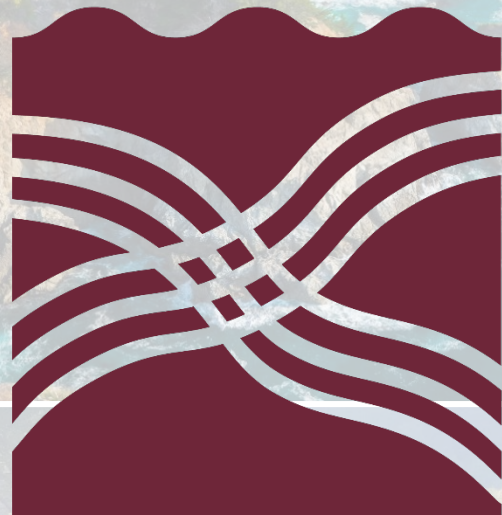


PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Equity & Practice Transformation Payment Program

Provider Informational Webinar

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October 3, 2023

Agenda

- **Equity and Practice Transformation Payments Program (EPT)**
- **Directed Payments Program Funding Distribution**
- **Provider Directed Payment Program (PDPP)**
- **Category of Activities**
- **Provider Directed Payment Program Funding**
- **Applications Hints and Recommendations**

Equity and Practice Transformation (EPT) Payments Program



Equity and Practice Transformation Payment Program: Funding

Funding: \$700M initiative

Goal: to improve primary care for Medi-Cal recipients by:

- Advancing health equity
- Reducing COVID-19 care disparities
- Investing in up-stream care models to address health and wellness
- Fund practice transformation

Equity and Practice Transformation Payments Program: EPT Payment Plan

Statewide Learning Collaborative

- \$25M for program duration (5 years)
- Provide support to practices in payment programs
- More information to come

Initial Planning Incentive Payments

- \$25M incentives divided among HealthPlans based on number of certain types of small and medium providers who apply.

Provider Directed Payment Program for all Providers

- \$650M over multiple years
- Directed payment program (Not grants!)



Equity and Practice Transformation Payment Program: Funding

EPT Provider Directed Payment Program **\$650 million** statewide **over 5 years** will support delivery system transformation.

Medi-Cal & D-SNP Assigned Lives Range (at time of application)	Maximum Payment (over all categories)
500-1,000	\$375,000
1,001-2,000	\$600,000
2,001-5,000	\$1,000,000
5,001-10,000	\$1,500,000
10,001-20,000	\$2,250,000
20,001-40,000	\$3,750,000
40,001-60,000	\$5,000,000
60,001-80,000	\$7,000,000
80,001-100,000	\$9,000,000
100,001+	\$10,000,000



Provider Directed Payment Program (PDPP)





Provider Directed Payment Program

What is a “Directed Payment Program”?

- Payment methodology was created by Centers for Medicare & Medicaid Services (CMS)
- The Provider Directed Payment Program:
 - Practices cannot use past activities toward this program.
 - Only new activities or activities that a practice has planned but not implemented are eligible.
 - Providers participating in PHMI cannot double count those activities in the PDPP program
- Additional details on the Directed Payment program are posted on the [EPT website](#);





Provider Directed Payment Program Eligibility

- **Funding:** \$650M initiative
- **Who's eligible to apply** in the Partnership Region:
 - Primary Care specialties: Pediatrics, Family Medicine or Internal Medicine
 - All Primary Care Providers **contracted with Partnership** may apply, including in the 10 new counties joining Partnership in January, 2024
 - Minimum Partnership enrollment of the providers Parent Organization to be eligible is 500 members for rural areas/tribal health centers and 1000 members for non-rural areas. There is no maximum size.





Provider Directed Payment Program: Partnership Deliverables

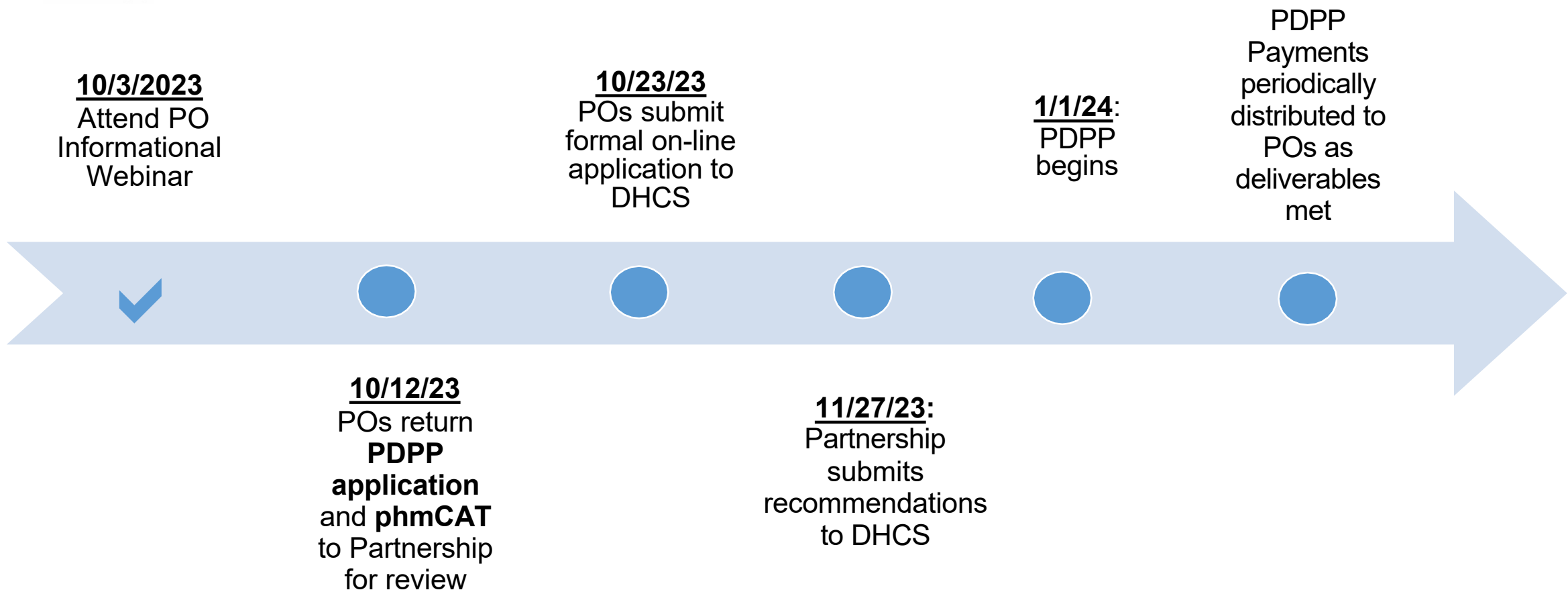
PHC additional deliverables/expectations:

- A PDF of the PDPP Application and Instructions can be found here: <https://forms.office.com/g/PRe9f2mbjQ>
 - Download this PDF and complete the application in a word document.
- The final submission of the application must be through a DHCS-run online submission process. It must be done **all at once** and must include the attestation of the CEO, owner of the practice or other person with signing authority. It will be best to copy and paste the pre-determined answers to the questions.
 - Attend today's **EPT Program Informational webinar**. The recording will be available very soon.
 - Complete and submit the **phmCAT** Readiness Assessment
 - Copy due to PHC along with the PDPP application by 10/12/23 COB.
 - Complete and submit the a **Word version of the PDPP application**.
 - Due to PHC along with a copy of the phmCAT Readiness Assessment by 10/12. We will review and send feedback by 10/18.
 - Submit the **formal on-line application** to DHCS no later than 10/23/23.
 - To account for potential technical problems, we recommend submitting final application on Friday, October 20.
 - The official submission has NO built in confirmation: take a screen shot of the successful submission screen AND send to PracticeTransformation@partnershiphp.org to confirm submission.





Provider Directed Payment Program: Important Dates





Provider Directed Payment Program: Population Health Management Capabilities Assessment Tool (pmhCAT)

- Multi-domain assessment designed for Primary care practices
- Self-administered tool for assessing strengths and areas of opportunity
- 50 questions on assessment
 - across eight domains
 - 10-point scale for each question
- Should first be completed by each member of your leadership team independently, and then a meeting should be conducted to discuss areas with different scores to reach consensus
- Final submission to Partnership only when consensus reached.

Leadership & Culture

1. Executive leaders ¹	...are focused on short-term business priorities.	...visibly support and create an infrastructure for quality improvement, but do not commit resources.	...allocate resources and actively reward quality improvement initiatives.	...strongly support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement and spread quality improvement initiatives.	Don't know/unsure						
	1	2	3	4	5	6	7	8	9	10	DK
2. Clinical leaders ¹	...intermittently focus on improving quality.	...have developed a vision for quality improvement, but no consistent process for getting there.	...are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving.	... consistently champion and engage care teams in improving patient experience of care and clinical outcomes and provide time, training, and resources to accomplish the work.	Don't know/unsure						
	1	2	3	4	5	6	7	8	9	10	DK
3. The responsibility for conducting quality improvement activities ¹	...is not assigned by leadership to any specific group.	...is assigned to a group without committed resources.	...is assigned to an organized quality improvement group who receive dedicated resources.	...is shared by all staff, from leadership to team members, and is made explicit through protected time to meet, and with specific resources to engage in quality improvement.	Don't know/unsure						
	1	2	3	4	5	6	7	8	9	10	DK
4. People in this practice operate as a real team. ²	Strongly disagree		Disagree		Neutral		Agree		Strongly agree		Don't know/unsure
	1	2	3	4	5	6	7	8	9	10	DK

Hint: Overestimating or underestimating your current status may adversely affect your ability to complete the PDPP: Aim for Accuracy on your current state!





Categories of Activities





Categories of Activities: Required and Other Categories

Required Categories

Empanelment & Access

Technology & Data

Patient-Centered, Population-Based Care
(focused on specific patient population)

Other Categories (Optional)

Evidenced-Based Models of Care

Value-Based Care & Alternative Payment
Methodologies

Leadership & Culture

Behavioral Health

Social Health

Categories of Activities: Empanelment & Access

REQUIRED:

Empanelment & Access

GOALS: Identify a staff member who serves as panel manager

Categories of Activities: Technology and Data Activities

REQUIRED

Population Health and Quality Improvement Governance

GOAL: develop and implement formal population health structure

Dashboards and Business Intelligence

GOAL: determine the practice's key performance indicators

Data Exchange

GOAL: establish, bidirectional data feeds with a Data Exchange Framework (DxF)

Data and Quality Reporting Gaps

GOAL: determine, strategy to address gaps in data

New/Upgraded Electronic Health Record (EHR) and/or Population Health Management Tool

GOAL: practice has the EHR and/or population health management tools

Categories of Activities: Patient-Centered

REQUIRED

Care Team
Design and
Staffing

GOAL: develop and implement for population health

Stratification
to Identify
Disparities

GOAL: Use data to stratify services for health disparities

Clinical
Guidelines

GOAL: evidence-based clinical guidelines

Implement
Condition-
Specific
Registries

GOAL: create, implement and use condition specific registries

Proactive
Patient
Outreach and
Engagement

GOAL: create and implement a formal strategy to engage/outreach to patients

Pre-Visit
Planning and
Care Gap
Reduction

GOAL: to create and implement a formal process for pre-visit planning

Care
Coordination

GOAL: create and implement a strategy to address care coordination needs



Categories of Activities: Required and Other Categories

Required Categories

Empanelment & Access

Technology & Data

**Patient-Centered, Population-Based Care
(focused on specific patient population)**

Other Categories (Optional)

Evidenced-Based Models of Care

Value-Based Care & Alternative
Payment Methodologies

Leadership & Culture

Behavioral Health

Social Health

Categories of Activities: New/Expanded Care Delivery Model

OPTIONAL

New/Expanded
Care Delivery
Model

GOAL: Choose and implement an evidenced-based model of care for focus population

Categories of Activities: Value-Based Care & Alternative Payment Methodologies

OPTIONAL

FQHC APM

GOAL: Use data to stratify services for health disparities

Value Based Payment

GOAL: GOAL: complete readiness activities

Categories of Activities: Leadership and Culture

OPTIONAL

DEI Strategy

GOAL: create organizational-wide strategy to work on diversity

Strategic Planning

GOAL: to create and implement a formal process for pre-visit planning

Care Coordination

GOAL: create and implement formal process to address the practice's strategic planning

Categories of Activities: Behavioral Health

OPTIONAL

Integrating Behavioral Health in Primary Care

GOAL: Integrate behavioral health into primary care practice to provide more comprehensive care for patients.

Categories of Activities: Social Health

OPTIONAL

Social Needs/Risk Screening and Intervention

GOAL: create and implement a formal process for screening for and intervening on patients' social needs/risks

Categories of Activities: Notes on Completing Categories

- Any activity already completed can be attested to being completed but it will not be counted in the list of deliverables.
- If a portion is done, but full achievement of the area has not been achieved, do not attest to being complete ahead of time. Full completion done after January 1, 2024 will be eligible for payment.
- OF NOTE: DHCS will be putting together additional details on the requirements for each category in the next week or so.

Provider Directed Payment Program Funding



Provider Directed Payment Program Funding: Levels

Medi-Cal & D-SNP Assigned Lives Range (at time of application)	Maximum Payment (over all categories)
500-1,000	\$375,000
1,001-2,000	\$600,000
2,001-5,000	\$1,000,000
5,001-10,000	\$1,500,000
10,001-20,000	\$2,250,000
20,001-40,000	\$3,750,000
40,001-60,000	\$5,000,000
60,001-80,000	\$7,000,000
80,001-100,000	\$9,000,000
100,001+	\$10,000,000

Provider Directed Payment Program Funding: Distribution

- Payment for each deliverable will be based on taking the total amount awarded and dividing by the number of deliverables the provider commits to.
- Recommend strongly considering applying for several or many optional deliverables.
 - (i.e IT deliverables more challenging than most of the optional deliverables)
- Maximum payments can be reduced by DHCS based on the number of activities selected (this seems likely to happen).



Provider Directed Payment Program Funding: Final Notes

- Partnership's Goal: For Partnership associated primary care to capture the **maximum amount of state dollars possible**, improving quality of care/operations to the greatest degree possible by leveraging directed payments.
- Secondarily: minimize the number of providers who drop out or are unable to complete their goals, by supporting providers with coaching resources and technical assistance
- The funding prioritizes providers, rural health centers, tribal health centers, providers serving historically underserved communities, providers located in HPI Quartiles 1 and 2.
- Payment depends on completion of activities, and is evenly divided between activities. **There is no penalty for not completing activities other than not receiving payment.**

Application Hints and Recommendations



Applications Hints and Recommendations: Important Information

- The Equity Practice Transformation Program will likely only be offered one time only.
 - DHCS and Partnership highly encourages everyone to participate
 - 2nd cohort is in doubt due to anticipated budgetary constraints.
- No penalty if provider organizations are approved but do not achieve all milestones





Application Hints and Recommendations

43. Please give a 3-4 sentence overview of your project(s).

a. Free text



*Be sure to link what the directed payment will enable you to do, and note the magnitude of changes it will enable, mentioning equity, quality and transformation.

44. Describe why your practice is interested in EPT and how you will leverage this opportunity to transform care, improve quality, and health equity outcomes. Specifically, what do you hope your practice will look like in 4-5 years (clinically and operationally)?

a. Free text



*Indicate a strong commitment to all three areas mentioned: promoting equity, improving quality and transforming the practice. Additional narrative about project planning can go here.





Application Hints and Recommendations

45. Describe how you will evaluate the success of the payments (beyond completion of activities). Please include information on metrics like HEDIS quality measures.

a. Free text



Application Hints: Budget

46. What is the total cost of the project for which the practice is requesting support (which may be more than the maximum directed payment amount)?

a. Free text

47. What other sources of funding are you using for this project if the directed payment does not cover the total cost?

a. Free text

Application Hints and Recommendations

49. Please briefly describe how you collaborate with your contracted MCPs and the type of relationship you envision achieving through practice transformation in EPT. (Examples: sharing pharmacy data, sharing enrollment/member data, sharing ED/hospitalization data, receiving regular performance reports from health plans, regular Joint Operating meetings, or meetings with health plan quality staff, etc.)

a. Free text



Office Hours

Partnership is offering EPT Office Hours:

Week 1:

Monday, October 9 12pm – 1pm

Thursday, October 12 1pm – 2pm

Week 2:

Tuesday, October 17 10am – 11am

Wednesday, October 18 1pm – 2pm

Thursday, October 19 12pm – 1pm



For any further questions, please contact:

PracticeTransformation@partnershiphp.org

Resources

Resources

- **Application instructions are posted on the [EPT website](#)**; instructions will list out all the questions that will be on the web-based application.
 - Application can be found here : <https://forms.office.com/g/PRe9f2mbjQ>
 - Complete the [pmhCAT](#) assessment