

EPT Kick-off Webinar

February 15th and 21st, 2024

Welcome & Housekeeping

Please Note

- Mics and videos are off due to the number of participants
- We will take questions at the end of the presentation; please enter questions into the Q&A
- When communicating via the Q&A, please include your name and organization
- This webinar is being recorded; a link to the recording and the slides will be distributed to all participants

Today's Presenters

- Jeff Norris, Value-Based Payment Branch Chief, DHCS
- Eric Lichtenberger, Section Chief Capitated Rates Development Division, DHCS
- Jennifer Sayles, Chief Executive, PHLC
- Elise Pomerance, Chief Health Officer, PHLC

Agenda

1. Welcome & Congratulations
2. Roles & Responsibilities for DHCS & the Population Health Learning Center
3. Overview of EPT
4. EPT Payment
5. Population Health Learning Center Approach for Technical Assistance

מזל טוב!
تہانین! ขอแสดงความยินดี!
Алал да му е! Поздравляем!
Čestitamo! Felicitări! Blahopřejeme!
Συγχαρητήρια! 축하합니다! Tillykke!
Gefeliciteerd! Herzlichen Glückwunsch! Halala!
おめでとう! Congratulazioni! 恭喜!
അഭിനന്ദനങ്ങൾ!

Congratulations to Cohort 1 Practices & MCP Sponsors!

Félicitations! ¡Enhorabuena! Grattis!
Gratulujemy! გილოცავთ! Təbrik edirik!
Palju õnne! Құтты болсын! Tahniah!
अभिनंदन! Apsveicam! Sveikiname!
Tebrikler! Parabéns!
Onneksi olkoon!

DHCS & Population Health Learning Center

The **California Department of Health Care Services (DHCS)** is responsible for:

1. Program oversight and integrity
2. Ensuring compliance with CMS requirements
3. Confirming that practices earned payment and issuing payments

The **Population Health Learning Center (PHLC)*** is contracted with DHCS and is responsible for:

1. Managing program operations and coordinating across practices, managed care plans, and other key stakeholders
2. Designing and facilitating the technical assistance strategy for practices
3. Facilitating continuous learning and best practice sharing across all stakeholders

*For more information about the PHLC go to pophealthlearningcenter.org



EPT Overview

Practice Cohort

- The selection process was competitive for practices applying to EPT
- Various factors were considered, and a detailed overview is on the [DHCS website](#)
- DHCS is exploring plans for a second cohort of EPT; plans will be announced in the future

Overall EPT Practice Demographics

- 207 practices with 280 locations of operations
- Potential maximum payment of ~\$380M to practices over 5 years
- Breakdown of practice tracks (based on preliminary mapping exercise)
 - Independent Practices: 117
 - Health Centers: 74
 - Tribal Health: 12
 - Public & District Hospitals: 4

Population of Focus Selection

Population of Focus	Percent of Practices
Children & Youth	40.6%
Adults with Chronic Conditions	29.2%
Adults with Preventive Care	18.4%
Behavioral Health Conditions	6.6%
Pregnant People	5.2%

Program Overview

Budget: \$650 million

Timeframe: 5 years

Type: CMS Directed Payment Program

Goal: Improve primary care for Medi-Cal recipients

- Advance health equity
- Reduce COVID-19-driven care disparities
- Invest in upstream care models/partnerships to address health/wellness
- Fund practice transformation aligned with value-based payment models

Directed Payments

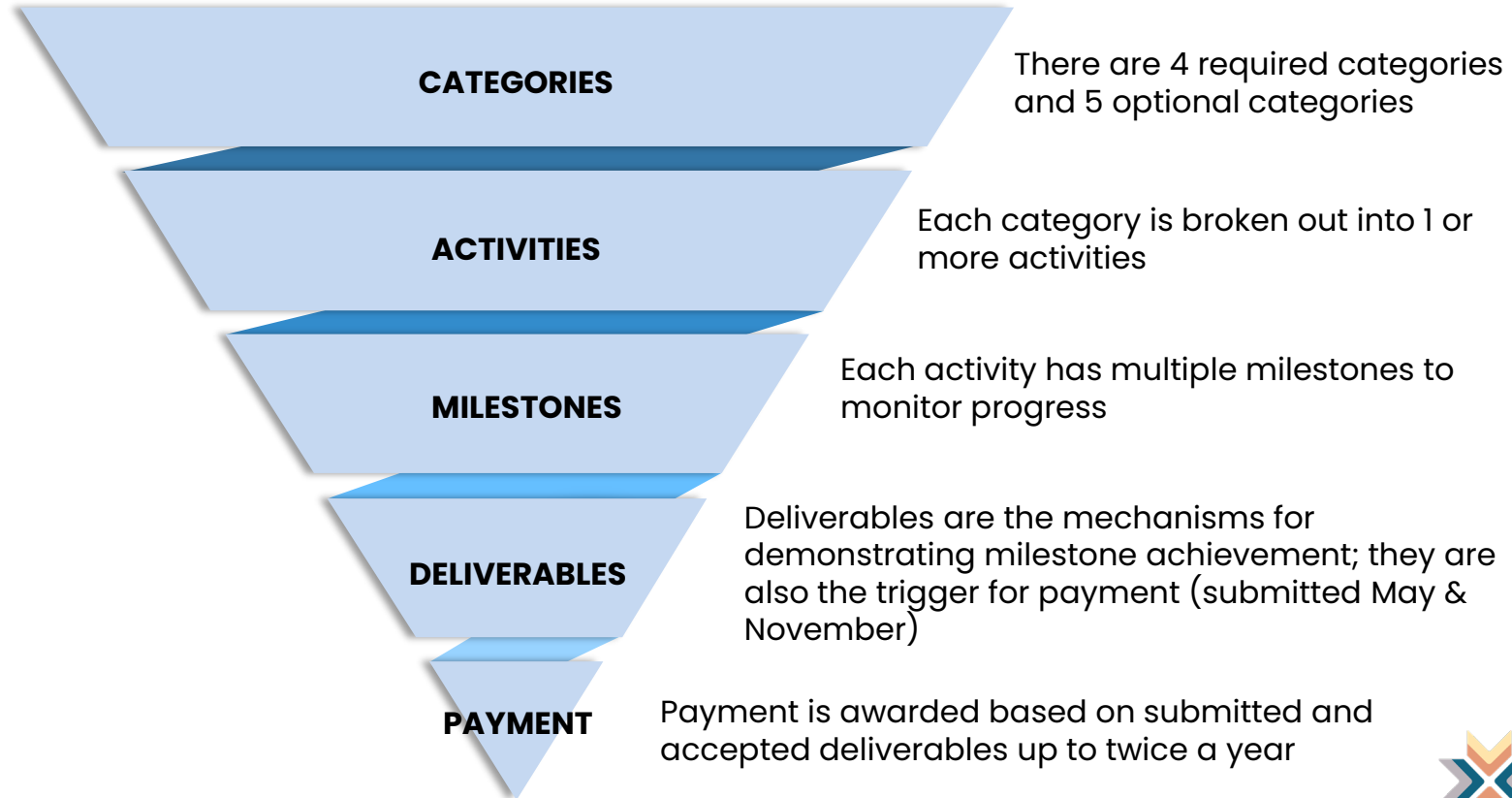
CMS approved payment methodology under [CFR 42 438.6](#)

- Requires specific reimbursement to providers (practices) in Medicaid managed care
- CMS must approve each program through a "preprint"
- EPT is awaiting formal CMS review and approval

In this program, practices **receive payment for successfully completing activities/achieving milestones** during the program.

Payments are **calculated by DHCS** and then **paid to Medi-Cal Managed Care Plans** (MCPs); MCPs are required to pay the providers (practices) they are partnered with in the program based on DHCS guidance.

Mapping EPT Program to Payment



Deliverable Summary

Deliverables were developed to support practices to meet multiple milestones in a way that aligns with how practices do their work. One deliverable can satisfy multiple milestones.

65 milestones combined into a streamlined set of deliverables* across all required categories

- PhmCAT
- Empanelment & Access
- Technology & Data
- Patient-Centered, Population-Based Care

43 milestones combined into a streamlined set of deliverables* across all optional categories

- Evidence-based Models of Care
- Value-based Care & Alternative Payment Methodologies
- Leadership & Culture
- Behavioral Health
- Social Health

Examples

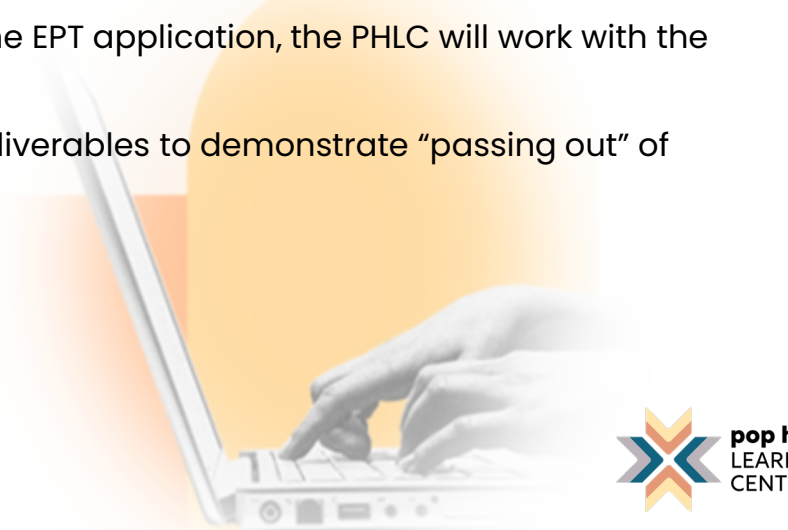
Deliverable: Data governance charter
covers 4 milestones in the associated activity

Deliverable: Key performance indicator (KPI) report
covers approx. 20 milestones across multiple activities

*The PHLC is currently in the process of finalizing deliverables

First Deliverable Submission

- All practices will complete the first deliverable together – the Population Health Management Capabilities Assessment Tool (PhmCAT)
- The first PhmCAT is due by May 1, 2024
 - Completed online
 - Automated reports provided to practices
- The PHLC will provide webinar trainings and technical assistance on the PhmCAT starting in March
- If a practice recently completed the PhmCAT as part of the EPT application, the PHLC will work with the practice to collect those responses
- For the May 1st submission, practices may also submit deliverables to demonstrate “passing out” of required activities
 - Note: No practices have passed out of DxF



EPT Payments

Proposed EPT Payment Cycle

Payment Cycle	Practice Submits Deliverable(s)	Learning Center Completes Review of Deliverable(s)	DHCS Operationalizes Payments	MCPs Receive Payments	Estimated MPC Payments to Providers (Practices)
Fall	May 1	May 31	June - August	September	October
Spring	November 1	November 30	December - February	March	April

Payment Structure

- As a directed payment program, **payments can only be made to in-network Medi-Cal providers for activities/milestones completed during the program**
- Payments will be made as a "**uniform dollar add-on**"
 - In accordance with 42 C.F.R. §438.6(c)(1)(iii)(C), DHCS is requiring the Managed Care Plan (MCP) to provide **a uniform dollar add-on for network providers that provide a particular service under contract**
 - The methodology factors in assigned patients at time of program application, required and optional activities, completed activity milestones, and distinct number of assigned patients seen during a defined period
 - Total payments do not change with the number of assigned patients seen
- For first year*, **there will be an interim and final payment**
 - Interim: a portion of the final payment
 - Final: will reconcile interim payment to bring practice up to the full earned amount

*While DHCS expects the program to be similar in program year 2 and beyond, shifts in the structure of the program may be necessary

Example

- The provider's maximum earnable is \$1,500,000 over 5 years
- They had 5,000 assigned patients at the time of application (Including D-SNP)
- They applied to participate in all required categories plus 2 optional categories (social health and behavioral health integration)
- There are 14 activities in the required categories and 2 activities in the optional categories for a total of 16 activities
- The \$1,500,000 is first distributed across the 16 activities; then funding for each activity is proportionally divided across the milestones for each activity*

*The PhmCAT milestone in year one may be weighted heavier than other milestones, though DHCS and the PHLC are still determining exactly how much

Approach to Technical Assistance



EPT Technical Assistance to Support Practices

DHCS funding supports the development and delivery of a common curriculum and peer learning through practice tracks. The PHLC is pursuing the development of a coaching pool that MPCs and practices can contribute to in order to access individualized practice coaching to achieve milestones.



Common Curriculum

- A common curriculum across all practices
- Provided through eLearning modules and supplemented by implementation guides, tools, live webinars, and other supports
- Deliverables enable practices to demonstrate comprehension of curriculum and activity/milestone achievement



Peer Learning

- Practice tracks based on practice type, region, and size that facilitate engagement with the curriculum and promote peer learning and sharing of best practices

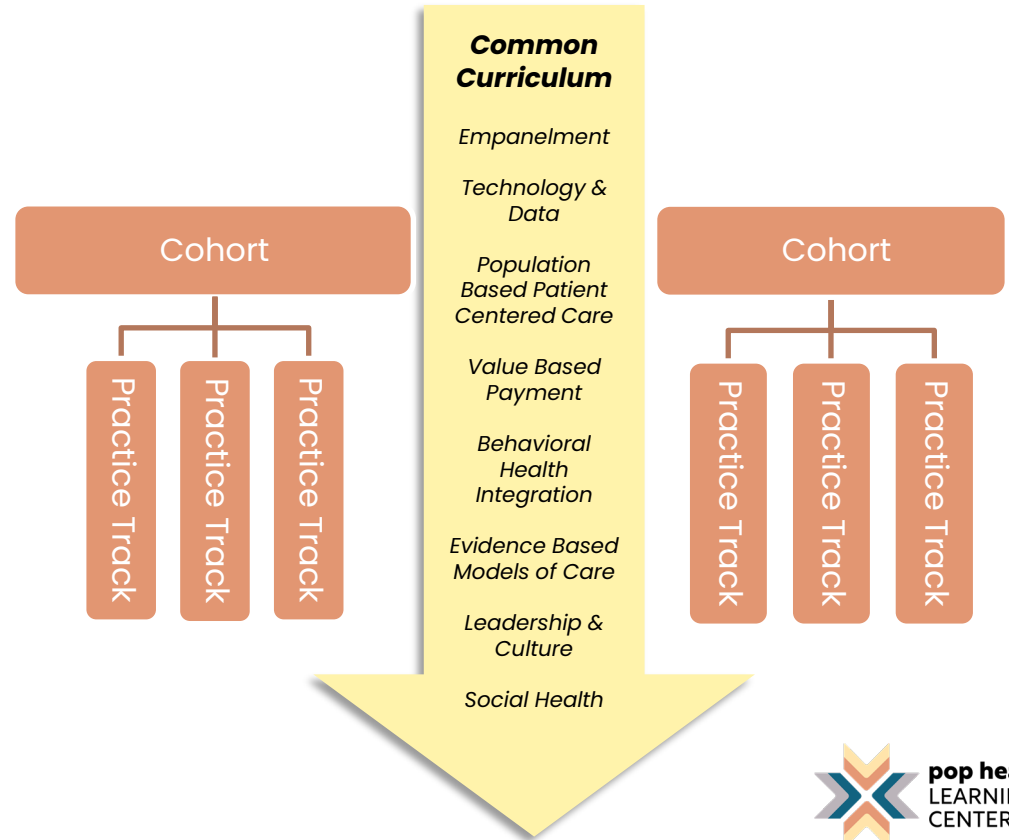


Coaching Pool

- Tailored coaching to strengthen implementation of EPT curriculum
- Opportunity to leverage EPT resources to create consistent, high-quality coaching across practices
- Focus coaching on practices requesting additional support

Common Curriculum & Peer Learning

- Practices are assigned to a cohort based on practice type – cohorts will utilize a common curriculum
- Each cohort is organized into facilitated practice tracks based on practice region and size
- Practices will have the opportunity to participate in affinity groups that span practice tracks based on factors such as:
 - Selected population of focus
 - Practice readiness/capability level



TA Cycle

PhmCAT

Practices complete the PhmCAT annually

Deliverables Submitted

Practices submit deliverables to the PHLC for review and approval; payment released from DHCS



Curriculum Delivered

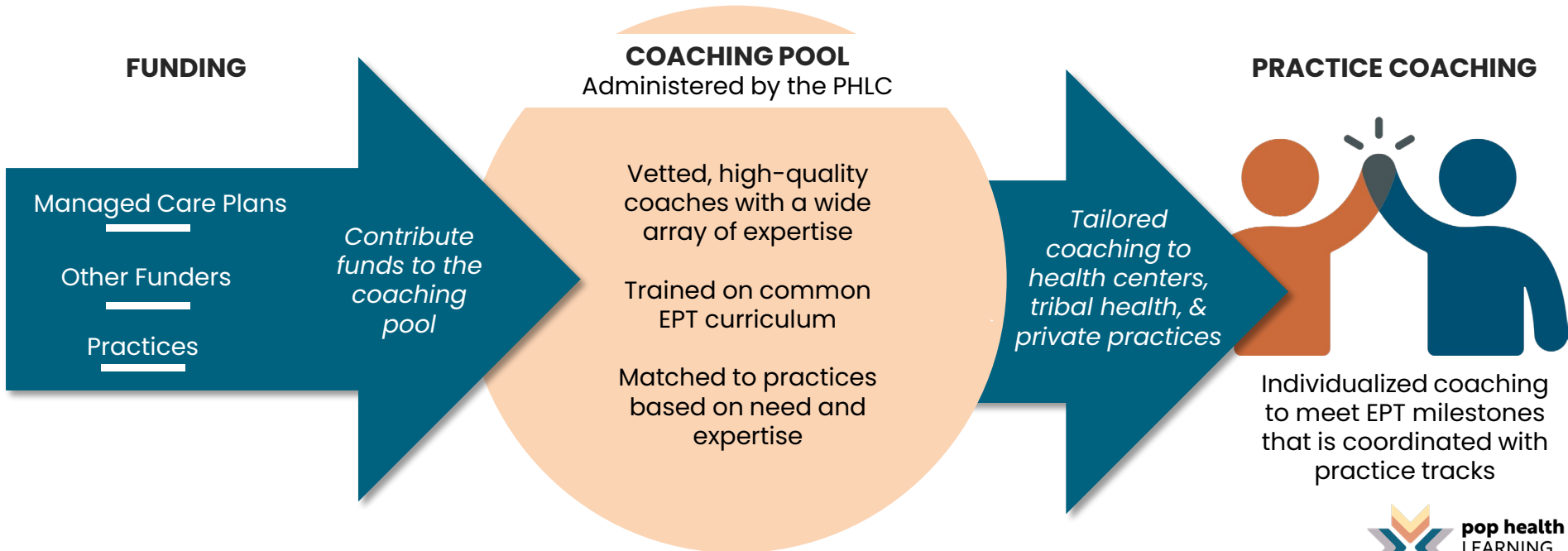
Practices participate in e-learning modules, utilize guides & tools, and attend ad hoc webinars

Peer Learning & Coaching

Practices participate in facilitated practice track meetings to learn from and share with similar practices

Proposed Coaching Pool Structure

The PHLC is pursuing the development of a coaching pool that MCPs and practices can pay in to in order to access individualized practice coaching to achieve milestones. For organizations that are interested in contributing to the coaching pool, please e-mail info@pophealthlc.org.



Next Steps

- A recording of today's webinar and a copy of the slides will be shared with all participants
- Stay tuned for more information about the launch of the PhmCAT in early March (you will have about 4 weeks to complete it)
- The PHLC will be developing templates for deliverables that practices can use – these will be made available as soon as they are ready
- Questions – reach out to DHCS at ept@dhcs.ca.gov or the PHLC at info@pophealthlc.org

Q&A
