

801 Gateway Boulevard, Suite 100 South San Francisco, CA 94080

tel 650.616.0050 fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org

March 29, 2023

Pay-for-Performance Attestations Due May 1 on New Template

Dear primary care clinics,

The Health Plan of San Mateo (HPSM) recently published a template to submit manual attestations for MY2022 Benchmark Pay-for-Performance (P4P) credits.

- 2022 Attestation Template document: https://www.hpsm.org/docs/default-source/provider-services/my2022-p4p-attestation-template.xlsx
- Value Based Payment webpage: https://www.hpsm.org/provider/value-based-payment

Please submit attestations via secure email to both <u>PSInquiries@hpsm.org</u> and <u>scott.fogle@hpsm.org</u> by May 1, 2023.

Medi-Cal P4P Benchmark Program

P4P Measure	Allowances
CIS-10: Childhood	If April 2023 eReport determined member is eligible and noncompliant, AND:
Immunizations	Clinic administered OR collected immunization records or found CAIR
(Combo 10)	Registry evidence that member received four DTaP, three IPV, one MMR,
	three HiB, three HepB, one VZV, four PCV, one HepA, two RV, and two flu
	immunizations by second birthday.
FLU: Seasonal Flu	If April 2023 eReport determined member is eligible and noncompliant, AND:
Vaccine	Clinic administered flu vaccine OR received verbal confirmation, collected
	immunization records, or found CAIR Registry evidence that member
	received flu vaccine between July 2022 – March 2023.
IHA: Initial Health	If April 2023 eReport determined member is eligible and noncompliant and
Assessment	BOTH of the following conditions are met:
	Clinic attempted three or more outreach attempts to member within the
	first 90 days of assignment. Clinics may verify assignment date using
	Column N of the eReport titled "Active Engagement Report". Clinic must
	additionally provide all dates of attempted outreach per attested member

	in a separate tab of the attestation document. NOTE: Attestations for
	outreach attempts eligible for partial credit only.
	Clinic must also package with template submission EITHER a brief
	narrative describing outreach efforts to new patients OR phone/text
	message scripting, outreach letters, or other evidence of standard
	materials used to activate patients into primary care.
W15: Well Child	If April 2023 eReport determined member is eligible and noncompliant and ANY
Visits (0-15	of the following conditions are met:
months)	One or more visits were performed in the child's first 30 days of life before
	Medi-Cal enrollment and this visit(s) was billed under the parent's Medi-
	Cal ID.
	Child became Medi-Cal enrolled after a non-HPSM provider performed
	one or more well visits (bringing total to at least six on or before the 15th
	month birthday).

CareAdvantage P4P Benchmark Program

Carchavantage 1 41 Denemiark 1 10gram		
P4P Measure	Allowances	
COL: Colorectal	If April 2023 eReport determined member is eligible and noncompliant, AND:	
Screening	Clinic has documented evidence that member received any of the	
	following services before being assigned to current panel:	
	 Fecal occult blood test between January 2022 – December 2022 	
	o Flexible sigmoidoscopy between January 2018 – December 2022	
	o Colonoscopy between January 2013 – December 2022	
	o CT colonography between January 2018 – December 2022	
	o FIT-DNA test between January 2020 – December 2022	
	HPSM will NOT accept attestations for services rendered by attesting (i.e.	
	currently assigned) provider, as these should be reported via standard claims	
	or supplemental data processes.	
FLU: Seasonal Flu	If April 2023 eReport determined member is eligible and noncompliant, AND:	
Vaccine	Clinic administered flu vaccine OR received verbal confirmation, collected	
	immunization records, or found CAIR Registry evidence that member	
	received flu vaccine between July 2022 – March 2023.	

Please direct questions to PSInquiries@hpsm.org.

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