CALAIM INCENTIVE PAYMENT PROGRAM (IPP)

Payment 2 Progress Report (*Updated Spring 2023*)
Submissions 2-A and 2-B

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

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

End of Section

Introduction

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

IPP Payment 1

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

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

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

IPP Payment 2

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

End of Section

Evaluation Criteria

Measure Criteria

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

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

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

Points Structure

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

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

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

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

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

Priority Area	Mandatory Measures	Optional Quality Measures *(Priority Area #4)*	Discretionary Allocations
1. Delivery System Infrastructure	Up to **200** points	*None*	*100*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*150*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*50*
Category Totals	Up to **620** points	Up to **80** points	Up to **300** points
TOTAL	Up to **1,000** points		

DHCS may, at its sole discretion, consider granting exceptions in limited cases where the MCP makes a compelling request to DHCS to allocate more than 30% to the MCP's selected Program Priority Area (i.e., by allocating dollars from another priority area). MCPs requesting to allocate more than 300 points must respond to the following prompt; otherwise, leave blank:

(OPTIONAL) **Describe preferred allocation methodology, including how many points would be allocated to each measure (where different from above), and reason for requesting an allocation different from that above.** (100 word limit)

End of Section

Instructions

MCPs must submit the Submission 2-A Gap-Filling Progress Report to CalAIMECMILOS@dhcs.ca.gov by **Thursday, September 1, 2022**.

Please reach out to CalAIMECMILOS@dhcs.ca.gov if you have any questions.
(*Added Spring 2023*) MCPs must submit the Submission 2-B Progress Report to CalAIMECMILOS@dhcs.ca.gov by March 15, 2023 for the measurement period beginning July 1, 2022 and ending December 31, 2022.

Progress Report Format

The Progress Report consists of two documents: the Narrative Report (as outlined in this Word document) and an accompanying Quantitative Reporting Template (Excel document). The Narrative Report includes Appendices A-B, which contain additional information, instructions, and references that are applicable to the Submission 2-A Progress Report.

For Submission 2-A, MCPs are required to submit responses to the measures noted as mandatory and for a minimum number of optional[4] measures. **MCPs are permitted and encouraged to work closely with providers and other local partners on these measures and any ongoing strategic planning.**

Sections that require MCPs to submit a response are indicated under each header in this document with the phrase *"Response Required to This Section."* No response is required from MCPs to any other sections.

For Submission 2-B, all measures are mandatory and MCPs are required to submit responses to all measures.

Narrative Responses

In response to the narrative measure prompts, MCPs should describe activities conducted during the measurement period of January 1, 2022 through June 30, 2022 for Submission 2-A, and during the measurement period of July 1, 2022 through December

[4] Refer to Appendix B for more information on responding to mandatory and optional measures.

31, 2022 for Submission 2-B (regardless of when the Gap-Filling Plan was submitted to and finalized with DHCS).

For several measures, attachments and supplemental information are required (e.g., meeting agendas). MCPs should include these attachments via email submissions.

For several measures, there are multipart narrative prompts within the measure. MCPs are required to respond to all parts of the question for their response to be considered complete.

For several measures, there are alternative narrative prompts within the measure to account for variances among counties (e.g., counties with and without recognized Tribes). MCPs must respond only to the question that is applicable to the county for which the Progress Report is being completed.

Quantitative Responses

MCPs must submit responses for quantitative measures within the accompanying Quantitative Reporting Template (Excel document). MCPs should read the Instructions tab, follow the prompts in the reporting template, and enter responses accordingly.

For several measures, MCPs may need to use publicly available data sources and complete their own calculations to respond to some measure prompts. Examples of data sources that may be helpful in MCP responses include:

Source	Description	Link
California Department of Finance	Demographic data by county	https://dof.ca.gov/forecasting/demographics/
California Business, Consumer Services, and Housing Agency	Homeless Data Integration System (HDIS), which provides data on homelessness by county	https://bcsh.ca.gov/calich/hdis.html

End of Section

Submission 2-A Measures for Priority Area 1: Delivery System Infrastructure

Response Required to This Section

2.1.1 Measure Description

Mandatory
40 Points Total
20 Points for the Quantitative Response
20 Points for the Narrative Response

Quantitative Response

Number and percentage point increase in contracted ECM providers that engage in bi-directional Health Information Exchange (HIE).

Enter response in the Excel template.

Narrative Response

Describe the concrete steps taken and investments made by the MCP to increase the number of contracted ECM providers with HIE capabilities to electronically store, manage, and securely exchange health information and other clinical documents with other care team members (i.e., with other providers outside of the ECM's practice, clinic or care setting). (100 word limit)

- Based on the Provider Certification assessment results, AAH met with 4 of its smaller ECM Providers in 1:1 meetings to assess their capabilities and needs of exchanging data electronically.
- AAH used IPP to fund 7 ECM/CS Provider's requests for IT Infrastructure to improve their ability to electronically store, manage, and share clinical documentation.
- AAH supports the Alameda County Social Health Information Exchange (SHIE) by providing IPP funding for maintenance/enhancements. In addition, AAH continually explores how to increase adoption of the WPC Community Health Record (CHR) /SHIE among ECM providers and is working collaboratively with Alameda County on this effort.

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)

- Based on the Provider Certification assessment results, AAH met with 4 of its smaller ECM Providers in 1:1 meetings to assess their capabilities and needs of exchanging data electronically.

- AAH is using IPP to fund 7 ECM/CS Provider's requests for IT Infrastructure to improve their ability to generate and manage a patient care plan.

- AAH continues to explore how to increase adoption of the WPC Community Health Record (CHR) /Social Health Information Exchange (SHIE) in smaller organizations given that AAH's larger provider groups already have robust EHR systems. AAH continues working collaboratively with Alameda County on this effort.

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)

- AAH receives claims/encounter data in multiple formats from providers and uses a third-party as needed to convert submissions in accordance with 837 requirements by DHCS.
- AAH encourages and supports providers submission of 837 compliant claims/encounter data.
- AAH confirms that the ECM/CS providers can successfully submit claims/invoices during the provider certification process.
- AAH has made investments to enhance its existing Provider Portal to allow providers to submit claims online. This is expected to be fully operational by end of 2022.

- AAH is using IPP to fund 6 ECM/CS Provider's requests to support submission of claims/invoices.

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)

AAH is finalizing development of an ECM dashboard that monitors the following and helps identify changes in underserved populations:

- Provider Assignment/Capacity/Outreach
- Member's Demographics including homelessness
- Member utilization
- Geo-map engagement level by ethnicity by provider

The top 3 underserved populations are:

- Black/African American
- White
- Other

Members are primarily assigned based on PCP assignment and may be followed by member preference, location, PoF category and/or ethnicity/language.

AAH will outreach, as needed, to ECM providers who have strong engagement with identified underserved populations to discuss capacity and/or expansion. AAH is evaluating inclusion of underserved population prioritization in the eligibility lists.

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)

AAH successfully collaborated with Anthem via our MOU on:

- Single certification and IPP application/process including joint webinar presentations
- Collaboration on uniform provider reporting formats and SHIE extracts
- Bi-lateral communication meetings on CalAIM initiatives
- Co-funding of 7 ECM/CS Provider's requests for IT Infrastructure – including funding for maintaining/enhancing the WPC SHIE and the WPC training platform available to providers and MCP staff which now offers CalAIM Training and New Hire Academies

Barriers include:

- Incomplete data sharing consent hinders a complete data view
- County and CBO implementation time/resource constraints on infrastructure development
- Provider requests for MCP alignment of rates/rate structures

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)

AAH did not receive requests to fund physical plants, but AAH is exploring the opportunity of collaborating with Alameda County Health Care Services Agency (HCSA) and other community partners to expand:

- Cherry Hill Sobering Unit
- Alameda Point Collaborative

AAH will continue hosting listening sessions/learning collaboratives with ECM/CS providers to learn how AAH can:

- Support the growth of the benefits through physical infrastructure and investment in staffing
- Motivate providers to request funding to support physical infrastructure.

AAH, Anthem and HCSA participate in routine HHIP planning meetings to discuss physical infrastructure development to meet the housing and homeless needs in the County.

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)

The draft of the Gap Filling Plan included feedback obtained from listening sessions held with ECM/CS Providers and other County/community organizations. Note, this measure was not indicated as a requirement in Payment 1 however, AAH's Draft Gap Filling Plan documents were provided to HCSA for review. Any feedback received was reviewed internally and incorporated as needed. AAH shared the final version of the Gap Filling Plan with HCSA.

AAH continues to work closely with HCSA on the development of the CHR/SHIE through regularly scheduled meetings and ongoing collaboration.

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. AAH has contracted with Alameda County Behavioral Health as a new ECM provider to go-live Q3 2022. AAH's WPC/HHP clinical team has transitioned to fully support, provide oversight, and manage the Plan's ECM Program. AAH is developing ECM dashboards and reports as a mechanism to monitor and evaluate the following:
    a. Provider Assignment/Capacity
    b. Member's Demographics including homelessness by enrollment status
    c. Member utilization
    d. Pre and Post utilization analysis of enrollees focusing inpatient admissions, ER visits, PCP visits, and pharmacy prescriptions
    e. Outreach and Enrollment by PoF by provider
    f. Geo-map engagement level (enrolled/unenrolled) by ethnicity by provider

2. Both MCPs are funding the training platform developed under WPC available to providers and MCP staff. The platform includes a calendar of upcoming trainings, links to registration, an archive of resources, and discussion threads and opportunities to connect with other ECM/CS providers The training platform offers CalAIM General Training, CalAIM New Hire Training, and provider trainings developed by AAH. Cultural competency provider trainings are also accessible in the training platform. AAH is strategizing on how to capture provider ethnicity in an accurate and timely manner to address provider diversity.

3. AAH is funding 22 FTE positions such as CHWs and case managers to expand ECM Provider Capacity. AAH will continue to prioritize provider workforce recruiting in future IPP funding opportunities.

4. AAH has held 5 ECM Learning Collaborative webinars. In addition, the training platform captures all individual online and group trainings completed by providers and/or MCP staff.

a. ECM Learning Collaborative supporting material provided, see documents:
    i. "Attachment 2A_ECM Learning Collaborative Supporting Materials_2.2.5_01_28_22"
    ii. Attachment 2B_ECM Learning Collaborative Supporting Materials_2.2.5_02_25_22"
    iii. Attachment 2C_ECM Learning Collaborative Supporting Materials_2.2.5_03_25_22"
    iv. Attachment 2D_ECM Learning Collaborative Supporting Materials_2.2.5_04_29_22"
    v. Attachment 2E_ECM Learning Collaborative Supporting Materials_2.2.5_05_27_22"

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).

NA

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.

AAH is contracted with Community Health Center Network (CHCN) as an ECM Provider, which includes the Native American Health Center (NAHC). 15% of Native American/Alaskan Native ECM eligible members have been enrolled in ECM.

AAH will continue to monitor access to ECM services by Native American members to determine if additional MOUs/agreements are needed to support this population and if additional prioritization is needed. AAH will explore adding this to the agenda to discuss with CHCN leadership during their quarterly meetings.

AAH and Anthem will further explore engagement strategies for this member and provider population.

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)

AAH successfully collaborated with Anthem via our MOU on:

- Single certification and IPP application/process including joint webinar presentations
- Collaboration on uniform provider reporting formats
- Bi-lateral communication meetings
- Co-funding of provider's requests for ECM Capacity expansion (i.e. additional provider staffing/training and the WPC training platform)
- Leveraged existing relationships with WPC Care Management entities to build ECM network

Barriers include:

- CBO time/resource constraints for new reporting requirements
- Provider requests for MCP alignment of rates/rate structures

AAH agreed to partner with HCSA and East Bay Innovations (EBI) to focus on creating sustainable design to scale-up the use of CHWs through an apprenticeship program.

2.2.9 Measure Description

Mandatory
20 Points

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who are disproportionately[5] experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions."

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions." Response should include details on what barriers have been identified in reaching these populations as

[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.

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

AAH has the following strategic partnerships to help engage this population:

- Four ECM providers that care for a large portion of the Black/African American population in Alameda County.
- 1 ECM/CS provider, an organization that specializes in homeless services

In Q2, AAH reevaluated and adjusted as necessary the following to improve engagement:

- Outreach and Enrollment payment tiers
- Risk-prioritized engagement categories

Barriers:

- Limited data hinders proactive identification of homeless members. AAH is working with HCSA to further expand existing extracts to incorporate additional HMIS data elements to enhance identification.
- Difficulties maintaining consistent communication with homeless members due to frequently changing contact information.

2.2.10 Measure Description

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

Quantitative Response

Baseline data for individuals who are Black/African American or from other racial and ethnic groups who disproportionately[6] meet the Population of Focus definition ("individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community") and who have been successfully outreached to and engaged by an ECM provider.

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing transitions from incarceration settings and meet the Population of Focus definition: "individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community." Response should include details on what barriers have been identified in reaching these populations and concrete steps taken/investments made to address these barriers, including partnerships with other community entities. (100 word limit)

NA

2.2.11 Measure Description

Mandatory
10 Points

[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.

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)

NO.

AAH has developed a full-time job description for a Chief of Health Equity. The position was approved by the Alliance's Board of Governors on 6/10/2022, and a market review for salary and grade analysis was finalized on 6/24/2022. AAH posted the Chief of Health Equity position on 7/6/2022. To date, 35 applications have been received and are under review, and interviews are scheduled to being in August. If AAH is unable to identify a qualified candidate through the internal recruiting process by 10/1/2022, AAH will engaged with an external recruiting agency to find an appropriate candidate.

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)

The draft of the Gap Filling Plan included feedback obtained from listening sessions held with ECM/CS Providers and other County/community organizations. Note, this measure was not indicated as a requirement in Payment 1 however, AAH's Draft Gap Filling Plan documents were provided to HCSA for review. Any feedback received was reviewed internally and incorporated as needed. AAH shared the final version of the Gap Filling Plan with HCSA.

The final Gap Filling Plan was also shared with Alameda Health System (AHS) and CHCN as requested. Together, they comprise a significant percentage of the ECM enrolled membership.

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.

There are no limitations for the 6 CS supports AAH implemented on January 1, 2022, with the exception of asthma remediation.

AAH has one CS provider currently offering asthma remediation for pediatric members. AAH is in the process of working with this provider to expand their scope to adult members. AAH and Asthma Start are currently evaluating the staffing needs and operations requirements to expand to the adult population. AAH is awarding IPP funding for 4 FTE to increase asthma remediation provider capacity.

AAH began contracting/implementation of an additional provider for medically-supportive food with a Q3 go-live.

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. AAH has contracted with an additional medically-supportive food provider as a new CS provider to go-live Q3 2022 AAH implemented a new team to provide oversight and management of AAH CS program, which includes routine provider capacity evaluation, provider support, and member enrollment. AAH is developing CS dashboards and reports as a mechanism to monitor and evaluate the following:
    a. CS enrollment and utilization by provider and CS service type
    b. Member's Demographics by CS service type
    c. Pre and Post utilization analysis of CS enrollees focusing inpatient admissions, ER visits, PCP visits, and pharmacy prescriptions

2. Both MCPs are funding the training platform developed under WPC available to providers and MCP staff. The platform includes a calendar of upcoming trainings, links to registration, an archive of resources, and discussion threads and opportunities to connect with other ECM/CS providers The training platform offers CalAIM General Training, CalAIM New Hire Training, and provider trainings developed by AAH. Cultural competency provider trainings are also accessible in the training platform. AAH is strategizing on how to capture provider ethnicity in an accurate and timely manner to address provider diversity.

3. AAH is funding staff/training requests for all CS providers that submitted IPP Applications. AAH will continue to prioritize provider workforce recruiting in future IPP funding opportunities.

4. AAH conducted two CS Learning Collaboratives, in May and July, with all contracted CS providers in attendance. In addition, the training platform captures all individual online and group trainings completed by providers and/or MCP staff. (CS Learning Collaborative supporting material provided, please see document "Attachment 5_CS Learning Collaborative Supporting Materials_2.3.4")

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)

7 Native American/Alaskan Native members have received one or more CS services.

AAH continues to outreach to Native American Health Center (NAHC) to determine if it is interested in offering CS services. As of June 30th, NAHC would like to continue focusing on being an ECM provider. AAH will continue to meet with NAHC regularly to collaborate on CS services that specifically impact the Plan's Native American members.

AAH and Anthem will further explore engagement strategies for this member and provider population. AHH will explore participation in a state-wide multi-pay or collaborative focusing on supporting this population.

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)

AAH successfully collaborated with Anthem via our MOU on:

- Single certification and IPP application/process including joint webinar presentations
- Collaboration on uniform provider reporting formats
- Bi-lateral communication meetings for CalAIM initiatives and best practice sharing.
- Co-funding of provider's requests for CS Capacity expansion (i.e. additional provider staffing/training and the WPC training platform)

Barriers include:

- County and CBO time/resource constraints for new reporting requirements
- Provider requests for MCP alignment of rates/rate structures

AAH agreed to partner with HCSA and East Bay Innovations (EBI) to focus on creating sustainable design to scale-up the use of CHWs through an apprenticeship program.

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)

The draft of the Gap Filling Plan included feedback obtained from listening sessions held with ECM/CS Providers and other County/community organizations. Note, this measure was not indicated as a requirement in Payment 1 however, AAH's Draft Gap Filling Plan documents were provided to HCSA for review. Any feedback received was reviewed internally and incorporated as needed. AAH shared the final version of the Gap Filling Plan with HCSA.

AAH continues to work closely with HCSA on the development of the CHR/SHIE through regularly scheduled meetings and ongoing collaboration.

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)*

- Alameda Alliance for Health (AAH) supports the Alameda County Social Health Information Exchange (SHIE) by providing IPP funding for maintenance, enhancements, and data exchange improvements/development.

- In addition, AAH continually explores how to increase adoption of the Community Health Record (CHR) /SHIE among ECM providers and is working collaboratively with Alameda County Health Care Services Agency (HCSA) on this effort. Some of the challenges experienced with provider adoption include provider willingness to utilize an additional system in their workflows (i.e., double entry of data, logging into an additional system, etc.) and provider resources, capabilities, and time commitment required to develop and maintain interfaced data into their individual care management systems. AAH and HCSA also encourage usage of the CHR/SHIE with Community Supports providers.

- With the addition of the CalHHS Data Sharing Agreement requirement for this measure, AAH developed a one-page document that has been shared with our ECM providers to remind and encourage them to sign the statewide agreement. The document includes a brief overview of the CalHHS Data Exchange Framework as well as links to the Data Sharing Agreement web portal and CalHHS Data Exchange Framework website.

- AAH is developing a strategy to outreach and engage ECM providers in discussions regarding their capabilities to implement active Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface (API) functionality, use of EHR systems to engage in bi-directional HIE, with submission of a data sharing transaction log or deidentified HL7 messages (or other equivalent documentation) to and from other providers in the MCP's contracted network, and/or completion of an agreement with a Health Information Exchange organization.

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)*

- AAH awarded IPP dollars to fund five (5) ECM Provider's requests for IT Infrastructure to improve their EHR/care management system capabilities to generate and manage a patient care plan.

- Two (2) of the five (5) providers were awarded IPP funds to implement new EHR/care management documentation systems to meet ECM requirements for care management activities, reporting and billing.

    a. As of December 31, 2022, one provider was in the final stages of implementing a new EHR system. (Note, in early February 2023, they went live with the new system.)
    b. The other provider completed their EHR vendor contract and has begun the implementation process.

- The three (3) other providers were awarded funding to enhance their existing EHR systems to improve functionality necessary to perform ECM:

    a. Enhancements to improve efficiency and accuracy in their billing process and compliance.
    b. Enhancements to support and improve care coordination, dashboarding/reporting, work queues, and outreach tracking with the goal of increasing capacity to identify and service the eligible population as well as supporting patients across the continuum with health-related social needs.
    c. Enhancements and modifications to improve data integration efficiency and accuracy (i.e., reduce need for manual data entry) and accommodate new requirements/functionality for ECM.

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)*

- AAH accepts claims/encounter/invoice data in multiple formats from providers and uses a third-party as needed to convert submissions in accordance with 837 requirements by DHCS.

- AAH encourages and supports providers submission of ANSI 837 compliant claims/encounter data, but also accepts claims/invoices in Excel and pdf formats that are then converted to ANSI 837.

- Investments were also made to enhance AAH's existing Provider Portal to allow providers to submit claims online. As of December 31, 2022, the project was in the final stages of implementation with a go-live date in February 2023. (Note: This portal enhancement went live on February 10, 2023.)

- As part of the provider certification process, AAH evaluates whether an ECM/CS provider can successfully submit claims/invoices. Data submission testing begins prior to the provider's actual start date and will continue until the provider is able to submit data in one of the formats offered. AAH continues to engage with the one outstanding provider (Kaiser) to transition the claims/encounter submission from test to production.

- AAH awarded IPP dollars to fund six (6) ECM/CS Provider's requests to support submission of claims/invoices.
    - EHR and billing system enhancements to improve efficiency and accuracy in their billing process and compliance.
    - Additional provider staff to operationalize their billing workflows for submission to AAH.

- Provider staff training to ensure proper coding and documentation of the services provided.

2B.1.4 Measure Description

20 Points

Quantitative Response Only

Number and percentage point increase in contracted Community Supports providers for those Community Supports offered by the MCP during the measurement period with access to closed-loop referral systems.

NOTE: Closed-loop referrals are defined as coordinating and referring the member to available community resources and following up to ensure services were rendered. A closed-loop referral system refers to a system or process which ensures the referring provider receives information that the Member was appropriate referred to, and received, services.

Enter response in the Excel template.

2B.2.1 Measure Description

10 Points

Quantitative Response Only

Number of contracted ECM care team full time equivalents (FTEs)

Total FTEs are defined as the sum of ECM care team members' working hours divided by their employer's full-time working hours (i.e. 40 hours per week); multiple part-time ECM care team members can equate to one (1) FTE.

Enter response in the Excel template.

2B.2.2 Measure Description

10 Points

Quantitative Response Only

Number of Members enrolled in ECM

Enter response in the Excel template.

2B.2.3 Measure Description

10 Points

Quantitative Response Only

Number of members who are Black/African American and other racial and ethnic groups who are disproportionately experiencing homelessness that are enrolled in ECM during the measurement period.

Enter response in the Excel template.

2B.3.1 Measure Description

10 Points

Quantitative Response Only

Number of and percentage of eligible members receiving Community Supports, and number of unique Community Supports received by members.

Enter response in the Excel template.

2B.3.2 Measure Description

10 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

End of Section