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	San Diego
Is County a Former Whole Person Care (WPC) Pilots or Health Homes Program (HHP) County?	San Diego County is a former WPC Pilot and HHP 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]

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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*	*150 points*
2. Enhanced Care Management (ECM) Provider Capacity Building	Up to **170** points	Up to **30** points	*100 points*
3. Community Supports Provider Capacity Building and Community Supports Take-Up	Up to **250** points	Up to **50** points	*50 points*
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), lead ECM provider, implemented a new Care Management system, Compass Rose, that has improved capabilities to electronically store, manage, and exchange care plan information and clinical documents. Compass Rose's capabilities facilitate coordination with external providers, including the County, to share information via secure access, establish HIEs and share care plans. Affiliate link (KP Provider Portal) is used by external providers to access KP care plans. In the future this roll out to more providers will allow for seamless care coordination. KPFH is also working with our EDI team to establish non-EDI SFTP connections with our vendors to exchange non-EDI files, like care plans.

Additionally, MCPs worked jointly to develop an IPP grant process including projects that would increase providers' capabilities around electronic data sharing. MCPs reviewed applications and will approve funding to support activities such as individual platform customizations and upgrades, equipment, and staff.

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 will increase internal ECM provider access through implementation and training on a new Care Coordination and Care Management module, Compass Rose, with functionality including reviewing assessments and care plans and submitting encounters. Access may be provided to external providers as well.

All MCPs collaborated with Healthy San Diego on an IPP grant process that included a joint review process and requests for investments in EHR technology. Applications have been reviewed and funding will support activities such as

customizations and staff to support provider access to EHR, including the San Diego 211 CIE to improve data sharing throughout the County.

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, as the lead ECM Provider, provides internal providers access to a care management system to submit compliant encounters. KPHP 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. KPHP has implemented a process to convert invoice data elements in excel into compliant encounter files. KPHP pays vendors via our invoice processing system, OneLink.

Additionally, all MCPs collaborated with Healthy San Diego on an IPP grant process that included a joint review process and requests for investments in technology and staffing to improve claims submission. Applications have been reviewed with funding amounts being determined.

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 the three underserved populations (members experiencing homelessness, who have chronic co-morbidities/high utilizers and suffer from severe mental illness and/or substance use disorder) using a data algorithm based on DHCS criteria. The algorithm is run regionally across all plan partners and counties. Eligible members are identified based on risk stratification and key indicators that are loaded into Compass Rose. ECM providers outreach to members and if a member consents, referrals for services are made. A care manager helps members get the services they need and may provide in-person/ telehealth visits to coordinate and tailor services to support care, services, and referrals to available community resources.

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)

The MCPs and Healthy San Diego Collaborative partnered with San Diego County, HHSA and community partners, to maintain existing WPC infrastructure by 1) convening a CalAIM Roundtable to understand local level priorities and best practices; and 2) collaborating on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. Barriers included: provider education time constraints and 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: ECM provider capacity - training of core ECM staff, hiring of core ECM staff; CS provider capacity building – building compliance and oversight, hiring of core CS staff; delivery system infrastructure - care management documentation systems, billing systems/services Successful strategies include leveraging existing WPC infrastructure and partnerships; lessons learned during the WPC pilot, Steering Committee model; standing meetings with MCPs. Health plans will assess the Community Health Worker benefit, and considerations of how this may support ECM/CS identified gaps.

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 Healthy San Diego and our managed care plan partners 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. Future plans include contracting with the McAllister Institute - Sobering Services Center to expand available services.

2.1.9 Measure Description

Mandatory
10 Points

Narrative Response & Materials Submission

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

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with other local partners within the county. Response should include a list of organizations with which the MCP collaborated, completed activities, and methods of engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

The Healthy San Diego (HSD) CalAIM Workgroup consists of a collaborative stakeholder forum of the seven health plans, San Diego County HHSA, and community partners. ECM and CS providers were surveyed regarding their network, capacity, and potential gaps. The HSD CalAIM Workgroup used a needs assessment from the San Diego Regional task Force on Homelessness, San Diego Population Demographics, San Diego Workforce Partnership: Justice Involved in CA's Southern Border Region, and 211 San Diego Justice-involved Individuals Report. Meetings were held with Transform Health on how to participate in the application process including roundtables for stakeholder education, support and to provide progress updates. Gap filling plans are found on the CalAIM Roundtable website.

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 has increased ECM capacity to meet the population of focus needs for our members. Additionally, KFHP plans to support other ECM providers through the joint MCP IPP funding application process. This will increase the overall capacity in the County to provide these services
2. ECM staff has been trained in ECM member engagement and cultural competency. Additionally, ECM provider applications through the joint MCP funding process will support training and technical assistance needs identified by organizations.
3. KFHP hired 2 additional FTE staff to build capacity to support the ECM needs of members in the County. Additionally, funding of ECM providers will be done through the joint MCP IPP application process where investments may support workforce recruiting and hiring needs where those gaps have been identified. Applications for funding included activities such as recruiting workforce, funding onboarding revenue gaps and FTEs to provide services. KFHP reviewed applications internally and in collaboration with other MCPs and will be funding currently contracted providers as well as organizations whose services benefit the broader community and County.
4. Training Documentation Attached – See folder

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).

1. Through Healthy San Diego, KFHP meets at least monthly with the managed care plans, County, providers, and CBO partners. The group collaborates to ensure involvement of key stakeholders, including but not limited to county social services and behavioral health, public healthcare systems, county/local public health jurisdictions, CBOs, correctional partners, housing continuum, ECM providers and others. The objective is to implement incentive activities, improve outreach to and engagement with hard-to-reach individuals within each Population of Focus and reduce underlying health disparities. Transform Health is facilitating maintenance of community partnerships and progress of IPP.
2. KFHP and our Healthy San Diego managed care plan partners engaged an external facilitator, Transform Health, to formalize a collaborative approach to support a successful and sustainable CalAIM IPP implementation. The IPP applications included a section on data related to demographics for provider staff and populations served including race, ethnicity and languages. ECM is specifically prioritizing outreach to identified Populations of Focus to address health disparities. The HSD Health Education and Cultural Linguistic (HECL) Workgroup offered training during the June 24, 2022; CalAIM Roundtable meeting entitled "Healthcare Barriers for Gender-Diverse Populations". Addressing health disparities will be ongoing.

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 not contracting with Indian Health Centers for ECM currently due to extremely low membership and our integrated delivery system. If a KFHP tribal member is eligible for ECM, a Care Manager will collaborate with Tribal providers and provide appropriate services.
The tribes in San Diego County have declined to work with the MCPs on ECM and Community Supports and CalAIM to focus on their PCP practices. The tribes are invited to collaborative meetings with Healthy San Diego including the CalAIM Roundtables and have not attended thus far. Collaboration will be encouraged as CalAIM continues implementation. No, tribal members have requested to receive ECM services with a Tribal provider.

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)

The MCPs and HSD collaborative partnered with the County, HHSA and community partners, to maintain existing WPC infrastructure by 1) Convening a CalAIM Roundtable to understand local level priorities and best practices; 2) Collaborating on a joint IPP Grant Application process for ECM/CS infrastructure development and capacity-building. Barriers included: provider education and stakeholder capacity. Successful strategies include leveraging existing infrastructure, partnerships, lessons learned during the WPC pilot, and Steering Committee model. Health plans will assess the CHW benefit, and considerations of how this may support ECM/CS identified gaps and plans to contract with the County will be explored.

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)

Members from various racial and ethnic groups may disproportionately experience homelessness. According to the Business, Consumer Services, and Housing Agency website (Homeless Data Integration System - California Interagency Council on Homelessness), in San Diego in 2020, the following racial groups were most impacted by homelessness—African American (4.7% of general population; 23.9% of people experiencing homelessness), Native Hawaiian (0.4% of general population; 1.2% of people experiencing homelessness), and American Indian (0.7% of general population; 1.8% of people experiencing homelessness) populations. KFHP works individually with each member to identify and address their specific barriers and considers members' preferences to their housing (i.e., region, cultural preferences, housing type). Barriers like not having active phones for outreach are addressed through letters, outreach during service visits, and case management. The integrated electronic medical record and medical home are powerful tools that assist our staff with coordination of care for members and allows any staff member to reinforce and address members' needs. Our network of

[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.

Community Supports vendors who support our members experiencing homelessness—Jewish Family Service of San Diego, Interfaith, and Father Joes—provide services and submit referrals to provide critical services to these populations.

2.2.10 Measure Description

Optional

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

Quantitative Response

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

Enter response in the Excel template.

Narrative Response

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

[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.

KFHP is not currently notified when members are transitioning from incarceration. However, members who disclose this status are offered ECM Services.

The IPP funding applications included identification of populations served by ECM providers. Opportunities to establish communication pathways for justice involved staff to refer to KFHP will be pursued. An HSD Justice Involved Taskforce is being formed that includes MCPs, San Diego County HHSA Behavioral Health and Physician leaders, Probation, and Re-entry Services as another way to address barriers to connecting to services.

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, HSD, and our plan partners are engaging with an external facilitator, Transform Health, to formalize a collaborative approach to support a successful and sustainable CalAIM implementation. CalAIM Roundtable Meetings with community stakeholders solicited feedback to assess for gaps within the community. A countywide survey was administered with prospective ECM and CS providers. The results were reviewed to determine gaps within the county. The results were used to inform our gap filling plan.

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. KFHP worked collaboratively with Healthy San Diego, the county and a variety of stakeholders during the Community Support implementation to reduce gaps and limitations of coverage. This included developing the CalAIM Roundtable to engage CS providers and community in identifying gaps and the joint MCP application process for IPP funding to address CS gaps and limitations. Through Healthy San Diego workgroups and subcommittees, we educated the Hospital Association on the newly available community supports. This allowed the discharge planners to begin accessing these resources for members discharging from the hospital. If there is an inadequate number of CS providers for a specific service, KFHP will work with Healthy San Diego to develop service vendors.

2. KFHP is increasing the number of Community Supports (CS) and will have all 14 by January 1, 2023. This is in alignment with the MOA in San Diego to implement all CS services in this accelerated timeline. Currently, KFHP contracts for four CS in San Diego, including Housing Transition/ Navigation, Housing Tenancy & Sustaining Services, Recuperative Care (Medical Respite), Medically Supportive food. KFHP is currently pursing contracts with providers to launch sobering centers as soon as they are ready.

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. KFHP has worked with each Community Supports vendor to ensure they understand operational and billing processes. In addition, Quality staff conduct desktop and site visits (Recuperative Care) as part of oversight. Oversight will also include periodic audits.

2. KFHP's contracted Community Supports providers are required to complete Kaiser Permanente Diversity, Cultural Competency, and Cultural Sensitivity Training. This training is provided through the Community Provider Portal (CPP). Funding of Community Supports provider applications through the joint MCP funding process will support investments to support workforce, training, and TA needs.

3. Additionally, funding of CS providers will be done through the joint MCP IPP application process where investments may support workforce recruiting and hiring needs where those gaps have been identified. Applications for funding included activities such as recruiting workforce, funding onboarding revenue gaps and FTEs to provide services. KFHP reviewed applications internally and in collaboration with other MCPs and will be funding currently contracted providers as well as organizations whose services benefit the broader community and County.

4. Medi-Cal requirements are sent out to Community Support providers, Community Provider Portal (CPP) for our external/contracted providers upon contract execution. Here's the link to the SCAL CPP: Community Providers | Kaiser Permanente. These documents are located under the Medi-Cal Section: Medi-Cal Provider Portal | Kaiser Permanente

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 is not contracting with Indian Health Centers for CS currently due to extremely low membership and our integrated delivery system. If a KFHP tribal member is eligible for CS, a Care Manager will collaborate with Tribal providers and provide appropriate services. CS providers were provided with Culturally Competent care on the SCAL CPP: Community Providers | Kaiser Permanente. These documents are located under the Medi-Cal Section: Medi-Cal Provider Portal | Kaiser Permanente.

The tribes in San Diego County have declined to work with the MCPs on ECM and Community Supports and CalAIM to focus on their PCP practices. The tribes are invited to collaborative meetings with Healthy San Diego including the CalAIM Roundtables and have not attended thus far. Collaboration will be encouraged as CalAIM continues implementation.

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)

The MCPs and Healthy San Diego Collaborative partnered with San Diego County, HHSA and community partners, to maintain existing WPC infrastructure by 1) convening a CalAIM Roundtable to understand local level priorities and best practices; and 2) collaborating on a joint IPP Grant Application process to support ECM/CS infrastructure development and capacity-building. Barriers included: provider education time constraints and stakeholder capacity. Successful strategies include leveraging existing WPC infrastructure and partnerships; lessons learned during the WPC pilot, Steering Committee model; standing meetings with MCPs. Health plans will assess the Community Health Worker benefit, and considerations of how this may support ECM/CS identified gaps. KFHP envisions leveraging CHW with lived experience for best for outreach and engagement and will encourage vendors to hire CHW with lived experience.

2.3.7 Measure Description

Mandatory
30 Points

Quantitative Response Only

Percentage of enrollees receiving Community Supports by race, ethnicity, and primary language, relative to the demographics in the underlying enrollee population.

Enter response in the Excel template.

2.3.8 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Asthma Medication Ratio (AMR)

The percentage of beneficiaries ages 5 to 64 who are receiving Community Supports and who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the reporting period.

Enter response in the Excel template.

2.3.9 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

The number of individuals who meet the criteria for the Population of Focus ("people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions") who were housed for more than 6 consecutive months.

Enter response in the Excel template.

2.3.10 Measure Description

Optional

Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Controlling High Blood Pressure (CBP)

Percentage of beneficiaries who meet the criteria for the Population of Focus ("people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions")

18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (< 140/90 mm Hg).

Enter response in the Excel template.

2.3.11 Measure Description

Optional
Report on one (1) optional Payment 2 measure in Program Priority Area #3 to earn 50 points

Quantitative Response Only

Comprehensive Diabetes Care (CDC)
Percentage of beneficiaries who meet the criteria for the Population of Focus: "people experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions," 18-75 years of age with diabetes who had hemoglobin A1c > 9.0%.

Enter response in the Excel template.

2.3.12 Measure Description

Mandatory
20 Points

Narrative Response & Materials Submission

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

AND

Describe how all MCPs in the county vetted and iterated the Gap-Filling Plan with local partners within the county. This response should include a list of organizations with which the MCP collaborated, completed activities, and methods of

engagement. If no meaningful engagement or vetting with local partners was completed, please explain why and describe upcoming plans for vetting and iteration, including a list of proposed organizations, proposed activities, methods of engagement, and a time frame for completing these activities. (100 word limit)

The Healthy San Diego (HSD) CalAIM Workgroup consists of a collaborative stakeholder forum of the seven health plans, San Diego County HHSA, and community partners. ECM and CS providers were surveyed regarding their network, capacity, and potential gaps. The HSD CalAIM Workgroup used a needs assessment from the San Diego Regional task Force on Homelessness, San Diego Population Demographics, San Diego Workforce Partnership: Justice Involved in CA's Southern Border Region, and 211 San Diego Justice-involved Individuals Report. Meetings were held with Transform Health on how to participate in the application process including roundtables for stakeholder education, support and to provide progress updates. Gap filling plans are found on the CalAIM Roundtable website.

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 does not contract with external ECM providers during this reporting period. However, KFHP has provided funding for years to advance HIE efforts in the county. Currently, KFHP remains an active participant in HIE discussions in San Diego County, KFHP engages with the county's HIE as a partner, funder and through serving on the Board of the organization.

Additionally, KFHP provided funding to several organizations to advance HIE efforts in the county. This funding included support of the county-wide HIE/Community Information Exchange (CIE) for activities that include a third-party assessment of the (CIE) for the network to become appropriately certified to share CalAIM member information and revisions to be consistent with ECM and CS needs. Organizations were also funded for activities required to connect with and use the HIE.

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)*

Kaiser Foundation Health Plan, Inc. (KFHP) did not contract with community-based ECM providers during this period, but is contracting with at least one provider as of January 1, 2023. KFHP has excluded MCP ECM FTEs from this report based on DHCS guidance. Notwithstanding reporting measure criteria, KFHP provides ECM services as part of an integrated care team and invests in infrastructure to enhance services. Additionally, KFHP provided funding to six community and contracted 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 and Q4 2022. Many of these efforts have begun implementation with expected completion in 2023. This included the following funding to contracted providers:

- A community CS provider to support the implementation of the OCHIN Epic system for the recuperative care services and to train staff, which has been completed with staff trained and using the system.
- A future contracted CS provider to research and implement a new EHR system. The organization has initiated their research and identified top vendors to contract with.

Funding that was provided to potential contracted community-based providers included four community providers to 1) enhance data integrations to support coordination and care management 2) implement the Epic Compass Rose care management system and support workflow development and the project plan is currently under development with OCHIN 3) modify the provider's care management system to align with reporting and billing requirements for CalAIM as well as train staff on the new system and modifications have been completed and implemented and 4) purchase and implement an enhanced web-based care management documentation system and these efforts are in development.

As an additional community-wide infrastructure investment, KFHP has partnered with Community Health Centers (CHCs) across California, including in San Diego County, to assess interest and opportunities for transition from CHCs' various

current EHRs to OCHIN Epic. OCHIN is an organization that manages one of the largest health information networks in the country that supports the improvement of population health care. OCHIN Epic would increase and improve CHCs' ECM services through access to the Compass Rose module, which enables the ability to add/review assessments and review/update care plans and progress notes. OCHIN Epic would also support enhanced CHC interoperability with MCPs, community providers, and DHCS to improve continuity of care, oversight, and data sharing.

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 provided funding to the contracted and potentially-contracted ECM and Community Supports providers to submit a claim or invoice or have access to a system/service to successfully submit a claim. These efforts were determined through a joint review process with the partner MCPs in Q3 2022 and funding distributed in Q3/Q4 2022. Many of these efforts have begun implementation with expected completion in 2023. This included:

Contracted providers:

- Funding was provided to the only contracted CS provider not already submitting claims to implement a new billing system and associated workflows. Rollout of the initial steps of the workflow have been initiated.
- Funded a new system to support a future CS provider in processing claims in accordance with Medi-Cal requirements. The provider's finance team was trained on the system and connection to KFHP has been initiated.

Potential contracted providers:

- Funding was provided to two ECM/CS providers to support billing processes, including hiring a billing specialist to support the claims process and support finance system updates, and implementation of claims submission to a clearinghouse to support billing for ECM services.
- Funding was provided to a CS provider to develop billing processes, including policies and procedures and hiring a billing analyst. They successfully developed processes and gathered enough data to inform ongoing performance metrics.
- Funding was provided to an ECM/CS provider to modify their care management system to align with reporting and billing requirements for CalAIM, train staff on the new system and develop reports to monitor claims status, reconciliation, denials and resubmission of claims.

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