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	Anthem
MCP County	Madera
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	No
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*	300
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	0
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	0
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)

Anthem collaborated with our Plan partners in Madera County to: 1) collect baseline data through ECM/CS certification application/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.

Additionally, Anthem:

- Facilitated two provider webinars promoting IPP funding priorities, including IT upgrades for HIE connectivity.
- Provided two trainings and semi-weekly office hours with providers on utilizing Anthem's Provider Portal to electronically store, manage, exchange care plan information.

- Anticipates awarding $713,473 in IPP funding for IT system upgrades to support bi-directional exchange, including $10,621 in Madera.

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)

Anthem collaborated with our Plan partners in Madera County to: 1) collect baseline data through ECM/CS certification application/gap closure process, and 2) develop an IPP Grant Application process for contracted ECM/CS providers to support their ability to access certified EHR technology or a care management documentation system able to generate/manage a care plan.

Additionally, Anthem:

- Facilitated two webinars promoting IPP funding priorities, including IT system upgrades for EHR.

- Hosted two webinars on EHR capabilities and deployed associates to engage with individual providers on best practices for EHR.
- Anticipates awarding $983,677 in IPP funding for IT system upgrades to support EHR development, including $6,101 in Madera.

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)

Anthem collaborated with our Plan partners in Madera County to: 1) collect baseline data through ECM/CS certification application/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 a 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.

Additionally, Anthem:

- Facilitated two provider webinars promoting IPP funding priorities, including IT upgrades for invoicing systems.
- Provided two trainings, semi-weekly office hours, and claiming guide on using Anthem's Provider Portal to submit a claim/invoice.
- Hired dedicated associates to resolve provider claims/billing issues.

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)

Anthem's Progress against the gap-filling plan is:

- Identification of Underserved populations in the county: We have chosen to utilize the following publicly available data sources to help in the identification of underserved populations: Center for Health Policy Research (CHIS), The Homeless Data Integration System, DHCS 2020 Health Disparities Report, Madera County Department of Public Health Homeless Health Assessment, Local indigent Care Needs Implementation Plan, and the Strategic Plan. Discussions about underserved populations internally and externally with other MCP's and county partners has occurred. Examples of populations discussed include Medicaid eligible individuals needing mental health services, facing access to care issues, and populations needing SDOH support like housing. Anthem's Health Equity Director mined internal member data sources with respect to diagnoses related to maternity, SUD, Asthma, Diabetes, High Blood Pressure, Cardiovascular disease, and Mental Health data. The analysis concluded Asian Cardiovascular Disease, Asian Diabetes, and Asian Hypertension are the top 3 statistically significant underserved populations in the county.
- Mining internal data methodology supports the publicly available data and has been developed through (1) a multi-source proprietary algorithm to identify ECM eligible members and place them in a Population of Focus that best aligns with their need. (2) ECM and CS provider referrals, member self-referrals, and other community referrals.
- Members are strategically assigned to ECM providers to support engagement with underserved populations by considering members' specific Population of Focus needs, previous provider relationships and member preference, geographic location, provider capacity, and cultural relevance of the provider to the member. To see the Providers Anthem members will be assigned to, Please see the attachment "Anthem MOC Phase III ECM Provider Capacity

092022" Anthem has prioritized engagement with local providers who best represent their communities and have established trust with underserved populations.

- Nearly 60% of awarded IPP funds were granted to organizations operating in a single county or region.

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, Anthem has started to enhance the needed 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. As a result, 6 providers applied for IPP funding to expand IT infrastructure in the county. Anthem identified ECM capacity barriers to includ time constraints related to provider education and outreach about CalAIM, lack of educational materials about CalAIM for members, and impacts from staffing shortages in general and became worse by Covid-19 pandemic.

Ongoing successful strategies to address the barriers include:

- Frequent targeted outreach to local providers.
- Anthem developed a member flyer promoting ECM and will be available to providers after DHCS approval is received.
- Leveraging developed partnerships with other MCP's to collaborate on a streamlined IPP application process to minimize provider burden.

- Utilizing a Steering Committee model with Plan Partners to ensure CalAIM is a topic of discussion within the county and other CBOs.
- Standing meetings with Plan partners to strategize roundtable agendas to ensure focused capacity expansion discussion continues and provider engagement does not decrease.
- Supporting ECM/CS infrastructure development and capacity-building with IPP funding by approving requests from Adventist Health, Central California Asthma Collaborative, Exodus Recovery to build or expand the current IT infrastructure at their organization.
- June roundtable asked attendees to identify their biggest training needs. 75% of respondents want to know about new data-sharing systems to communicate between providers, 70% want education about Systems Coordination Best Practices, and 50% want Quality reporting.

Anthem contracts with ECM and CS Providers who have CHW staff serving members, similarly we will outreach to CHW Providers to determine their interest in becoming ECM and/or CS Providers. Anthem will provide education to providers on the guidelines for the CHW's scope of benefits and non-duplication of services. Those with access to the Provider Portal will be educated on how to view for enrollment flags. When CHW services are submitted, Anthem will review for potential duplication of services and notify referring entities immediately.

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)

Anthem collaborated with our Plan partner(s) in Madera County 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.

Additionally, Anthem implemented a process to prioritize proactive capacity building efforts with a focus on physical infrastructure needs. Anthem is deploying development resources to identify and engage provider partners, understand needs, and designate IPP funds to invest in start-up 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)

Anthem vetted specific components of the gap-filling plan with Madera County associates such as the Deputy Director, Director of Social Services, and Director of Public Health. Iterating Data Infrastructure and ECM and CS capacity building components of the gap-filling plan takes place in Anthem's Madera Steering Committee meeting and through the CalAIM Roundtable meetings. Attendees of the Steering Committee meeting include the County and Plan Partner. Past discussion within the reporting period about the gap-filling plan has focused on DHCS ECM and CS capacity building. Moving

forward, Anthem will make space in the agenda to add in other gap-filling plan components for discussion. Additionally, Anthem has iterated components of the Gap-filling plan to Providers. Plan components iterated include Provider Portal data exchange methods and proper claims and encounter submissions with Providers at:

- Monthly Provider meetings with Anthem's clinical team to encourage utilization,
- Anthems monthly Provider webinar series,
- The cross-county collaboratives where we share best practices to Providers.
- A webinar educating Providers about the Value Based Payment Program which includes an encounter and claims metric.
- The certification application and gap closure process reviewing the importance of bi-directional data exchange.

At the June Roundtable, portions of the gap-filling plan relating to data sharing, training, and TA needs were iterated through an attendee poll. Attendees were asked to identify client-centered care training needs, CS system training needs, and service expectation training most beneficial to their organization. Results showed most needed training needs are BH/SUD, motivational interviewing, Trauma-informed practices, and Cultural competency. Roundtable attendees are local providers, Plan Partners, County Partners, CBOs, and other stakeholders.

Anthem collaborated with our Plan partners in Madera County 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 inform 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 and a mechanism to receive feedback.

Anthem will continue to expand our vetting and stakeholder process which includes: Housing and Homelessness Workgroups and Jail Transition Workgroups.

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*.

Part 1: Barriers identified towards increasing ECM Provider capacity include time constraints related to provider education and outreach about CalAIM and impacts from staffing shortages in general which became worse by the Covid-19 pandemic.

Steps to address the barriers include:

- Frequent targeted outreach to local providers,
- Leveraging developed partnerships with other MCP's to collaborate on a streamlined IPP application process to minimize provider burden.
- Utilizing a Steering Committee model with County Account Management to ensure CalAIM is a topic of discussion within the county,
- Standing meetings with Plan partners to strategize roundtable agendas to ensure focused education is delivered, capacity expansion discussions continue, and provider engagement does not decrease;
- Supporting ECM capacity-building with IPP funds by approving requests from Exodus, CCAC, Serene, and MasterCare.

Specific methods of monitoring, oversight, and escalation are described to ECM providers in the ECM Provider Guide, Quality, Monitoring and Oversight section. Specifically, To increase oversight capacity, Anthem established an ECM value-based program that will reward providers for measures such as successful member engagement, capacity expansion, and care management plan quality. This program includes regular ECM assessment and care plan audits. Providers are given access to a quarterly performance report, monthly check-ins to monitor their progress across key measures of success, and a team of locally deployed Anthem clinical staff to provide guidance, coaching and support.

Part 2. Cultural Competency and TA needs were identified and shared with the county. At the June Roundtable, attendees were asked to identify client centered care training needs, CS system training needs, and service expectation trainings most beneficial to their organization. Results showed most needed training needs are BH/SUD, motivational interviewing, Trauma informed practices and Cultural Competency. Within this reporting period, the conversations with the County were primarily centered on educating what ECM and CS is, identification of providers who can serve these populations, and ECM provider readiness. Moving forward, Anthem will look for capacity within the county agenda and roundtables to focus on and address cultural competency needs along with, workforce training, recruitment and retention of staff with lived experience. Anthem does assess contracted Providers LCM race and ethnicities to support a diverse ECM membership.

Anthem:

- Anticipates awarding $912,565 in IPP funding for ECM provider training and technical assistance, including $6468 in Madera. In Madera, MasterCare and Exodus applied and was approved for IPP funding for CalAIM ECM specific education and training. Exodus specifically requested dollars to support 6 days of TA.
- Anthem's efforts to address TA or Cultural competency needs includes:
- Updates to existing ECM provider guides on DHCS and Anthem expectations and technical assistance guidance about ECM.
- Hosts webinars/cross county collaboratives/roundtables reinforcing information Providers are needing assistance with.
- Office hours are held bi-weekly to support questions related to Anthem's Provider Platform.
- 3 dedicated associate positions have been approved to support ECM providers with encounters, claims, and billing education and issue resolution.
- Successfully, June roundtable attendees identified needs of specific client-centered services, system, and service expectation trainings. As a result, Anthem reinforced access to the Elsevier training library which includes behavioral health, nursing, care management topics.
- Engaged consultants and nearing a finalized a contract to support building a model of care for the jail reentry population.

Part 3: Anthem anticipates awarding $1.6M in IPP funding for ECM provider staffing expansions, including Madera. Examples of investments include Serene Health IPA for Lead Care Managers, Site Managers, LVNs, RNs, LMFT/LCSWs, CHWs, and Technical Support Specialists.

Part 4. See Attached.

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).

Anthem will not be reporting on this metric as one of the 5 optional Payment 2 measures.

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.

Anthem outreached to tribal providers and tribal organizations within our contracted counties to build upon existing relationships or form new ones that could potentially open doors to tribal providers and tribal organizations in this county. Anthem has been outreaching to and/or communicating with Chapa De, CRIHB, CCUIH, and MACT. Anthem continues outreach to Central Valley Indian Health about CalAIM. By Q4, Anthem will collaborate with our Plan partners to launch an Indian Health CalAIM Roundtable and promote ECM, CS and additional IPP grant funding opportunities specific to Tribes and Tribal Providers.

1a. Additionally, Anthem when applicable:

- Strategically prioritized outreach and follow-up to Tribes and Tribal providers.
- COVID in-person meeting limitations presented a challenge in engagement with providers lead by Tribal organizations that prefer in-person communication.

In Madera County, the Picayune Rancheria of Chuckchansi Indians and the North Fork Rancheria are recognized tribes. In addition, there is the Central Valley Indian Health and Owens Valley TANF service providers.

1b: 0 (zero) Native American or Alaska Native members have enrolled in ECM within the reporting period because the ECM go live date is 7/1/2022.

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)

Anthem continues collaborative efforts with CalViva Health and county stakeholders through ECM capacity discussions at:

- Joint steering committees, stakeholder round tables, trainings, certification application and gap closure discussions

- MCO/MCO/Provider meetings
- Sharing of contracted network provider lists between MCO's.
- Joint funding of IPP applications
- Barriers included time needed to educate providers and stakeholder capacity.

Anthem contracts with ECM and CS Providers who have CHW staff serving members, similarly we will outreach to CHW Providers to determine their interest in becoming ECM and/or CS Providers. We will provide education to providers on the guidelines for the CHW's scope of benefits and non-duplication of services. Those with access to the Provider Portal will be educated on how to view for enrollment flags. When CHW services are submitted, Anthem will review for potential duplication of services and notify referring entities immediately.

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

[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.

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)

In Madera County, the top racial and ethnic groups disproportionately experiencing homelessness are: Black/AA (20%), AI/AN (3.1%), and White. Barriers to reaching these racial and ethnics groups are: Lack of housing to coordinate short term and long-term supportive housing services; Missing data on members experiencing homelessness, Lack of accessible services to homeless individuals; Tthe community in general is not aware of CalAIM and how to access ECM and CS; Very limited funding and limited staff within the CES to support the need; and Low utilization of Z codes make it challenging for MCO's to identify homeless members.

To reach these Homeless Populations, Anthem:

- Is using demographic data, z-codes, and public data, including the CDC's Social Vulnerability Index, in order to support eligibility determination, and prioritize eligible members for ECM outreach.
- Proactive algorithm specifically identifies Black/African Americans, as a risk factor for prioritization.
- Engaged HMIS across the state to improve homeless identification.
- Hired a housing strategy team to focus on collaborating with local Continuums of Care and addressing inequities. This team addressed to internal Anthem associates and collaborative workgroups the fact that 21% of homeless are black compared to 12% within the general population and mined internal Anthem data to identify the percent of Black Anthem Medicaid members in 6 counties.
- Within the July roundtable, attendees reported their organizations efforts/best practices to reach homeless members which includes prioritizing specific communities of color, resource hubs, and hiring from priority communities. Barriers to reaching this population include Transportation, SDOH needs, lack of coordination and communication across sectors, lack of trust, and member no-shows. Concrete steps providers have taken to address the barriers include applying for IPP funding, member incentives and sponsorships, creative outreach such as in person events, radio, phone and community connections such as working with landlords, developers, hiring from the community and linkages to care. This data was shared with all Central Valley roundtable attendees.

Actions supporting the gap-filling plan include:

- Creating the ability to monitor provider outreach and engagement on a monthly basis through the Value Based Payment Program
- Approved ECM Providers IPP funding requests such as MasterCare, Exodus and Adventist.

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

[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.

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)

Anthem will not be reporting on this metric as one of the 5 optional Payment 2 measures.

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)

Anthem's vetting process of the gap-filling plan included:

- Solicited input via email from County agencies.
- Data from engagement through the certification application, gap closure process and regular county planning meetings.

As referenced above, Anthem collaborated with Plan Partners to establish local stakeholder Roundtables. 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.

Anthem will continue to expand our vetting and stakeholder process through soliciting input on the plan through existing community forums and channels, such as Behavioral Health Joint Operating Committee meetings.

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.

Anthem completed an in-depth CS network gap analysis which showed the following gaps in CS coverage in the county: PCA/Homemaker who does Paramedical Services, Respite, and Recuperative Care, Sobering Center, Short Term Post Hospitalization. Prioritization criteria was applied and PCA/Homemaker who does Paramedical, Respite and Recuperative Care will be the first areas to develop.

Steps taken to reduce gaps and increase the number of CS's offered are similar and include:

- Holding three roundtables and two webinars to educate stakeholders about CalAIM, the 14 Community Supports, and IPP funding opportunities to support provider take up of gap CS.
- Engaging with contracted providers to expand their services to additional counties, such as Tulare and Kings
- Completing an in-depth CS network gap analysis and prioritizing CS's to develop.
- Deploying CalAIM Regional Program Managers to explore alternative techniques to identify different providers to outreach and engage, and assist known and/or contracted local providers in taking up gap CSs.
- In the process of developing a CS value-based program that can reward specific CS providers for improvement in key areas such as member engagement.
- Engaged Anthem's Govt Relations Dir of Community Outreach to connect with contacts at AAAs, ILCs, ADRCs, and other stakeholders to create opportunities for Anthem to provide education about Community Supports, the various CS provider types, and how to become a CS provider.
- Developing a CS provider guide to inform interested providers about the multiple CS offerings.
- 12 CS Providers are contracted.

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. CS Services Anthem is prioritizing in this county are PCA/Homemaker who does Paramedical, Respite, and Recuperative Care. Barriers identified towards increasing CS Provider capacity include time constraints related to providing education and outreach about CalAIM and impacts from staffing shortages in general which became worse by the Covid-19 pandemic, and lack of providers who can meet all the clinical components of specific CS.

Steps to address the barriers include:

- Frequent targeted outreach to local providers.
- Leveraging developed partnerships with other MCPs to collaborate on a streamlined IPP application process to minimize provider burden.
- Utilizing a Steering Committee model with County Account Management to ensure CalAIM is a topic of discussion within the county.
- Standing meetings with Plan partners to strategize roundtable agendas to ensure focused education is delivered, capacity expansion discussions continue, and provider engagement does not decrease.

To increase oversight capacity, Anthem has set aside resources to develop a CS value-based program that will reward providers for member engagement and quality of care. Currently, Anthem is completing CS provider audits and monitoring CS provider staffing and capacity via regular reporting. Dedicated Anthem staff engage with CS providers about changes or updates to staffing and capacity levels. Additionally, Anthem has Supported MCP Oversight CS capacity-building with IPP funds by approving requests from RICV, Central CA Asthma Collaborative, Adventist Health, Exodus, and Serene.

2. To Support Technical Assistance and Cultural Competency, Anthem:

- Anticipates awarding $246,342 in IPP funding for CS provider training and technical assistance, including $28,187 in Madera County.
- Continually updates CS provider guides on expectations and technical assistance on being a CS provider.
- Giving CS provider access to the Elsevier training library which includes behavioral health, nursing, and care management educational topics.
- Ensured cultural competency training has taken place through the certification application process and reinforced contracted Medically Tailored Meals providers should offer culturally relevant meals and have a grocery voucher option.
- Hosted webinars/cross county collaboratives/roundtables.
- Queried roundtable participants and identified CS training topics wanted such as BH/SUD, cultural competency, Motivational Interviewing, Trauma Informed Practices, Community Supports Referral Processes, provisioning of community supports services, person centered care planning, new data sharing systems, systems coordination best practices, and quality reporting.

3. Anthem has:

- Invested $818,911 in IPP funding for CS provider staffing expansions, including $23,617 in Madera. Examples of investments include Champions Recovery Alternative Program for a Program Manager, Lead Care Manager and Office Assistant.
- Hosted regular in-service meetings with state-wide providers where capacity is a regular agenda topic.

4. See 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)

Anthem outreached to tribal providers and tribal organizations within our contracted counties to build upon existing relationships or form new ones that could potentially open doors to tribal providers and tribal organizations in this county. Anthem has been outreaching to and/or communicating with Chapa De, CRIHB, CCUIH, and MACT. Anthem continues outreach to Central Valley Indian Health about CalAIM. By Q4, Anthem will collaborate with our Plan partners to launch an Indian Health CalAIM Roundtable and promote ECM, CS and additional IPP grant funding opportunities specific to Tribes and Tribal Providers.

1a. Additionally, Anthem when applicable:

- Strategically prioritized outreach and follow-up to Tribes and Tribal providers.

- COVID in-person meeting limitations presented a challenge in engagement with providers lead by Tribal organizations that prefer in-person communication.

In Madera County, the Picayune Rancheria of Chuckchansi Indians and the North Fork Rancheria are recognized tribes. In addition, there is the Central Valley Indian Health and Owens Valley TANF service providers.

1b: 0 (zero) Native American or Alaska Native members have enrolled in CS during the reporting period.

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)

Anthem continues collaborative efforts with CalViva Health through:

- CS capacity discussions at monthly steering committee meetings with the County. Successes from that meeting include:
  - Identification of potential Day Habilitation provider
  - LOI's submitted from Environmental Accessibility, Housing Suite, STPHH, Respite, Personal Care, Sobering Center and Day Habilitation providers.
- The roll out of the IPP application process through utilizing a consultant to ease provider burden. The IPP application was rolled out to providers through a roundtable monthly meeting. As a result, 9 providers (Adventist,

Central California Asthma Collaborative, Champions Recovery, Exodus Recovery, Family Healthcare Network, Resources for Independence Central Valley, Uplift, MasterCare, and EA Family Services) were approved with joint IPP funding.

- Joint certification application and gap closure discussions to ease provider burden to become a CS provider. As a result, 7 CS providers submitted certification applications for Environmental Accessibility, Housing Suite, STPHH, Respite, Personal Care, and Day Habilitation services with both MCO's.
- Sharing contracted network provider lists between MCO's. As a result, Anthem is contracted with 19 CS providers in Madera. CS providers engaged and contracted to provide Community Supports are listed in the document "Anthem MOC Phase III CS Provider Capacity 092022".
-

To continue capacity building efforts Anthem and CalViva Health will continue the IPP application process and joint funding of providers, collaborative certification application gap closure process, sharing of network provider lists, continue roundtables, continue joint steering committee meetings, and will begin Community investment strategy planning.

Anthem identified CS capacity barriers to include impacts from staffing shortages in general, lack of local clinical and non-clinical providers to stand up services or who submitted an IPP application in the county. Additionally, Providers noted financing, and ongoing maintenance for local, smaller providers is costly to maintain due to low reimbursement rates.

Anthem contracts with ECM and CS Providers who have CHW staff serving members, similarly we will outreach Providers to determine their interest in becoming ECM and/or CS Providers. Anthem will provide education to providers on the guidelines for the CHW's scope of benefits and non-duplication of services. Those with access to the Provider Portal will be educated on how to view for enrollment flags. When CHW services are submitted, Anthem will review for potential duplication of services and notify referring entities immediately.

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)

Anthem collaborated with our Plan partners in Madera County 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, list of organization types that are invited to attend, DHCS-approved IPP Needs Assessment and Gap-Filling Plans) that document our collaboration and established a mechanism for feedback.

Anthem's vetting process included solicited input via email from County agencies.

Anthem will continue to expand our vetting/stakeholder process by soliciting input on the plan through existing ECM/CS Workgroups.

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)*

Anthem has developed and is executing a plan to improve the number of contracted ECM providers with certified HIE capabilities. This plan includes a focus improving the *input* into HIEs and the *use of outputs* from HIEs. During this reporting period, Anthem:

- *Improving input:*
    - Completed an internal assessment that showed only 25% of Anthem Providers across California (all lines of business) had ADT feeds available through HIEs. For Medicaid only 13% of Providers had ADT feeds available through Manifest, Anthem's preferred HIE.
    - Identified and began targeted outreach to 15 providers that – if connected – would increase ADT feed coverage by 53% across all counties.

    - By June 2023, Anthem's goal is to increase ADT coverage by 30% using Manifest, Experian, CMT and Bamboo Health.
- *Use of HIE output*
    - In all shared counties, Anthem collaborated with CalViva to conduct a baseline assessment of current providers' access to and use of certified HIE technology, including perceived barriers and needs. Through this assessment, we found that most providers are not connected to a certified HIE system. The primary reason for this was that providers did not understand the value of using a certified HIE platform over their current mechanisms for bi-directional data exchange.
    - Providers were able to apply for IPP funding to support development of/access to certified HIE technology. In Madera County, Anthem funded Adventist to build a database from multiple data sources (Cerner, CCS, external HIE, HMIS) so their reporting capabilities will be robust.
    - By June 2023, Anthem's goal is to:
        - Use PATH Collaboratives to discuss providers data exchange needs/priorities and assess how certified HIE systems could be leveraged to meet those needs.
        - Release at least one provider newsletter and one webinar on the topics of certified HIE and the CALHHS Data Exchange Framework. The goals of these materials will be to improve provider awareness of certified HIE benefits and increase providers that sign the CALHHS Data Exchange Framework Data Sharing Agreement.

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)*

As part of the application process, all prospective Anthem ECM providers receive individualized support from a dedicated Regional Program Manager (RPM). The provider's current use and needs related to their EHR/care management documentation system are discussed at length during this process. In the previous reporting period, providers that identified any needs related to their EHR/care management documentation system were directed to DHCS PATH CITED funding stream and Anthem's IPP application process, which had funding available to support these needs. In Madera County, during the reporting period, Anthem funded Adventist, CCAC, MasterCare and Serene to enhance their EHR/care management documentation capabilities. With that support Adventist completed EHR implementation to support data sharing requirements, CCAC identified and implemented EHR Software, MasterCare completed CM Platform design and Serene has all ECM and CS data validation milestones completed.

While the vast majority of providers that applied to participate in ECM had some version of an existing EHR/care management documentation system, many providers needed support to optimize their platforms for use and interoperability within the ECM program. To support providers with these needs, during the reporting period, Anthem:

- Provided all prospective providers with a care plan template that captured all required care plan elements.
- Allowed for significant flexibility in the acceptable format for submitted care plans, allowing for required elements to be captured in a variety of ways (drop down, free text, etc.)
- Delivered live webinar training for all lead case managers on care plan development best practices, facilitated by nurses from Anthem's Clinical Care team. In the reporting period, sixteen ECM Care team Members serving Madera County participated in Person Centered Planning training.

- Maintained a backlog of educational webinars, open to all providers, including those on EHR use and care plan documentation. During this period five providers from Madera County access webinars related to EHR use and care plan documentation.
- Provided monthly webinars and newsletters on various subjects, including EHR use and care plan documentation. During this period, relevant webinar and newsletter topics included transitions of care and engaging members with SMI, new care plan functionality in CareCentral, and Person Centered Planning training opportunities.
- Began developing a Provider training program that adheres to additional requests to enhance knowledge and expertise in providing best level of care for our members. Identified needs were collected through surveys and ongoing engagements with providers.

By June 2023, Anthem's goal is to:

- Research the ability for Anthem to share HEDIS data with ECM providers to support a comprehensive care plan and identify gaps in members preventive health care needs.
- Obtain legal approval for high priority Member Information File (MIF) enhancement that will allow for providers to securely import MIF data into their EHR, streamlining the care planning process.

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)*

All contracted providers are given access to CareCentral – Anthem's online provider portal through which – among other functions – all providers submit claims and invoices to Anthem. To ensure all providers can access and utilize the system with minimal barriers, between July 1 – December 2022 Anthem:

- Gave all providers personalized access to one of four Provider Network Consultants (PNC), dedicated to CalAim providers, who provide technical assistance with a focus on claims & billing. PNCs have regular calls – sometimes weekly – with assigned providers.
- Maintained an internal, cross-functional Claims Workgroup where PNCs (and others) can surface, troubleshoot, and resolve provider claims or invoice issues. This group met bi-weekly throughout the reporting period.
- Anthem's platform was originally developed for use by smaller, community-based organization. Many of the system updates that Anthem has made during this process have been to support more claims and billing by larger providers.
- Instituted 22 claims or invoicing updates to CareCentral – at a direct cost of $1.2 M – to improve ease of use for ECM/CS providers. An example of an improvement made was creating a capability for providers to bulk upload member claims.
- Distributed a comprehensive CS/ECM provider guide, which is regularly updated, to all newly contracted CS/ECM providers. This guide covers the various uses of CareCentral, including claims and billing.
- Offered providers the option of developing an electronic billing interface, through which ECM/CS providers can bill Anthem via a direct feed from the provider EMR/EHR.
- Providers were able to utilize IPP funds to pay for electronic billing interface development or other upgrades to their claims and invoicing system, a total investment of $1,190,259. In Madera County, Anthem funded four providers to enhance their electronic billing capabilities. With that support, Adventist, CCAC, Exodus and Kings

View have purchased improvements to their billing systems and services such as software, licenses, completed staff trainings, and can meet the requirements set forth by DHCS in the provider manual and in MCP contracts.

- Hosted twice a week technical office hours for providers that need additional assistance using CareCentral. From Madera County, four providers attended at least one session including Adventist, Exodus Recovery, MasterCare and RICV.
- Maintained a backlog of educational webinars, open to all providers, including those on claims and invoicing. During this period four providers from Madera County access webinars related to claims and invoicing.

By June 2023, Anthem's goal is to:

- Deploy PNC resources to provide dedicated one-on-one trainings on claims and billing.
- Increase awareness and attendance to the Care Central office hours

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