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	Molina Healthcare of California
MCP County	Imperial
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*	150
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	150
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)

Molina focused investments on Clinical CareAdvance (CCA) to increase providers' capabilities to electronically store and exchange data with care teams. The following steps were taken to add CCA functionalities for increasing capabilities: 1) ECM assessment tools; 2) case types in care plans; 3) safeguards to access assigned member data; 4) member letters; 5) contact forms; 6) data reports. Molina worked with each provider to determine specific needs that were addressed in the enhancements. Robust testing and trainings were completed to ensure functionalities worked for providers. Molina confirms all our ECM providers have bi-directional exchange capabilities.

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)

Molina focused investments on the following steps to increase providers' access to generate, manage, and store care plans: 1) ensured providers had access to CCA; 2) trained providers to learn how to generate and maintain ECM assessments and care plan information; 3) upgraded for compatibility with Microsoft Edge for improved user experience; 4) implemented 2 Factor Authentication. Molina worked with each provider to determine specific needs that were addressed in enhancements. Robust testing and real time assistance were provided to ensure the CCA functionalities worked for providers. As a result, we increased 100% of our providers' access to care documentation system.

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)

Molina invested in the following to increase providers' capability for submitting claims: 1) updated CCA to generate ECM encounters based on documentation; 2) robust training completed for providers on documentation; 3) technical assistance provided to walk through processes; 4) Training completed with CS providers on billing process and submission methods, such as Molina Provider Portal and Availity; 5) Developed Molina's CS Provider Guide that included claims submission. As a result, 100% of ECM providers utilize CCA process for encounter submission and 100% CS providers have access to the provider portal system to send a claim.

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)

Molina invested in the iPro predictive modeling tool as the methodology to identify the top underserved populations. The data logic is supplemented by specialty mental health claims, utilization, and enrollment data. We identified 80% of ECM eligible members in the top underserved populations met criteria for adults with SMI/SUD. Recognizing the need for these members to receive care from providers that have this expertise, Molina created a provider survey and trained ECM providers specifically on SUD/SMI.

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)

Molina engaged in collaborative discussions with the other MCP, consisting of participation in Local Health Authority meetings and stakeholder roundtable meetings.

Through the application and review process, providers were identified to support the delivery of ECM and CS services. Barriers included the need to familiarize stakeholders of the operational program changes for ECM vs. Health Homes, and establishing processes for CS program requirements. We continue to work collaboratively with the other MCP to support infrastructure building. We are discussing how CHW can further support ECM and CS, especially since many CS providers are already utilizing CHWs for housing CS services.

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)

Molina has partnered with the other MCP and community stakeholders and discussed the resources and providers needed in Imperial County to fill identified gaps. In joint discussions, we identified gaps and lack of availability for certain CS services, such as Sobering Centers and Recuperative Care, to concentrate efforts on. We are currently identifying the providers with capabilities and experience necessary to provide these services effectively and outreaching to contract. Once the right providers are identified, we will partner with them on establishing physical locations where the members can access these 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)

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. Molina has invested in our network capacity that increased beyond 20% having a total of 4 ECM providers. Molina has enhanced operational and monitoring reporting capabilities to facilitate oversight such as implementing ECM scorecards for monthly operational meetings and ongoing provider capacity reporting.
2. Molina has taken the following steps: 1) provided TA/training series to providers; 2) invested in CCA for providers to meet requirements; 3) configured provider contracts to generate encounters; 4) conducted provider survey in Q2 to identify workforce training/TA needs. Survey results indicated need for staff with expertise serving

members in the homeless and SMI/SUD POFs. Overall, 78% of our membership are Latinx, therefore providers need bilingual staff that understand impacts of living in rural area by international border. We developed cultural competency training tailored to SMI/SUD homeless population to provide to provider staff in Q3 2022.

3. Molina collaborated with other MCPs for the comprehensive provider IPP application process for funding allocation to support ECM provider capacity build. We partnered with H2 Strategies as the facilitator that host the collaborative roundtable discussions for joint funding awards to increase ECM workforce recruitment and capacity with discretion for individual health plan funding consideration. Molina outreached to prospective providers to ascertain interest and capacity to offer ECM services, starting with existing contractual relationships.
4. Molina has conducted training both through the MCP roundtable meetings and independently to support ECM providers. Please reference submitted meeting materials.

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.

Molina engaged one Native American Tribe in Imperial County through various methods of contact for contracting with the plan for ECM. The tribal provider expressed they are opting out of contracting at this time as they only see Tribal patients and do not have a high enough volume of members receiving Medi-Cal managed care to justify the ECM build. Molina has identified contracted ECM providers willing to see tribal members in a culturally competent manner.

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)

Molina engaged in collaborative discussions with the other MCP, consisting of participation in Local Health Authority meetings and stakeholder roundtable meetings. Through the application and review process, providers were identified to support the delivery of ECM and CS services. Barriers included the need to familiarize stakeholders of the operational program changes for ECM vs. Health Homes, and adapting processes to new program requirements. We continue to work collaboratively with the other MCP to support capacity expansion. We are discussing how CHW can further support provision of ECM.

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."

[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.

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)

The Plan's methodology for identifying the population as disproportionately experiencing homelessness included members who received ECM and met the criteria/definition for the homeless population of focus. Therefore, the Plan identified the top populations to be Hispanic/LatinX and White/Caucasian.
The main barrier with the homeless population is engaging members. Molina contracted with ECM providers with experience in serving the homeless as the first phase to understand this population. Molina was able to ascertain the diversity of ECM provider staff and recognize they have hired similar racial/ethnic composition as the members served. Cultural competency training for multiple racial/ethnic groups was developed to address diverse demographics that will be delivered in Q3 2022. We are partnering with community stakeholders and the other MCP to identify barriers associated with homeless racial groups. Once this analysis is completed, a targeted approach will be taken to engage specific racial groups.

2.2.10 Measure Description

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

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who disproportionately[6] meet the Population of Focus definition ("individuals transitioning from incarceration who have significant complex physical or

[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.

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)

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)

Molina partnered with other MCP and engaged a facilitator who assisted our collaborative roundtable meetings that included LHA, community entities, ECM and CS providers, and county agencies. Through the application process, both plans agreed to fund qualifying mutual ECM providers in support of capacity building, and to explore individual health plan investments. These roundtables have been occurring at a monthly cadence and stakeholders are invited to engage in strategic discussions of how ECM can be expanded to meet county-wide gaps and needs. Meeting agendas are provided to demonstrate collaborative efforts.

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. Molina has taken the following steps to improve CS coverage in the county: 1) identified the gaps in CS coverage that include sobering centers, transitions to

assisted living facilities or home, and recuperative care; 2) engaged and participated in collaborative meetings with other MCP and community partners discussed lack of resources impacting the ability to provide these CS county-wide. We are in active discussions with the providers and the county to stand-up a Sobering Center, Recuperative Care facility, and Assisted Living facilities.

2. Molina has taken the following steps to increase CS services: 1) contracted with 8 providers for the different CS services; 2) implemented meal program for any member hospitalized or admitted to a SNF; 3) expanded housing deposits beyond the six services and modifications for the provision of household essentials to establish basic household; 4) implemented continuous communication through bi-weekly conferences with the care team members in recuperative care to stay informed on provided CS services; 5) developed reporting of authorized CS services and collected provider capacity data to monitor utilization trends and identify opportunities to expand.

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. Molina invested in the CS provider network by contracting with 8 CS providers to support CS services in Imperial County. We increased the provider network capacity beyond 20% and now have and have modified CS services to meet the needs of the county such as meal programs, expanding limits, and improving care team communication. Molina has enhanced operational and monitoring reporting capabilities to facilitate oversight such as implementing quarterly operational meetings and ongoing provider capacity reporting.
2. Molina has taken the following steps: 1) provided TA/training series to providers; 2) invested in CCA for providers to meet CS requirements; 3) conducted provider survey in Q2 to identify workforce training/TA needs. From survey results, providers need TA for managed care authorizations, claims and billing processes. With a high population of members experiencing SMI/SUD, training and cultural competency training specific to that population to offer the housing CS is a need. We provided a robust training module to providers for CS authorization and billing processes. We developed culturally sensitive/culturally appropriate training material to be provided in Q3 2022.
3. Molina and the other MCP agreed on funding presented by the joint CS network that supports increased workforce recruitment and building of provider capacity. Molina has outreached to prospective providers to ascertain interest and capacity to offer CS services. A dashboard is currently in development to assist in identifying opportunities to work with providers around staffing capacity. Additionally, Molina collects provider capacity information to be aware of capacity and holds check-in meetings with providers to address any challenges/barriers.
4. Molina has conducted training both through the MCP roundtable meetings and independently to support CS providers. Please reference submitted meeting materials.

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)

Molina engaged one Native American Tribe in Imperial County through various methods of contact for contracting with the plan for CS. The tribal provider expressed they are opting out of contracting at this time as they only see Tribal patients and do not have a high enough volume of members receiving Medi-Cal managed care to justify the CS build. Molina has identified contracted CS providers willing to see tribal members in a culturally competent manner.

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)

Molina partnered with other MCP in collaborative discussions in the Local Health Authority meetings with stakeholders. Barriers included the need to familiarize stakeholders with new program requirements and processes for CS. We continue to work collaboratively with the other MCP to support capacity building. Through the application review process, providers were identified to support the delivery of CS

services. In joint discussions, we identified gaps and lack of availability for certain CS services in Imperial County, such as Sobering Centers and Recuperative Care. We will discuss CHW further collaboratively to see how it can support CS.

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)

Molina and other MCP engaged a facilitator to host collaborative roundtable meetings that included LHA, community entities, CS providers and county agencies. Through the application process, both plans agreed to fund qualifying mutual CS providers in support of capacity building, and also individual health plan investments. These roundtables have been occurring at a monthly cadence and stakeholders are invited to engage in strategic discussions of how CS offerings can be expanded to meet county-wide gaps and needs. Meeting agendas are provided to demonstrate collaborative efforts and engaged stakeholders for Imperial County.

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)*

Molina awarded our ECM providers IPP funding to support Delivery System Infrastructure, allowing providers to identify and plan for technology upgrades and investments, such as enhancements to their EHR system, establishing and maintaining SFTP connections, etc. to facilitate bi-directional data exchange. Additionally, Molina has provided support to meet data sharing requirements by providing access to our care management platform, Clinical Care Advance (CCA). We have made significant investments in updating and modifying our system documentation to meet ECM requirements and facilitate program operations, reporting, monitoring and oversight. System enhancements included creating an ECM enrollment assessment to capture member qualifying population of focus and program consent, updated contact form, documentation to capture member interactions and generate ECM-specific encounters, development of automated processes to create member identification flags for eligible and opt-in members, and reporting. Comprehensive assessment data and care plan data is also stored and maintained in CCA, and providers have direct line of sight to member history and services, such as past and current authorizations, previous inpatient admissions and outpatient services. The Plan also developed automated program monitoring reports that are shared via sFTP as the agreed upon data exchange platform. This process ensured that all contracted providers received reports that supported ECM service delivery, including daily census reports to initiate transition of care services for inpatient and SNF admissions, daily and monthly member ECM enrollment files, and

weekly member activity reports to track member contacts, care plan completion and assessment data.
The Plan also worked with HC 2.0 Strategies and California Health and Wellness to hold CalAIM roundtables for providers, community partners and MCPs to collaborate. Through these roundtables, MCPs have received feedback on community pain points regarding health information exchange.
Molina signed the Data Sharing Agreement with the CalHHS Data Exchange Framework and is in the process of educating our network on participation and the DSA signing process. Molina has also made a substantial investment in enhancing and implementing internal technology for connectivity and bi-directional data sharing with Collective Medical Technologies (CMT). Molina has recently executed a contract with CMT and is in the process of establishing data exchange processes and protocols that will be integrated into CCA. Once fully developed and implemented, all Molina contracted providers will have the ability to bi-directionally exchange data with CMT through the CCA system. Molina is on track to finalize integration with CMT in Q2 2023.
However, as Molina plans its transition to exit from the Imperial County market effective January 1st, 2024, we are not actively pursuing HIE connectivity beyond CMT given that 100% of our current ECM network utilizes our care management platform and has the capacity and ability to meet the needs of our ECM membership.

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 part of Molina's member and provider-centered approach to ECM implementation, significant investments were made in IT and reporting resources to enhance and configure our care management platform and core data systems for ECM. We have made significant investments in updating and modifying our system documentation to meet ECM requirements and facilitate program operations, reporting, monitoring and oversight. System enhancements included creating an ECM enrollment assessment to capture member qualifying population of focus and program consent, updated contact form documentation to capture member interactions and generate ECM-specific encounters, development of automated processes to create member identification flags for eligible and opt-in members, and reporting. The built-in assessments and member information inform the creation of the member care plan. Comprehensive assessment data and care plan data is also stored and maintained in CCA, and providers have direct line of sight to member history and services, such as past and current authorizations, previous inpatient admissions and outpatient services.

This internal investment of resources was made to facilitate program operations, remove administrative burdens, provide cost savings to our ECM providers with regards to systems/IT build, and encourage a faster ramp-up and onboarding time to serve members. This approach was particularly helpful for those organizations that have the experience and expertise to provide ECM but lack the IT infrastructure needed for program operations and reporting. The Molina ECM team provided technical assistance to our providers through development of resources and reference guides and extensive training to ensure our providers were well equipped to manage the ECM membership.

Over the course of 2022, the Imperial County ECM network grew by 33%, and all ECM providers were provided training and utilized Molina's care management platform to document ECM enrollment, ongoing care management activities and delivery of ECM services during the lookback period. As a result, we increased 100% of our providers' access to care documentation system.

- Investments made internally to enhance and modify Clinical Care Advance (CCA) for ECM enabled those providers utilizing the platform to prioritize hiring staff and augment their workforce to support program operations, rather than administrative expenses/overhead as it related to systems build or billing. Alternatively, for those not utilizing our system, Molina has invested in the development and testing of a non-CCA user data/file exchange process, working collaboratively with the ECM provider

and their IT resources as an ongoing work effort. As a result, funding awarded through IPP, as well as technical resources and support, have been provided to our ECM providers to assist with capacity building, and infrastructure.

- The main barrier encountered during the on-boarding process for our care management system is provider workforce turnover. The impact of ECM provider staff turnover is managed by ongoing training or refreshers from the ECM team to ensure that new hires are trained and have all the appropriate resources to navigate and effectively manage ECM operations utilizing CCA. Additionally, many providers are also documenting in their own system or EHR, therefore, we must ensure that timely documentation occurs in both systems for reporting and monitoring/oversight. The ECM team reviews system documentation routinely with the ECM providers to address gaps in documentation to mitigate this challenge. There are some significant barriers from the non-CCA user operational aspect as we work towards integrating the reported ECM data into our platform, including but not limited to, standardization across non-CCA users regarding minimum data file layouts and transmission, frequency of file transmission and triggering of downstream processes.

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)*

All contracted ECM and CS providers are capable of submitting a claim/invoice to Molina. For ECM providers, Molina's care management platform, Clinical Care Advance (CCA) generates ECM encounters based on documentation entered. As of 12/31/2022, all ECM providers utilized this method for ECM encounter submission and were provided training/technical assistance on required data entry as well as reference materials and reference guides to supplement the training. The Plan has also invested IT resources in developing a solution for those providers who are unable to or choose not to use CCA. This solution imports data from non-CCA users into CCA using a minimum data file to capture and store care plans, assessments, member contacts and other relevant information. This process will also generate encounters and will be integrated into existing reports to ensure program monitoring and oversight for non-CCA users. As we are nearing the completion and testing phase, this equitable solution will go live in Q1 2023.

CS providers have been trained on billing process and provided information on claims submissions through various methods, such as the Molina Provider Portal and Availity. A CS Provider Guide was developed and shared with the CS network to support CS processes, including claims submission. Molina has finalized our "smart claims" platform within Availity, which allows providers to create a simplified, compliant template for electronic claims submission. The "smart claims" functionality went live in September 2022.

The Plan experienced a decrease in the denominator of reported providers due to the circumstance that one provider, Spread the Love, closed for business during the lookback period. This is reflected in reporting with the revised denominator for this measure. However, the Plan was still able to meet the needs of our members with the current network.

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.