Enhanced Care Management
Quality Improvement Program

Detailed Specifications
2025 Measurement Year

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I. Partnership HealthPlan of California Program Contact Information

Enhanced Care Management (ECM) Quality Improvement (QIP) team:
ECMQIP@partnershiphp.org

II. Program Overview and Background

Partnership HealthPlan of California's ECM 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 ECM 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 DHCS or the federal government including the Centers for Medicare and 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 of the reporting requirements are submitted on or before their due date.

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

- Any submission(s) not received within the five 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 January, a provider submits timely reports for 10 enrolled ECM members. A total of $1,000 for the month of January will be placed in the incentive pool.

Incentive Pool Allotment: Providers may earn a percentage of the allotted incentive pool money by meeting one or more of the four other 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 months in a quarter: 10 patients x $100 (PMPM) x three months = $3,000 placed in the incentive pool
- If the provider meets Measures 1, 2 and 3 with full credit, but did not meet Measure 4, they would earn 75% (25% for each of the measures met) x $3,000 = $2,250 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 will allow retro TAR requests submitted up to one calendar month after the reporting month to be calculated in the denominator for incentive payments. Partnership defines a retro TAR as a TAR submitted after the authorization start date that covers services already performed (i.e., a provider requests a TAR on January 15, 2025 for services starting December 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. Providers are encouraged to add enrolled members to the reporting files and submit TARs as soon as possible to meet 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
January - March 2025	June 2025
April - June 2025	September 2025
July - September 2025	December 2025
October - December 2025	March 2026

NOTE: Partnership HealthPlan of California reserves the right to adjust QIP payment timelines due to holidays and extensive validation processes. Any adjustment to payment timelines, including payment distribution, will be made via email from the ECM QIP team.

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 and Documents	Deadline and Reporting Requirements
Gateway Measure: Timely Reporting	
ECM Provider Return Transmission File (RTF) Document: Provider Return Transmission File (RTF)	Submit **monthly** to ECM team via sFTP folder. (Refer to due date schedule from ECM team)
ECM Provider Initial Outreach Tracker File (IOT) Document: Provider Initial Outreach Tracker File (IOT)	Submit **monthly** to ECM team via sFTP folder. (Refer to due date schedule from ECM Team)
Provider Capacity Survey Survey document provided by ECM team	Submit **monthly** to ECM team via Google Docs. (Refer to due date schedule from ECM team)
Measure 1	
Care Plan and ROI Upload into PointClickCare® Documents: ECM Care Plan (revised June 2023) Release of Information (ROI): English | Spanish Russian | Tagalog	Upload documents into PointClickCare® within 60 days of TAR request date or TAR renewal request date. No submission to Partnership required.

Measure 2	
PHQ-9 Depression Screening Document: PHQ-9 Depression Screening & Blood Pressure Screening Template NOTE: Depression & Blood Pressure screenings are submitted on one template.	Submit template **quarterly** via sFTP folder by 2nd Friday of the month following end of the quarterly reporting period: Q1: 04/11/25, Q2: 07/11/25, Q3: 10/10/25, Q4: 01/09/25
Measure 3	
Blood Pressure Screening Document: PHQ-9 Depression Screening & Blood Pressure Screening Template NOTE: Depression & Blood Pressure screenings are submitted on one template.	Submit template **quarterly** via sFTP folder by 2nd Friday of the month following end of the quarterly reporting period: Q1: 04/11/25, Q2: 07/11/25, Q3: 10/10/25, Q4: 01/09/25
Measure 4	
Timely review of emergency department /admissions notifications in PointClickCare® (two-part measure) **Part 1:** Set up Notification Alerts function in PointClickCare® Set-Up Instructions: ED/Admissions Notifications	**Part 1 and 2 deadlines:** **Part 1:** Set up emergency department/ admissions Notification Alerts by end of quarterly reporting period No reporting to Partnership required.
Part 2: Review notifications in PointClickCare® within 72 hours	**Part 2:** Review emergency department/admissions notifications within 72 hours of receiving notifications. No reporting to Partnership required.

* Deadlines are subject 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.

III. 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: Q1 (Jan-Mar), Q2 (Apr-Jun), Q3 (Jul-Sep), Q4 (Oct-Dec)

Thresholds

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

Reporting Requirements

Measures and Documents	Deadline and Reporting Requirements
Gateway Measure: Timely Reporting	
ECM Provider Return Transmission File (RTF) Document: Provider Return Transmission File (RTF)	Submit **monthly** to ECM team via sFTP folder. (Refer to due date schedule from ECM team)
ECM Provider Initial Outreach Tracker File (IOT) Document: Provider Initial Outreach Tracker File (IOT)	Submit **monthly** to ECM team via sFTP folder. (Refer to due date schedule from ECM team)
Provider Capacity Survey Survey document provided by ECM team	Submit **monthly** to ECM team via Google Docs. (Refer to due date schedule from ECM team)

* Deadlines are subject 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.

V. Reporting Measures

Measure 1. Care Plan and Release of Information Form Upload to 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 five-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: Q1 (Jan-Mar), Q2 (Apr-Jun), Q3 (Jul-Sep), Q4 (Oct-Dec)

Thresholds

Eligible Incentive: 25% of total incentive pool

- PASS (Full credit): ≥ 70% of Care Plans and ROI forms uploaded into PointClickCare®
- PASS (Partial credit): 60 - 69% of Care Plans and ROI forms uploaded into PointClickCare®

NOTE: The threshold for this measure has been lowered to account for the use of sample size auditing methodology. The overarching goal, to have all enrolled ECM members have a care plan and ROI uploaded within 60 days of TAR request date, and retrievable in PCC, remains the same. Any appeals will only be applied to the accuracy of reviewing the sampled enrolled members in PCC, not based on comparison to the rate obtained by other methods.

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 a sample size of members in PointClickCare® for evidence of care plans and ROI forms uploaded into PointClickCare® within the required deadline.

Measure 2. PHQ-9 Depression Screening

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 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 using the PHQ-9.

NOTE: Screening dates after the end of the quarterly reporting period will not receive credit.

Other Depression Screening Tool Options

The following three depression screening tool options are also 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: Q1 (Jan-Mar), Q2 (Apr-Jun), Q3 (Jul-Sep), Q4 (Oct-Dec)

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 second 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 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.

NOTE: Screening dates after the end of the quarterly reporting period will not receive credit.

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting period: Q1 (Jan-Mar), Q2 (Apr-Jun), Q3 (Jul-Sep), Q4 (Oct-Dec)

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

Members 17 years of age and younger

Reporting Requirements

ECM providers must complete ALL columns of the PHQ-9 Depression Screening and 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 second 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).

Parts 1 and 2 must be completed in separate quarterly reporting periods.

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

Measurement Period

January 1, 2025 – December 31, 2025

Quarterly reporting period: Q1 (Jan-Mar), Q2 (Apr-Jun), Q3 (Jul-Sep), Q4 (Oct-Dec)

Part 1: Notifications Set-up in PointClickCare®

As a prerequisite for participation in Part 2, providers are required to set up the Notification Alerts function in PointClickCare®. Providers must contact PointClickCare® for assistance. Please review PointClickCare Notifications Set-Up and Notifications Review Instructions on Partnership's ECM QIP webpage.

Incentive

Eligible Incentive: 25% of total incentive pool. No partial credit.

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. NOTE: 72 hours includes all national holidays. The thresholds for this measure have been lowered to account for the 3- or 4-day weekends which occur about 11 times per year.

Thresholds

Eligible Incentive: 25% of total incentive pool

- PASS (Full credit): $\geq$ 70% of reviewed notifications
- PASS (Partial credit): 60% - 69% of reviewed notifications

NOTE: Providers with a denominator of five or less members with an emergency department visit/admission in a quarter will receive credit for having the alerts set up in their system (i.e. the first quarter measure).

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