HealthPlan OF SAN MATEO
Healthy is for everyone

PCP Payment Engagement Report

1. Member-level detail, which we will use to calculate the engagement benchmark capitation payment
2. 3 month claims lag
3. 12 month continuous assignment criteria for patients listed
4. This report shows the patient list for how the engagement benchmark percentage is calculated
   a. Engagement benchmark denominator: Patients continuously assigned (no gaps in enrollment/eligibility and not assigned to another PCP) during the 12 month measurement period
   b. 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
   5. 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
   6. Report run on the 2nd day of the month

Data Fields and Definitions

Column A: PCP_NPI

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

Column B: 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 C: PCP_Name

Definition: Primary Care Clinic or Provider name

Column D: Member_ID

Definition: Code used to identify members enrolled with HPSM. This is unique to each patient and is what we use to identify patients in our claims and billing system.

Column E: Member_Last_Name

Definition: Last name of the assigned patient on your panel

Column F: Member_First_Name

Definition: First name of the assigned patient on your panel

Column G: N_Visits_AssignedPCP

Definition: Number of qualifying primary care visits during the 12-month measurement period

Column H: Last_DOS_AssignedPCP

Definition: Date of service for the most recent qualifying primary care visit listed in Column G

Column I: Effective_date_PCP_Assignment

Definition: Date the member was assigned to the PCP panel

Column J: Member_DOB

Definition: Member date of birth

Column K: MC_AID_Code

Definition: Member Medi-Cal aid code (determined based on Medi-Cal eligibility)

Column G: Member_Phone_Number

Definition: Primary phone number HPSM has on file for this patient. This information is based on what HPSM receives from the state.