



# Community Discharge Pay-for-Performance (P4P) Incentive Guidelines

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Eligible Discharge Period: **January 1 - December 31 annually**

## We value your feedback

Help us improve the program guidelines by sending us your questions or comments on this document.

Email [PSInquiries@hpsm.org](mailto:PSInquiries@hpsm.org)

# Overview

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Health Plan of San Mateo's Community Discharge Pay-for-Performance Incentive ("Community Discharge P4P") offers long-term care facilities bonus payments for successfully discharging HPSM Medi-Cal and CareAdvantage members with extended stays to a community setting where they remain for a continuous six months or more. HPSM uses standard claims reporting to identify eligible discharges and assess the length of community retention. See "**Member Eligibility**" below for a description of qualifying discharges and the minimum community retention period.

For additional questions about this incentive, please contact HPSM Provider Services at [PSinquiries@hpsm.org](mailto:PSinquiries@hpsm.org).

## Incentive Bonus Payments

The incentive bonus is issued via a lump sum payment in quarter three (Q3; July - September) or quarter four (Q4; October - December) of the calendar year following conclusion of the measurement period. Facilities receive 60 days of the Medi-Cal per diem rate for every eligible member discharge and retained in community.

## Facility Eligibility

All contracted facilities providing long-term care services are automatically opted into this upside-only program. Facilities must have a contract with HPSM Medi-Cal and CareAdvantage lines of business beginning at least six months prior to the measurement period end date AND active as of the incentive bonus payment date.

## Member Eligibility

To be included in a facility's final incentive payment, a member must meet all of the following criteria:

- Received long-term care services at a contracted facility and was discharged to a residential placement in the community at any point during the measurement period;
- Active as an HPSM Medi-Cal or CareAdvantage member on the date of discharge and for a minimum six months (180 days) after discharge;
- Accumulated at least 90 continuous days at an institutional level of care prior to discharge;
- Did not return to any level of institutional care (including inpatient, skilled nursing, and residential long-term care) at any point in the six months (180 days) post-discharge.

## Important Dates

Period	Dates	Description
<b>Measurement Period</b>	January 1 - December 31 annually	Dates of discharge to community must occur within the measurement period to be eligible for that year's incentive.
<b>Claims Submission Deadline</b>	January 31 following conclusion of the measurement period	All HPSM claims and qualifying reporting codes for services and discharge must be submitted by this date to guarantee eligibility.
<b>Bonus Payment Distribution</b>	Q3 – Q4 following conclusion of the measurement period	Incentive bonus payments issued via electronic funds transfer (EFT/ERA) or mailed paper check.

## Terms & Conditions

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Participation in the Health Plan of San Mateo's ("HPSM") Community Discharge Pay-for-Performance Program ("the Incentive"), as well as acceptance of bonus payments, does not in any way modify or supersede any terms or conditions of any agreement between HPSM and participating providers. There is no guarantee of future funding or payment under any HPSM quality or incentive arrangement. The Incentive and its Terms & Conditions may be modified or terminated at any time, with or without notice, at HPSM's sole discretion.

In consideration of HPSM's offering of the Incentive, provider agrees to fully and forever release and discharge HPSM from any and all claims, demands, causes of action, and suits, of any nature, pertaining to or arising from the offering by HPSM of the Incentive. Any monies paid under the Incentive for services deemed inappropriately submitted will be recouped from future payment. All cases of suspected fraud or abuse will be investigated thoroughly and reported to the appropriate authorities.

HPSM reserves the right to audit medical records to validate services have been completed as billed. If there is evidence of fraud, waste, or abuse, HPSM can recoup the Incentive payments found to be invalidly billed and the provider could lose privileges to participate in future HPSM quality or incentive arrangements.

Participating providers must be in good standing with all contract and compliance requirements to receive the Incentive payments. If any participating providers are not in good standing, the Incentive payments will not be made until such time that providers are meeting all contract and compliance requirements.