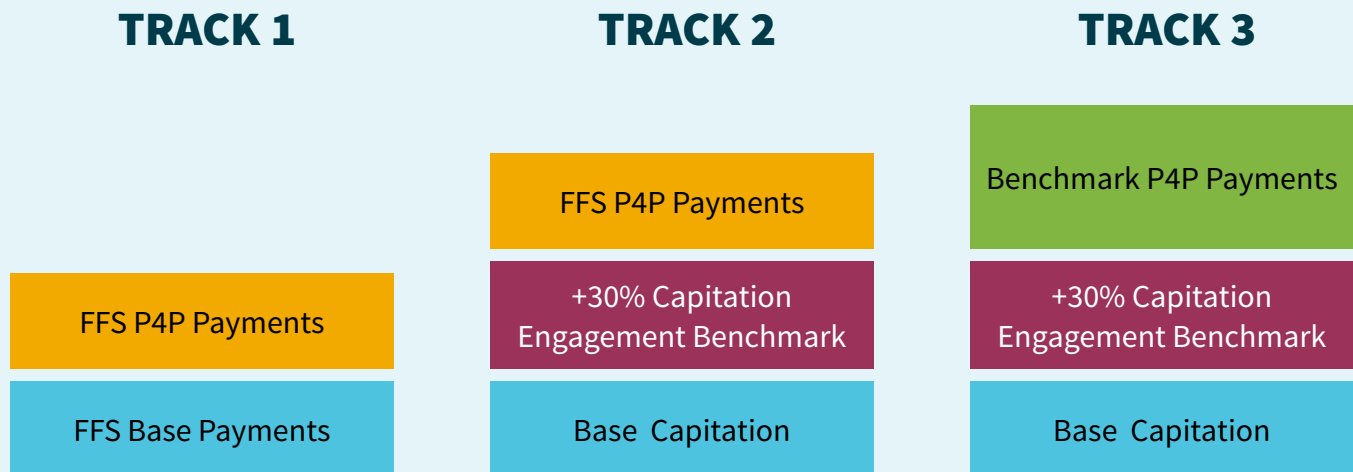


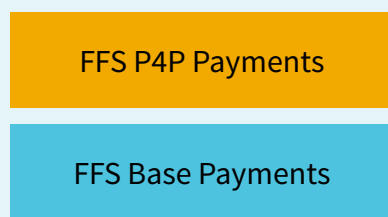
# HPSM's New Primary Care Payment Model

On July 1, 2018 HPSM will launch our new primary care payment model. It includes three different track choices:



- Tracks 1 and 2 are quite similar to HPSM's two existing primary care payment models, with some updated performance measures.
- Track 3 is a new option for primary care providers (PCPs), with a larger pool of performance dollars available to those who choose to participate in the new Benchmark Performance program.

## TRACK 1: Fee for Service (FFS) Base Payment + Fee for Service Pay for Performance (P4P)



**Who typically chooses this model?** Smaller practices or practitioners who don't have a lot of HPSM members.

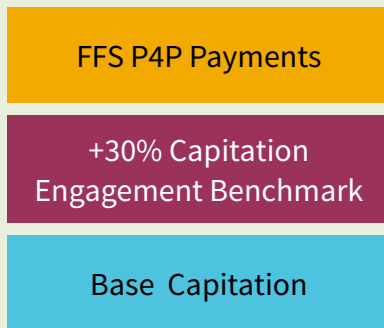
**How does it work?** This model has two components:

1. **Base payments:** Primary care services you provide are billed and paid on a FFS basis.
2. **FFS P4P:** You will continue to be eligible for FFS P4P bonuses that are tied to delivering specific services. See the updated FFS P4P program guidelines on the HPSM website: [www.hpsm.org/documents/Pay\\_for\\_Performance\\_Program\\_Guidelines\\_2018.pdf](http://www.hpsm.org/documents/Pay_for_Performance_Program_Guidelines_2018.pdf).

**What's new about this model?** Not a whole lot. However, our FFS P4P measures are regularly updated to reflect the population health needs of our community.

Turn the page for full details. ↪

## TRACK 2: Primary Care Capitation + FFS P4P + Engagement Benchmark



**Who typically chooses this model?** PCPs with larger practices or a significant number of HPSM members. This model provides a consistent

monthly capitation payment for your practice, adjusted based on the size, aid code, age and gender of your patient panel.

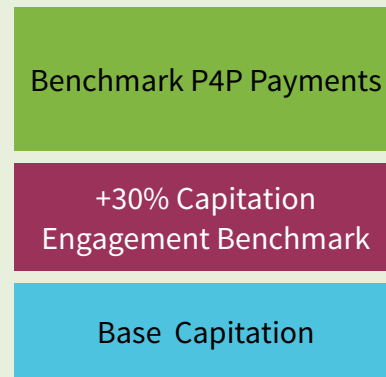
**How does it work?** This model has three components:

1. **Base payments:** Based on a combination of primary care capitation (a monthly per-member, per-month payment that covers a defined scope of primary care services) and FFS payments for any service not covered by capitation.
2. **Engagement bonus:** If you engage at least 50-60% of your continuously assigned panel over a 12 month period, you will be eligible to receive a bonus in your capitation payments. This measure will replace auto-assignment, extended hours and immunization registry use capitation payments starting July 1 (details below).
3. **FFS P4P:** You will still be eligible for P4P bonuses tied to delivering specific services, as you are today.

### What's new about this model?

- Like in Track 1, there are some updates to our FFS P4P measures. See updated 2018 program guidelines on the HPSM website.
- The immunization registry bonus paid through capitation has been retired; bonuses tied to immunization are still available via the benchmark payments in Track 3.
- The new engagement performance bonus replaces the previous bonuses paid through capitation for having extended office hours and accepting auto-assignment of HPSM Medi-Cal members.

## TRACK 3: Primary Care Capitation + Benchmark P4P + Engagement Benchmark



**Who typically chooses this model?** PCPs who have a significant number of HPSM members and would like the potential to earn a larger performance

bonus than in Tracks 1 and 2 for helping your patient population achieve improved health outcomes. HPSM will provide more data via our eReports system to help you actively manage your patients' health outcomes.

**How does it work?** This model has three components:

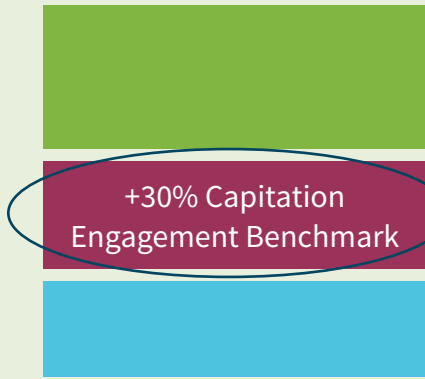
1. **Base payments:** Same as Track 2.
2. **Engagement bonus:** Same as Track 2.
3. **Benchmark P4P:** Track 3 introduces a new benchmark bonus program for achieving targeted population health quality outcomes. This bonus program offers higher earning potential compared to HPSM's traditional FFS P4P. Visit our website for additional information on the benchmark program: [www.hpsm.org/providers/medi-cal-p4p.aspx](http://www.hpsm.org/providers/medi-cal-p4p.aspx).

### What's new about this model?

- New reports will be shared, including benchmark program progress reports that will be calculated from the encounter data that you already send us.
- Like Track 2 above, the new engagement performance bonus replaces the previous bonuses paid through capitation for having extended office hours and accepting auto-assignment of HPSM Medi-Cal members.

## Detail: Panel Engagement

### Performance Benchmark



This new performance measure in Tracks 2 and 3 will change how HPSM measures providers' efforts to manage patient access and engagement in

primary care. We've historically provided bonus payments tied to specific processes aimed at increasing primary care access, including the capitation bonuses for having extended office hours and accepting auto-assignment of HPSM Medi-Cal members. These were focused on how PCPs tried to increase access, whereas our new engagement measure focuses more on outcomes and less on the process PCPs use to achieve outcomes.

We recognize that different methods of panel management work best for different practices. At the end of the day, what matters most for our members is that they are able to see their assigned primary care provider. For this implementation program year, the new panel engagement benchmark performance measure specifications are as follows:

- **Full Credit**
  - Benchmark: **60%** panel engagement in primary care for continuously assigned patients over a 12 month period (rolling forward each month).
  - Performance payment: **30%** added to your monthly primary care capitation payment.
- **Partial Credit**
  - Benchmark: **50%** panel engagement in primary care for continuously assigned patients over a 12 month period (rolling forward each month).
  - Performance payment: **15%** added to your monthly primary care capitation payment.

You will receive monthly reports (outlined below) that will show how your practice is doing in terms of meeting the panel engagement benchmark based on HPSM claims data.

In terms of what counts as primary care engagement at your practice, HPSM is using as broad a definition as currently possible for billable encounters:

- Any claims or capitated encounters we receive for services provided by a PCP (i.e., any encounter with a practitioner of general medicine, internal medicine, family medicine, geriatrics or pediatrics, or with a nurse practitioner or physician assistant).  
AND
- Preventive or immunization services, even if they were billed by a non-PCP specialty type provider (e.g., an Ob/Gyn provider who bills any of the following codes: 99381-99387, 99391-99397, 99401-99429, G0402, G0438, G0439, S0612, 99460-90749, G0008-G0010, Q2034-Q2039).  
AND
- Billable telemedicine encounters.

**Next steps** HPSM started sending out contract amendments on April 1, and providers have until June 15th to choose a payment track for implementation on July 1. Before then, our Provider Services team will reach out to your office to walk you through the three options so that you can choose the track that best meets your practice's needs.

# New Online eReports Help Support Population Health Management

PCPs in all three payment tracks will now receive three new customized engagement reports. These reports will be sent to you monthly and will help you keep track of which patients are due for a visit. They are also located in HPSM's eReports system at <https://reports.hpsm.org/skins/Hillary/Default.aspx>: simply log in to access them.

## The three engagement reports include:

1. **Active Engagement Report:** Will help with active patient outreach, and will share information on primary care engagement to support panel engagement.
2. **PCP Payment Engagement Report:** Shows the patient-level detail for how the engagement benchmark is calculated.
3. **Engagement Benchmark Report:** Aggregates the information in the PCP Payment Engagement Report and shows a simply summary statistic: the percentage of continuously-assigned patients in your panel you have seen. This will determine your bonus payment amount for the capitation engagement benchmark.

## Call Provider Services at 650-616-2106 if you:

- Want to set up a login password to access HPSM's eReports
- Want to find out if your organization already has a login
- Have questions about how to read and use the engagement reports

## Provider Services office hours

- Monday through Thursday from 8:00 a.m. to 5:00 p.m.
- Friday from 1:00 p.m. to 5:00 p.m.

# New "Tobacco Tax" Incentive Payments for Physicians

In 2016, California voters passed Proposition 56, which increased taxes on tobacco products, in part to finance nicotine cessation programs run by the Department of Health Care Services (DHCS). As an incentive for physicians to help their patients quit smoking, chewing and vaping, DHCS is using this money (and federal matching funds) to offer supplemental payments for service dates between July 1, 2017 and June 30, 2018. These payments apply to both Medi-Cal fee-for-service and managed care services provided by both network/capitated and non-contracted providers for the following CPT-4 codes:

CPT-4 code	Supplemental payment
90863	\$5
99201, 99211	\$10
99202, 99212, 99213	\$15
99203, 99204, 99214, 99215	\$25
90791, 90792	\$35
99205	\$50



Providers approved for these services will receive the supplemental payment in addition to HPSM's standard payments, but separately and retroactively. We will provide more details about the payment schedule as they become available. If you have questions about this new incentive program, please contact HPSM's Claims Department at **650-616-2056**.



## Meet HPSM's New Provider Services Program Manager

Hi, I'm Kati Phillips. As HPSM's new Provider Services Program Manager, I'm helping to launch the value-based payment models featured in this issue of HealthMatters MD. I'm also focused on increasing data sharing and communications with our providers to support population health management goals. HPSM's new primary care payment model goes into effect on July 1, 2018. In the meantime, be on the lookout for an invitation to discuss our enhanced payment initiatives – and how to choose the best option for your practice.

## Help Your Patients Manage Their Weight

### Up to **20** Free Weight Watchers® Classes for HPSM Members

HPSM wants to help you help your patients lose weight by offering up to 20 free Weight Watchers® meetings. These supportive and fun group meetings help people lose weight with:

- Encouraging, experienced leaders who've succeeded with the Weight Watchers® system
- Weekly discussion topics that motivate people to reach their goals
- Confidential weekly weigh-ins that track participants' progress

Weight Watchers® does not require participants to buy any particular foods. Participants can eat real meals and snacks that they like and still lose weight, if they follow the program. Numerous medical studies\* have shown that Weight Watchers® effectively helps participants lose unwanted pounds and maintain a healthy weight.

#### To qualify, members must:

- Be enrolled in HPSM's Medi-Cal program
- Be at least 18 years old
- Have a BMI >30
- Commit to attending weekly meetings and making healthy changes in eating and exercise habits

Tell interested patients to call our Health Education Line at **650-616-2165**. An HPSM staff member will tell them if they qualify, answer their questions about the program and find Weight Watchers® meetings near their home.

#### New incentive options

- \$50 Target Gift Card for those who lose 10% of their overall body weight within 12 months of starting Weight Watchers
- Another \$50 Target Gift Card for those who keep off their weight for four months after reaching the first goal
- Members must have their weight checked at your office and send a copy of their medical record to HPSM for documentation

\* [health.usnews.com/best-diet/weight-watchers-diet](http://health.usnews.com/best-diet/weight-watchers-diet)



# Communicating with Limited English Proficient (LEP) Patients

More than 47% of San Mateo County residents speak a language other than English, and many of them don't speak English at all. That means you are likely to encounter LEP patients in your practice.

Talking with someone who speaks a language other than the one you know may be challenging. However, it is possible to communicate regardless of whether or not you speak the same language. To help your practice serve LEP patients, HPSM provides the following free language-assistance resources and services.

## Language Identification Poster

HPSM offers a free poster listing common languages in their native alphabets. Hang it on your office wall so you can ask patients to point out their preferred language.



## Language Chart Stickers

HPSM provides free stickers to help you document patients' language in their medical charts.

To order a language ID poster or chart stickers, please call **650-616-2165**.

## Telephone Interpreters

Interpreters who speak 200 languages are available by telephone 24 hours a day, seven days a week through Certified Languages International (CLI). To get an interpreter:

1. Dial **1-800-225-5254**
2. Provide the CLI operator with the:
  - o Access Code (64095)
  - o HPSM member's name, date of birth and primary language
  - o Provider's office name

## Sign Language and In-Person Interpreters

You can also request in-person interpreters to help you communicate with non-English-speaking patients (under specific circumstances) or hearing-impaired patients in your office. This service requires five days advance notice and prior authorization by HPSM. To request an in-person interpreter or learn more about the criteria for getting one, go to [www.hpsm.org/providers/language-assistance.aspx](http://www.hpsm.org/providers/language-assistance.aspx), fill out the form in the Language Services section and fax it to HPSM.

Albanian	gjuha shqipe	Haitian Creole	kreyòl ayisyen	Punjabi	ਪੰਜਾਬੀ
Ju keni të drejtë të kërkonit një përkthyes, pa asnjë shpenzim nga ana juaj. Ju lutem përcaktoni gjuhën tuaj.		Ou gen dwa a yon entèprè san li pa koutè w anyen. Tanpri chwazi lang ou pale a.		ਤੁਹਾਡੇ ਵੇਲ ਬਿਨਾਂ ਕਿਸੇ ਖਰਚ ਤੋਂ ਇੱਕ ਦੁਆਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਦਾ ਤੰਗ ਹੈ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੀ ਭਾਸ਼ਾ ਚੁਣੋ।	
العربية	العربية	Hindi	हिन्दी	Russian	русский
من حقك الوصول إلى مترجم بدون تكلفة عليك، من فضلك اختر لغتك.		आपको एक दुभाषि की नशुल्क सेवायें प्राप्त करने का अधिकार है। कृपया अपनी भाषा चुने।		Вы имеете право на бесплатные услуги переводчика. Пожалуйста просим Вас указать на Ваш язык.	
Bengali	বাংলা	Hmong	Hmoob	Somali	Af Soomaali
বিনা খরচ একজন অনুবাদক পাবার আপনার অধিকার আছে। অনুবাদক করুন আপনার ভাষাটা উল্লেখ করুন।		Yog koj tsis paub lus Askiv, peb mam nrhiv ib tus kws txhais lus los pab koj dawb.		Waxaad xaq u leedahay inaad heshid tujumaan aan lacag kuugu fadhin. Fadlan tilmaan luqaddaada.	
Bosnian	bosanski	Japanese	日本人	Spanish	Español
Imate pravo na besplatnog tumača. Molimo vas da izaberete (označite) svoj jezik.		皆様には無料で通訳をつける権利があります。ご自分の言語を指してください。		Usted tiene derecho a un intérprete sin costo alguno. Por favor, señale su idioma.	
Burmese	မြန်မာ	Khmer/Cambodian	ភាសាខ្មែរ	Swahili	Kiswahili
သင့်တင့် ကောင်းပြန်တင်ပို့ရန် သင့် အဖွဲ့အစည်းရှိပြီး ထိုအဖွဲ့ဝင်တို့ သဘောတူညီချက်ဖြင့် သင့်၏ သဘာဝဘာသာကို ညွှန်ပြပါ။		អ្នកមានសិទ្ធិទទួលបានសេវាអ្នកបកប្រែ ដោយឥតគិតថ្លៃ។ សូមចង្អុលទៅភាសារបស់អ្នក។		Una haki kwa mtafsiri bila malipo yoyote. Tafadhali onyesha lugha yako.	
Chinese Cantonese	漢語廣東話	Korean	한국어	Tagalog (Filipino)	Tagalog
您有權利獲得一位免費的口譯人員。請指出您的語言。		귀하는 무료로 통역 서비스를 받으실 수 있습니다. 귀하의 언어를 선택해 주십시오.		Mayroon kang karapatan sa isang tagasalin nang walang gastos sa iyo. Mangyari lamang na ituro ang iyong wika.	
Chinese Mandarin	汉语普通话	Nepali	नेपाली	Tigrinya	ትግርኛ
您有权利获得一位免费的口译人员。请指出您的语言。		बिना शुल्क तपाईंलाई दोभाषेको अधिकार छ। कृपया आफ्नो भाषालाई संकेत गर्नुहोस्।		ኩባ ኩፍሊት ነፃ ለተሾፊ አገልግሎት ናይ ምርኮብ ማሳል ለለዩም፡፡ ባዕባሪትኩም ናብ ቋንቋ ጭልኩ።	
Farsi	فارسی	Polish	polski	Vietnamese	Tiếng Việt
شما از این حق برخوردار هستید که بدون هزینه از خدمات مترجم شفاهی بهره مند شوید. لطفاً به زبان مورد نظر خود اشاره کنید.		Masz prawo na nieodpłatnego tłumacza. Proszę wskazać język, w którym rozmawiasz.		Quý vị có quyền yêu cầu dịch vụ phiên dịch hoàn toàn miễn phí. Vui lòng cho biết ngôn ngữ của quý vị.	
French	français	Portuguese (Brazil)	Português (Brasil)		
Vous avez droit aux services gratuits d'un interprète. Veuillez préciser la langue que vous parlez.		Você tem direito a um intérprete sem nenhum custo para você. Por favor indique seu idioma.			

CertifiedLanguages.com | 1.800.CALL.CLI

# Coming Soon: HPSM's New-and-Improved Website

HPSM proudly presents our brand-new redesigned website, which will be available at [www.hpsm.org](http://www.hpsm.org) on June 4. We designed this site with your needs in mind – so you can spend less time looking for information and focus on caring for patients. Here are some of its key features and benefits.

**A dedicated provider landing page** organized by section icons makes it easy to find what you need fast— whether it's a member's benefits, an online form or the Provider Portal. That means you won't spend extra time searching for information or calling Provider Services.



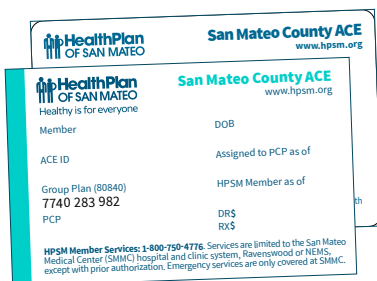
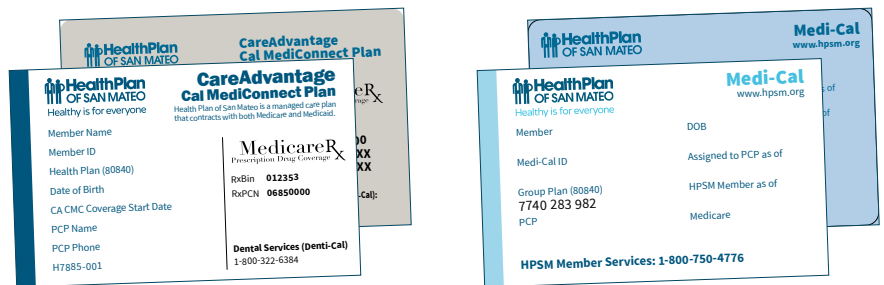
**User-friendly interface**, enriched content and professional graphics create a seamless online experience.

**Responsive design** makes our site look and work great on any device, from smartphone or tablet to laptop or desktop.

HPSM's new website is a work in progress. We'll continue updating it to better serve you and our members.

## HPSM Has New Member ID Cards for New Members

HPSM has designed new member ID cards for all five lines of business. Only new HPSM members who joined after January 1, 2018 will get these new cards. HPSM's older (or "classic") ID cards are still valid, so your patients can continue to use them.





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SOUTH SAN FRANCISCO CA 94080

# Health *matters* MD



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