPSM is for the Homemaker/Personal Care Assistance and Respite services that are being offered. These have been limited to HPSM's MSSP transitioning population and as discussed in a prior response, we are working on assessing county wide needs to scale up by 2024. HPSM has received RFI responses from Homemaker/Personal Care Assistance providers who can serve the whole county, but we want to be methodical in adding to the network based on geographic and cultural/language needs.

2. Through biweekly meetings with CS providers, HPSM reviews operational progress with authorizations, claims, outreach, capacity, caseload ratios and other support needs. HPSM has also done in-service trainings to County and Community Based case management and medical providers about the Community Supports available and how to make referrals to increase number of members served and reach. HPSM has also worked with Community Support providers to expand capacity where needed.

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. For Respite and Personal Care Assistance/Homemaker Services, the two non-county-wide CS, HPSM launched an RFI to better understand the landscape and provider pool for these two CS. Additionally, HPSM worked with an additional housing tenancy and sustaining services CS provider to get them ready to be an added provider in the network. HPSM meets biweekly with all Community Supports providers to review provider capacity and brainstorm ways to support capacity increases which includes one time funding, advances, and incentives.

    2. HPSM meets biweekly with CS providers. HPSM reviews operational progress and other support needs. Through these reviews, a few training/technical assistance needs were identified. These were the referral and PA process, how to use HPSM's Provider portal to obtain real time information for outreach and extensive training on encounter and claims submission. In addition to training, HPSM updated the CalAIM member and provider webpages for ease of use. HPSM did request information on cultural competency from providers and were trained on Language Line. Most CS providers hire bicultural and bilingual staff to meet HPSM needs.

    3. HPSM ensured CS providers were made aware of PATH and IPP funding to support in their infrastructure build to meet their operational needs/gaps with their current staffing structure. Furthermore, CS providers have been strongly encouraged to learn from HPSM ECM providers who currently use Community Health Workers (CHW) and how CHWs have successfully carried a panel of members addressing their health and social service needs with the guidance of a licensed clinician or clinical supervisor. Through HPSM's Summer Intern Program, HPSM recruited an intern to further support outreach coordination and understanding of the prior-authorization and service request process for CS.

4. HPSM provided the following virtual trainings to all CS providers and their respective staff in Q1 with additional training as needed:
    - Comprehensive overview of HPSM CalAIM website
    - Prior Authorization Process
        - What is a prior authorization?
            - Prior authorization form
            - Community Supports Request Information Form
            - Medically Appropriate Criteria
            - Notification letters
            - Member Eligibility
    - Billing and Claims submission (includes Claims Submission Timeframes and Claims/Encounters submission process)
    - Online Portals:
        - HPSM Provider Portal Training
        - eReport Portal (claims)
    - DHCS Reporting and Requirements

    The trainings were all held over Microsoft Teams to support as many attendees being able to attend, as possible. They were either held at specifically scheduled training times (where all eligible providers could attend) or were included in already pre-existing operational meetings. The first CS Provider-wide training was held on January 19th from 4-5pm with at least 34 attendees and the second CS Provider-wide training was held on: March 2nd from 3-4pm with at least 31 attendees. All trainings were recorded and shared with providers. All training materials were developed in collaboration across multiple departments: Strategic Partnerships, Provider Services, Integrated Care Management, Business Services Intelligence, Claims, Utilization Management and Marketing. Training materials were shared with providers and placed on a public-facing web-page found here: https://www.hpsm.org/provider/calaim-at-hpsm.

    See attached attendance for meetings.

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)

San Mateo County does not have recognized Tribes or Tribal Health Centers. During the reporting period, HPSM facilitated conversations with community partners such as the Native and Indigenous Peoples Initiative (NIPI)/Office of Diversity & Equity to understand the healthcare interests of Native and Indigenous residents of San Mateo County and best practices for supporting this community. HPSM also conducted deeper data analysis to better understand the following: demographics & characteristics of the population, disparities across to care and health outcomes measure, utilization of services/benefits. Finally, HPSM conducted qualitative interviews with members to better understand their care experiences.

Culturally Inclusive Care: A key component of HPSM's Health Equity Strategy is focused on promoting Culturally Inclusive Care. Native & Indigenous people is a priority population of focus due to identified disparities or known inequities this populations faces. HPSM is prepping a landing page on the provider side of the website in the culturally inclusive care

section focused on this population. The landing page will include demographic information, local resources and cross-cultural communication tips. The page will be available and promoted to the provider network by end of 2022.

Cultural Competency Training for HPSM Staff: All HPSM staff, including clinical teams, participate in our annual cultural competency training curriculum which includes modules on implicit bias and the ResCUE Model for Cross-Cultural Communication. These courses help make the connection between culture, everyday professional interactions, and health outcomes. Learning objectives are aimed at improving cross-cultural interactions and include the following: Demonstrate respect for cultural diversity, Communicate clearly in cross-cultural interactions, Understand how cultural differences can impact healthcare, Find solutions when cultural differences create conflict. The Implicit bias course provides an essential overview of the research surrounding implicit bias, its societal prevalence, and negative effects. This learning objectives for this course include the following: Understand cognitive shortcuts used by the brain to process information, Explain implicit bias and provide examples, Assess the potential consequences of implicit biases when interacting with others, Apply strategies to minimize the impacts of implicit bias in various settings and situations.

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)

Providers of CS-like services offered within the county responded to HPSM's RFI to determine ability and interest to deliver CS services through CalAIM; four CS providers in which two of four are also ECM providers contracted with HPSM effective Jan. 1st. HPSM works with its CS provider network to proactively address barriers like staffing vacancies impacting capacity

by meeting biweekly to discuss current state of authorizations, claims/encounter data, workflows, and member outreach status to ensure potential bandwidth issues are addressed early on. CS providers have been encouraged to leverage staffing the new CHW benefit to support in maintaining open 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)

HPSM meets biweekly with the Community Support providers to discuss Provider capacity. We have not yet needed to increase capacity amongst the provider network. However, as we continue to review our data driven eligibility algorithm and track referrals, we have determined that we will continue to add additional providers for certain services with high uptake to allow for changes in provider organization. During this reporting period, we began the process of contracting with a new Community Support provider and will continue this process throughout. HPSM will continue to meet with CS providers to discuss. As you can see (attached) we only met with a subset of providers and will expand to additional providers during the next period.

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)*

HPSM continues to ensure that every contracted ECM provider has access to an EHR as part of the initial RFI process. All ECM providers are able to intake health information provided to them through monthly Member Level Data Files and report out health information to HPSM on a quarterly basis.
A point of focus for this reporting period was on increasing the ability of ECM providers to exchange health information with other care team members to support direct care coordination without HPSM having to serve as an intermediary when appropriate. HPSM committed dollars via IPP to San Mateo County, which encompasses a large FQHC and multiple CalAIM providers serving a large volume of our ECM members, for them to implement Epic County-wide with launch in 2024. A new ECM provider who regularly receives ADT notifications also joined our network during this reporting period. This provider, along with the county's mental health plan Behavioral Health and Recovery Services, also became

established with Collective Medical to help close the healthcare communication gaps for members in several ECM populations of focus.

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)*

As was the case in the last reporting period, prior to contract execution via an RFI process, HPSM continues to make sure all ECM providers have access to certified EHR technology or a care management documentation system with care planning capability. Grant applications are also submitted to HPSM for IPP technology funding to further support those providers who would benefit from additional financial resources to bolster their technological capabilities. The new ECM provider who joined our network during this reporting period is well established with a certified EHR fully capable of generating patient care plans and other required documentation.

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)*

HPSM continued to take the following steps established in previous reporting periods for any new ECM and Community Supports providers onboarded during this period:

1. HPSM trained and supplied all providers with detailed encounters/claims specifications outlining all necessary requirements for claims submission.
2. HPSM worked with a 3rd party clearinghouse to identify all minimum data requirements for claims processing.
3. HPSM supplied all providers with claims submission summary reports so that all claims and encounters reconciliation could be easily conducted and processed.
4. HPSM built an internal validation tool to review accuracy in reporting for all encounters/claims submitted and supplied all providers with an error report so that changes could be made timely for processing.

   In addition to these steps, HPSM specifically focused on the following during this reporting period:

5. HPSM developed an intermediate workflow and validation process in which a 3rd party clearinghouse validated encounter files for new providers without a clearing house relationship. This allowed the provider to confirm accuracy of data submissions prior to working with a clearinghouse directly and individually.

6. HPSM supplied all new providers with clearinghouse partner contacts, minimum data requirements, and an implementation timeline so that providers could begin establishing individual relationships to submit claims through these entities directly by set dates.

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