

**AGREEMENT BETWEEN
SAN MATEO COUNTY HEALTH
AND
SAN MATEO HEALTH COMMISSION
TO FUND ELECTRONIC HEALTH RECORD**

This Agreement is made and entered into as of this ____ day of _____ 2023, by and between San Mateo County Health (“SMCH” and/or “Provider”) and the San Mateo Health Commission, dba Health Plan of San Mateo, an independent public agency established by the San Mateo County Board of Supervisors, pursuant to WIC section 14087.51 (“HPSM” and/or “Plan”). HPSM and Provider are sometimes individually referred to as “Party” and collectively referred to as “Parties.”

WHEREAS, San Mateo Health Commission dba Health Plan of San Mateo is a public entity and is licensed by the California Department of Managed Health Care (“DMHC”) as a health care service plan in the State of California pursuant to Knox-Keene Health Care Service Plan Act of 1975, as amended (California Health and Safety Code Section 1340 et seq.), and the regulations promulgated thereunder (collectively, the “Knox-Keene Act”) and is a Medi-Cal Managed Care Plan (“MCP”) ; and

WHEREAS, In 2022, the California Department of Health Care Services (“DHCS”) implemented the Housing and Homelessness Incentive Program (“HHIP”) which sought to improve health outcomes and access to services for Medi-Cal members by addressing housing insecurity and instability; and improve data sharing and collaboration; and

WHEREAS, DHCS will provide California Medi-Cal Managed Care Plans (“MCPs”) such as HPSM with incentive payments associated with the goals and metrics of targeted interventions that reduce and prevent homelessness and ensure MCPs develop capacity and partnerships to connect members to housing services; and

WHEREAS, DHCS implemented the Incentive Payment Program (“IPP”), in hopes of expanding and strengthening Enhanced Care Management (“ECM”), Community Supports (“CS”), and other CalAIM initiatives. IPP funds the Health Information Technology and Data Exchange Infrastructure required for ECM and CS, providing incentives to Medi-Cal Managed Care Plans to support CalAIM providers and operations; and

WHEREAS, HPSM wants to utilize IPP payments to fund SMCH’s Electronic Health Record (“EHR”) in order to better address health outcomes and access to services for Medi-Cal members by addressing

housing insecurity and instability; and improve data sharing and collaboration; and

WHEREAS, the Parties also wish to set guidelines and deliverables for Project Plans under HHIP and IPP to deliver data through an enhanced EHR.

NOW THEREFORE, the Parties agree as follows:

1. **Term.** The Term of this Agreement shall begin on November 1, 2023, and shall terminate on October 31, 2025.
2. **Termination.** This Agreement may be terminated by any Party if they provide written notice at least 30 days prior to the effective date of the termination. Written notice shall be provided by email and/or U.S. Mail to the other Party's Liaison designated in accordance with Section 9 of this Agreement.
3. **Scope.** Both IPP and HHIP fund Health Information Technology ("HIT"), data exchange infrastructure, and provider capacity building. HIT is vital for member services as it promotes continuity of care, enhances care coordination, and enables informed decision-making leading to improved health outcomes for individuals and preventing fragmented or duplicated treatments. Through this data quality assessment, as detailed in the milestones table, we will identify the essential elements needed for the EHR system and then proceed to develop and integrate them into the Epic platform.
4. **Confidentiality.** Collaboration in support of project(s) may require the exchange of Confidential Information ("Confidential Information") as may be identified by either Party. HPSM and Provider agree to abide by processes and requirements applicable to the exchange of either Party's respective Confidential Information, in accordance with applicable state and federal law.
5. **Corrective Action.** In recognition of the need for project flexibility, HPSM may utilize a corrective action plan, or other mutually agreed upon or DHCS-required mechanism, to modify the project terms, to facilitate the Provider's compliance with project terms, or to adjust project goals and objectives and related payments as necessary to achieve the project goals. Such modifications are subject to DHCS review and approval. Provider noncompliance with modified project terms may result in termination of this Agreement consistent with Section 2 "Termination." In the event of project termination, the Providers shall return funds as directed by HPSM.
6. **Provider Responsibilities:**
 - 6.1 Use of Funding: Provider will expend project award funds for the purposes of carrying out the following activities and achieving HHIP and IPP Deliverables:
 - 6.1.1 **SMCH Enterprise Electronic Health Record (EHR):** Funds from this initiative will be used to fund the development of SMCH's new Electronic Health Records system. Funding this proposal benefits housing services by enabling seamless coordination between healthcare providers and housing organizations. It allows social services to access relevant health information, leading to more informed decision-making and targeted interventions to support vulnerable populations. Furthermore, EHR

implementation facilitates efficient and secure sharing of patient data among health care providers, enhancing care coordination and timely interventions to improve patient outcomes.

The EHR encompasses more than just technology integration; it focuses on care integration, breaking down silos in departments, divisions, and systems. By improving interoperability, it optimizes the care for individuals experiencing homelessness or at risk for homelessness.

- 6.1.2 Provider shall document completion of project activities and Milestones in the form prescribed by Sections 8 and 9 of this agreement.
- 6.1.3 To the extent that the Provider does not or is unable to provide Deliverables, as described in section 6.4, and achieve Milestones, Provider shall notify HPSM and return any funds that they may have received related to those project Deliverables or Milestones.
- 6.1.4 The total amount of funds to be expended under this Agreement shall not exceed: \$3,000,000 (three million dollars).

6.2 Provider will submit deliverables to HPSM in accordance with all deadlines as designated in Deliverables Table in Section 6.4. HPSM will complete its quality review to ensure that submissions meet the evaluation parameters. Providers will be available for timely revisions and updates as may be requested by HPSM and/or DHCS.

6.3 Designees will be assigned to a Planning Committee meeting, to discuss the Provider's and HPSM's collaborative goals, and/or an Operational meeting, which will meet on a regular basis, at least once a month.

6.4 Deliverables:

Data sharing is crucial for housing, and other services, as it enables seamless collaboration among various stakeholders, such as housing organizations, healthcare providers, and social services. Additionally, data sharing facilitates quality improvement initiatives, and public health monitoring, leading to advancements in best practices and better population health outcomes. To that end, Provider shall provide data reports to HPSM to facilitate tracking of members' access to support necessary to improve health and housing outcomes.

To ensure proper identification of members, determination of social support needs and analysis of social barriers, Provider will include the below types of information at the member level:

- a. Member Demographics including contact information, SOGI, race, and ethnicity; and
- b. Social determinants of health ("SDOH") assessment results; and
- c. Recent utilization of Correctional Health Services.

Deliverables Timeline		
Deliverables	Due Dates	Send Report To
Section 1: Member Demographic Data Report “Catch-up” Covering: July 1, 2022, to October 31, 2023	December 1, 2023	Send reports via sFTP; notify Kate.Arsenault@hpsm.org
Section 1: Member Demographic Data Monthly Report Covering: October 2023, and each month thereafter	Monthly, starting December 1, 2023	Send reports via sFTP; notify Kate.Arsenault@hpsm.org
Section 2: Social Determinants of Health Report “Catch-up” Covering: July 1, 2022, to October 31, 2023	December 1, 2023	Send reports via sFTP; notify Kate.Arsenault@hpsm.org
Section 2: Social Determinants of Health Covering: October 2023, and each month thereafter	Monthly, starting December 1, 2023	Send reports via sFTP; notify Kate.Arsenault@hpsm.org
Section 3: Correctional Health File Specification “Catch-up report” Covering: July 1, 2022 to September 31st, 2023	November 1, 2023	Send reports via sFTP; notify Kate.Arsenault@hpsm.org
Section 3: Correctional Health File Specification Covering: October 2023, and each month thereafter	Monthly, starting December 1, 2023	Send reports via sFTP; notify Kate.Arsenault@hpsm.org

Section 1 of Deliverables Table: Member Demographics File Specification Format

Field Name	Field Requirements	Format	Character limit
CIN	CIN ID	Alphanumeric	9 characters
HPSM ID	HPSM Member ID	Numeric	Up to 9 digits
First Name	Patient first name	Text	Up to 50 characters
Last name	Patient last name	Text	Up to 50 characters

Field Name	Field Requirements	Format	Character limit
Date of Birth	Date	YYYY-MM-DD	8 Characters
Mailing Address	Address	Text	Up to 100 characters
Mailing City	City	Text	Up to 50 characters
Mailing State	State	Text	Up to 2 characters
Mailing Zip	Zip	Numeric	5 digits
Home Address	Address	Text	Up to 100 characters
Home City	City	Text	Up to 50 characters
Home State	State	Text	Up to 2 characters
Home Zip	Zip	Numeric	5 digits
Language Written	Language of preference	Text	Up to 100 characters
Language Verbal	Language of preference	Text	Up to 100 characters
Ethnicity	<ul style="list-style-type: none"> • Hispanic or Latino • Not Hispanic or Latino • (Declined) 	Text	Up to 50 characters
Race	<ul style="list-style-type: none"> • Black or African American • Native Hawaiian or Other Pacific Islander • White • Asian • Filipino • Chinese • Cambodian • Japanese • Korean • Samoan • Asian Indian • Guamanian • Laotian • Vietnamese • Amerasian • American Indian or Alaska Native • Some other race • (Declined) 	Text	Up to 50 characters
Direct sexual	<ul style="list-style-type: none"> • Lesbian or gay or homosexual • Straight or heterosexual 	Text	Up to 50 characters

Field Name	Field Requirements	Format	Character limit
orientation data collection	<ul style="list-style-type: none"> • Bisexual • Something else, please describe • Don't know • Choose not to disclose • Additional options, as the organization deems appropriate 		
Direct collection of sex assigned at birth	<ul style="list-style-type: none"> • Male • Female • Unknown • Choose not to disclose 	Text	Up to 50 characters
Direct collection of gender identity	<ul style="list-style-type: none"> • Male • Female • Transgender male • Transgender female • Genderqueer, neither exclusively male nor female • Additional gender category or other, please specify • Choose not to disclose 	Text	Up to 50 characters
Direct collection of pronouns	<ul style="list-style-type: none"> • she/her/hers • he/him/his • they/them/theirs • I prefer not to say • Other 	Text	Up to 50 characters

Section 2 Deliverables Table: SDOH File Specification Format

Field Name	Field Requirements	Format	Character limit
CIN	CIN ID	Alphanumeric	9 characters
HPSM ID	HPSM Member ID	Alphanumeric	Up to 9 digits
First Name	Patient first name	Text	Up to 50 characters
Last name	Patient last name	Text	Up to 50 characters

Field Name	Field Requirements	Format	Character limit
Date of Birth	Date	YYYY-MM-DD	8 Characters
Date SDOH assessment completed	Date	YYYY-MM-DD	8 Characters
Reason why SDOH Assessment was not completed	<ul style="list-style-type: none"> • Partial completion • Member declined • Declined to Answer • Failed to Ask • Yes/No/NA 	Text	Up to 50 characters
Member reported problems related to education & literacy	Yes/No/Not Applicable	Text	Up to 50 characters
Member reported problems related to other psychosocial circumstances	Yes/No/Not Applicable	Text	Up to 50 characters
Member reported problems related to social environment	Yes/No/Not Applicable	Text	Up to 50 characters
Member reported problems related to upbringing	Yes/No/Not Applicable	Text	Up to 50 characters
Member reported problems related to Occupational exposure to risk factors	Yes/No/Not Applicable	Text	Up to 50 characters
Member reported problems	Yes/No/Not Applicable	Text	Up to 50 characters

Field Name	Field Requirements	Format	Character limit
related to primary support group, including family circumstances			
Member reported problems related to housing and economic circumstances	Yes/No/Not Applicable	Text	Up to 50 characters
Living in stable Housing	Yes/No/Not Applicable	Text	Up to 50 characters
Housed	Yes/No/Not Applicable	Text	Up to 50 characters
Housing Type	<ul style="list-style-type: none"> • Shelter • Hospital • Nursing Home • Residential Treatment • Jail/Prison • Street/Outdoors/Car • Own/rent room, house, or apartment 	Text	Up to 50 characters
Member reported problems related to employment and unemployment	Yes/No/Not Applicable	Text	Up to 50 characters
Employment Status	<ul style="list-style-type: none"> • Full-time • Part-time • Unemployed-disabled • Unemployed, retired • Unemployed, looking for work • Unemployed, not looking for work 	Text	Up to 50 characters
Source of Income	<ul style="list-style-type: none"> • None • Disability • Public Assistance • Retirement • Non-legal income 	Text	Up to 50 characters

Field Name	Field Requirements	Format	Character limit
	<ul style="list-style-type: none"> Family and/or Friends 		
Health Insurance	<ul style="list-style-type: none"> Private Health Insurance Medicaid Medicare None 	Text	Up to 50 characters

Section 3 Deliverables Table: Correctional Health File Specification Format

Field Name	Field Requirements	Format	Character limit	Source
First Name	Patient first name	Text	Up to 50 characters	Correctional Health
Last Name	Patient last name	Text	Up to 50 characters	Correctional Health
CIN	CIN ID	Alphanumeric	9 characters	Correctional Health
Date of Birth	Date	YYYY-MM-DD	8 Characters	Correctional Health
Diagnosis Codes	To be determined	Text	Up to 50 characters	Correctional Health
Language Written	Language Preference N/A	Text	Up to 50 characters	Correctional Health
Language Verbal	Language Preference	Text	Up to 50 characters	Correctional Health
Planned Release Date	Date	YYYY-MM-DD	8 characters	Correctional Health
Booking Date	Date	YYYY-MM-DD	8 Characters	Correctional Health

7. Funding and Distribution of Funds:

Deliverables	Date	Amount
Signing the Agreement	N/A	\$1.5 Million
Successful Completion of all Monthly File Submissions for a consecutive 4-month period from November 1, 2023, through May 31, 2024. See Table 8 for more details.	Pending completion of deliverable.	\$1.5 Million

8. Check-off Table Example:

Month/Year (please complete 4 consecutive months to receive funding)	Signed Off By:

9. **Milestones Table: To be Completed during the lifecycle of this Agreement**

Milestone 1	The Provider completes first file specification, without making changes to their data capture, but as close to the request in this Agreement as possible.
Milestone 2	The Provider will send HPSM a file specification that aligns with the one detailed in this Agreement.
Milestone 3	HPSM and Provider to discuss and validate data fields required for Epic to meet Agreement standards.

10. **Monitoring.** HPSM will collect and evaluate all information related to implementation of the Provider’s project(s) for the purposes of ensuring progress toward the goals and objectives, reporting to DHCS and other objectives as set forth in Section 6.4 “Deliverables Table” of this Agreement.
11. **Liaison.** HPSM and Provider will each designate a liaison(s) to serve as a point of contact for activities performed related to this Agreement.
12. **Agreement Monitoring.** HPSM and SMCH will meet on a mutually agreed upon frequency, at minimum of three times per year, or upon request, to monitor the performance of Parties’ responsibilities related to this Agreement.
13. **Dispute Resolution.** If there is a dispute that cannot be resolved by the parties through Section 10 “Agreement Monitoring,” either Party can submit a request for resolution to DHCS. A Party shall give the other Party at least ten business days of notice, in writing, of its intent to submit such a request for resolution.
14. The Parties certify that the individuals signing below have the authority to execute this AGREEMENT on behalf of their respective organizations.

[Remainder of this page is intentionally left blank]

IN WITNESS WHEREOF, and in agreement with the terms set forth herein, the parties, by their duly authorized representatives, affix their respective signatures:

For Contractor: **SAN MATEO HEALTH COMMISSION dba HEALTH PLAN OF SAN MATEO**

Trent Ehrgood
Contractor Signature

Digitally signed by Trent Ehrgood
DN: cn=Trent Ehrgood, o=Health Plan of San Mateo, ou=Chief
Financial Officer, email=trent.ehrgood@hpsm.org, c=US
Date: 2023.10.13 15:04:17 -0700

10/13/2023
Date

Trent Ehrgood
Contractor Name (please print)

COUNTY OF SAN MATEO

By:

President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:

Clerk of Said Board