



Important Announcement: Equity and Practice Transformation (EPT) Payments Program

At Alameda Alliance for Health (Alliance), we value our dedicated provider partner community. We have an important announcement to share with you.

The Department of Health Care Services (DHCS) is implementing a one-time \$700M primary care provider practice transformation program called the Equity and Practice Transformation (EPT) Payments Program. The program is designed to advance health equity, reduce COVID-19-driven care disparities, and prepare practices to participate in alternative payment models.

The EPT program is for primary care practices, including Family Medicine, Internal Medicine, Pediatrics, Primary Care OB/GYN, and/or Behavioral Health in an integrated primary care setting. The three components of the EPT program outlined in the table and the following information below are based on the available DHCS program information as of **Thursday, September 14, 2023**, and may be subject to change.

EPT Payments Program

Program Component	Intended Practices	Application	Purpose/Deliverable
Initial Planning Incentive Payments \$25M first year of program Managed Care Plan (MCP) incentive program	Small/medium-sized independent practices (1-50 providers) that might not otherwise be able to participate in Provider Directed Payment Program; MCPs choose practices	Practices work with contracted MCPs (no formal application to DHCS)	Practices complete practice assessment tool phmCAT as PDF and get practice transformation support from MCPs/contractors Goal is to increase # of practices that apply for Provider Directed Payment Program
Provider Directed Payment Program \$650M (\$200M for preparing practices for value-based payment) over multiple years Directed payment program	Primary care of any size or setting: primary care Pediatrics, Family Medicine or Internal Medicine; primary care OB/GYN; and/or behavioral health providers providing integrated behavioral health services in a primary care setting	Formal web-based application	First cohort January 2024 Payments for delivery system transformation activities
Statewide Learning Collaborative \$25M for program duration Structure still being determined	All practices in Provider Directed Payment Program	None	Provide support to practices with practice transformation ; will be largely modeled on PHMI materials

Source: <https://www.dhcs.ca.gov/qphm/Documents/EPT-Provider-Directed-Payment-Program-Webinar.pdf>

Please note: Providers who apply for the Provider Directed Payment Program are committing to specific activities now, to receive Directed Payment Program payments after achieving the activities. Also, a practice operating in multiple counties can only apply once through one Managed Care Plan (MCP).

Questions? Please call the Alliance Provider Services Department
 Monday – Friday, 7:30 am – 5 pm
 Phone Number: **1.510.747.4510**
www.alamedaalliance.org

Initial Planning Incentive Payments Program:

To participate in this program, if you are contracted with more than one MCP, your practice must contact the MCP of your choice to complete the practice assessment tool. The MCP will assist with applying for the Provider Directed Payment Program. **Applications are due by Monday, October 23, 2023.**

If your practice is only contracted with the Alliance, please contact us for assistance. The Initial Planning Incentive Payments Program allows MCPs to support small (i.e., 25 providers) to medium (i.e., 26-50 providers) sized practices with the baseline assessment and application process.

- **Initial Planning Incentive Payments Program Partnerships are Limited to:**
 - Participants that are managed care Network Providers.
 - Small independent primary care practices (25 or fewer providers) or medium independent primary care practices (26-50 providers) not affiliated with a health care system or Federally Qualified Health Center (FQHC).
 - Recommended participation criteria include the following practices:
 - Serve at least 1,000 Medi-Cal members (500 members if the practice is a Rural Health Center or other rural practice);
 - Serve disproportionate numbers of Black/African American, Alaska Native/Native American, or LGBTQ+ populations compared to county demographics;
 - Serve Indian Health Services, Rural Health Centers, and other rural practices;
 - Provider groups whose current performance on key measures is <50th percentile, especially those <25th percentile;
 - Provider groups located in areas designated as Healthy Places Index quartile 1, and/or;
 - Practices not otherwise receiving funding for the same activities in the CalAIM Incentive Payment Program (IPP), the Providing Access and Transforming Health (PATH) Technical Assistance (TA) Marketplace program, or the Data Exchange Framework (DxF) Grant Program.

EPT Provider Directed Payment Program:

Primary care practices of any size may apply, and applications to this program are due by **Monday, October 23, 2023**. Clinically integrated networks (CINs) and independent provider associations (IPAs) that work with the primary care practices listed above may also apply as the "practice." While not required, DHCS recommends practices applying for this program complete the practice assessment tool (phmCAT).

For more details about the available EPT funding and program activities, please visit the DHCS Equity and Practice Transformation (EPT) Payments Program at <https://www.dhcs.ca.gov/qphm/pages/eptprogram.aspx>

If you have any questions or interest in applying, please contact Dani Staub, Director of Incentives & Reporting at dstaub@alamedaalliance.org or **1.510.604.4767**.

Thank you for being a part of the Alliance provider network. Together, we are creating a healthier community for all.

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