May 2025 EPT Deliverables Submission Frequently Asked Questions (FAQ)
Population Health Learning Center
Equity and Practice Transformation (EPT) Technical Assistance

General Questions

1. What EPT deliverables can be submitted in May 2025? What resources are available to help my EPT practice submit?

EPT practices may submit any deliverables that were not accepted during the November 2024 deliverable submission cycle, along with the following deliverables:

- 2025 PhmCAT,
- Data Implementation Plan,
- Stratified HEDIS-Like Measures, and
- Key Performance Indicators (KPIs).

Deliverable templates and review criteria (e.g., rubrics) are available on the Learning Center's Milestones and Deliverables webpage. These help EPT practices plan and prepare their response and understand how the Learning Center will evaluate deliverable submissions for milestone attainment.

The Learning Center hosted multiple office hours to help practices prepare to submit their deliverables. The slides and recordings from those sessions are available online, including the following sessions:

- May 2025 deliverables, including the deliverable templates, what is required for submission, and how practices will submit.
- A deep dive into the Population Health Management Capabilities Assessment Tool (PhmCAT), including who should submit the PhmCAT and the assessment questions.

2. Which populations will my EPT practice report on?

In the Data Implementation Plan, Question 1, practices will report on assigned Medi-Cal patients. For the Stratified HEDIS-like Measures, practices will report on all Medi-Cal patients. Finally, on the Key Performance Indicators, practices will choose if they report on either Medi-Cal patients or all patients.

3. **What is the timeline for deliverables submission?**
    - April 1: Practices can begin submitting deliverables. The Learning Center will review deliverables on a rolling basis.
    - April 1-7: The Learning Center recommends that practices test their Deliverables Portal access during the first week of April. Email the Learning Center if you have difficulties.
    - May 1: This is the last day to submit deliverables. All deliverables must be received by 5pm on May 1, 2025.
    - May 11: The Learning Center will complete the initial review of deliverables. Some practices may be given the opportunity to resubmit.
    - May 19: Deadline to resubmit deliverables.
    - May 23: Practices will receive final feedback.

4. **How should my EPT practice submit our deliverables?**

EPT practices will submit all deliverables on the Deliverables Portal. EPT practices should designate a point person to submit all deliverables on behalf of the practice. The point person will receive communication from the Learning Center when the deliverable is received and when feedback is available. Please ensure that this person is accessible via email during the deliverable submission cycle.

Please note that all PhmCAT responses will be submitted individually via the EPT Deliverables Portal. Each PhmCAT respondent will need a Deliverables Portal account. If one staff person is submitting PhmCAT responses on behalf of others, they can do so through logging through the other staff's Deliverable Portal accounts.

5. **The Deliverables Portal will not allow me to submit my deliverable. How do I fix this?**

The Deliverables Portal includes validation that will not allow the deliverable to be submitted if there is a blank field or an error with the data. Please check for the following:

- All fields should have a value included. Please fix this by filling in a value, which can be "0" or "N/A" as applicable.
- All reported numerators should be equal to or smaller than their corresponding denominators.

6. **How can I receive help with the Deliverables Portal?**

For assistance including account creation, please contact elearning@pophealthlc.org. To request a new Deliverables Portal account, please include first name, last name, title, email, and EPT practice. General EPT questions can be directed to info@pophealthlc.org.

7. If my practice is also a PHMI practice, can we use our PHMI PhmCAT response?

The EPT program requires that at least three individuals from each practice complete and submit the PhmCAT annually within the specified timeframes. While PHMI also uses the PhmCAT, its submission requirements and timing differ from EPT's. Therefore, EPT cannot leverage PHMI submissions and requires a separate PhmCAT submission for each practice every year to track changes in PHM capabilities consistently across practices within the EPT cohort.

8. Will my practice be penalized if we do not submit any deliverables?

Because EPT is a directed payment program, participating practices are eligible to earn directed payment only when their deliverables are submitted and approved. Practices who do not submit deliverables will not earn any directed payment.

Practices are required to successfully submit the following deliverables by the November 2025 submission cycle to continue in the EPT program during 2026. These deliverables, which relate to tracking progress, data, and empanelment, are essential to achieving the models of care, social health, and behavioral health content addressed in the last half of EPT.

- The 2024 and 2025 PhmCAT Assessments
- The Empanelment Assessment and Empanelment Policy and Procedure
- Data Governance Assessment & Policy and Procedure, and Data Implementation Plan.

Data Implementation Plan Questions

9. Help! My practice is reviewing the Data Implementation Plan, and we will not be able to complete these requirements by May.

The intention of the Data Implementation Plan is to help practices build data infrastructure and to address gaps in current infrastructure related to:

- Identifying and outreaching to the assigned but unseen population.
- Using gaps in care reports that include practice and Managed Care Plan (MCP) data.
- Data exchange with two external partners, at least one of which is a Qualified Health Information Organization.

The Data Implementation Plan helps EPT practices to create a workflow and strategy to address these gaps. Because this deliverable is a plan, EPT practices do not have to implement these strategies by the May submission. In November 2025, EPT practices will submit a report detailing their progress implementing the Data Implementation Plan.

We understand that practices are at different stages with their capabilities and resources. Some may need more time to develop their plan, which is perfectly fine. You can submit the Data Implementation Plan in the next submission cycle and still remain eligible for payment.

10. My practice does not have a submitted or approved Data Governance Assessment and Policy and Procedure. Can we still submit our Data Implementation Plan?

Practices may submit both the Data Governance Assessment and Policy and Procedure and the Data Implementation in May, however practices will not be eligible to receive payment on the Data Implementation Plan until their Data Governance Assessment and Policy and Procedure is approved. The Learning Center highly recommends that practices who do not have an approved Data Governance Assessment and Policy and Procedure submit these deliverables in May.

11. What is the EPT data exchange requirement? Are any of the following scenarios eligible for EPT payment?

Within the Data Implementation Plan, practices should demonstrate that they will connect to a QHIO and a secondary external data source, which can include a Managed Care Plan, Hospitals/Emergency Departments, Behavioral Health Providers, Community-Based Organizations, Specialty Consult Providers, Immunization Registries (CAIR2 or RIDE-only practices with children and youth PoF), or Pharmacies.

- *Practices already connected to a QHIO or a secondary external data source prior to EPT:* To be eligible for payment, these practices must demonstrate they are implementing a new application of their engagement with the QHIO/Partner. Practices are not eligible for payment if they rely on pre-existing data exchange processes. To qualify, there must be a new integration or application of data exchange, such as adding bidirectional data exchange, or exchanging a new data type.
- *Practices with a QHIO connection through their EHR (e.g., Care Everywhere, Care Quality, or eHealth Exchange):* To be eligible for payment, practices must make a direct connection to a QHIO. Entities like Care Everywhere, Care Quality, eHealth Exchange largely represent pre-established integrations rather than new, transformative partnerships.

- *Practices using CAIRS:* CAIRS is a valid secondary connection for practices with the children/youth population of focus. If your practice connected to CAIRS prior to EPT, you must demonstrate a new workflow or improved connectivity through CAIRS.
- *Practices using Physician Connect (UC Davis EPIC based HIE) or Cozeva PHM*: These could count as a secondary external connection provided that they are a new connection established during EPT. If the connection was set up prior to EPT, the practice must demonstrate how they would use Cozeva or their established PHM in a new way or improve a data exchange process as a result of participating in EPT.

12. My practice uses Cozeva as our population health management (PHM) platform, or has access to Cozeva's PHM platform through our managed care plan. Will this count for our connection to a QHIO?

Cozeva operates as a long-standing PHM platform that can be contracted with MCPs to facilitate data exchange between health plans and practices. This platform is provided free to practices through some MCPs, allowing them to manage patient populations and close care gaps. In 2023, Cozeva launched a separate entity, a QHIO, designed for larger practices (25+ providers). Cozeva QHIO is not available for smaller practices.

To meet the requirement in the Data Implementation Plan – data exchange with two external data sources, including a connection to a QHIO - practices using Cozeva's PHM platform can count it as their second connection if they receive and utilize MCP data for quality improvement for EPT. However, they must have a separate connection to Cozeva's QHIO or select a separate QHIO for their official QHIO connection to meet the requirements for exchanging data with two external data sources. Additionally, simply having Cozeva in place does not automatically qualify a practice for meeting the data exchange requirements. In directed payment programs like EPT, a practice cannot receive payment for something already in place. To qualify, practices need to use Cozeva in a new way or improve a data exchange process as a result of participating in EPT.

13. What are the measure specifications for the assigned but unseen population?

This is a point-in-time measure. EPT practices should reported on their assigned Medi-Cal members as of that specific moment and look back 12 months to see who has had a visit. This includes all visit types, not just well visits.

KPI Assessment Questions

14. How is payment for the HEDIS-like measures determined?

The data that EPT practices are submitting on the stratified HEDIS-like measures is for reporting only. The Learning Center is using HEDIS data as reported by MCPs for payment. Collecting, stratifying, and regularly using data is essential for understanding in real time how well changes are working. Additionally, by aligning with the same measures reported by health plans, practices and plans can collaborate to improve data capture, as pay-for-performance programs and EPT payments are based on health plan-reported rates.

Practice-level data is needed to meet the disparity reduction KPI and disparity reduction plan milestones in the EPT program. Although practices will submit this data twice a year (May and November) during EPT, the Learning Center recommends that practices pull this data monthly for use in quality improvement.

The Learning Center is validating the MCP reported data and will share this data back with practices. Once this occurs, the Learning Center recommends that practices review the MCP reported data, identify if there are any discrepancies, and try to reconcile those data or care gaps accordingly in collaboration with MCPs.

15. What is the reporting period for the HEDIS-Like Measures?

For practices, the data collection date is the last day of any rolling 12-month measurement period.

Sponsoring Managed Care Plans (MCPs) reported practices' baseline performance for measurement year 2023, i.e. data as of December 31, 2023, with the measurement period of January 1-December 31, 2023.

16. Are there any resources available to help with follow-up from depression screening?

The EPT Behavioral Health subject matter expert has the following recommendations:

- Follow up with a primary care provider counts for this measure.
- EPT practice should make sure that they are coding for the follow-up visits correctly, as described on this Blue Shield of California HEDIS Provider Guide.
- EPT practices should ensure that internal system allows scores to be reported within their EHR and that outreach lists can be created as part of remission work.
- There are ICD-10, CPT, and HCPCs codes that can be used to diagnose depression and code for a follow-up visit. Some practices have challenges with using LOINC codes to denote the positive findings, which they usually document in the notes. Some practices will crosswalk the LOINC codes to ones that they can capture in their EHR in a structured way and send this data as supplemental data to their health plan.

Stratified HEDIS-Like Measure Questions

17. What patient population should be reported on?

EPT practices may choose to submit data either on active patients or their entire patient population. Some EPT practices will pull data through their EHRs, which only include active patients. Practices without an EHR or PHM system, who rely on MCP care gap reports which include all patients, may also submit this data for their HEDIS-like measures. While there is flexibility to use the data you have, the MCPs will report data on the assigned patients that meet the HEDIS denominator specifications. This is important to consider if you plan to compare your rates with those reported by the health plans for your population focus measures.

18. Can my EPT practice use MCP reported data for race/ethnicity? What if the race/ethnicity categories used by my MCP do not perfectly match the categories requested by the Learning Center?

EPT practices can choose to report patient-reported data that their practice collected or MCP reported data. If the racial/ethnic categories from the MCP do not perfectly align with the racial/ethnic categories requested by the Learning Center, EPT practices can match the categories to the best of their ability or email the Learning Center for assistance.

Regardless of the data source you use, the deliverable requires that no more than 20% of your patients are missing data. The intent of this deliverable is to identify a disparity among subpopulations; the stratification is only meaningful if you at least have data on 80% of your patients.

19. What happens if my EPT practice demonstrates improvement or meets the target in some of our population of focus HEDIS-like measures, but not all? How does this impact payment?

As described in the EPT Milestone Timeline, practices are paid based on their three highest-performing HEDIS measure, each worth one milestone, based on MCP-reported data.

Practice are eligible for payment on each HEDIS-like measure when, according to MCP data, they:

1) demonstrate improvement over two reporting cycles,
2) meet target and sustain the target achievement for two consecutive reporting cycles, or
3) meet the target in the final reporting cycle in EPT.

Each milestone, i.e. each HEDIS-like measure, is considered for payment independently, and practices get paid as soon as the milestone is met.