

Equity and Practice Transformation (EPT) Payment Program

MCP Provider Directed Payment Program Application Scoring Rubric

October 2023

DOCUMENT REVISION HISTORY

Status	Version	Author	Review/ Approval Date
Initial version	1.0	DHCS	10/24/2023

TABLE OF CONTENTS

Table of Contents..... 3

Instructions..... 4

MCP Guidance..... 5

Scoring Rubric..... 6

INSTRUCTIONS

This rubric is to be used by Medi-Cal Managed Care Plans (MCPs) that are reviewing Provider Direct Payment Program applications for the Equity and Practice Transformation (EPT) Program.

Along with this rubric, each MCP will get an “Application Workbook” Excel tool that will include raw application data only for practices that chose that MCP (e.g. Health Plan X will only get raw application data for practices that indicated Health Plan X in the practice’s application). **In the “Application Workbook”, there are columns to enter sub-scores** calculated using this rubric. Some sub-scores are auto-calculated, and the total score is auto-calculated.

MCPs are NOT expected to send back a copy of this rubric document for each practice.

Once MCPs complete their application reviews by 11/27/23 11:59 pm, the MCP should submit back the “Application Workbook” Excel tool to ept@dhcs.ca.gov. The “Application Workbook” must indicate which practices the MCP recommends DHCS accept into the Provider Directed Payment Program.

MCP GUIDANCE

Medi-Cal Managed Care Plans (MCPs) must submit chosen Provider Directed Payment Program applicants to DHCS by 11/27/23 11:59 pm. Chosen applicants should be submitted to ept@dhcs.ca.gov in the same "Application Workbook" Excel format in which DHCS originally provided the applications to MCPs. While DHCS will focus its review on those applications chosen by MCP, DHCS may choose applications that are not recommended by MCPs.

MCPs should **use the guidance below** when choosing applications to send to DHCS. **Specific thresholds are not provided for many criteria** as there is geographic variability across the state in terms of types of clinics (e.g. in one county, there might only be a single rural practice that applies).

- **A large percentage of practices, of the total chosen by the MCP, from HPI quartile 1 and 2 locations** ("Application Workbook" automatically takes practice clinical site zip codes, converts to zip code specific HPI percentiles, and then calculates an unweighted average percentile across all clinical sites)
- **A mix of different types of practices** (e.g. small- to medium-sized independent practices, FQHCs, large systems, etc.)
- **A mix of both urban, suburban, and rural practices**
- **A mix of different populations of focus**
- **A mix of practices that are more advanced and less advanced in areas of population health and health equity**
- **Prioritize applications which show collaboration with other partners**, which might include other primary care practices, other providers (e.g. hospitals, community based organizations, etc.), IPAs/CINs, and/or MCPs.
- **If IPAs/CINs apply, consider how developed the IPA/CIN is.** DHCS encourages MCPs to select IPAs/CINs with demonstrated track records of success. Letters of support from IPA/CIN member practices are due to DHCS at ept@dhcs.ca.gov by October 31st. Practices are responsible for sending these.

SCORING RUBRIC

Practice Name	Reviewer Name and Organization	Date of Review

Screening Criteria (practice must pass all steps to be further considered)	Yes/No/NA
The application was submitted by an appropriate point of contact from the practice (an individual with signing authority)	[Answer must be yes to continue]
Each single legal entity only applied once.	[Answer must be yes to continue]
If an IPA/CIN is applying, letters of support from all practices participating in the application have been received using the template in the FAQ (note these are not due till 10/31 to DHCS)	[Answer must be yes to continue]
If the applying practice is an IPA/CIN, are any of the member practices applying separately on their own? If yes (meaning the practices is represented twice), stop reviewing the application and contact both parties (the practice and IPA/CIN). Let them know one of the parties must withdraw their application to continue being evaluated for this program.	[Answer must be <u>no</u> to continue]
Practice is a primary care practice with one of the following: Family medicine, internal medicine, pediatrics, primary care OB/GYN, and/or behavioral health in an integrated primary care setting	[Answer must be yes to continue]

Screening Criteria (practice must pass all steps to be further considered)	Yes/No/NA
The application specifies commitment or attestation to required categories and activities, which include "Empanelment & Access", "Data & Technology", and "Patient-Centered, Population-Based Care"	[Answer must be yes to continue. Note that many practice did not commit to the "Data Exchange" activity, though all should since the DxF QHIO framework has not been finalized. DHCS will reconcile that with accepted practices later.]

Scoring Criteria	Pts. Available	Pts. Awarded	Comments
<p>Did the practice choose specific high priority activities? (none = 0)</p> <ul style="list-style-type: none"> Evidenced-Based Models of Care (15 points) Integrating BH in Primary Care (15 points) 	30		
<p>What is the unweighted average HPI quartile for the application (from “Working Data” worksheet in “Application Worksheet” Excel file)?</p> <ul style="list-style-type: none"> Quartile 1 (15 points) Quartile 2 (10 points) Quartile 3 (5 points) Quartile 4 (0 points) 	15		
<p>For the question “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)?”, how well does the practice articulate:</p> <ul style="list-style-type: none"> A commitment to health equity (5 points) A clear focus on improving the care provided to patients (5 points) A commitment to substantive practice change (5 points) 	15		
<p>For the question “Please give a 3-4 sentence overview of your project(s)”, how well does the practice articulate:</p> <ul style="list-style-type: none"> A clear vision of what EPT funding will enable (5 points) Substantive changes to the practice’s current approach to quality, population health, and health equity (5 points) 	10		

Scoring Criteria	Pts. Available	Pts. Awarded	Comments
<p>For the question “Describe how you will evaluate the success of the payments (beyond completion of activities). Please include information on metrics like HEDIS quality measures”, how well does the practice articulate:</p> <ul style="list-style-type: none"> • Specific goals (5 points) • A clear connection back to health equity, population health, and quality (5 points) 	10		
<p>Does the practice show an intention to collaborate with key partners in the community (e.g. MCPs, hospitals, other practices, IPAs/CINs, community-based organizations, etc.)? (0 means no intentions to collaborative is listed, and 10 means strong and clear commitment to collaboration)</p>	10		
	90		

Recommendation	Response (Yes or No)
<p>Do you recommend DHCS review this practices application? (NOTE: MCPs can consider factors beyond the total score from the scoring rubric to determine whether the MCP recommends a practice for DHCS review)</p>	