

Amendment 2018-2

Medi-Cal Primary Care Physicians Medical Services Agreement Between San Mateo Health Commission d/b/a Health Plan of San Mateo (PLAN) and the County of San Mateo, San Mateo County Health System, San Mateo Medical Center (COUNTY)

WHEREAS, PLAN and COUNTY have entered into an agreement effective September 9, 2008 for the delivery of Covered Services to PLAN's Medi-Cal members; and

WHEREAS, PLAN maintains a Medi-Cal Services Contract with the State of California, Department of Health Care Services; and

WHEREAS, Section 6 of Attachment A of the Agreement, "Payments and Incentives," was amended to include a new subsection 6.1.3 in accordance with Amendment 2014-1, passed and adopted by the San Mateo County Board of Supervisors on May 6, 2014, having an effective date as of January 1, 2014; and

WHEREAS, Section 6 of Attachment A of the Agreement, "Payments and Incentives," was amended to include a new subsection 6.1.4 in accordance with Amendment 2018-1, passed and adopted by the San Mateo County Board of Supervisors on January 23, 2018, having an effective date as of January 1, 2018; and

WHEREAS, This Amendment to the Agreement is made this 1st day of July, 2018 by and between the San Mateo Health Commission, a public entity, hereinafter referred to as "PLAN", and the County of San Mateo, San Mateo County Health System, San Mateo Medical Center, hereinafter referred to as "COUNTY."

WHEREAS, PLAN and COUNTY wish to amend the reimbursement rates for such services effective July 1, 2018;

NOW, THEREFORE, PLAN and COUNTY hereby agree as follows:

Attachments C and D are hereby replaced in their entirety with the revised Attachment C (rev. 7/1/18) and revised Attachment D (rev. 7/1/18), copies of which are attached hereto and incorporated into the agreement by this reference.

Section 6.3 of Attachment A of the Agreement, Provider Incentives, along with Attachments E and F referenced therein, are replaced in its entirety with the revised Attachments E.1.1, E.1.2, E.1.3, E.1.4, E.1.5, E.1.6, E.1.7 E.1.8, E.1.9, and E.2, copies of which are attached hereto and incorporated into the Agreement by this reference.

Attachments listed in the Agreement are updated as follows:

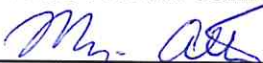
- Attachment A – Terms and Conditions
- Attachment B – Case Management Protocol
- Attachment C (rev. 7/1/18) - BASE CAPITATION RATES FOR PRIMARY CARE SERVICE SCOPE
- Attachment D (rev. 7/1/18) - SCOPE OF CAPITATED SERVICES
- Attachment E - MEDI-CAL PRIMARY CARE PAYMENT MODEL SELECTION
- Attachment E.1.1 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.2 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

- Attachment E.1.3 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.4 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.5 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.6 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.7 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.8 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.1.9 - BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)
- Attachment E.2 - ENGAGEMENT BENCHMARK CAPITATION PAYMENTS

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For San Mateo Health Commission d/b/a/ Health Plan of San Mateo


PLAN Signature

6-20-18
Date

Maya Altman
PLAN Name (please print)

COUNTY OF SAN MATEO

By:
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:
Clerk of Said Board

ATTACHMENT C (rev. 7/1/18)
BASE CAPITATION RATES FOR PRIMARY CARE SERVICE SCOPE

The following capitation rate table applies to all assigned Medi-Cal patients and covers the scope of services as outlined in ATTACHMENT D.

Male									
Aid Category	10	30	50	70/90	110	130/150	180	370	600
Group	Aged	Blind	Disabled	Family	Aged	Disabled	Family	Child	% of Poverty
<1	5.36	8.67	13.83	10.12	9.83	29.05	14.02	18.83	13.11
1-4	5.36	8.67	13.83	5.38	9.83	29.05	9.51	16.01	13.11
5-19	5.36	8.67	9.22	4.85	9.83	29.05	7.66	8.68	13.11
20-44	5.36	8.67	13.65	7.80	9.83	29.05	18.29	11.48	13.11
45-64	5.36	8.67	13.17	10.68	9.83	29.05	23.24	19.75	13.11
65+	5.36	8.67	4.58	10.68	9.83	29.05	23.24	19.75	13.11

Female									
Aid Category	10	30	50	70/90	110	130/150	180	370	600
Group	Aged	Blind	Disabled	Family	Aged	Disabled	Family	Child	% of Poverty
<1	5.36	8.67	20.76	7.58	9.83	29.05	11.30	17.61	13.11
1-4	5.36	8.67	20.76	4.51	9.83	29.05	7.04	15.73	13.11
5-19	5.36	8.67	6.91	14.44	9.83	29.05	6.69	10.28	13.11
20-44	5.36	8.67	21.82	17.01	9.83	29.05	29.30	16.95	13.11
45-64	5.36	8.67	19.10	14.73	9.83	29.05	18.96	21.63	13.11
65+	5.36	8.67	4.58	14.73	9.83	29.05	18.96	21.63	13.11

ATTACHMENT D (rev. 7/1/18)
SCOPE OF CAPITATED SERVICES

Attachment D.	COUNTY Scope of Capitated Services
CPT Codes	New Patient
99201	Problem focused history and exam; straight forward; 10 minutes
99202	Expanded problem focused history and exam; straight forward; 20 minutes
99203	Detailed history and exam; low complexity; 30 min
99204	Comprehensive history and exam; moderate complexity; 45 minutes
99205	Comprehensive history and exam; high complexity; 60 minutes
CPT Codes	Established Patient
99211	Minimal Problem; physician supervised services; 5 minutes
99212	Problem focused history and exam; straight forward; 10 minutes
99213	Expanded problem focused history and exam; straight forward; 15 minutes
99214	Detailed history and exam; moderate complexity; 25 minutes
99215	Comprehensive history and exam; high complexity; 40 minutes
CPT Codes	Preventive Medicine Services
99381	Initial Evaluation and Management of Healthy Individual
99382	Early Childhood - age 1 to 4 years
99383	Late Childhood - age 5 to 11 years
99384	Adolescent - age 12 to 17 years
99385	18-39 years
99386	40 - 64 years
99387	65 years and older
99391	Periodic Reevaluation and Management of Healthy Individual
99392	Early Childhood - age 1 to 4 years
99393	Late Childhood - age 5 to 11 years
99394	Adolescent - age 12 to 17 years
99395	18 - 39 years
99396	40 - 64 years
99397	65 years and older
99401	Preventive counseling indiv
99402	Preventive counseling indiv
99403	Preventive counseling indiv
99404	Preventive counseling indiv
99461	Init nb em per day non-fac
	MINOR SURGICAL AND OTHER MISCELLANEOUS PROCEDURES
CPT Codes	Surgical Procedures
10060	Drainage of Boil
10080	Drainage of Pilonidal Cyst
10120	Remove Foreign Body
10140	Drainage of Hematoma
10160	Puncture Drainage of Lesion
11055	Trim skin lesion

11056	Trim skin lesions 2 to 4
11057	Trim skin lesions over 4
11100	Biopsy of Lesion
11101	Biopsy, Each Added Lesion
11200	Removal of Skin Tags
11400	Removal of Skin Lesion; excised diameter 0.5 cm or less
11401	Removal of Skin Lesion; excised diameter 0.6 to 1.0 cm
11420	Removal of Skin Lesion; excised diameter 1.1 to 2.0 cm
11421	Removal of Skin Lesion; excised diameter 0.6 to 1.0 cm
11440	Removal of Skin Lesion, up to 0.5 cm
11441	Removal of Skin Lesion, 0.6-1 cm
11719	Trim nail(s) any number
11720	Debride nail 1-5
11721	Debride nail 6 or more
11730	Removal of nail plate
11732	Remove nail plate add-on
11740	Drain Blood from under Nail
11900	Injection into Skin Lesions
16000	Initial Treatment of Burn(s)
20612	Aspirate/inj ganglion cyst
26720	Treat Finger Fracture, Each
28490	Treat Big Toe Fracture
30300	Remove nasal foreign body
46600	Diagnostic Anoscopy
46608	Anoscopy remove for body
46900	Destruction anal lesion(s)
51100	Drain bladder by needle
51701	Insertion of non-indwelling bladder catheter
51702	Insertion of temporary indwelling bladder catheter
51705	Change of bladder tube
54050	Destruction penis lesion(s)
56501	Destroy vulva lesions sim
57170	Fitting of diaphragm/cap
65205	Removal of Foreign Body, Eye
69200	Clear Outer Ear Canal
69210	Remove Impacted Ear Wax
CPT Codes	Laboratory
36400	Bl draw < 3 yrs fem/jugular
36405	Bl draw <3 yrs scalp vein
36406	Bl draw <3 yrs other vein
36410	Non-routine bl draw 3/> yrs
36415	Routine venipuncture
36416	Capillary blood draw
81000	Urinalysis nonauto w/scope
81001	Urinalysis auto w/scope
81002	Urinalysis nonauto w/o scope

81003	Urinalysis auto w/o scope
81005	Urinalysis
81007	Urine screen for bacteria
81015	Microscopic exam of urine
81020	Urinalysis glass test
82270	Occult blood feces
82272	Occult bid feces I-3 tests
82948	Reagent strip/blood glucose
85004	Automated diff wbc count
85013	Spun microhematocrit
85014	Hematocrit
85018	Hemoglobin
85025	Complete cbc w/auto diff wbc
85027	Complete cbc automated
85041	Automated rbc count
85048	Automated leukocyte count
85049	Automated platelet count
86580	Tb intradermal test
87081	Bacteria Culture Screen
87084	Culture of specimen by kit
87086	Urine culture/colony count
87168	Macroscopic exam arthropod
87172	Pinworm exam
87205	Smear grain stain
87210	Smear wet mount saline/ink
87220	Tissue exam for fungi
99000	Specimen handling office-lab
99001	Specimen handling pt-lab
CPT Codes	Procedures
90460	Immunization admin through 18 years of age; first vaccine/component
90461	Immunization admin through 18 years; each additional vaccine/component
90471	Immunization admin
90472	Immunization admin each add
90473	Immune admin oral/nasal
90474	Immune admin oral/nasal addl
	ECG, HEARING TEST, SUPPLIES
CPT Codes	Surgical Procedures
93000	Electrocardiogram, Complete
93005	Electrocardiogram, Tracing
93010	Electrocardiogram Report
93040	Rhythm ECG with Report
93041	Rhythm ECG, Tracing
93042	Rhythm ECG, Report

92551	Pure Tone Hearing Test, Air
92552	Pure Tone Audiometry, Air
92553	Audiometry, Air & Bone
92555	Speech threshold audiometry
92556	Speech audiometry complete
99070	Special supplies phys/qhp

ATTACHMENT E
MEDI-CAL PRIMARY CARE PAYMENT MODEL SELECTION

COUNTY has selected the following Medi-Cal Primary Care Payment Model:

_____ Track 1 – Fee for service Base Payment + Fee for service Pay for Performance program

_____ Track 2 – Primary care capitation + Fee for service Pay for Performance program + Engagement Benchmark Bonus

 X Track 3 – Primary care capitation + Benchmark Pay for Performance bonus program + Engagement Benchmark Bonus

As used above, “Primary care capitation” refers to the rates set forth in Attachment C and “Engagement Benchmark” is defined in Attachment E.2.

Providers that select Track 3 must also complete Attachments E.1.1, E.1.2, E.1.3, E.1.4, E.1.5, E.1.6, E.1.7, E.1.8, and E.1.9, which determines which “Benchmark Pay for Performance” measures shall apply.

**ATTACHMENT E.1.1.
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)**

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: 39th Ave Adult Clinic

- ☐ Adult BMI Assessment
- ☐ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☒ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.2
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: 39th Ave Pediatrics Clinic

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☐ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☐ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☐ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☒ Immunizations for Adolescents – Combo 2
- ☒ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☐ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☒ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☒ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.3
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: Coastside Clinic

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.4
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: Daly City Adult Clinic

- ☐ Adult BMI Assessment
- ☐ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☒ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.5
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: Daly City Pediatrics Clinic

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☐ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☐ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☐ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☒ Immunizations for Adolescents – Combo 2
- ☒ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☐ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☒ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☒ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.6
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: Daly City Youth Health Center

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.7
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: Fair Oaks Health Center

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.8
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: Sequoia Teen Wellness Clinic

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.1.9
BENCHMARK PERFORMANCE MEASURE SELECTION (TRACK 3 PROVIDERS ONLY)

PLAN and COUNTY agreed that the following seven (7) Benchmark Performance Measures shall apply to: South San Francisco Clinic

- ☐ Adult BMI Assessment
- ☒ Asthma medication Ratio*
- ☒ Cervical cancer screening*
- ☐ Comprehensive Diabetes Care
- ☒ Depression screening and follow-up (ages 12+)*
- ☒ Diabetes Blood Pressure Control
- ☐ Diabetes Eye Exam
- ☒ Diabetes HbA1c Control*
- ☐ Diabetes Medical Attention for Nephropathy (including screening)
- ☒ Encounter Threshold*
- ☐ Immunizations for Adolescents – Combo 2
- ☐ Immunizations for Children – Combo 3
- ☐ Initial Health Assessments
- ☒ Mammogram for Breast Cancer Screening
- ☐ Substance Misuse (SBIRT)
- ☐ Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- ☐ Well-child visit (ages 3-6)

*HPSM assigned metric based on clinic patient population.

Pediatric Clinic Assigned Measures:

- Encounter Threshold
- Asthma medication ratio
- Depression screening and follow-up
- Clinic selects 4 additional P4P measures for payment

Adult Clinic Assigned Measures:

- Encounter Threshold
- Diabetes HbA1c control
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Family Practice (Adults and Pediatrics):

- Encounter Threshold
- Asthma medication ratio
- Cervical cancer screening
- Clinic selects 4 additional P4P measures for payment

Final bonus payment will be made based on having at least 30 patients who meet the measure eligibility criteria. If your practice does not have 30 patients for one of the assigned measures you will need to select an alternative measure for payment.

See HPSM Benchmark P4P bonus program guidelines within the HPSM Medi-Cal Provider Manual for full measure and payment specifications.

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance bonus program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated.

ATTACHMENT E.2
ENGAGEMENT BENCHMARK BONUS CAPITATION PAYMENTS

Capitated primary care providers (Tracks 2 or 3) will be eligible to receive a capitation bonus payment in their monthly capitation base payments contingent upon meeting a patient engagement performance benchmark. The criteria for receiving these payments are as follows:

Capitated primary care providers will be eligible to earn a capitation bonus payment each month in a given quarter by meeting the engagement benchmark during the preceding quarter, as further explained below. The engagement benchmark payment structure is defined as follows:

- Full credit (30% additional capitation): Greater than or equal to 60% average panel engagement for continuously assigned members over a rolling 12 month timeline
- Partial credit (15% additional capitation): Greater than or equal to 50% and less than 60% average panel engagement for continuously assigned members over a rolling 12 month timeline
- No credit: Less than 50% average panel engagement for continuously assigned members over a rolling 12 month timeline

Patient engagement will be measured through our claims data and will include:

- Any claims received under providers that fall into any of the following primary care specialty designations: general medicine, internal medicine, family medicine, geriatrics, pediatrics, certified nurse practitioner, physician assistant;
- AND preventive services billed by non-PCP specialty types at assigned clinic: 99381-99387, 99391-99397, 99401-99429, G0402, G0438, G0439, S0612; or codes for immunization 99460-90749, G0008-G0010, Q2034-Q2039;
- AND capitated services;
- AND telemedicine based on billable definitions;

Subject to the provisions of Health and Safety Code section 1375.7, PLAN reserves the right to update, retire or replace any measure or payment structure under the pay for performance program at any time. Please see full Pay for Performance program guidelines for complete terms and conditions of participation.

Participating providers will receive monthly reports showing the benchmark performance calculation and member list for how the benchmark performance is calculated. The engagement performance benchmark will be averaged over the quarter and capitation bonus payments will be based this average. Capitation bonus payments will be made prospectively during the quarter following quarter in which they are earned.