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Earn incentives in 2025 when you improve Enhanced Care Management (ECM) enrollment and performance

For 2025, Health Net* through the ECM Provider Incentive, will recognize best in class ECM services focusing on enrollment, utilization, and connecting members to services to support all of their health needs¹. We will also continue to recognize organizations that excel at referrals from the community into ECM and Community Supports (CS) services as well as many other key performance indicators noted in the details below.

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, 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.

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

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Questions?

If you have questions about the program, please contact your assigned Health Net representative or call Provider Services at 800-675-6110.

Sincerely,

Dorothy Seleski
Senior Vice President, Medi-Cal Product

Are you eligible?

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

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

Incentive administration

- All incentives will be for calendar year 2025 regardless of when each provider is contracted.
- Health Net will make payments by August 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. Enrollment effectiveness

ECM provider submits Return Transmission File (RTF) that documents the enrollment date and enrollment status for all members on the Member Information File (MIF).

Measure	Data Source	Calculation	
		Outcome	Rate
% of total members (assigned/referred from community) that enroll in ECM services.	Return Transmission File	More than 30% enrollment	\$15.00
		25%–30% enrollment	\$7.50
		Less than 25% enrollment	-

2. Referral to Community Supports

ECM providers assess member needs and refer them to Community Supports. Using findhelp is recommended for submitting CS referrals.

Measure	Data Source	Calculation	
		Outcome	Rate
Percent of ECM enrolled members referred to at least one Community Support service.	Findhelp/Other sources	15% of total enrolled	\$15.00
		10%-15% of total enrolled	\$7.50
		Less than 10% of total enrolled	-

3. Provision of in-person services

ECM providers should encourage enrolled members to participate in at least one in-person ECM service per month to improve their quality of care.

Measure	Data Source	Calculation	
		Outcome	Rate
Percent of ECM enrolled members with at least one in-person service for each enrolled month	Return Transmission File and Claims	More than 80% of enrolled	\$15.00
		50% to 80% of enrolled	\$7.50
		Less than 50% improvement	-

4. Reduction in avoidable emergency room (ER) visits

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

Measure	Data Source	Calculation	
		Outcome	Rate
Show year-over-year decrease in avoidable ER visits ²	Claims data	10% decrease	\$15.00
		5%-10% decrease	\$7.50
		Less than 5% decrease	-

5. Follow-up visits with provider within seven days of discharge from hospital

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

Measure	Data Source	Calculation	
		Outcome	Rate
Percent of members with ambulatory visit seven days post hospital discharge ¹	Claims/encounters	40% compliance	\$15.00
		38%-39% compliance	\$7.50
		Less than 38% compliance	-

6. Community referrals for ECM or Community Supports (CS)

The ECM provider should focus on referral pathways from the community to increase enrollment in ECM and CS services and reduce reliance on the Member Information File (MIF) and Community Supports Authorization Status File (CSASF).

Measure	Data Source	Calculation	
		Outcome	Rate
Percent of members with ECM and CS referrals from the community	Authorizations/referrals/Findhelp	More than 50% of enrolled	\$15.00
		30% to 50% of enrolled	\$7.50
		Less than 50% of enrolled	-

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