ENHANCED CARE MANAGEMENT

QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

Q4 2024 & 2025 MEASUREMENT YEAR

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I. Partnership Healthplan of California Program Contact Information

ECM QIP Team: ECMQIP@partnershiphp.org

II. Program Overview & Background

Partnership HealthPlan of California's (Partnership) Enhanced Care Management (ECM) Quality Improvement Program (QIP) was launched based on the Medi-Cal benefit that replaced the previous Whole Person Care (WPC) Pilot and Intensive Outpatient Care Management (IOPCM) activities. As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the objective of ECM is to motivate, modify, and improve the health outcomes of identified groups by standardizing a set of care management services and interventions, and then building upon the positive outcomes from those programs. CalAIM is a multi-year initiative, organized by the Department of Health Care Services (DHCS) for the purpose of addressing the multifaceted challenges facing California's most vulnerable residents.

Program specifications are in effect for the measurement year of January 1, 2025 through December 31, 2025. Specifications are subject to change based on DHCS and Partnership's direction, and notification of changes will be made to all participating providers via the ECM QIP Team.

Guiding Principles

The ECM QIP adheres to the three guiding principles of the DHCS CalAIM program.

1. Identify and manage member risk and need through whole-person care approaches and addressing Social Determinants of Health.
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Eligibility Criteria

The ECM QIP is available to contracted provider sites within the counties Partnership serves.

Participation Requirements

1. All contracted ECM provider sites will be automatically enrolled in the CalAIM Reporting Incentive Program and, therefore, are eligible for CalAIM Reporting Incentive payments. The incentive program is managed by the ECM QIP team. Provider sites must be in good standing with the state and federal regulators as of the month the payment is to be distributed. Good standing is defined as: Provider is open for services to Partnership members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, Partnership will consider a request to change the provider status to good standing.
4. Provider is not pursuing any litigation or arbitration against Partnership.
5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with Partnership on addressing community and member issues.

7. Provider is adhering to the terms of their contract (including following Partnership policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.
9. Provider is not conducting other activities adverse to the business interests of Partnership.

In addition, Partnership has the sole authority to further determine if a provider is in Good Standing based on the criteria set forth above.

Payment Methodology

Participating ECM providers are evaluated based on the "Timely Reporting" gateway measure and its incentive pool amount. The gateway measure determines the number of dollars available for the remaining reporting measures in the program. Providers have an opportunity to earn a percentage of the allotted incentive pool based on full or partial credit, with potential to earn 100% of their allocated incentive dollars available in the pool.

The incentive rate is $100 per member per month (PMPM). This means for every enrolled ECM member, $100 will be placed in the incentive pool.

Timely Reporting

- Submissions are considered complete and will accrue 100% of incentive dollars if all three (3) of the reporting requirements are submitted on or before their due date.

- Any submission(s) received up to one (1) week or five (5) business days past the due date will accrue at 50%.

- Any submission(s) not received within the five (5) business days will be considered late and will not be eligible for incentive dollars.

- Any submission(s) that is more than 30 days overdue will initiate a corrective action which can include separation from participation in the ECM program as a provider.

Example:
- In October, a provider submits timely reports for 10 enrolled ECM members. A total of $3,000 will be held in the incentive pool.

Incentive Pool Allotment: Providers can earn a percentage of the allotted incentive pool money if they meet one (1) or more of three (3) reporting measures:

- Measure 1: up to 25% of total incentive pool
- Measure 2: up to 25% of total incentive pool
- Measure 3: up to 25% of total incentive pool
- Measure 4: up to 25% of total incentive pool

Example:
- The provider has 10 patients and submits timely reports for three (3) months in a quarter: 10 patients x $100 (PMPM) x three (3) months = $3,000 placed in the incentive pool

- If the provider meets Measures 2 and 3 with full credit, but did not meet Measure 1, they would earn 50% (25% for Measure 2 + 25% for Measure 3 = 50%) x $3,000 = $1,500 incentive payment for the quarterly reporting period.

Payment Data

Partnership receives member enrollment data from the provider-required DHCS report (ECM Provider Return Transmission File - RTF) and other internal data sources that capture Treatment Authorization Requests (TAR) to validate member enrollment during the reporting period. Partnership's ECM Team retrieves and sorts this data based on the **TAR request date** and calculates the total enrolled member count for the reporting period. This information is provided to the ECM QIP Team for measure scoring and incentive payment calculation.

Retroactive (retro) TARs: Partnership defines a retro TAR as a TAR submitted after the authorization start date that covers services already performed. Example: A provider requests a TAR on 1/15/2025 for services starting 12/25/2024.

In order to capture the most accurate member enrollment counts, not every retro TAR may fall under the grace period. Our ECM Team is aware providers may need to submit retro TARs and will incorporate as many retro TARs as possible that were submitted after the reporting month if they are submitted within a reasonable timeframe. Partnership will allow requests submitted up to one (1) calendar month after the reporting month to be calculated in the denominator for incentive payments. Providers are encouraged to add enrolled members to the reporting files and submit TARs as soon as possible to meet the cut-off times defined by the ECM QIP.

Payment Schedule

Incentive payment calculation and distribution is completed on a quarterly basis. Providers can expect to receive payment 90 days after the close of each quarterly reporting period. Please refer to the Payment Schedule below.

Reporting Period	Payment Distribution
October – December 2024	March 2025
January - March 2025	June 2025
April - June 2025	September 2025
July - September 2025	December 2025
October - December 2025	March 2026

Payment Processing

ECM QIP participants are provided a preliminary payment report which outlines final results for all measures before payments are finalized and distributed. Providers are given a one-week period and are strongly encouraged to review their preliminary payment report and contact the ECM QIP team with questions or concerns about their scores or payment amounts. Beyond this review period, disputes will not be considered and payment will be considered final. If, during the Preliminary Report review period, a provider does not inform Partnership of a potential discrepancy that might result in under or over payment, the error may be corrected post-payment through a formal appeal process. Additionally, Partnership may recoup overpayments any time after payment is distributed.

A formal appeal process is offered for up to 30 days after the ECM provider has received their final payment statement. A Payment Dispute Form must be completed within the same 30 days of receiving the final statement. Please contact the ECM QIP team for a Payment Dispute Form at: ECMQIP@partnershiphp.org. All payment adjustments will require review and approval by Partnership's Executive Team.

2025 ECM QIP Measure Summary

Measures	Submission Deadlines*	Reporting Requirements
Gateway Measure		
ECM Provider Return Transmission File (RTF) Naming Convention: *Facility Name_RTF_Date*	**DUE MONTHLY** ECM Team will provide specific date	**Link:** Provider Return Transmission File (RTF) **Provider** submits RTF via sFTP folders
ECM Provider Initial Outreach Tracker File (IOT) Naming Convention: *Facility Name_IOT_Date*	**DUE MONTHLY** ECM Team will provide specific date	**Link:** Provider Initial Outreach Tracker File (IOT) **Provider** submits IOT via sFTP folders
Provider Capacity Survey	**DUE MONTHLY** ECM Team will provide specific date	**Provider** submits survey via Google Docs
Measure 1		
Care Plan and ROI Upload into PointClickCare®	**UPLOAD WITHIN 60 DAYS** of TAR request date or TAR renewal request date	**Document Requrements:** ECM Care Plan form Release of Information (ROI) form
Measure 2		
PHQ-9 Depression Screening Naming Convention: *Facility Name_PHQ9_Date*	**DUE QUARTERLY** by the **2nd Friday** of the month following end of quarterly reporting period	**Link:** PHQ-9 Depression Screening & Blood Pressure Screening Template **Provider** submits template via sFTP folders NOTE: Depression & Blood Pressure screenings are submitted using one template.
Measure 3		
CBP Blood Pressure Screening Naming Convention: *Facility Name_CBP_Date*	**DUE QUARTERLY** by the **2nd Friday** of the month following end of quarterly reporting period	**Link:** PHQ-9 Depression Screening & Blood Pressure Screening Template **Provider** submits template via sFTP folders NOTE: Depression & Blood Pressure screenings are submitted using one template.
Measure 4		
Timely Review of ED/Admissions Notifications in PointClickCare®	**QUARTERLY**	**Requirements:** **Part 1:** Set up Notification Alerts function in PointClickCare® **Part 2:** Review Notifications in PointClickCare® within 72 hours

* Deadlines are subjct to change based upon necessary timeframes needed for file completion. Partnership will notify providers via email of any date changes. For questions regarding specific RTF, IOT and Provider Capacity Survey due dates, please contact Partnership's ECM Team at ECM@partnershiphp.org.

I. Gateway Measure: Timely Reporting

Description

The gateway measure determines the number of dollars available for the programs three reporting measures. Reports for Return Transmission File (RTF), Initial Outreach Tracker File (IOT), and Provider Capacity Survey are required to be submitted monthly in order to participate in the other three measures of this program.

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting period: January-March , April-June, July-September, October-December

Thresholds

Timely Reporting Requirements	Earned Incentive Pool
All three (3) required reports submitted on or before due date	100% incentive dollars placed in incentive pool ($100 PMPM)
All three (3) required reports submitted up to one (1) week or five (5) business days past due date	50% incentive dollars placed in incentive pool ($50 PMPM)
Any submission(s) not submitted within the five (5) business days	No incentive dollars placed in incentive pool

Reporting Requirements

Measure	Submission Deadline	Submission Links & Information
ECM Provider Return Transmission File (RTF) **Naming Convention:** *Facility Name_RTF_Date*	**DUE MONTHLY** ECM Team will provide specific date	**Link:** Provider Return Transmission File (RTF) **Provider** submits RTF via sFTP folders
ECM Provider Initial Outreach Tracker File (IOT) **Naming Convention:** *Facility Name_IOT_Date*	**DUE MONTHLY** ECM Team will provide specific date	**Link:** Provider Initial Outreach Tracker File (IOT) **Provider** submits IOT via sFTP folders
Provider Capacity Survey	**DUE MONTHLY** ECM Team will provide specific date	**Provider** submits survey via Google Docs

* Deadlines are subjct to change based upon necessary timeframes needed for file completion. Partnership will notify providers via email of any date changes. For questions regarding specific RTF, IOT and Provider Capacity Survey due dates, please contact Partnership's ECM Team at ECM@partnershiphp.org.

IV. Reporting Measures

Measure 1. Care Plan and ROI Form Upload into PointClickCare

Description

As a requirement of the contract, for all ECM enrolled members, providers need to upload a Care Plan and Release of Information (ROI) into PointClickCare® within **60 days of the TAR request date**. Additionally, for each TAR renewal, Care Plans and ROI forms must be uploaded into PointClickCare® within **60 days of the TAR renewal request date.**

Partnership ROI forms and DHCS ROI forms have a 5-year expiration, unless indicated by the member to end earlier, and only need to be uploaded into PointClickCare® when the member is enrolled (first TAR request date). Providers may use their own ECM-specific ROI form; however, this provider's ROI form must be uploaded in PointClickCare® within 60 days of the TAR authorized request date AND TAR renewal authorized request date.

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting period: January-March , April-June, July-September, October-December

Thresholds

Eligible Incentive: 25% of total incentive pool

- Full credit: > 80% of Care Plans and ROI forms uploaded into PointClickCare®
- Partial credit: 70 - 79% of Care Plans and ROI forms uploaded into PointClickCare®

Denominator

ECM members enrolled in one or more of the ECM Populations of Focus

Numerator

ECM members enrolled in one or more of the ECM Populations of Focus whose Care Plans and ROI forms are uploaded in PointClickCare® within 60 days of the current TAR request date

Exclusions

None

Reporting Requirements

No reporting to Partnership is required. Providers must upload Care Plans and ROI forms into PointClickCare® **within 60 days of the TAR request date and TAR renewal request date**. Partnership will audit PointClickCare® for evidence of Care Plans and ROI forms uploaded into PointClickCare® within the required deadline.

Description

Depression screening using the Patient Health Questionnaire-9 (PHQ-9) needs to be completed for all ECM enrolled members, 12 years of age or older, as part of the initial assessment and development of the Care Plan. Depression screening results must be documented in the case management record for potential audit.

Depression screening must be completed annually (every 12 months) at a minimum. Depression screening scores from previous quarters can be used in the 2024 measurement period if score was captured within 12 months of reporting period **and** the previous score was normal. However, if the previous score was 15 or higher, providers must complete the screening every quarter until the result is normal.

Providers may use the Patient Health Questionnaire-2 (PHQ-2) tool to complete a screening; however, if the PHQ-2 score is 3 or higher, providers must complete the screening again using the PHQ-9.

Other Depression Screening Tool Options
Because it is important to screen ALL members for depression, the following three depression screening tool options are approved for screening members:

Members with intellectual and/or development disabilities:

The **Geriatric Depression Scale Short Form (GDS) tool** is recommended as a first choice. If the member cannot respond to the GDS, it is recommended to use the **PHQ-9 Observation Version (OV) tool.** In this version, questions are answered by a caregiver, nurse or someone who interacts frequently with the member If this version is used, it can be coded like the PHQ-9 tool.

Tool	Positive Finding
Geriatric Depression Scale Short Form (GDS)	Total Score ≥5
Patient Health Questionnaire (PHQ-9) (OV) (Observational Version)®	Total Score ≥10

Youth members - 11-17 years:

The **Severity Measure for Depression - Child Age 11–17 (adapted from PHQ-9 modified for Adolescents [PHQ-A])** assesses the severity of depressive disorders and episodes (or clinically significant symptoms of depressive disorders and episodes) in children ages 11–17. The tool is completed by the child prior to a visit with the clinician.

NOTE: If you encounter challenges with screening a member for depression which does not fall into these categories, please contact the ECM QIP Team.

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting period: January-March , April-June, July-September, October-December

Thresholds

Eligible Incentive: 25% of total incentive pool

- Full credit: ≥ 90% of submitted and approved depression screenings
- Partial credit: 80 - 89% of submitted and approved depression screenings

Denominator

ECM members, 12 years of age or older, enrolled in one or more of the ECM Populations of Focus

Numerator

ECM members, 12 years of age or older, enrolled in one or more of the ECM Populations of Focus, and who were appropriately screened for depression

Exclusions

Members 11 years of age and younger

Reporting Requirements

ECM providers must complete all columns of the PHQ-9 Depression Screening & Blood Pressure Screening Template, including the provider's site name and NPI number, as well as the member's name, CIN, date of birth, and the most recent PHQ-9 depression screening date and score. **The template must be submitted quarterly through the sFTP folder by the 2ⁿᵈ Friday of the month following the end of the quarterly reporting period.**

Measure 3. Controlling Blood Pressure (CBP) - Blood Pressure Screening

Description

Blood pressure screening needs to be completed for ECM enrolled members who are 18 years of age or older, regardless of prior diagnosis of hypertension. Screening must be by an in-person visit by ECM provider staff, a clinic visit, or patient use of a Partnership Healthplan of California approved home blood pressure kit. Blood pressure screening results must be documented in the case management record for potential audit.

Blood pressure screening must be completed annually (every 12 months) at a minimum. Blood pressure screening results from previous months can be used in the 2024 measurement period if captured within 12 months of the reporting period **and** the previous result was normal. Normal blood pressure is either SBP < (less than) 140 or DBP < (less than) 90. If the previous result was either SBP > (equal to or greater than) 140 or DBP > (equal to or greater than) 90, providers must complete the screening every quarter until the result is normal.

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting period: January-March , April-June, July-September, October-December

Thresholds

Eligible Incentive: 25% of total incentive pool

- Full credit: > 80% of submitted and approved blood pressure screenings
- Partial credit: 70% - 79% of submitted and approved blood pressure screenings

Denominator

ECM members, 18 years of age and older, enrolled in one or more of the ECM Populations of Focus

Numerator

ECM members, 18 years of age and older, enrolled in one or more of the ECM Populations of Focus, who were appropriately screened for blood pressure

Exclusions

17 years of age and younger

Reporting Requirements

ECM providers must complete ALL columns of the PHQ-9 Depression Screening & Blood Pressure Screening Template, including the provider's site name and NPI number, as well as the member's name, CIN, date of birth, and the most recent blood pressure screening date and reading. **This template must be submitted quarterly through the sFTP folder by the 2nd Friday of the month following the end of the quarterly reporting period.**

Measure 4. Timely Review of ED/Admissions Notifications

Description

This two-part measure focuses on providers reviewing notifications received when members visit the ED or are admitted to the hospital. Providers are required to set up the Notification Alerts function in PointClickCare® for ED/Admissions cohorts (Part 1) and review these notifications within 72 hours of receiving notification alerts in PointClickCare® (Part 2).

NOTE: Each part of this measure is required to be completed during separate quarterly reporting periods.

Part 1: Notifications Set-up in PointClickCare®

As a prerequisite for participation in Part 2 of this measure, providers are required to set up the Notification Alerts function in PointClickCare®.

Measurement Period

October 1, 2025 – December 31, 2025

NOTE: New ECM providers are required to complete Part 1 of this measure during their first quarter in the program.

Incentive

Eligible Incentive: 25% of total incentive pool

Reporting Guidelines

No reporting is required by providers. Partnership will verify with PointClickCare® that Notification Alert functions and correct cohorts are set up properly.

Part 2: Timely Review of ED/Admissions Notifications in PointClickCare®

Providers are required to review notifications received in PointClickCare® within 72 hours of receiving notification alerts.

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting periods: January-March , April-June, July-September, October-December

NOTE: New ECM providers are required to complete Part 2 of this measure in the quarter following completion of Part 1.

Thresholds

Eligible Incentive: 25% of total incentive pool

- Full credit: $\geq$ 80% of reviewed notifications
- Partial credit: 70% - 79% of reviewed notifications

Exclusions

No exclusions

Reporting Guidelines

No reporting to Partnership is required. Partnership will obtain performance results from PointClickCare®.

V. Appendix

Appendix I. PHQ-9 Depression Screening & Blood Pressure Screening Template

2025 ECM QIP PHQ-9 Depression Screening and Blood Pressure Screening Submission Template

Measurement Period: January 1, 2025 - December 31, 2025

Submission Frequency: Quarterly

Submission Method: sFTP Folder

NOTE: All information below must be entered for each member. Incentive dollars will not be awarded for incomplete entries.

Provider Site Name	NPI Number	Member First Name	Member Last Name	CIN	DOB	Depression Screening			Blood Pressure Screening	
						Screening Date	Screening Tool	Score	Screening Date	Reading
Disney Care Center	123456789	Minnie	Mouse	98765432A1	11/18/1928	7/5/2024	PHQ-9	5	7/5/2024	120/72
Disney Care Center	123456789	Mickey	Mouse	98765432D8	11/18/1928	7/22/2024	PHQ-2	0	7/22/2024	110/78