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	Kaiser Foundation Health Plan, Inc
MCP County	Amador County
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	Former Health Homes Program County
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]

---

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

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

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

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

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

Kaiser Foundation Health Plan, Inc. (KFHP) collaborated with our Plan partners in Amador to 1) collect baseline data through ECM/CS certification application and gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to electronically store, manage, and exchange care plan information and clinical documents with other care team members. In this grant process, KFHP funded Sacramento Covered, ECM contracted provider, to develop a portal providing read-only access to their shared care plans for KFHP care coordinators. This was in addition to the existing read-only access to KFHP care management and clinical documentation systems that was provided to Sacramento Covered.

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)

KFHP collaborated with our Plan partners in Amador to 1) collect baseline data through ECM/CS certification application and gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to access to certified EHR technology or a care management documentation system able to generate and manage a patient care plan. WellSpace Health applied for funding from all MCPs through the IPP application process to expand their EHR functionality to include behavioral health and care coordination functionality. This request will be approved to support these efforts.

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)

KFHP collaborated with our Plan partners in Amador to 1) collect baseline data through ECM/CS certification application and gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to submit a claim or invoice to an MCP, or have access to a system or service that can process and send a claim or invoice to an MCP with information necessary for the MCP to submit a compliant encounter to DHCS. KFHP provides access to our claims clearing house for Sacramento Covered to submit claims and funds additional providers through IPP.

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)

KFHP identifies three underserved ECM Populations of focus (Homeless, Adult with Serious Mental Illness (SMI) and Substance Use Disorder (SUD), Adult High Utilizers) using a data algorithm based on DHCS criteria to define these groups. The algorithm is run regionally across all plan partners and counties. All members are assigned to KFHP as the Lead ECM Care Manager. The Lead ECM Care Manager reviews the Member's chart and confirms ECM eligibility. In addition, KP accepts referrals from internal KP providers and departments and external KP providers (e.g., community-based organizations). Once reached, the Member is enrolled in ECM and a care coordinator completes a detailed assessment. Member outreaches are tracked using KP HealthConnect dashboards.

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)

In collaboration with our Plan partners, KFHP developed a transparent process to engage the community by: 1) convening a CalAIM Roundtable to understand local level priorities, discuss with community partners the best way to enhance and develop ECM/CS infrastructure; and 2) collaborating on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. Barriers included: time constraints related to provider education, infrastructure/technology, stakeholder capacity, including time and human resources to implement new initiatives and programs. While the MCPs provide opportunities within the CalAIM Roundtable for providers to share best practices, the challenges that providers have had at this stage of the implementation process has resulted in limited examples of best practices. As a result of this, the MCPs have been leveraging the Roundtables to ensure that providers are familiar with the funding opportunities through the MCPs and CalAIM to expand their services with these opportunities. Priority areas of focus for providers were identified through the submission of applications for funding support. The following areas received the most requests for funding: CS provider capacity building, hiring of core CS staff, training of core CS staff, care management documentation system, ECM provider capacity building, training of core ECM staff, hiring of core ECM staff. Successful strategies include leveraging developed WPC infrastructure and partnerships; utilizing a Steering Committee model; standing meetings with Plan partners; supporting ECM/CS infrastructure development and capacity-building with IPP funding. Kaiser will consider expanding its partnerships and contracts with community-based ECM/CS providers to provide CHW services and the CHW benefit.

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)

KFHP collaborated with our Plan partner(s) in Amador to 1) convene a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborate on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. We are in continued discussions via the CalAIM Roundtable to identify community priorities and solicit feedback to inform community-wide investments to support the build of physical plants (e.g., sobering centers) or other infrastructure to support successful implementation of ECM/CS. KFHP will fund the County of Amador, Division of Behavioral Health Services, in its evaluation of ECM delivery that may include physical infrastructure.

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)

KFHP collaborated with our Plan partners in Amador to collect baseline data through the ECM/CS certification application and gap closure process. KFHP posted Gap-Filling Plans and measures on the CalAIM Roundtable websites for local partners to review as well as discuss regular business meetings with the contracted providers to discuss key issues, including capacity and delivery needs. Plans will continue to leverage the 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.

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. KFHP ECM provider and oversight capacity in Program Year 1 meets current demand and projected demand through 2022. Additionally, KP's community-based ECM provider (Sacramento Covered) has deep experience with each Population of Focus and the capacity to meet the needs of these populations. KP conducts monthly business meetings with Sacramento Covered to continuously review ECM enrollment and discuss capacity constraints and challenges.

2. KP provided training on ECM workflows and new technology tools to internal KP and community partner staff. Internal KP staff receive refresher training on ECM workflows and documentation. KP has also provided training on the needs of 2022 Populations of Focus: Homeless, High Utilizers and SMI/SUD, as well as cultural competency training on the needs and health systems of American Indians. KP trained Sacramento Covered on the use of KP's read-only EMR system; and funded and received training on accessing Sacramento Covered's read-only KP portal for care plans and clinical documentation.

3. KP has hired a Senior Operations Specialist to support the processing of authorizations, denials, and discontinuations which will increase reimbursement and financial viability of organizations. The Operations Specialist assists with documentation quality reviews of our care coordination teams as well. If there is a need to increase community partner capacity, KP works with Sacramento Covered to ensure team members are hired to meet demand. To date, Sacramento Covered has already increased capacity from 0 FTE to 0.33 FTE community health workers/navigators to support KP ECM/CS implementation in Amador County alone and hired additional staff to help support the remaining rural GMC counties. These staff currently support the initial ECM Populations of Focus: Adult High Utilizers, Adult SMI/SUD, and Individuals and Families Experiencing Homelessness.

4. KP collaborates with the community-based ECM providers to understand areas of expertise and training and technical assistance (TA) needs on topics including authorizations, referrals, claims, eligibility, data sharing, member engagement, grievances and appeals, operations. The Sacramento Covered care coordination management team attended KP's ECM training for frontline staff and were provided support tools such as FAQs, workflow documents and job aids. KP

collaborated with Sacramento Covered to determine and develop training materials for community worker frontline staff. KP collaborated with MCPs to deliver training to other community-based providers.

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).

KFHP collaborated with our Plan partners in Amador to 1) convene a CalAIM Roundtable to understand local level priorities, discuss with community partners ways to enhance and develop ECM/CS infrastructure, and 2) develop a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity building. We are in continued discussions via the CalAIM Roundtable to identify community priorities, solicit feedback to inform community-wide investments to support successful implementation of ECM/CS, and have promoted and provided updates on PATH funding for providers to leverage. KFHP has a long-standing commitment to addressing and funding health disparities.

Related to IPP, KFHP considered funding for providers who are not currently contracted to provide services for our members, but are actively addressing health disparities through the services that they provide.

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.

KFHP is willing to provide support to tribes and tribal providers, a small population of members. Kaiser collaborated with our Plan partners in Amador to: 1) convene a CalAIM Roundtable to understand local level priorities, discuss with

community partners ways to enhance and develop ECM/CS infrastructure, and 2) develop a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity building. Tribal providers, including representatives from Buena Vista Rancheria of Me-Wuk Indians, Ione Band of Miwok Indians, and Jackson Rancheria Band of Me-Wuk Indians, were invited to the Roundtable, however participants did not attend meetings. MCPs plan on making additional efforts to engage these providers directly to better understand needs and barriers to engagement. By Q4, Kaiser will collaborate with our Plan partners around opportunities specific to Tribes and Tribal Providers to engage tribes and tribal partners in a mutually beneficial way to increase contracting for services.

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)

In collaboration with our Plan partners, KFHP maintained existing WPC infrastructure by 1) convening a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborating on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. Barriers included: time constraints related to provider education, stakeholder capacity. Ongoing successful strategies include leveraging developed WPC infrastructure and partnerships; utilizing a Steering Committee model; standing meetings with Plan partners; supporting ECM/CS infrastructure development and capacity-building with IPP funding. KFHP currently leverages its existing contracted, community-based ECM/CS providers to provide CHW services to members. In the future, KFHP will consider expanding its partnerships in the community to increase the provision of CHW services to meet the new CHW benefit.

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

According to the Business, Consumer Services, and Housing Agency website (Homeless Data Integration System - California Interagency Council on Homelessness), most recent data from Amador, Calaveras, Mariposa, Tuolumne counties combined in 2020 show the following: 448 individuals experiencing homelessness of which 177 were people in families with children and 31 were unaccompanied youth in individual and family groups. Among racial/ethnic groups disproportionately experiencing homelessness: (1) Hispanic/Latinx (reflecting 20.2% of the homeless population compared to 11.9% of the general population, a rate 1.7 times higher than expected); (2) Black / African American (reflecting 2.0% of the homeless population compared to 0.7% of the general population, a rate 2.8 times higher than expected); and (3)

[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.

American Indian/Alaska Native/Indigenous (reflecting 3.6% of the homeless population compared to 1.3% of the general population, a rate 2.7 times higher than expected).

Amador county went live with ECM following this reporting period, so there are no members to report on for this measure. Additionally, overall enrollment is expected to be low in this county in subsequent reporting periods (due to low eligibility). As a result of this low enrollment, KFHP reporting on this measure may not include any individuals or populations who are disproportionately experiencing homelessness. In order to align with available data, KFHP will continue to report on the top three populations that have been reported by the Homeless Data Integration System as having the highest disproportional impact of homelessness: Black/African American, American Indian/Alaska Native, and Hispanic/Latinx.

KFHP will be working with Sacramento Covered to increase outreach to these racial/ethnic groups disproportionately experiencing homelessness. Barriers to reaching people include being hard to locate, behavioral health issues, trust issues and/or unwilling to seek care. Collaboration with the County identified need for increased street outreach, and trauma-informed approach for these populations. KFHP plans to address these areas by leveraging ECM/CS community-based providers, particularly staff with lived experience to offer housing community supports via street outreach and monthly assessment of needs and potential additional supports.

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

[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.

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)

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)

NO - As DHCS is aware, Kaiser Permanente (KP) was not part of the MCP procurement. However, as part of KP's new statewide direct contract with DHCS which begins on 1/1/24, we are restructuring our Medi-Cal line of business to ensure that we are meeting the new regulatory contractual requirements. As part of the restructuring work, KP is recruiting for a new statewide Medicaid VP for care delivery. The new Chief Health Equity Officer will report to the VP. KP anticipates onboarding the new VP by the end of 2022, or the beginning of 2023. Once the new VP is hired, KP will move quickly to identify the Chief Health Equity Officer position.

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)

KFHP collaborated with our Plan partners in Amador to collect baseline data through the ECM/CS certification application and gap closure process. Plans will continue to leverage the 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 ECM Provider Capacity Building portion of the 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.

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 collaboration with our Plan partners, KFHP: 1) convened a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborated on a joint IPP Grant Application process to financially support ECM/CS infrastructure development and capacity-building. Additionally, support was provided to organizations through community discussion, education and funding planning. KFHP reviewed applications for community-based organizations to increase capacity to support housing and homeless populations, medically tailored meals and other services across the county.

2. KFHP is currently partnered with Sacramento Covered to provide housing navigation and housing tenancy support to eligible members. In addition, KFHP funding of IPP applications will include provider support in outreach, staffing for hard-to-reach populations that will initially focus on the homeless population. KFHP will be funding some providers through the IPP process that are contracted with other MCPs to build a partnership for future contracting as additional services are required. These efforts will also help to support redetermination efforts to ensure eligibility for these services going forward.

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. In collaboration with our Plan partners, KFHP maintained existing WPC infrastructure by: 1) convening a CalAIM Roundtable to understand local level priorities, discuss best practices; 2) collaborating on a joint IPP Grant Application process to support CS infrastructure development and capacity-building; 3) reviewed application for potential funding for CS capacity building through IPP year 1 with plans to fund organizations improving capacity in the county, even if they are not currently contracted with KFHP

    2. KFHP is facilitating all required cultural competency training required by DHCS. KFHP is prepared to provide additional training based on needs identified. KFHP leverages the existing relationships of our contracted entities to ensure the housing services provided are relevant to the community members. KP holds monthly business meetings with community partners and weekly case conference rounds to identify specific training needs for the community partner. KP also surveys its frontline staff to discuss training opportunities, gaps, and refreshers needed.

    3. In collaboration with our Plan partners, KFHP maintained existing WPC infrastructure by 1) KFHP convening a CalAIM Roundtable to understand local level priorities, discuss best practices; 2) collaborating on a joint IPP Grant Application process to support CS infrastructure development and capacity-building; 3) reviewed application for potential funding for CS capacity building through IPP year 1. Applications that were reviewed and will be funded by KFHP included requests for hiring and improved clinical workflows that would improve efficiencies and address the variety of staffing challenges. Within the CalAIM Roundtable meetings, MCPs solicited input from community partners regarding their current needs, including workforce as well as the best approaches to addressing concerns such as sharing best practices or convening collaborative spaces to address challenges.

During monthly business meetings with KP's contracted community partners, Community Supports workforce needs are discussed including: capacity constraints, current census, and training needs. Action plans are developed between KP and the community partner to better support the Community Supports workforce.

4. KFHP collaborated with the Plan Partners and HC2 to deliver trainings to CS/ECM providers who are at a variety of stages of engagement with CalAIM. These trainings were part of regular CalAIM Roundtable meetings. Materials from those trainings and attendance records are attached.

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)

KFHP has been continuously reaching out to all IHFs in Amador County since 2018. Despite this outreach there is not a finalized contract. KFHP collaborated with our Plan partners in Amador to: 1) convene a CalAIM Roundtable to understand local level priorities, discuss with community partners ways to enhance and develop ECM/CS infrastructure, and 2) develop

a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity building. By Q4, KFHP will collaborate with our Plan partners to launch a CalAIM Roundtable, additional IPP grant funding opportunity specific to Tribes and Tribal Providers to improve engagement.

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)

In collaboration with our Plan partners, KFHP maintained existing WPC infrastructure by: 1) convening a CalAIM Roundtable to understand local level priorities, discuss best practices; and 2) collaborating on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. Barriers included: time constraints related to provider education, stakeholder capacity. Ongoing successful strategies include leveraging developed WPC infrastructure and partnerships; utilizing a Steering Committee model; standing meetings with Plan partners; supporting ECM/CS infrastructure development and capacity-building with IPP funding.

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)

KFHP collaborated with our Plan partners in Amador to collect baseline data through the ECM/CS certification application and gap closure process. Plans will continue to leverage the 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 Community Supports Provider Capacity Building and Community Supports Take-Up portion of the Gap Filling plan. The CalAIM Roundtable website contains access to all meeting materials (i.e., agendas, PPTs, invited organizations and attendees, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) that document our collaboration efforts.

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)*

As one of the industry leaders in health information exchange (HIE), Kaiser Foundation Health Plan, Inc. (KFHP) has been dedicated to advancing and streamlining data exchange nationally for more than a decade. KFHP currently participates in several national HIE networks, such as Care Everywhere, Carequality, eHealth Exchange and DirectTrust, making it possible to exchange patient records with over 30,000 external organizations and individual practices utilizing disparate EHRs. KFHP and KFHP ECM providers successfully attest to all elements certification and participation elements in this measure.

As part of the commitment to data sharing, KFHP has a team dedicated to the expansion of bi-directional health information exchange with other healthcare organizations and community providers, in addition to improving the functionality, ease of use and integration of interoperability tools. KFHP's HIE team actively encourages community partners to join national networks like Carequality and DirectTrust and assists with subject matter expertise and validation for their initial onboarding to these networks, including the ability to educate providers about meeting the attestation and certification requirements in this measure.

KFHP is also an active participant in regulatory network processes that further define and advance the industry. This includes representation on several HIE governing committees and boards, helping to influence HIE development priorities and policies across the industry. Additionally, KFHP leaders, subject matter experts and legal counsel have been active participants in California Health and Human Services' (CalHHS) development of the Data Exchange Framework (DxF) and Data Sharing Agreement (DSA), including by providing early input to preliminary policies and procedures prior to public comment.

KFHP meets monthly with the County and partner MCPs. Discussion includes a variety of implementation topics, including data sharing and HIE assessment and planning.

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)*

Affiliate Link, Kaiser Foundation Health Plan, Inc.'s (KFHP) Provider Portal, is used by external providers to access KFHP care plans and facilitate care coordination. In the future this will roll out to more providers and allow for increasingly seamless care coordination.

KFHP invested in the new Medi-Cal Data Repository (MCDR) which houses external clinical data in a way that is searchable by care management teams, allowing KFHP ECM providers to easily access information like care plans from external organizations, including contracted ECM providers. The relevant KFHP member records can be shared back with the external ECM provider to ensure coordination around a shared care plan across organizations. This system is in the final stages of development and due to go live March/April 2023.

KFHP provided funding to the contracted ECM provider and other potential ECM providers to implement or enhance their EHRs or care management documentation systems to deliver services more effectively. These efforts were determined through a joint review process with the partner MCPs in Q3 2022 and funding was distributed in Q3/Q4 2022. Many of these efforts have begun implementation with expected completion in 2023. This included:

- Funding to a community provider for the purchase, development, and implementation of enhancements to their current EHR to significantly improve administration and care coordination for individuals receiving behavioral health services, CS and ECM. This project is in the development stage of implementation of the new EHR module.

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)*

Kaiser Foundation Health Plan, Inc. (KFHP) continues to work with external providers and all our Community Supports partners to ensure enrollment for EDI submission of claims via our clearing house vendor, Office Ally. While this long-term solution is developed for providers to send claims directly through Office Ally, KFHP's OneLink system will take invoices from ECM and CS providers, convert them into 837P encounters and process submissions in Tapestry AP. KFHP continues to develop this invoice intake process and during this reporting period, invested in additional development to complete the build of this system for all providers contracting for ECM and CS. Completion of this system is scheduled for Q2 2023.

KFHP provides access to our claims clearing house for the contracted ECM and CS provider to submit claims. They have been successfully submitting claims. The implementation is monitored on an ongoing basis with any issues resolved as-needed.

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