

Equity and Practice Transformation (EPT) Provider Directed Payment Program

Application Instructions

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INSTRUCTIONS

This document provides a reference for practices applying for the Equity and Practice Transformation (EPT) Provider Directed Payment Program. **This document is not the application for the program.** Please email ept@dhcs.ca.gov to apply to the Provider Directed Payment Program.

The EPT website is at <https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx>.

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BACKGROUND

Primary care practices are invited to apply to a **directed payment program for primary care practices with assigned Medi-Cal managed care patients**. The goal of the program is to **push practice transformation to address health equity, population health, and move toward value-based care**. Details of the program can be found at this webpage: <https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx>

Primary care practices include those providing the following services: **family medicine, internal medicine, pediatrics, primary care OB/GVN, and/or behavioral health in an integrated primary care setting**. Practices of any size may apply. Clinically integrated networks (CINs) and independent provider associations (IPAs) that work with the listed types of primary care practices may also apply as the "practice".

As a directed payment program, practices will only be paid after achievement of specific activities, which are chosen by the practice now. **Practices are prospectively committing to specific activities now. Before practices complete this application, DHCS highly recommends completion of the pmhCAT tool to help practices identify what activities to apply for.**

The application for this program is due by October 23, 2023 at 11:59 pm. Each application will be reviewed first by a Medi-Cal Managed Care Plans (indicated by the practice in this application), and then Managed Care Plan will select which applications to forwarded to DHCS. **DHCS will then review and announce selected practices by December 11, 2023.**

The maximum payment depends on the number of Medi-Cal managed care assigned patients (including D-SNP) at the time of application. **These maximums are subject to final CMS approval.** Maximums are noted below:

- 500-1,000 Assigned Lives: \$375,000 Maximum Payment
- 1,001-2,000 Assigned Lives: \$600,000 Maximum Payment
- 2,001-5,000 Assigned Lives: \$1,000,000 Maximum Payment
- 5,001-10,000 Assigned Lives: \$1,500,000 Maximum Payment
- 10,001-20,000 Assigned Lives: \$2,250,000 Maximum Payment
- 20,001-40,000 Assigned Lives: \$3,750,000 Maximum Payment
- 40,001-60,000 Assigned Lives: \$5,000,000 Maximum Payment
- 60,001-80,000 Assigned Lives: \$7,000,000 Maximum Payment
- 80,001-100,000 Assigned Lives: \$9,000,000 Maximum Payment
- 100,000+ Assigned Lives: \$10,000,000 Maximum Payment

The funds in this program will be proportionally allocated based on the number of activities chosen. For example, if \$1 million of funding is approved by DHCS for 10 different activities, each milestone would be incentivized with 1/10 of \$1 million. Funding would be further divided among milestones within each activity.

By completing this application, your practice is committing to the following during the program (through 12/31/2028):

- 1. Leadership buy-in and commitment of resources toward practice transformation**
- 2. Commitment to required categories and activities**, which include "Empanelment & Access", "Data & Technology", and "Patient-Centered, Population-Based Care"
- 3. Commitment to any other categories and activities** that that the practice selects
- 4. Completion of the pmhCAT in 2024** in an electronic form to be released by DHCS
- 5. Practice will choose staff to consistently attend EPT statewide learning collaborative sessions**

If you have questions about this program, please email ept@dhcs.ca.gov or reach out to a contracted MCP (the MCP's quality team is typically the best contact).

Only a person with signing authority for the practice may complete the actual application (this document is not the application). The application MUST be completed during one session via the link provided by DHCS. We advise applicants to review these application instructions in detail before completing the actual application.

PROVIDER GROUP OR PRACTICE

1. Practice Name (please include both legal entity name and any "doing business as" (DBA) name)
2. What specialties does your practice provide? (Check all that apply. Please Specify other specialties, even if not primary care)
 - a. Family Medicine
 - b. Internal Medicine
 - c. Pediatrics
 - d. Primary Care OB-GYN
 - e. Integrated Behavioral Health
 - f. Other (free text)
3. What type of practice is your organization? (mark all that apply; does not affect eligibility to apply) *
 - a. Private practice
 - b. County owned/operated
 - c. Designated Public Hospital (DPHs) owned/operated
 - d. District Municipal Public Hospitals (DMPH) owned/operated
 - e. Owned/operated by another type of hospital not listed
 - f. Federally Qualified Health Center (FQHC)
 - g. Indian Health Services (IHS through Federal designation)
 - h. Healthcare for the Homeless (HRSA designated)
 - i. Rural Health Center (HRSA designation)
 - j. School-Based Health Center
 - k. FQHC look-alike
 - l. Cost reimbursement clinic
 - m. Other (free text)
4. How many Medi-Cal managed care patients assigned to the practice at the time of application? Please include both Medi-Cal and D-SNP patients.
 - a. Answer must be a whole number
5. Practice NPIs (provide NPIs for all clinical locations that will participate in the program)
 - a. Free text answer
6. Please list the five-digit zip code(s) for each clinical site (do not include administrative only sites) at your practice that is participating in this program. List zip codes with a comma and a space between each value. (Example: if the

practice has locations in zip codes 12345, 54321, and 98765, then the practice should enter "12345, 54321, 98765")

- a. Free text answer
7. In which counties does your practice operate in (select all that apply if in multiple counties)?
 - a. Answers includes a list of all California counties
8. How many FTE equivalent of Medi-Cal billable primary care providers provide services (whether employer, contracted, or volunteer) at your practice across all sites (please include behavioral health providers working in integrated primary care settings)? (example: one full time primary clinician would be 1.0; a half-time clinician would be 0.5)
 - a. Answer must be a number
9. Does your practice have a formal focus on any population that is affected by health inequities (e.g. people experiencing homelessness, patients involved in criminal justice system, elderly individuals, etc.)? If yes, give a brief description of how.
 - a. Free text answer
10. Is your practice a Federally Qualified Health Center (FQHC)? (additional questions will follow if yes)
 - a. Yes
 - b. No
11. (NOTE: only appears if question 10 marked yes) Has your FQHC applied for and/or been accepted to the FQHC APM?
https://www.dhcs.ca.gov/services/Pages/FQHC_APM.aspx
 - a. Yes, applied and accepted
 - b. Yes, applied but not accepted
 - c. No, but plan to apply in the future
 - d. No, but will explore in the future
 - e. No, and do not plan to apply in the future
12. (NOTE: only appears if question 10 marked yes) Is your FQHC participating in the Population Health Management Initiative (PHMI)? (<https://phminitiative.com/>)
 - a. Yes
 - b. No
13. (NOTE: only appears if question 12 marked yes) As an FQHC and PHMI participant, please acknowledge that you understand the following requirements, given some PHMI funding overlaps with activities in this program. FQHC must still commit to a focus population and priority subpopulation (which should be

different than the focus population in PHMI). FQHC can or are required to apply for the following categories and activities (any categories or activities not listed below are not an option since already covered by PHMI):

--Technology & Data (only two activities are required and/or will be accepted): "New/Upgraded EHR and/or Population Health Management Tool" and "Health Information Organization Participation"

--Patient-Centered, Population-Based Care (all activities are required and FQHC must choose a focus population different than the one chosen for PHMI)

--Evidence-Based Models of Care (New/Expanded Model of Care)

--Value-Based Care & Alternative Payment Methodologies (all activities are an option)

--Leadership & Culture (all activities are an option)

--Behavioral Health (all activities are an option)

--Social Health (all activities are an option)

- a. Only answer: I acknowledge these requirements since my clinic is an FQHC and in the PHMI program

14. Is your practice specifically applying to this program to pursue value- based care contracting with Medi-Cal health plan (HCP-LAN Category 3 or 4)?

- a. Yes (note: practice must select the "risk bearing contract for primary care" under the activities section)
- b. No

15. Has your practice reviewed the pmhCAT tool (<https://phminitiative.com/phmcat/>) to help guide you in what areas to apply for in the EPT program? (note that this is not a required activity to complete an application, but it is *highly* recommended)

- a. Yes
- b. No
- c. Partly

PATIENT DEMOGRAPHICS

16. Does your practice collect data on the race/ethnicity of your patients?
- a. Yes, routinely collect on all patients
 - b. Yes, but only on some patients
 - c. No
17. Does your practice collect SOGI (sexual orientation and gender identity) data on your patients?
- a. Yes, routinely collect on all patients
 - b. Yes, but only on some patients
 - c. No

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PRIMARY CONTACT FOR PROVIDER PRACTICE OR PROVIDER GROUP

18. Full name

a. Free text

19. Job title/position

a. Free text

20. Phone number

a. Free text

21. Email (must be single email address to get email confirmation of submission)

a. Free text

22. Mailing address

a. Free text

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BACK UP CONTACT FOR PRIMARY CARE PRACTICE

23. Full name

a. Free text

24. Job title/position

a. Free text

25. Phone number

a. Free text

26. Email (must be single email address to get email confirmation of submission)

a. Free text

27. Mailing address

a. Free text

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PRIMARY MEDI-CAL MANAGED CARE PLAN

28. Which Medi-Cal Managed Care Plan are you applying with?
- Answers: list of all MCPs in California starting in 2024
29. Other Contracted Medi-Cal Managed Care Plans: Please list all MCPs you have an active contract with at the time of this application.
- Free text

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CATEGORIES & ACTIVITIES INSTRUCTIONS (NO QUESTIONS)

There are eight categories of activities, broken up into three required and five other (optional) categories.

Practices can apply for activities in any of the categories, and practices are prospectively committing to the activities they select. **Practices should reference the example steps in the program guidelines**. Exact milestones for financial payments will be released in Q4 2024.

The **required categories are required of all practices applying**.

- **For the first two ("Empanelment & Access" and "Technology and Data")**, practices must apply for all activities in these categories or attest that they have already completed these activities. If a practice has completed these activities but desires to do further work, the practice can still apply in these categories (e.g. practice upgraded to a new EHR recently, but additionally desires a population health management software tool).
- **For the "Patient-Centered, Population-Based Care"**, all practices must choose a focus population, a sub-population, and commit to all listed activities.

All practices must also choose a population of focus, including all the related activities.

Required Categories:

1. Empanelment & Access (commit or attest to all activities)
2. Technology and Data (commit or attest to all activities)
3. Patient-Centered, Population-Based Care (required of all practices)

Other Categories (Optional):

1. Evidenced-Based Models of Care
2. Value-Based Care & Alternative Payment Methodologies
3. Leadership & Culture
4. Behavioral Health
5. Social Health

REQUIRED CATEGORIES & ACTIVITIES

30. Empanelment & Access: what activities are you applying for?

- a. **Empanelment & Access:** Identify a staff member who serves as panel manager, conduct initial patient assignment and supply/demand balancing and implement ongoing management (Panel monitoring, access metrics like third-next available appointments, empanelment, reports and panel adjustments)
- b. **None:** by selecting this option, your practice is attesting they have completed all above activities (or practice is an FQHC in the PHMI program)

31. **Technology & Data:** what activities are you applying for?

- a. **Population Health & Quality Improvement Governance:** develop and implement a formal structure for population health and quality improvement, including regular meetings of key practices stakeholders whom relevant data and develop/implement strategies to improve population health and quality
- b. **Dashboards and Business Intelligence:** determine the practice's key performance indicators (KPIs, inclusive of HEDIS metrics), collect ongoing data to evaluate KPIs, and present and disseminate KPI reports to stakeholders using business analytics tools (e.g. Excel, Power BI, Tableau, rcadia, or another similar tool)
- c. **Data and Quality Reporting Gaps:** determine, create, and implement a formal strategy to address gaps in data that includes a data validation process that identifies gaps and solutions for improving data quality, such as reconciliation with MCPs; data can refer to quality, operational, billing, population health, or other data
- d. **New Electronic Health Record (EHR), Substantial Upgrade to Existing EHR, or Population Health Management Tool:** ensure the practice has the EHR and/or population health management tools need to maximize clinical, operational, financial, and population health needs. This activity is considered already met if the practice already has the tools they deem necessary
- e. **Data Exchange:** establish, maintain, and use bilateral data feeds with a Data Exchange Framework (DxF) Qualifying Health Information Organization, as defined by the current DxF framework and to be further defined in future DxF policies

- f. **None:** by selecting this option, your practice is attesting they have completed all above activities (or practice is an FQHC in the PHMI program)
30. **Technology & Data:** choose one of the options below
- a. For any activities not selected above in Technology & Data, I attest that my practice has already these activities (or practice is an FQHC in the PHMI program)
 - b. My practice is committing to all activities above in Data & technology
31. **Patient-centered, population-based care:** what is your focus population? (a single choice is required of all applicants; must choose from list provided)
- a. Pregnant people (prenatal and up to 12 months postpartum)
 - b. Children and youth
 - c. Adults with preventive care needs
 - d. Adults with chronic conditions
 - e. People living with behavioral health conditions
32. **Patient-centered, population-based care:** how many patients in the above focus population do you take care of in the last 12 months? (approximate number is acceptable)
- a. Answer must be a number
33. **Patient-centered, population-based care:** which further sub-population do you plan to focus on 2-3 years into the program (choose all that apply; must be from list below)?
- a. Transitions from incarceration
 - b. People experiencing homelessness
 - c. Adults at risk of needing or receiving long-term care placement services
 - d. People living with behavioral health conditions (including substance use disorders)
 - e. Populations experiencing disparities because of race/ethnicity
 - f. Foster youth
 - g. LGBTQ+
34. **Patient-centered, population-based care:** all practices must commit to the following activities for their selected focus population: (1) Care Team Design and Staffing: Define and implement a care team that addresses population health management functions (e.g., gaps in care closure, care coordination) and team-based care for the population of focus; (2) Stratification to Identify Disparities: Use data to stratify services and/or outcomes measures by a socioeconomic variable that can identify health disparities (e.g. race/ethnicity, sexual

orientation/gender identity, etc.), and implement a strategy to decrease any disparities identified; (3) Clinical guidelines: choose and implement evidence-based clinical guidelines; (4) Condition-specific registries: create, implement, and use condition-specific registries; (5) Proactive Patient Outreach and Engagement: create and implement a formal strategy to better engage and outreach to patients, including patients assigned by not seen; (6) Pre-visit Planning and Care Gap Reduction: create and implement a formal process for pre-visit planning (that at minimum addresses gaps in care); (7) Care Coordination: create and implement a formal strategy to address care coordination needs for patients with more complex health and social needs

- a. Only answer: I understand my practices is committing to all of the above

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OTHER CATEGORIES AND ACTIVITIES (OPTIONAL)

35. **Evidenced-Based Models of Care:** what activities, if any, are you applying for?
- New/Expanded Care Delivery Model:** choose and implement an evidenced-based model for focus population (e.g. Dyadic Care, Doulas, Centering pregnancy, group visits for conditions like diabetes, Project Dulce, collaborative care model for behavioral health, remote monitoring for patients with hypertension, Medication Assisted Treatment, etc.)
 - None**
36. **Value-Based Care & Alternative Payment Methodologies:** which activities, if any, are you applying for?
- FQHC APM:** for FQHCs only, complete readiness activities for the APM, apply for the FQHC APM, prepare for APM implementation, and implement the APM (FQHCs who have applied for and been accepted CAN still choose this activity)
 - Risk-bearing contract for primary care:** complete readiness activities and then begin a value-based contract with at least one Medi-Cal MCP (consistent with HCP-LAN category 3 or 4)
 - None**
37. **Leadership & Culture:** which activities, if any, are you applying for?
- DEI Strategy:** create and implement an organizational-wide strategy to work on diversity, equity, and inclusion (DEI)
 - Strategic Planning:** create and implement a formal process to address the practice's strategic planning (which must, at minimum, address DEI and patient and community partnership/engagement, patient access, quality metrics, health equity, workforce satisfaction and retention, and value-based care).
 - Patient and Community Partnership/Engagement:** choose and implement a strategy to ensure patient and community input on practice governance and decision making (e.g., a patient advisory committee, seeking to increase patient representation on the organization's board, etc.)
 - None**
38. **Behavioral Health:** what activities, if any, are you applying for?

- a. **Integrating BH in Primary Care:** integrate behavioral health into primary care practice to provide more comprehensive care for patients (NOTE: Medication Assisted Treatment (MAT) may be the model of care chosen in “New/Expanded Care Delivery Model”, which is an optional activity. Primary care-based MAT does not necessarily require full behavioral health integration (as medications are prescribed through primary care); however, a practice may decide to implement integrated behavioral to strengthen its MAT program.)
 - b. **None**
39. **Social Health:** which activities, if any, are you applying for?
- a. **Social Needs/Risk Screening and Intervention:** create and implement a formal process for screening for and intervening on patients’ social needs/risks
 - b. **None**

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REQUEST OVERVIEW & PROGRAM INFORMATION

42. Project Title (what you are calling your project(s))
 - a. Free text
43. Please give a 3-4 sentence overview of your project(s).
 - a. Free text
44. Describe why your practice is interested in EPT and how you will leverage this opportunity to transform care, improve quality, and health equity outcomes. Specifically, what do you hope your practice will look like in 4-5 years (clinically and operationally)?
 - a. Free text
45. Describe how you will evaluate the success of the payments (beyond completion of activities). Please include information on metrics like HEDIS quality measures.
 - a. Free text
46. What is the total cost of the project for which the practice is requesting support (which may be more than the maximum directed payment amount)?
 - a. Free text
47. What other sources of funding are you using for this project if the directed payment does not cover the total cost?
 - a. Free text
48. How many patients will be directly served by the work that will be done with this funding over the course of the program (through 12/31/2028)? (an estimate is acceptable)
 - a. Free text
49. Please briefly describe how you collaborate with your contracted MCPs and the type of relationship you envision achieving through practice transformation in EPT. (Examples: sharing pharmacy data, sharing enrollment/member data, sharing ED/hospitalization data, receiving regular performance reports from health plans, regular Joint Operating meetings, or meetings with health plan quality staff, etc.)
 - a. Free text

CERTIFICATION AND REQUIREMENTS

50. I acknowledge that the activities being completed in this program cannot be funded by other federal funding sources.

a. Only answer: I acknowledge

51. I hereby certify that all information provided in this application is true and accurate to the best of my knowledge and that this application has been completed based on a thorough understanding of application requirements.

a. Only answer: I attest that the above is true and accurate

52. By typing your name here, you are indicating that you completed this application, have signing authority on behalf of your organization, and attest that the application is true and accurate to the best of your knowledge.

a. Free text to enter name

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