CALAIM INCENTIVE PAYMENT PROGRAM (IPP)

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

Contents

Cover Sheet

Response Required to this Section

This document outlines instructions for completing the Payment 2 Progress Report submissions.

When submitting Payment 2 responses, managed care plans (MCPs) should include: (1) the MCP name; and (2) the county to which this Gap Assessment Progress Report applies in the header of their submission (header should repeat across all pages except Page 1). MCPs should also include a Cover Sheet with tables as shown below.

MCPs that operate in multiple counties will need to submit a separate Progress Report for each county in which they operate.

1. Details of Progress Report	
MCP Name	Kern Health Systems
MCP County	Kern County
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	Yes and 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	100
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	100
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)

Since initial program launch, KHS has implemented standardized provider data exchange and a Data Exchange Request Form (DERF) process to receive all necessary data for successful management of ECM enrollees while also sharing a variety of operational reports back to each site. In addition, KHS retains access to most Provider sites' EMR systems. Though they differ in software, this priority measure encourages our network providers to prepare for investments in bi-directional HIE. In anticipation of IPP funding rounds available in Phase 1 and 2, KHS continues to emphasize comprehensive data strategies towards HIE data warehouses in Kern County.

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)

KHS has 14/14 ECM providers with access to EHR technology. Comprehensive care management plans- and their visibility- are critical to successful ECM patient management. KHS provides monthly support to ECM providers regarding required technologies and opportunities to leverage existing data exchange capabilities including electronic exchange of information with other care team members. KHS has funded various IPP proposals to increase provider capabilities as follows:

- Add technical resources providing support to ECM Providers and implement seamless, standard data exchange file transfers
- Further evaluate current EMR capabilities for electronic data exchange
- Enhance Providers' EMR to share clinical documents

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)

In addition to adding 2 more ECM Providers with this capability, KHS has ensured all four CSS Providers receive support from our Plan. To date, all contracted providers can file electronic claims/invoices per the KHS established process for compliant payment. Since launch, KHS has:

Developed a process for providers who did not have this ability working with our Claims department and Stria Clearinghouse to process claims/invoice information

Contracted with a closed loop referral platform with functionality allowing CSS Providers to submit consistent and timely claims/invoices, another IPP budgeted solution to streamline the encounter submission process

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.

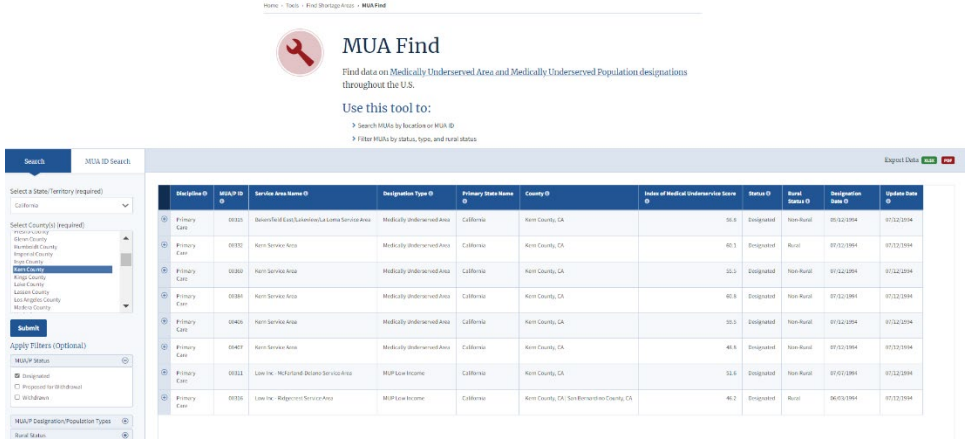
2.1.6 Measure Description

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)

The Federal MUA and MUP designations demonstrate overlap with KHS low-income membership at large. More specifically, the MUP/MUA service areas of East Bakersfield and Delano align with multiple, new locations of contracted ECM provider sites since program launch in Delano, Tehachapi, Mojave, and California City. These populations have less direct opportunity for continual Primary Care due to greater isolation and limited access to resources/services more typically concentrated in Metro Bakersfield. It is important we develop the KHS provider network in these areas as we identify members meeting ECM criteria. Next steps include further geographical mapping to refresh our view of assigned ECM members to new sites.
Supplemental Documentation: MUA Find (hrsa.gov)



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)

To maintain existing WPC infrastructure, KHS has collaborated with Health Net through the CalAIM Roundtable to understand local level priorities enhancing and developing ECM/CS infrastructure. The former WPC-LE in Kern has attended the CalAIM Roundtable series and our teams meet regularly to identify ECM/CS delivery system infrastructure needs. Barriers encountered include data exchange concerning claims and operational reporting. Successful strategies include strategic IPP collaboration as it concerns individualized and county-prioritized funding project awards. KHS will collaborate with the local community college in development of curriculum for CHW training increasing the required workforce, support practical training at sites, and hire graduates.

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)

KHS has collaborated with Health Net on a joint IPP Grant Application process to support appropriate and sustainable ECM/CS infrastructure development and capacity building. KHS has funded various IPP proposals which will support community-wide investments towards future build of physical plants (e.g. sobering centers) or other infrastructure to support successful implementation of ECM/CS such as physical Provider site enhancements.
A few examples of funding awards include:

Community Supports-

- Good Samaritan for a STPHH 10-bed facility
- Corbow for an 8-bed RC facility
- KM for a 20-bed RC facility
- ECM-
- Premiere for physical renovations to multiple offices
- Clinica 1st street for maintenance costs

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 plans in Kern County collaborated to convene a transparent, local level CalAIM Roundtable to understand local level priorities, discuss with community partners the best ways to enhance and develop ECM/CS infrastructure, and to inform development of the Delivery System Infrastructure portion of our Gap-Filling plan. The CalAIM Roundtable website

contains access to all meeting materials (i.e., agendas, PPTs, list of organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) that document our collaboration.
Supplemental Documentation:

1. Home - Kern CalAIM Roundtable – https://kern.calaimroundtable.com/ CalAIM Roundtable website link specific to the MCPs operating in Kern County.

File Name(s)	**Format**
Screenshot 1 – What is the Kern CalAIM Roundtable?	Image (png)
Screenshot 2 – About the Kern CalAIM Roundtable & Expectations	Image (png)
Screenshot 3 – Who Joins (Types of Organizations) & Website Links to KHS/HealthNet Needs Assessments and Gap-Filling Plans	Image (png)
Screenshot 4 – Calendar Overview, FAQs, and Contact Information	Image (png)
Screenshot 5 – Additional Information (Page Summary and Resources)	Image (png)
Screenshot 6 – Kern CalAIM Roundtable Meeting Materials (Finalized, monthly presentation decks including agendas March-August 2022)	Image (png)
Screenshot 8 – Conversation Questions utilized for facilitated discussion with ECM Providers in attendance	Image (png)
"List of attendees for Kern CalAIM IPP" - organizations that *attended each CalAIM Roundtable (monthly)*	Excel file

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. Initially, KHS analyzed a geographical map of members and providers to determine the locations within Kern County that will benefit most from additional care team members. In Program Year 1, KHS has added two additional ECM provider sites and is planning for four more by end of PY1 (Phase 1). This impacts provider capacity as re-stratification is run across the entire ECM eligible population for provider assignment automation. Investments made to increase capacity and oversight include IPP awards for more robust EHR system functionality while enhancing visibility into claims for more transparent reporting.

2. KHS continues to support our ECM Provider workforce and outreach staff through routine operational meetings with each site. In addition, the ECM Care Team has hired two new care coordinators internally to assist providers with care management needs. Various ECM Provider training materials and modules are catered to specific cultural competency needs in Kern County related to our vulnerable populations (homelessness and justice-involved) and to our Hispanic and Black/African American ethnic and racial groups. These modalities also include specific technical assistance training on data exchange provided at onboarding and as needed.

3. Almost all contracted ECM providers are leveraging approved IPP funding to hire and retain qualified staff in order to help meet expected demand while increasing sustainable capacity. KHS has awarded Provider proposals for the following:

- Hiring a care coordinator to increase member engagement and outreach filling necessary care management needs
- Hiring a third-party care management team of medical professionals to strengthen member engagement and retention filling necessary care management needs
- Hiring staff to provide appropriate program oversight at the site location

KHS continues to develop internal processes and mechanisms which monitor a sufficient workforce to provide a full ECM model.

4. KHS training efforts are planned and facilitated by the ECM Care Team supported by Provider Relations. These include:

- Operational meetings occur monthly and virtually (with a plan to move towards hybrid model moving forward) with all provider sites. Attendees include office managers, technical support, and clinical leads. Topics include site progress, staff hires, claims, enrollment/disenrollment, clinical updates, and finances.
- Virtual Data exchange meetings occur bi-weekly for all new provider sites and continue until impediments are resolved. Attendees include technical support and ECM business leads. Topics include detailed barriers facing data exchange file transfers and automation process constraints.
- Orientation training takes place with new sites and include all staff members involved in program launch.

2.2.6 Measure Description

Optional

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

Narrative Response & Materials Submission

Narrative responses should outline progress and results from collaborations with local partners to achieve the below activities. Note that the strategic partnership requirements may be fulfilled through active and meaningful participation in the PATH Collaborative Planning Initiative—MCPs leveraging this must include details regarding any memoranda of understanding (MOUs), activities, and financial investments to support the PATH Collaborative Planning Initiative. (100 word limit per question below)

1. Describe progress against the narrative plan submitted for Payment 1 regarding the establishment and maintenance of strategic partnerships with MCPs in the county and other organizations *(see narrative measure 1.2.6, sub-question 2)*.
2. Describe progress against the narrative plan submitted for Payment 1 regarding addressing health disparities through strategic partnerships *(see narrative measure 1.2.6, sub-question 3)*.

AND

Submission of (1) MOUs or other collaborative agreements and (2) quarterly meeting agendas and notes (including a list of which organizations attended).

2.2.7 Measure Description

Mandatory
20 Points

Narrative Response & Materials Submission

MCPs must complete a narrative response for either of the prompt options below (and associated sub-components), as applicable. MCPs must also submit the required documents, as described below. (100 word limit)

1. Describe progress against the narrative plan submitted for Payment 1 regarding collaborative work with Tribes and Tribal providers used by members in the county to develop and support the provision of ECM services for members of Tribes in the county (*see narrative measure 1.2.7, sub-questions 2-3*). This response should include details on (1) concrete actions taken and investments made to demonstrate progress, (2) what issues have been identified in meetings facilitated to date, and (3) upcoming plans for meetings and other activities:
   a. Working with Tribes and Tribal providers used by members in the county on provider capacity.
   b. Providing ECM services for members of Tribes in the county.

OR

1. For MCPs operating in counties *without* recognized Tribes, describe the approach taken to supporting culturally competent ECM services for members who receive Tribal services, including efforts to contract with Tribal providers in surrounding counties.

AND

Submission of MOUs or other collaborative agreements and associated agendas and/or meeting notes.

Tribal Engagement was presented as a priority focus at the CalAIM Roundtable with facilitated discussion around next step efforts in Kern. By Q4 2022, KHS will collaborate with the California Rural Indian Health Board and Health Net launching a CalAIM Roundtable in this space exploring further development and funding opportunities to support our tribal partners equitably, not equally. The CalAIM Roundtable website contains access to all meeting materials (i.e., agendas, PPTs, list of organization types that are invited to attend (inclusive of Tribes and Tribal providers), DHCS-approved IPP Needs Assessment and Gap Filling Plans) that document our collaboration.

Supplemental Documentation:

1. Email attachment, Subject: RE: Please Read - Important Update Regarding Indian Health CalAIM Roundtable
2. Home - Kern CalAIM Roundtable – CalAIM Roundtable website link specific to the MCPs operating in Kern County.

File Name(s)	**Format**
Screenshot 1 – What is the Kern CalAIM Roundtable?	Image (png)
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Screenshot 5 – Additional Information (Page Summary and Resources)	Image (png)
Screenshot 6 – Kern CalAIM Roundtable Meeting Materials (Finalized, monthly presentation decks including agendas March-August 2022)	Image (png)
Screenshot 7 – June Roundtable Key Objectives Slide 12 inclusive of shared tribal engagement strategy	Image (png)
"List of attendees for Kern CalAIM IPP" - organizations that *attended each CalAIM Roundtable (monthly)*	Excel file

Home - Kern CalAIM Roundtable

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)

To maintain existing WPC infrastructure, KHS has met regularly with the former WPC-LE to collaborate on the transfer of members from WPC to ECM. The former WPC-LE in Kern County has attended the CalAIM Roundtable series and met with our ECM/CS Admin teams to identify infrastructure development and capacity building needs. Barriers encountered include: administrative burden obtaining accurate operational reporting. Successful strategies include provider trainings and open collaboration concerning individual IPP funding projects. KHS will collaborate with the local community college in development of curriculum for CHW training increasing the required workforce, support practical training at sites, and hire graduates.

2.2.9 Measure Description

Mandatory
20 Points

Quantitative Response

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

[5] MCPs must determine which racial/ethnic groups disproportionately experience homelessness in the county, not just identify which racial/ethnic groups have the highest counts of homelessness. This will require some basic calculations using publicly available data.

Enter response in the Excel template.

Narrative Response

Describe the steps taken to reach individuals who are Black/African American or from other racial and ethnic groups who are disproportionately experiencing homelessness and who meet the Population of Focus definition: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions." Response should include details on what barriers have been identified in reaching these populations as well as concrete steps taken/investments made to address these barriers, including partnerships with local partners. (100 word limit)

To improve engagement with Caucasian and Black/African American populations (as those identified disproportionately experiencing homelessness in Kern with greatest disparity among the Black/African American population), KHS has

- Partnered with ECM Providers and CBOs to increase outreach efforts
- Strengthened partnership with Bakersfield Kern Regional Homeless Collaborative supporting CoC programmatic goals from future PIT count collection, capacity building, volunteer identification, and funding all to promote increased intervention strategies for Black, Caucasian, and other homeless individuals
- Developed an aligned HHIP Local Homelessness Plan and Investment Plan which center the following goals:
- Street medicine teams connecting ECM eligible members and services
- Targeted housing-related case management focused on continuity of care

Barriers include:

- Member-matching
- HMIS integration
- Housing inventory

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)

KHS remains engaged with former WPC-LE and local Community Corrections Partnership. KHS has strengthened partnerships with leaders at Kern County Sheriff Department, Kern Behavioral Health and Recovery Services, and Kern County Probation to better serve minorities transitioning from incarceration. KHS participates monthly in California Department of Corrections and Rehabilitation meetings and still seeks opportunities to:

- Evaluate data-informed best practices improving engagement among BIPOC adults/children identified as justice-involved

[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.

- Leverage CBOs from the Covid-19 incentive project

Barriers include:

- Member-matching across local, diverse entities and platforms
- Navigating a largely referral-based identification and authorization system for ECM services for this POF
- Real-time enrollment/disenrollment data

2.2.11 Measure Description

Mandatory
10 Points

Quantitative Response Only

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

Enter response in the Excel template.

2.2.12 Measure Description

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

Narrative Response Only

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

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

OR

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

2.2.13 Measure Description

Optional

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

Quantitative Response Only

Plan 30-Day Readmissions (PCR)

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

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

Enter response in the Excel template.

2.2.14 Measure Description

Optional

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

Quantitative Response Only

Ambulatory Care—Emergency Department Visits (AMB)

Rate of emergency department (ED) visits per 1,000 beneficiary months for beneficiaries who are in the ECM Populations of Focus.

Enter response in the Excel template.

2.2.15 Measure Description

Optional

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

Quantitative Response Only

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

Enter response in the Excel template.

2.2.16 Measure Description

Optional

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

Quantitative Response Only

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

Enter response in the Excel template.

2.2.17 Measure Description

Optional

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

Quantitative Response Only

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

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

Enter response in the Excel template.

2.2.18 Measure Description

Optional

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

Quantitative Response Only

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

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

Enter response in the Excel template.

2.2.19 Measure Description

Optional

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

Quantitative Response Only

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

Enter response in the Excel template.

2.2.20 Measure Description

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

Quantitative Response Only

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

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

Enter response in the Excel template.

2.2.21 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

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

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe

upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

The plans in Kern County collaborated on the CalAIM Roundtable forum to understand questions and priorities of our community partners. Held monthly, these discussions serve to inform development of Priority Area 2. Plan Partners facilitated sharing of priority measures and discussion prompts through Roundtables with current and prospective ECM providers. In addition, we centered our IPP application process and communication of funding awards strictly around Gap-Filling Plan elements. The CalAIM Roundtable website contains access to all meeting materials (i.e., agendas, PPTs, organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap Filling Plans) that document our collaboration.

Supplemental Documentation:

1. Home - Kern CalAIM Roundtable – CalAIM Roundtable website link specific to the MCPs operating in Kern County.

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Home - Kern CalAIM Roundtable

End of Section

Submission 2-A Measures for Priority Area 3: Community Supports Provider Capacity Building & Take-Up

Response Required to This Section

2.3.1 Measure Description

Mandatory
30 Points

Quantitative Response Only

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

Enter response in the Excel template.

2.3.2 Measure Description

Mandatory
30 Points

Quantitative Response Only

Number of contracted Community Supports providers.

Enter response in the Excel template.

2.3.3 Measure Description

Mandatory
35 Points

Narrative Response Only

Narrative should outline progress and results from collaborations with local partners within the county to achieve the below activities. (100 word limit for each question)

1. Describe steps taken to reduce gaps or limitations in Community Supports coverage across the county.
2. Describe steps taken to increase number and/or reach of Community Supports offered in January 2022 or July 2022.

1. In January 2022, KHS identified gaps and limitations in Kern County regional coverage and provider capacity. KHS has retained contracts with 4 local agencies and community-based organizations, and has finalized an agreement with a 5th provider to cover the initial six Community Supports KHS offers. The new provider will increase reach of housing-related services, though the site is not in a new geographical location. Since launch, gaps we have worked to remediate include:

- Increased contracting for high-demand housing services available
- Continued and timely coordination to ensure transportation is provided to members in outlying areas of Kern County

2. To increase reach of all CS offered, KHS has taken the following steps:

- Developed our CBO network and capabilities utilizing IPP funding for appropriate investments such as sustainable workforce capacity, IT, and data exchange
- Provide regular training for CBO Staff on outreach and engagement, care management, and closed-loop referral efficiency for the purpose of accurate reporting
- Intentional participation in community-level collaboratives with local entities beyond Metro-Bakersfield area including the facilitation of CalAIM Roundtable series
- Working closely with existing CBOs ensuring high-quality service delivery and open communication of needs

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. Through weekly, bi-weekly, and ad hoc operational meetings with each contracted provider, the KHS CS Admin team has been able to establish consistent opportunities to perform enhanced oversight including:

- Frequent and individualized provider capacity tracking to include weekly review of assigned membership enrollment/disenrollment statuses
- Reassessments of initial geographical analysis and estimated provider capacity ratios to determine expected vs actual service demand
- Recalculate and address gaps in capacity
- Active reevaluation of member-level utilization management based on appropriate level of care or care setting

2. All CS providers required initial training at onboarding, which has also been reinforced as needed. Concerning cultural competency needs, KHS educates the CS workforce on needs of minority racial/ethnic groups as well as specific cultural

needs related to the vulnerable homeless population, and justice-involved individuals. As both Populations of Focus went live under the KHS ECM benefit in January 2022, we have encouraged widespread sharing of ECM knowledge and materials, too. Summarized, though, critical TA needs include:

- Validation of various reporting needs
- Accurate claims and encounter submissions
- Support towards any additional barriers or impediments preventing successful management of CS services

3. Three out of four of our existing CS providers submitted IPP funding proposals for increasing their staffing in order to build their sustainable workforce. All 3 proposals were awarded so they could kick off their recruiting and hiring process. We've also included awarded proposals for similar needs from prospective CS providers:

- FTE to perform successful engagement approaches from telephonic outreach, direct in person outreach, and indirect in-person outreach
- Funds to hire, train, and provide travel expenses for program manager and homeless navigator
- Funds to purchase or enhance building infrastructure where FTE can manage, and assist assigned membership (service-specific)
- 4. Initial orientation trainings are held virtually within the first 10 days of executed contracts with all new sites including all staff members involved in program launch. KHS CSS team and the Provider Relations department are involved in the planning. Topics include: eligibility, authorization, screenings, assessments, engagement, outreach, disenrollment/limitations (P&P by service), Coding and payment, and Reporting. Methods include accessible vendor demonstrations & presentations by KHS staff and/or SMEs.
- All operational meetings (monthly at minimum) are held virtually with all sites. Attendee count ranges from 3-7, but typically include managers, technical support, and CBO leads at minimum. Topics include claims submission,

collaboration on high-risk clients, enrollment/disenrollment, referrals, and provider capacity. Only the KHS CSS team is involved in the planning.

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)

KHS remains committed to collaborating with Tribes and Tribal Partners in Kern County. In analyzing CalAIM Roundtable attendance and through key informant interviews, we have collectively identified the need and opportunity for a CalAIM Roundtable specific to Tribes and Tribal providers. By Q4 2022, KHS will collaborate with the California Rural Indian Health Board and Plan partners to launch a new CalAIM Roundtable working to make measurable improvements in CSS service delivery to Tribal membership. KHS will also explore IPP development and grant opportunities specific to Tribal providers ensuring we support our partners in an equitable manner.

2.3.6 Measure Description

Mandatory
35 Points

Narrative Response Only

Describe how the MCP successfully collaborated with all MCPs in the county to support Community Supports capacity expansion and, if applicable, leverage existing WPC capacity. If only one MCP is operating in the county, the narrative must describe how it successfully leveraged and expanded existing county and, if applicable, WPC infrastructure to support Community Supports capacity building. Response should include details regarding what barriers were encountered, which strategies proved successful, and the MCP's plans to continue capacity and infrastructure building. MCPs are also encouraged to describe how they might leverage the new community health workers (CHW) benefit moving forward to build capacity in the delivery system for Community Supports. (100 word limit)

To maintain existing WPC infrastructure, KHS collaborates with Health Net through the CalAIM Roundtable to understand local level priorities and expand WPC capacities. The former WPC-LE in Kern County attends the CalAIM Roundtable series and our ECM and CS Admin teams meet regularly to identify various ECM/CS infrastructure needs across intersecting membership. Barriers encountered include data exchange concerning claims and operational reporting. Successful strategies include collaboration concerning IPP awards, referral submissions, and strategic partnership maintenance. KHS will collaborate with the local community college developing curriculum for CHW training increasing the required workforce, support practical training at sites, and hire graduates.

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 plans in Kern County collaborated on the CalAIM Roundtable forum to understand questions and priorities of our community partners. Held monthly, these discussions serve to inform development of Priority Area 3. Plan Partners facilitated sharing of priority measures and discussion prompts through Roundtables with current and prospective CS providers. In addition, we centered our IPP application process and communication of funding awards strictly around Gap-Filling Plan elements. The CalAIM Roundtable website contains access to all meeting materials (i.e., agendas, PPTs, organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap Filling Plans) that document our collaboration.

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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)*

Prior to the CalHHS signing agreement going live in January 2023, KHS has performed the following activities to improve service delivery of ECM Providers:

- Meeting monthly with each provider site and educating ECM care team staff on all IPP priority areas to include Delivery System Infrastructure and bi-directional data exchange capabilities
- Preparation for future phases of IPP rounds of funding by setting clear and concise objectives for ECM providers to target
- Emphasizing comprehensive data exchange strategies in Kern County

Moving forward, the following activities are planned for Q1 and Q2 of 2023 as it concerns this measure:

- Retain access to most Provider sites' EMR systems
- Grow total number of contracted ECM Providers who have signed the CalHHS data sharing agreement
- Educate providers on the CalHHS electronic signature process

- Continue process improving the KHS implemented standardized provider data exchange and a Data Exchange Request Form (DERF) process to receive all necessary data for successful management of ECM enrollees while also sharing a variety of operational reports back to each site
- Continued collaboration with our partner MCP in Kern County, Health Net, including IPP funding allocations and application process, CalAIM Technical Assistance, facilitation of the Kern CalAIM PATH Collaborative intended for all ECM and CS Providers in Kern County, and pooling assets to address needs facing priority populations and underserved geographical regions of Kern County.

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)*

KHS has grown from 14/14 to 17/17 ECM providers with access to EHR/EMR technology. Comprehensive care management plans- and their visibility- remain critical to successful ECM patient management through Program Year (PY) 2. Though all contracted ECM providers have met this expectation to date, KHS provides monthly support to ECM providers regarding required technologies and opportunities to leverage existing data exchange capabilities including

electronic exchange of information with other care team members. KHS has funded various IPP proposals which requested investments to increase provider capabilities such as:

- Additional technical resources assisting with implementation of seamless, standard data exchange file transfers
- Further evaluation of current EMR capabilities for electronic data exchange
- Enhancing Providers' EMR to share clinical documents

Moving forward, KHS will do the following in support of this IPP measure:

- Emphasize the role and responsibilities of ECM lead care managers ensuring that BPHM and Transitional Care Services (TCS) is in place as part of their care management
- Internal review of policies, procedures, and processes as additional populations of focus go live
- Refinement of unique population of focus assessment and reassessment requirements as it concerns ECM member history contained in EHRs

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)*

By the end of Calendar Year 2022 or PY1, KHS added 3 ECM Providers and 1 Community Supports Providers to the network. All ECM Providers have the capability of submitting a claim or invoice and all CS contracted providers can file electronic claims/invoices per the KHS established process for compliant payment. Since the reporting period completed for the IPP Gap Progress Report, KHS has:

- Utilized established processes developed for providers who did not have this ability working with our Claims department and Stria Clearinghouse to process claims/invoice information
- Considered contracting with a closed loop referral platform with functionality allowing CSS Providers to submit consistent and timely claims/invoices, another IPP budgeted solution to streamline the encounter submission process

Moving forward, KHS will:

- Provide support to all providers during onboarding and as needed regarding program-specific billing codes and/or encounter submission processes

- Lead weekly, bi-weekly, monthly, and/or ad hoc operational meetings with all providers to review member-level enrollment, claims, and service utilization in an effort to establish consistent opportunities to perform enhanced oversight
- Prepare for all Closed Loop Referral requirements outlined in the DHCS 2024 Contract as it concerns strategic partnerships and warm hand-offs with various county public agencies
- Begin pre-analytics and/or discovery efforts on the DHCS Data Exchange Guidance for CS for consideration of alignment with ECM Data Exchange and PHM Data Exchange as it concerns members' authorization and referral status

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