

Important Announcement

Date: March 16, 2018

To: Primary Care Providers

Subject: **New Patient Engagement Reports in HPSM eReports System**

Dear HPSM Primary Care Providers,

We are excited to announce three new reports available in the HPSM eReports system with enhanced information on your assigned Medi-Cal panel. We will place these three reports each month in the HPSM eReports system. These reports should help you monitor your assigned HPSM patients' primary care engagement based on HPSM claims data.

If you are unsure whether your organization has access, who in your organization has access, or would like to set up a log in to access the HPSM eReports system please contact the HPSM Provider Services Department Monday through Thursday, 8 a.m. to 5 p.m., or Friday 1 p.m. to 5 p.m. at **(650) 616-2106**, or email your Provider Service Representative.

The report specifications are included below. We encourage you to send any questions or feedback on the utility of these reports to the HPSM Provider Services Department. Our goal is to provide timely information to help you conduct patient outreach as needed for your assigned HPSM members.

Engagement Report Specifications:

- 1** Active Engagement Report –
 - a. Current/active assigned patient panel
 - b. No continuous assignment criteria
 - c. Real-time claims information reflected on report run date
- 2** PCP Payment Engagement Report –
 - a. Member-level detail; used to calculate the engagement benchmark capitation payment
 - b. 3 month claims lag
 - c. 12 month continuous assignment criteria for patients listed
- 3** Engagement Benchmark Report –
 - a. Percent of assigned patients seen based on aggregated information in report #2

Reports #2 and #3 are currently informational only. Starting July 1, 2018, these reports will be used to calculate the engagement benchmark payment for our capitated primary care providers.

As part of the new payment model, HPSM is replacing the current immunization registry use, extended office hours and Medi-Cal patient auto-assignment payments with a new engagement benchmark measure. This is in support of our gradual shift from process to outcomes performance measures.

Access to primary care is a key driver for managing the health of our shared patient population and we want to recognize the work our providers do to engage assigned HPSM patients at their clinics/offices. Capitated providers will be eligible to earn an additional 30% of capitation each month by meeting the engagement benchmark each quarter. The engagement benchmark 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 from rendering providers at the assigned primary care clinic that fall into any of the following primary care specialty designations – general medicine, internal medicine, family medicine, geriatrics, pediatrics, certified nurse practitioner, and physician assistant
- AND preventive services billed by non-PCP specialty types at assigned clinic - (99381-99387, 99391-99397, 99401-99429, G0402, G0438, G0439, S0612; Codes for immunization: 99460-90749, G0008-G0010, Q2034-Q2039)
- AND telemedicine based on billable definitions
- AND capitated encounters

If you have any questions about this please contact our Provider Services Program Manager, Kati Phillips, at kati.phillips@hpsm.org