



Equity and Practice Transformation (EPT) Payment Program
Data to Enable Population Health Management
Data Implementation Plan Rubric

Instructions

Using the [EPT deliverable portal](#), please upload your practice's data implementation plan and provide responses that address the following sections.

STRATEGY 1: IDENTIFYING & OUTREACHING TO THE ASSIGNED BUT UNSEEN POPULATION

Question 1: Baseline Data & Missing Information to identify assigned and unseen Medi-Cal population.

Response Criteria:

- **Baseline Numerator and Denominator:**
 - An appropriate numeric breakdown is provided including the:
 - numerator: assigned patients seen in the past 12 months
 - denominator: total assigned patients
 - The rate will be auto-calculated.
- **Documentation of Missing Information:**
 - The response clearly identifies the specific data elements that are missing (e.g., missing contact details, demographic data).
- **Documentation Plan for Data Collection:**
 - The submission describes a clear, actionable plan for obtaining the missing information.

Pass:

The response includes the baseline numerator and denominator with definitions, clearly identifies all key missing data elements with explanations, and provides an actionable plan for obtaining missing information.

Fail:

Any omission in the numeric breakdown, failure to identify and explain critical missing information, or an incomplete/unclear plan for data collection (with no supporting documentation) results in a "Fail."



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Question 2: SMARTIE Goal(s) for Unseen Patient Outreach

Response Criteria:

- **SMARTIE Elements:**
 - The goal explicitly includes all seven components: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable.

- **Specific:** Clear and well-defined.
- **Measurable:** Quantifiable to track progress.
- **Achievable:** Realistic and attainable.
- **Relevant:** Aligned with broader objectives.
- **Time-bound:** Set within a clear timeframe.
- **Inclusive:** Consider diverse perspectives and inclusivity.
- **Equitable:** Ensure fairness and equality in the goal.

- **Example:** By July 31, 2025 (T), our practice will identify, contact, and schedule appointments for at least 60% (M) of our assigned but unseen adult preventive care patients—defined as those not seen in the past 12 months (S)—specifically targeting those overdue for colorectal, breast, or cervical cancer screenings (S, R). We will achieve this using a dedicated, multilingual outreach team (I) and will prioritize outreach to non-English speakers and historically underserved racial and ethnic groups (E). Weekly EHR queries will update our patient list, and at least three outreach attempts (via phone, SMS, and patient portal messages) will be made per patient (A), aiming for a minimum 30% appointment conversion rate (M, A). Each step will be tracked by our care management team, with progress reviewed monthly (T) to make culturally responsive adjustments (R, I). We will also ensure outreach materials are accessible in patients' preferred languages and formats (print, digital, and community-based messaging) (I, E) to maximize engagement and equity (E).

Pass:

The submission clearly states a SMARTIE goal that incorporates all seven elements, and the goal is clearly linked to the baseline data.

Fail:

If the goal is missing more than two SMARTIE elements, is vague or not clearly linked to the baseline data, or lacks justification with evidence, the response fails.



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Question 3: Interventions/Steps to Achieve the SMARTIE Goal

Response Criteria:

- **Intervention/Step:**
 - Provide a list of 5-10 detailed interventions, **either new or improvements since starting EPT**, with clear descriptions. Each intervention should include the data or information that informed its selection.
- **Data & Information for Intervention Selection:**
 - Provide a response that outlines the data and/or information you used.
- **Patients' Needs Addressed**
 - Identify the patient needs that each intervention addresses.
- **Stakeholder Identification:**
 - Responsible parties or stakeholders for each step are clearly identified.
- **Comparison to Current Practices:**
 - The response to 3a explains how these interventions differ from or improve upon current methods, addressing previous limitations.

Pass: Interventions are listed in detail with explicit links to data insights, clear stakeholder roles, and a thorough comparison with current practices, supported by the required documentation.

Fail: If interventions are incomplete, lack detailed descriptions, fail to link data insights or stakeholder roles, or do not explain how they improve upon current methods, the response fails.



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Question 4: High-Level Workplan to Achieve the SMARTIE Goal

Response Criteria:

- **Task Assignment:**
 - Every task or intervention is clearly identified with designated responsible parties.
- **Implementation Details:**
 - Provides detailed, step-by-step methods for how each task will be carried out.
- **Timelines & Feasibility:**
 - Realistic deadlines are set for each intervention that align with the overall SMARTIE goal.

Documentation Required: A work plan, Gantt chart or timeline schedule with milestones and the individuals responsible for each task (either documented directly in the portal or supplied as an attachment). Please specify at least 5 and no more than 10.

Pass: The workplan fully details tasks with clear responsibilities, includes explicit step-by-step implementation methods, and sets realistic, well-defined timelines.

Fail: If the workplan lacks clear task assignments, detailed implementation methods, or realistic timelines, or if supporting evidence is missing, the response fails.

Question 5: Progress Tracking & Metrics to Achieve the SMARTIE Goal

Response Criteria:

- **Indicator Identification:**
 - The response provides 3–5 well-defined progress indicators, each with accurate numerator/denominator definitions.
- **Clear Definitions & Reporting Frequency:**
 - Each indicator has a specified, consistent reporting frequency (e.g., weekly, monthly, or quarterly).
- **Sample Reporting Template:**



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- Includes a clear example (screenshot or template) demonstrating how data will be tracked over time, ensuring no PHI is included.

Documentation Required: A redacted sample report or dashboard screenshot. If the data is still in the planning stage, a mock-up report will suffice.

Pass: The submission includes 3–5 clearly defined progress indicators with detailed numerator/denominator definitions, specified reporting frequencies, and a sample reporting template that supports ongoing tracking.

Fail: If fewer than 3 indicators are provided, if the definitions and frequencies are vague, or if no sample template is provided, the response fails.

STRATEGY 2: USING GAPS IN CARE REPORTS

Question 1: Baseline Care Gap Data

Response Criteria:

- **Baseline Care Gap Closure Rates for PoF Measures:**
 - All required data components are entered: denominator (eligible population), numerator (number of patients who received care), auto-calculated performance rate, and auto-calculated care gap rate.

Documentation Required: An extract from a recent full-year Gaps in Care report.

Pass: The response presents a complete and clearly formatted set of baseline data for at least one PoF measure.

Fail: Any omission or inaccuracy in the data for at least one PoF measure, results in a “Fail.”



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Question 2: SMARTIE Goal(s) for Care Gap Closure

Response Criteria:

- **SMARTIE Elements:**
 - The goal explicitly includes all seven components: Specific, Measurable, Achievable, Relevant, Time-bound, Inclusive, and Equitable.
- **Specific:** Clear and well-defined.
- **Measurable:** Quantifiable to track progress.
- **Achievable:** Realistic and attainable.
- **Relevant:** Aligned with broader objectives.
- **Time-bound:** Set within a clear timeframe.
- **Inclusive:** Consider diverse perspectives and inclusivity.
- **Equitable:** Ensure fairness and equality in the goal.

Example: By December 31, 2025 (T), our practice will improve care gap closure rates by at least 15% (M) for two selected measures—Controlling High Blood Pressure (CBP) and Depression Screening and Follow-Up (DSF) (S)—by implementing a data-driven, equity-focused outreach strategy (E). We will use data from our 2023 Health Plan care gap report and EHR system to track baseline performance and measure improvements (S, M). Our strategy includes running monthly EHR reports, verifying data through quarterly reviews, and implementing targeted outreach (phone calls, SMS reminders, and provider engagement) to increase patient compliance (A). We will ensure that outreach materials are multilingual and culturally tailored (I) while addressing barriers such as transportation, flexible scheduling, and community resource referrals to support marginalized and high-risk groups (E). Progress will be monitored monthly and adjusted quarterly to optimize impact (T, A), aligning with our organization’s commitment to preventive care and chronic disease management (R).

Pass: The submission clearly states a SMARTIE goal that incorporates all seven elements, and the goal is clearly linked to the baseline data.

Fail: If the goal is missing more than two SMARTIE elements, is vague or not clearly linked to the baseline data, or lacks justification with evidence, the response fails.



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Question 3: Priority Subpopulation & Rationale

Response Criteria:

- **Subpopulation Identification:**
 - The response clearly outlines one or more prioritized subpopulations relevant to the Population of Focus (PoF) and the PoF measure affected.
- **Rationale & Evidence:**
 - Provides a rationale for each subgroup, explaining why these populations are prioritized, with the reasoning supported by data and/or national literature and evidence.

Documentation: A description, list or table with subpopulation metrics that informed prioritization of subgroups. This question is optional, so there is no penalty for not completing

Pass: The response clearly identifies and defines each prioritized subpopulation and provides compelling rationale informed by data and/or national evidence with supporting documentation. This question is optional, so there is no penalty for not completing.

Question 4: Interventions/Workplan for Care Gap Closure

Response Criteria:

- **Intervention Detail:**
 - Lists detailed interventions covering clinical guidelines, outreach strategies, technology enhancements, and workflow optimizations. List 3 – 5 responses.
- **Alignment with SMARTIE Goal:**
 - Each intervention is clearly linked to the SMARTIE goal and addresses the identified care gap.



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- **Task & Timeline Clarity:**
 - Responsibilities and deadlines are clearly stated.

Documentation Required: A work plan, Gantt chart or timeline schedule with milestones and the individuals responsible for each task (either documented directly in the portal or supplied as an attachment).

Pass: All interventions are fully detailed with clear connections to the SMARTIE goal, assigned responsibilities, and realistic timelines, entered into the form or attached.

Fail: If interventions are incomplete, lack alignment with the goal, or do not provide clear task assignments and timelines, the response fails.

Question 5: Progress Indicators & Reporting for Care Gap Closure

Response Criteria:

- **Indicator Identification:**
 - Provides 3–5 well-defined progress indicators with accurate numerator/denominator definitions.
- **Clear Definitions & Reporting Frequency:**
 - Specifies consistent reporting frequency for each indicator.
- **Sample Reporting Template:**
 - Includes a sample report or screenshot (with PHI redacted) demonstrating data tracking.

Documentation: You may attach a redacted sample report or dashboard screenshot. If the data is still in the planning stage, a mock-up report will suffice.

Pass: The submission meets all criteria by providing clear, complete progress indicators with defined calculations, reporting frequencies, and a demonstrative sample template.

Fail: If the response provides insufficient indicators, lacks clear definitions or reporting frequency, or does not include a sample reporting template, it fails.



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STRATEGY 3: DATA EXCHANGE WITH EXTERNAL PARTNERS

Part 1: Data Exchange with a QHIO

Question 1, 1a, and 1b: QHIO Connection & Timeline

Response Criteria:

- **Connection with a QHIO:**

- Clearly states the current status of QHIO connectivity or provides a detailed timeline for contracting, including the specific QHIO or options being considered.

Pass: The response clearly identifies the QHIO connection status and provides a realistic, detailed timeline with supporting evidence (if not already connected to a QHIO).

Fail: If the response omits the QHIO status or timeline, or fails to identify specific QHIO options, it fails.

Question 2: Specific Data Types to be Received from the QHIO for the purposes of EPT

Pass: The submission includes selected data types (at least 1).

Fail: The submission fails to include selected data types.

Question 3: Processes Improved by Receiving QHIO Data

Pass: The submission includes selected processes (at least 1).

Fail: The submission fails to include selected processes.

Question 4: QHIO Agreement Completion Date

Response Criteria:



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- If not already connected to a QHIO, the response provides a specific, realistic completion date or timeframe for the QHIO agreement, with context or rationale if needed.

Pass: The response states a precise, realistic target date or timeframe for QHIO agreement completion. Practices will be asked to provide an update in November 2025, so should attempt to make connections before that date.

Fail: If the response is vague (e.g., “soon”) or does not provide any specific timeframe, it fails.

Question 5: Barriers & Mitigation Strategies for QHIO Exchange

Response Criteria:

- Provides a comprehensive list of potential barriers (technical, contractual, data standardization, etc.) with clear explanations.
- **Mitigation:**
 - Outlines detailed, feasible mitigation strategies for each barrier, including timelines and responsible parties.

Pass: The submission clearly identifies potential barriers and provides robust, actionable mitigation strategies.

Fail: If barriers or mitigation strategies are missing or inadequately described, the response fails.

Part 2: Data Exchange with External Partners

Question 6: Identification of External Partners

Pass: The submission includes selected external partners (at least 1).

Fail: The submission fails to include selected external partners.

Question 7: Specific Data Types for External Data Exchange



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Pass: The submission includes selected data types (at least 1).
Fail: The submission fails to include selected data types.

Question 8: Processes Improved by External Data Exchange

Pass: The submission includes selected processes.
Fail: The submission fails to include selected processes

Question 9: Step-by-Step Plan for External Data Exchange

Response Criteria:

- **Policy/Data Completeness:**

- The submission provides a comprehensive, step-by-step workplan that includes every necessary action to achieve data exchange.

Documentation Required: A detailed project plan or timeline (e.g., Gantt chart) with steps, who is responsible, how it will be implemented and by when it will be implemented (either documented directly in the portal or supplied as an attachment).

Pass: The workplan is complete with a clear, step-by-step outline of actions, responsible parties, timelines, and how it will be implemented. The plan clearly aligns with the overall goal of enhanced data exchange.

Fail: If the plan is vague, incomplete, or lacks clear assignment of responsibilities and timelines, the response fails.