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FQHC Application/Participation Criteria — Process and Procedures

Federally Qualified Health Centers (FQHCs) will apply to State of California Department of Health Care Services (DHCS) to participate in the Alternative Payment Model (APM). DHCS will release a voluntary letter of interest (LOI) that will be helpful to the state's planning process. As part of the LOI process, the health plans contracting with interested FQHCs will be identified. FQHCs will begin securing the plan assessment forms, which may be submitted on a rolling basis with the LOI, so long as all plan assessment forms are submitted with or prior to the submittal of the FQHC's application. DHCS will release the mandatory applications in the beginning of 2023 and every year, year-over-year. DHCS (finance and quality) will vet applications based on criteria (below) and minimum readiness standards. While the APM is voluntary by prospective payment systems (PPS), all affected sites under each PPS must participate, DHCS will review applications to ensure the FQHC as an organization, appears committed to transformation, in part evidenced by the number of sites committed to the APM.

FQHC APM

Capitated Rates Development Division, MS 4413-4414

1501 Capitol Avenue, Sacramento, CA 95814

Email: FQHCAPM@dhcs.ca.gov

<https://www.dhcs.ca.gov/services/Pages/Federally-Qualified-Health-Centers-Alternative-Payment-Methodology.aspx>

Criteria

- Data Capabilities
- Capacity for Care Transformation
 - APM Strategy
 - Experience with Strategic Practice Transformation
 - Organizational Commitment to Transforming Primary Care Practices
 - Staffing Capacity to Enact Transformation
- Quality Improvement Infrastructure
- Collaboration with Managed Care Organizations (MCOs)
- Willingness to Participate in Quality Collaborative/Learning Communities
- Financial Standing
- Operational Considerations

Application Part 1: Letter of Intent (Voluntary Process)

Each FQHC will submit a letter of intent to DHCS (not to exceed two pages) which includes the following information:

- ☐ FQHC Information: Name, point of contact, number of sites intending to participate (residing counties), number of total Medi-Cal lives included in these sites, and average percent of FQHC client base
- ☐ Current capacity for submitting encounter data that meets plan/DHCS requirements (i.e., National Provider Identifier, Provider Type, Diagnosis code, etc.)
- ☐ Executive support of participation in APM (submission from CEO)
- ☐ Medi-Cal Health Plan(s) Assessment Form of participation in APM for each health plan that the FQHC contracts with and/or accepts members from (e.g., via independent practice association [IPA] delegation). The Health Plan Assessment Form for an FQHC not directly contracted with the primary DHCS health plan (i.e., they are participating with the health plan through an IPA affiliation) should be obtained from the plan/IPA that has the closest relationship/contract with the FQHC.
- ☐ Health Plan Assessment Form for each DHCS primary health plan where the Health Plan acknowledges the FQHC is in good standing regarding items listed below
- ☐ Encounter data, quality, no outstanding major corrective actions (no corrective action plan with any of the following: State Medicaid Program (includes DHCS, Audit & Investigation Form [A&I]); Bureau of Primary Health Care, 330 Grant Program; and Medi-Cal Managed Care Plan(s), no open investigations, no open lawsuit, appointment availability (primary care and urgent care — Health Plan accessibility surveys), grievances, assigned members

Narrative (125 words of less)

Describe your interest and desire to participate in the APM and how you will leverage this opportunity to transform care and improve quality and health equity outcomes. Specifically, what operational and clinical changes do you envision as a result of APM participation over the next five years? Please note that responses will not disqualify interested applicants and will be used for informational purposes only.

Application Part 2: For DHCS Review and Consideration

Data Capabilities

Encounter Data Quality Requirements and Standards

Please check the item below that relays your ability to collect and submit encounter data that is in compliance with department requirements. This will include data for alternative patient contacts (electronic, case manager, telehealth and face-to-face encounters by non-billable providers (e.g., nurse visits, pharmacy visits).

☐ Able to transmit encounter data as specified in provider contract with managed care plan(s)

Additional Items for Submission

☐ Please check here if you have a Health Plan/FQHC contract in place that allows for data sharing

☐ Attestation that all participating sites are in “good standing” with relevant State and federal authorities¹

☐ Most recent audited financial statements

APM Strategy

Describe (in 250 words or less) how you envision participation in the APM to transform your care delivery model and improve quality and health equity. What specifically will be different five years from now compared to today and how do you envision expanding the APM to all sites (if applicable)? Answers to subsequent questions should focus on specific changes aligned with this vision

¹ Good standing defined as no corrective action plan with any of the following: State Medicaid Program (includes DHCS, A&I); Bureau of Primary Health Care, 330 Grant Program; and Medi-Cal Managed Care Plan(s).

Experience with Strategic Practice Transformation

Describe (in 250 words or less) your top three goals for strategic practice transformation under this APM (e.g., implementing new team based care models, launching a CHW program, advancing value-based payment models etc.). How does APM participation help you achieve these goals and what previous experiences/successes will you leverage to achieve them?

Additional Items for Submission

☐ Any certification (or certification in progress) by a nationally-recognized accrediting organization for patient-centered medical home (NCQA or TJC)

☐ A list of local and/or federal initiatives you have participated in that supported care transformation (e.g., performance improvement/care re-design efforts facilitated by organizations like the Center for Care Innovations, CMS Innovation Center, private foundations, or via engagement with performance improvement consultants) — indicate which initiatives were local, state-level, or national/international

Staffing Capacity

Describe (in 250 words or less), your current FQHC care team model/staffing ratios and how you envision them changing in the next five years to meet the APM/Practice Transformation strategic goals (changes in ratios, changes in types of staff/classifications hired, etc.). Include any challenges you foresee in achieving the necessary staffing, financial, recruitment-related, or otherwise.

Quality Improvement Infrastructure

Describe (in 250 words or less), your clinic's (or system's) current quality improvement infrastructure to improve HEDIS/UDS or other quality measures — including who leads QI activities (dedicated staff, clinical staff, etc.), what methods they use, how they integrate data (dashboards, process measures, data warehouse, and analytic capability) and how effective this approach has been. Specifically describe how you envision being able to meet the quality improvement targets described in the APM, in your three specific goals above, and past relevant successes. Include any challenges you see in continuous quality improvement.

Collaboration with MCOs

Describe (in 250 words or less) how you currently collaborate with MCOs and the type of relationship you envision having to achieve the APM strategy. Specifically how do you envision collaborating to improve patient health (e.g., sharing pharmacy data, sharing enrollment/member data, sharing ED/hospitalization data, receiving regular performance reports from health plans, regular Joint Operating meetings, or meetings with health plan quality staff, etc.)?

☐ Attach Health Plan Assessment Forms from all primary State of California Department of Health Care Services (DHCS) health plans you are contracted with, unless previously submitted (with or after submitting the LOI). **Please include one form letter for each Health Plan you are contracted with.** *The Health Plan Assessment Form for an FQHC not directly contracted with the primary DHCS health plan (i.e., they are participating with the health plan through an IPA affiliation) should be obtained from the plan/independent (individual) practice association (IPA) that has the closest relationship/contract with the FQHC*

Organizational Commitment to Transforming Primary Care Practices

As evidenced by a letter of support signed by clinic leadership committing to the APM Strategy, Learning Community Participation, Quality Improvement Infrastructure, and Care Team Redesign.

☐ Attach letter of support from CEO or CEO designee attesting to these items