

January 4, 2023

## 2023 Pay-For-Performance Program Guidelines Now Available

This notice is to inform you the MY2023 Benchmark Pay-for-Performance (P4P) Program Guidelines for Medi-Cal and CareAdvantage programs are now available online: <https://www.hpsm.org/provider/value-based-payment>

HPSM will hold three webinar/office hour sessions for all clinics and their representatives to discuss MY2023 P4P. Sessions will begin with a brief presentation from HPSM on programmatic and quality metric set changes in MY2023. The remaining time is offered to clinic representatives to ask questions of HPSM and their peers. Sessions will be held:

- Thursday, January 12 from 4:00-5:00PM.
- Friday, January 20 from 9:00–10:00AM.
- Monday, January 23 from 12:00–1:00PM.

MY2023 P4P Office Hours  
Registration



Register here: <https://forms.microsoft.com/r/1Kx7yFjMJT>

If you are interested in more general onboarding to the P4P programs, please email [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org) to schedule a one-on-one session.

See the attached MY2023 Summary of Changes for both the Medi-Cal and CareAdvantage programs, which includes the introduction of performance improvement targets for partial credit. Additionally, we've added a reporting-only metric "Z-Coding for Social Determinants of Health" (SDoH). This metric encourages clinics to identify at least one social determinant of health of interest (e.g. housing insecurity, food insecurity) to screen the Health Plan of San Mateo (HPSM) members for and report using eligible Z-codes.

The last performance reports (eReports) on the prior year MY2022 quality metric sets will release April 2023, and the first MY2023 performance reports will release May 2023. An updated version of these MY2023 Program Guidelines that includes performance benchmarks will be published no later than June 2023.

Thank you for your continued commitment to our community,  
HPSM Provider Services

1/4/2023

## Summary of Changes to MY2023 Medi-Cal Program

### Important changes to program:

1. MY2023 data submission deadlines changed to **02/28/2024** for claims and **03/09/2024** for supplemental data files.
2. **Improvement targets for partial credit** added to program. Beginning MY2023, clinics can receive partial credit for any quality metric in which they improve performance by a minimum 10% “improvement on the negative” compared to prior year. For more information, see Guidelines section on [Program Benchmarks](#) and below for examples:
  - Ex 1: If MY2022 rate = 10%, then MY2023 partial credit awarded at  $\geq 19\%$  (10% improvement on 90% noncompliance)
  - Ex 2: If MY2022 rate = 90%, then MY2023 partial credit awarded at  $\geq 91\%$  (10% improvement on 10% noncompliance)
3. **Encounter Threshold** retired as a payment-bearing quality metric for all program tracks. Clinics should continue to monitor utilization and engagement through the quarterly [Panel Engagement](#) special metric, which measures the proportion of members with at least one reported primary care encounter with assigned clinic over a rolling 12 months. Clinics can continue to earn bonuses of up to +30% additional capitation for high panel engagement.
4. Initial Health Assessment (**IHA**) renamed to “[Initial Health Appointment](#)”. As of 01/01/2023, the Staying Healthy Assessment (SHA) requirement is eliminated. An initial appointment within 90 days of panel assignment is still required and must include a history of the member’s physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services and health education, and the diagnosis and plan for treatment of any diseases.
5. Z-Coding for Social Determinants of Health (**SDoH**) reporting-only quality metric added. Clinics are encouraged to identify a social determinant of health (e.g. housing insecurity, food insecurity) of interest and priority to screen for presence among HPSM members and report using eligible z-codes. See [SDoH](#) for more information.

### Changes to quality metrics eligible for payment, by program track:

#### Adult – Primary care panels with assigned members 18 and older

1. Comprehensive Diabetes Management (**CDM**) composite metric removed as a payment metric – now reporting-only.
2. Eye Exam for Patients with Diabetes (**EED**) added as a standalone payment metric. EED remains a component of the reporting-only Comprehensive Diabetes Management (CDM) composite metric.
3. Hemoglobin A1c Control  $<8.0\%$  (**HBD-1**) moved to reporting-only and replaced by Hemoglobin A1c Poor Control  $>9.0\%$  (HBD-2) as a payment metric. HBD-2 reports an inverse rate where a lower rate is “better”.

#### Family Practice – Primary care panels with assigned members both adult and pediatric

1. Comprehensive Diabetes Management (**CDM**) composite metric removed as a payment metric – now reporting-only.
2. Eye Exam for Patients with Diabetes (**EED**) added as a standalone payment metric. EED remains a component of the reporting-only Comprehensive Diabetes Management (CDM) composite metric.
3. Hemoglobin A1c Control  $<8.0\%$  (**HBD-1**) moved to reporting-only and replaced by Hemoglobin A1c Poor Control  $>9.0\%$  (HBD-2) as a payment metric. HBD-2 reports an inverse rate where a lower rate is “better”.

#### Pediatrics – Primary care panels with assigned members no older than 22

1. Initial Health Appointment (**IHA**) removed as a payment metric – now reporting-only.
2. Pediatric Weight Assessment (**WCC-BMI**) removed as a payment metric – now reporting-only.
3. Immunizations for Adolescents Combination 2 (**IMA-2**) added as payment metric.
4. Substance Misuse Screening (**SBIRT**) added as payment metric.

## Summary of Changes to MY2023 CareAdvantage Program

---

### Important changes to program:

1. MY2023 data submission deadlines changed to **02/28/2024** for claims and **03/09/2024** for supplemental data files.
2. **Improvement targets for partial credit** added to program. Beginning MY2023, clinics can receive partial credit for any quality metric in which they improve performance by a minimum 10% “improvement on the negative” compared to prior year. For more information, see section on [Program Benchmarks](#) and below for examples:
  - a. Ex 1: If MY2022 rate = 10%, then MY2023 partial credit awarded at  $\geq 19\%$  (10% improvement on 90% noncompliance)
  - b. Ex 2: If MY2022 rate = 90%, then MY2023 partial credit awarded at  $\geq 91\%$  (10% improvement on 10% noncompliance)
3. Z-Coding for Social Determinants of Health (**SDoH**) reporting-only quality metric added. Clinics are encouraged to identify a social determinant of health (e.g. housing insecurity, food insecurity) of interest and priority to screen for presence among HPSM members and report using eligible z-codes. See [SDoH](#) for more information.

### Changes to quality metrics eligible for payment:

#### CareAdvantage Quality Metrics

1. Eye Exam for Patients with Diabetes (**EED**) added as a payment metric.
2. Care for Older Adults – Functional Status Assessment (**COA-FSA**) removed as a payment metric – now reporting-only.