



Community Health Plan of Imperial Valley
512 W Aten Rd
Imperial, CA 92251

<Date>

<Entity Name>

<First name> <Last name>, <Title> or Administrator

<Address>

<City>, <State> <ZIP>

Earn incentives in 2024 when you improve Enhanced Care Management (ECM) outreach and reporting.

Dear <Title>. <Last Name> or Administrator:

For 2024, Health Net*, on behalf of Community Health Plan of Imperial Valley, through the ECM Provider Incentive, will continue to recognize and reward ECM providers who demonstrate effective and timely outreach, and report regularly on members enrolled in the program and on the completion of member assessments¹. Also, we are rewarding providers for improvement in members' care through metrics focused on referral, quality, and decreasing avoidable visits.

Payments earned from the ECM Provider Incentive are separate from other contractual arrangements.

Payments earned from the ECM Provider Incentive are not tied to:

- Any direct *Provider Participation Agreement (PPA)* with Health Net and Community Health Plan of Imperial Valley, or
- Your agreement as a subcontractor with a participating physician group (PPG) or medical group.

The ECM Provider Incentive will continue to align with state requirements around the ECM benefit and program. The program will incentivize based on year-over-year improvement in outreach to, and management of, ECM-eligible members and not individual services rendered.

Health Net is offering the incentives as add-on payments to Health Net and Community Health Plan of Imperial Valley's Medi-Cal ECM providers who meet the participation rules beginning on page 3.

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.



Questions?

If you have questions about the program, please contact your assigned Health Plan representative or call Provider Services at 833-236-4141.

Sincerely,

Martha Santana-Chin
Medicare and Medi-Cal President

¹The incentive program conditions and data requirements are subject to change at Health Net and Community Health Plan of Imperial Valley's discretion as the ECM benefit and program matures.

Are you eligible?

To be eligible for the ECM Provider Incentive, an ECM provider must:

- Be in good standing with Health Net and Community Health Plan of Imperial Valley.
- Be contracted directly with Health Net and Community Health Plan of Imperial Valley as an ECM participating provider.
- Be open to accept and have the capacity to serve new Health Net and Community Health Plan of Imperial Valley Medi-Cal enrollees eligible for ECM services.

Incentive administration

- All incentives will be for calendar year 2024 regardless of when each provider is contracted.
- Health Net will make payments by July 1, 2025.
- All payouts will be paid as a per member per month (PMPM) for all ECM-enrolled member months.
- ECM providers will receive a mid-year interim report on their performance during the third quarter of the calendar year.

Incentive measures (all rates are PMPM)

1. Outreach reporting within the first 90 days

ECM provider-conducted outreach to every assigned member as documented on the required Outreach Tracker File monthly report. Monthly report demonstrates that the ECM provider conducted minimum of 1 outreach within 90 days of assignment and includes all required data elements including the type and duration of each outreach attempt.

Measure	Data Source	Calculation	
		Outcome	Rate
Outreach reporting within the first 90 days	Outreach Tracker File	100% compliance	\$10.00
		75%–99% compliance	\$5.00
		Less than 75% compliance	-

2. Enrollment effectiveness

ECM provider provides Return Transmission File (RTF) report documenting status as enroll with enrollment date. The percentage of assigned members enrolled in ECM.

Measure	Data Source	Calculation	
		Outcome	Rate
Enrollment effectiveness	Return Transmission File	More than 30% enrollment	\$10.00
		25%–30% enrollment	\$5.00
		Less than 25% enrollment	-

3. Completion of the Capacity Report

ECM providers complete and return the quarterly ECM capacity reports.

Measure	Data Source	Calculation	
		Outcome	Rate
Timely and accurate completion of the ECM Capacity report	ECM Capacity Tracker	100% compliance	\$10.00
		90%–100% compliance	\$5.00
		Less than 90% compliance	-

4. Referral to Community Supports for member with needs

ECM providers assess member needs and refer to Community Supports.

Measure	Data Source	Calculation	
		Outcome	Rate
Percent of ECM enrolled members referred to Community Supports through findhelp	findhelp	15% of total enrolled	\$10.00
		10%-15% of total enrolled	\$5.00
		Less than 10% of total enrolled	-

5. HEDIS® performance of ECM enrolled members

ECM providers should ensure members are completing their visits to improve their quality of care.

Measure	Data Source	Calculation	
		Outcome	Rate
Show year-over-year improvement for enrolled ECM members for Comprehensive Diabetes Care – HbA1c Control (< = 9)	HEDIS quality	2% improvement	\$10.00
		1%-2% improvement	\$5.00
		Less than 1% improvement	-

6. HEDIS performance of ECM enrolled members

ECM providers should ensure members are completing their visits to improve their quality of care.

Measure	Data Source	Calculation	
		Outcome	Rate
Show year-over-year improvement for enrolled ECM members for controlling high blood pressure	HEDIS quality	2% improvement	\$10.00
		1%-2% improvement	\$5.00
		Less than 1% improvement	-

7. Reduction in avoidable emergency room (ER) visits

ECM providers should coordinate members access to non-emergency care and reduce avoidable ER visits.

Measure	Data Source	Calculation	
		Outcome	Rate
Show year-over-year decrease in avoidable ER visits ¹	Claims data	10% decrease	\$10.00
		5%-10% decrease	\$5.00
		Less than 5% decrease	-

8. Scheduling follow up visits seven days post hospital discharge

ECM provider will support care coordination to ensure members is scheduled for ambulatory visit as follow up within seven days post hospital discharge.

Measure	Data Source	Calculation	
		Outcome	Rate
% of members with ambulatory visit seven days post hospital discharge ¹	Claims/encounters	40% compliance	\$10.00
		38%-39% compliance	\$5.00
		Less than 38% compliance	-

9. Community referrals for ECM or Community Supports (CS)²

The ECM provider should increase the number referrals that are community/self-generated to enrolled into their ECM program or refer out to CS.

Measure	Data Source	Calculation	
		Outcome	Rate
% of members with ECM and CS referrals from the community	Authorizations/referrals/findhelp	TBD	TBD

¹ Minimum of 600 member months to qualify for this measure.

² This measure will be added after July 1, 2024, following review of 1/1/2024 – 6/30/2024 performance.