

1. Percent of assigned patients seen based on aggregated information in PCP Payment Engagement Report
 - a. 3 month claims lag
 - b. 12 month continuous assignment criteria for patients listed
 - c. Engagement benchmark calculation – what determines whether a capitation bonus payment will be made (see Benchmark P4P guidelines for full performance measure specifications)
 - i **Engagement benchmark denominator:** Patients continuously assigned (no gaps in enrollment/eligibility and not assigned to another PCP) during the 12 month measurement period
 - ii **Engagement benchmark numerator:** Continuously assigned patients who had a primary care visit that meets the engagement benchmark visit criteria:
 - 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
2. **Measurement period:** 15 months to 3 months prior to report run date

Example: For a report run on May 2nd, 2018 the measurement period begins Feb. 1, 2017 and ends January 31, 2018

3. Report run on the 2nd day of the month

Data Fields and Definitions

Column A: HPSM_PCP_ID

Definition: Health Plan of San Mateo Primary Care Provider ID. This Provider ID is unique to your clinic and unique to HPSM for patient assignment and payment purposes. It is how your clinic is identified in our claims and billing system.

Column B: PCP_NPI

Definition: primary care provider billing national provider identifier (NPI)

Column C: PCP_Name

Definition: Primary Care Clinic or Provider name

Column D: Year_Month

Definition: The cut off month and year for the 12 month measurement period. Measurement goes through the end of the month listed in this column.

Example: 201802 = February 28, 2018 is the cut-off date for calculating the numerator and denominator for panel engagement

Column E: denominator

Definition: Number of patients who meet the engagement benchmark denominator definition defined above. This number matches the number of patients listed in the PCP Payment Engagement Report.

Column F: numerator

Definition: Number of patients who meet the engagement benchmark denominator definition defined above. This number matches the number of patients listed in the PCP Payment Engagement Report as having at least one primary care visit with their assigned PCP over the 12 month measurement period.

Column G: Benchmark_Percent

Definition: Engagement benchmark percentage. Calculated based on the numbers listed in Column E and Column F.

Column H: Report_Month

Definition: Month and year the report was run. Three months after the measurement cut-off date.

Example: 201806 = June 2, 2018; 3-month claims lag period is March, April, and May, 2018