HPSM Care Gap Closure Pay-for-Performance Pilot

2024 Program Guidelines

💡 *You may be looking for the Benchmark Pay-for-Performance program guidelines.*

Contents

I.   Program Overview

Health Plan of San Mateo (HPSM) has partnered with Stellar Health to offer primary care providers (PCPs) a new population health management platform and incentive program. The Stellar Health Application ("the App") is a web-based, point-of-care tool that displays registries of all patients assigned to a primary care clinic and delivers simple checklists of recommended clinical actions based on each patient's medical history. Stellar delivers real-time incentive payments for the granular actions providers take to close care gaps such as scheduling visits; delivering well visits, preventive and diagnostic screenings, and immunizations; renewing prescriptions; and submitting claims.

For questions about HPSM Care Gap Closure Pay-for-Performance (Care Gap P4P), see the FAQ section below or contact HPSM Provider Services at PSInquiries@hpsm.org.

Provider Eligibility

PCPs participate at the clinic-level. All clinics with an active HPSM CareAdvantage (CA), Medi-Cal (MC), or HealthWorx (HW) contract and >1 member assigned for primary care are eligible to participate.

Getting Started: ==**Clinics must <u>opt-in</u> to the Care Gap Pay-for-Performance. Doing so will opt-out clinic from the Benchmark Pay-for-Performance (P4P) Program for the rest of the year**==. In order to opt-in, clinics must first schedule an introductory call with a Stellar Health representative. A primary email contact for each clinic has already been shared with Stellar Health, which will initiate provider outreach via email domain *@stellar.health* on a rolling basis beginning January 2024. If you wish to receive priority outreach, please notify *scott.fogle@hpsm.org*.

PCPs are encouraged to onboard to the Stellar application no later than December 31, 2024 to ensure continued participation in HPSM quality bonus payments. HPSM will conduct an evaluation of the Care Gap P4P Pilot throughout and after the first year. To encourage providers to transition to Care Gap P4P, HPSM makes the following commitments for the 2024 program:

1. Clinics that launch in the Stellar App by March 31, 2024 will earn +20% additional bonus dollars for every Stellar action through the end of CY2024.
2. Clinics that launch in Stellar between February 1 and December 31, 2024 will still be paid a MY2024 Benchmark P4P payment prorated to the number of full calendar year months before they launched in Stellar. In other words, a clinic that launches in Stellar March 1 2024 will not have been able to earn SVUs in January and February, so HPSM will instead calculate what their Benchmark P4P payment for MY2024 would have been times one-sixth, since they participated in Benchmark P4P only for two months or one-sixth of 2024.
3. If between clinic launching in Stellar and December 31, 2024, clinic earns less in Stellar bonus payments than what they would have earned had they remained in Benchmark P4P for those prorated months, then HPSM will cut a check with the difference for this first year.

II. Quality Action Menus – effective 02/01/2024

These quality action menus describe the most current base SVU amounts available in the Stellar App. These rates do not reflect the targeted surge pricing that may become available throughout the year or the 20% bonus for early adoption in CY2024.

Annual/Wellness Visits

| | App surfaces care gap up to once annually | +$ Task 1: Schedule Visit Attest in App to scheduling Annual Visit | +$ Task 2: Perform Visit Attest in App to delivering Annual Visit | +$ Task 3: Submit Claim Submit claim to HPSM for Annual Visit | Care gap marked closed in App |
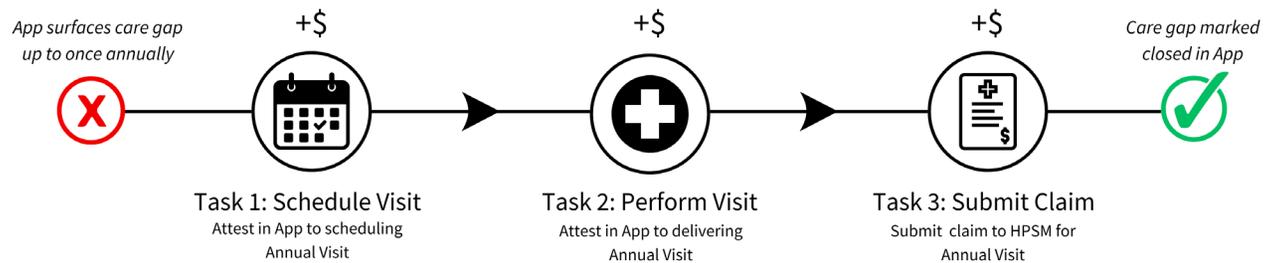
Action	Description	Care Gap Surfaces:	LOB	Total Award	1. Schedule	2. Complete	3. Claims
Annual Visit *(+ Initial Health Appointment)*	Complete a 1-per-calendar year visit for all assigned patients 3 years and older. *Newly enrolled members are tagged with "IHA" to prompt completion within 120 days of Medi-Cal enrollment.*	Up to once annually	CA, MC, HW	$35	$9	$14	$12
Infant Well Child Visits (W30)	Complete 6 well child visits within the first 15 months of life.	Up to six times in 15 months	MC	$30	$8	$12	$11

2-Step Quality Screenings

App surfaces care gaps when patient is due for screening

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Task 1: Perform Screening
Attest in App to performing screening

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Task 2: Submit Claim
Submit claim to HPSM for quality screening

Care gap marked closed in App
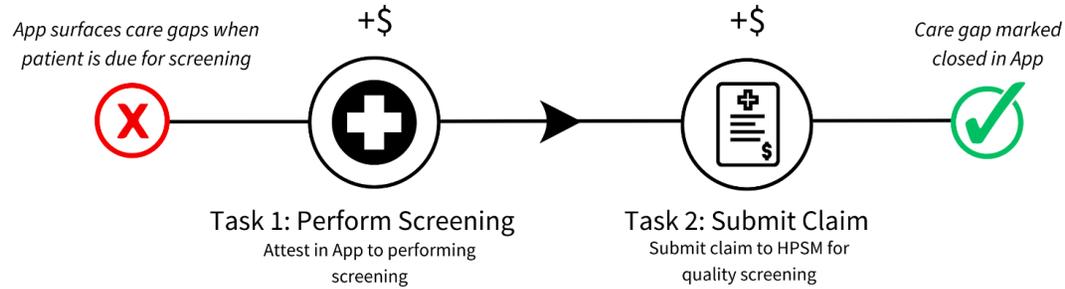
Action	Description	Care Gap Surfaces:	LOB	Total Award	1. Complete	2. Claims	Result Type
Controlling Blood Pressure (CBP)	Collect or review blood pressure reading for patients 18-85 with hypertension. *SVU award varies based on result type and change in health status.*	Once per DOS	CA, MC, HW	$25	$15	$10	Uncontrolled → Controlled
				$5	$3	$2	Controlled → Controlled
				$5	$3	$2	Missing → Controlled
				$0	$0	$0	Anything → Uncontrolled
Controlling Blood Sugar (HBD)	Collect or review hemoglobin A1c reading for patients 18-75 with diabetes. *SVU award varies based on result type and change in health status.*	Once per DOS	CA, MC, HW	$25	$15	$10	Uncontrolled → Controlled
				$5	$3	$2	Controlled → Controlled
				$5	$3	$2	Missing → Controlled
				$0	$0	$0	Anything → Uncontrolled
Blood Lead Screening (LSC)	Administer or review completion of capillary or venous lead blood test for lead poisoning by child's 2nd birthday.	Up to once annually	MC	$20	$12	$8	
Depression Screening & Follow-Up (DSF)	Administer standardized screening tool for depression to patients 12 years and older.	Up to once annually	CA, MC, HW	$10	$6	$4	
Diabetic Kidney Evaluation (KED)	Administer or refer for kidney evaluation for patients 18-85 years old with diabetes.	Up to once annually	CA, MC, HW	$30	$18	$12	
Influenza Immunizations	Administer to or attest completion of seasonal flu vaccine for patients 6 months or older.	Up to once annually	CA, MC, HW	$25	$15	$10	

3-Step Quality Screenings

App surfaces care gaps when patient is due for screening

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Task 1: Schedule/Refer
Attest in App to scheduling or referring for screening

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Task 2: Perform Screening
Attest in App to performing screening

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Task 3: Submit Claim
Submit claim to HPSM for quality screening

Care gap marked closed in App
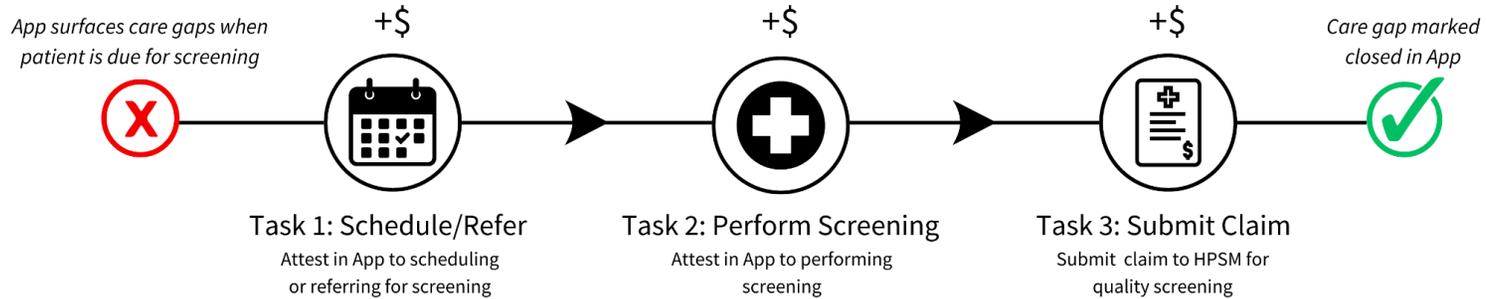
Stellar Action	Description	Care Gap Surfaces:	LOB	Total Award	1. Schedule	2. Complete	3. Claims
Breast Cancer Screening (BCS)	Complete breast cancer screening for patients 50-74 years old.	Up to once annually	CA, MC, HW	$40	$10	$16	$14
Cervical Cancer Screenings (CCS)	Complete cervical cancer screening for eligible patients 50-74 years old.	Up to once annually	CA, MC, HW	$40	$10	$16	$14
Colorectal Cancer Screening (COL)	Complete colorectal cancer screening for patients 50-75 years old.	Up to once annually	CA, MC, HW	$40	$10	$16	$14
Diabetic Eye Exam (EED)	Completed retinal or dilated eye exam to detect retinopathy in patients 18-75 years old with diabetes.	Up to once annually	CA, MC, HW	$30	$8	$12	$10
Osteoporosis Management (OMW)	Ensure women 67-85 years old who suffered a fracture had a bone mineral density test or prescription to treat osteoporosis within 180 days after fracture.	Up to once annually	CA	$80	$20	$32	$28

Pediatric & Adolescent Immunizations
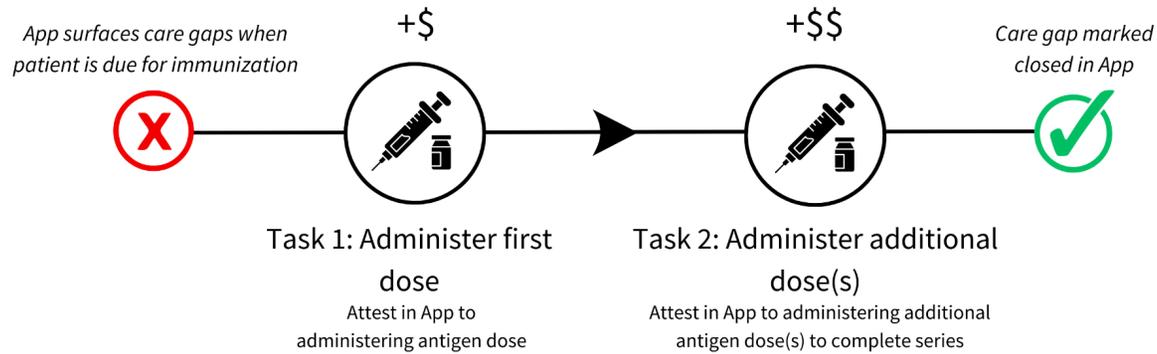
App surfaces care gaps when patient is due for immunization

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Task 1: Administer first dose
Attest in App to administering antigen dose

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Task 2: Administer additional dose(s)
Attest in App to administering additional antigen dose(s) to complete series

Care gap marked closed in App

Action	Description	Care Gap Surfaces:	LOB	Total Award	1. Initial Dose(s)	2. Final Dose in Series
P: Chickenpox (VZV)	At least one VZV vaccine with DOS on or between patient's first and second birthdays.	When dose is outstanding	MC	$10	$3	$7
P: Diphtheria, Tetanus, and Pertussis (DTaP)	At least four DTaP vaccines with different DOS after 42 days after birth.	When dose is outstanding	MC	$10	$3	$7
P: Haemophilus Influenzae type B (HIB)	At least three HiB vaccines with different DOS after 42 days after birth.	When dose is outstanding	MC	$10	$3	$7
P: Hepatitis A (HepA)	At least one HepA vaccine with DOS on or between patient's first and second birthdays.	When dose is outstanding	MC	$10	$3	$7
P: Hepatitis B (HepB)	At least three HepB vaccines with different DOS. One of three may be a newborn HepB vaccine.	When dose is outstanding	MC	$10	$3	$7
P: Inactivated Polio (IPV)	At least three IPV vaccines with different DOS after 42 days after birth.	When dose is outstanding	MC	$10	$3	$7
P: Influenza (FLU)	At least two influenza vaccines with different DOS between 180 days after birth and second birthday.	When dose is outstanding	MC	$10	$3	$7

Action	Description	Care Gap Surfaces:	LOB	Total Award	1. Initial Dose(s)	2. Final Dose in Series
P: Measles, Mumps, and Rubella (MMR)	At least one MMR vaccines on or between patient's first and second birthdays.	When dose is outstanding	MC	$10	$3	$7
P: Pneumococcal Conjugate (PC)	At least four PC vaccines with different DOS after 42 days after birth.	When dose is outstanding	MC	$10	$3	$7
P: Rotavirus (RV)	At least two doses of two-dose RV vaccine on different DOS; _OR_ at least three doses of three-dose RV vaccine on different DOS; _OR_ at least one dose of two-dose RV vaccine _and_ at least two doses of three-dose RV vaccine.	When dose is outstanding	MC	$10	$3	$7
A: Diphtheria, Tetanus, and Pertussis (Tdap)	At least one Tdap vaccine between patient's 10th and 13th birthdays.	When dose is outstanding	MC	$12	$4	$8
A: Human Papillomavirus (HPV)	At least two HPV vaccines on or between patients' 9th and 13th birthdays with DOS at least 146 days apart; _OR_ three HPV vaccines with different DOS between patient's 9th and 13th birthdays.	When dose is outstanding	MC	$12	$4	$8
A: Meningococcal (MEN)	At least one meningococcal serogroups A, C, W Y vaccine between patient's 11th and 13th birthdays.	When dose is outstanding	MC	$12	$4	$8

Medication Management

App surfaces care gap when Rx refill is needed

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Task 1: Refill Rx
Attest in App to refilling a
30 or 90-day supply

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Task 2: Monitor Dispensing
Pharmacy claim confirms
prescription was dispensed

Care gap marked
closed in App
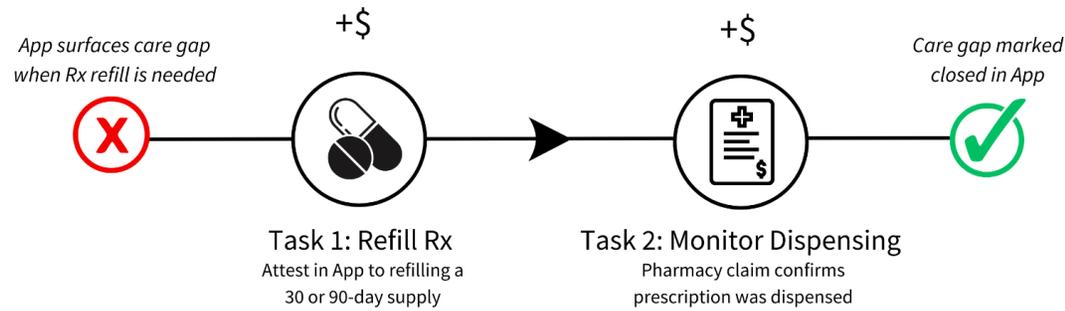
Action	Description	Care Gap Surfaces:	LOB	Total Award	1. Write Rx	2. Claims
Rx Renewal: Diabetes - 30d	Renew 30-day supply of eligible prescription for diabetes management.	Up to once every 30 days	CA	$11	$7	$4
Rx Renewal: Diabetes - 90d	Renew 90-day supply of eligible prescription for diabetes management.	Up to once every 90 days	CA	$33	$20	$13
Rx Renewal: Statins - 30d	Renew 30-day supply of eligible prescription for cholesterol or CVD management.	Up to once every 30 days	CA	$11	$7	$4
Rx Renewal: Statins - 90d	Renew 90-day supply of eligible prescription for cholesterol or CVD management.	Up to once every 90 days	CA	$33	$20	$13
Rx Renewal: Rasa - 30d	Renew 30-day supply of eligible prescription for hypertension management.	Up to once every 30 days	CA	$11	$7	$4
Rx Renewal: Rasa - 90d	Renew 90-day supply of eligible prescription for hypertension management.	Up to once every 90 days	CA	$33	$20	$13
Rx Adherence: Diabetes	Review and discuss medication adherence for patients at-risk of failing diabetes medication adherence.	Up to once annually	CA	$16	$10	$6
Rx Adherence: Statins	Review and discuss medication adherence for patients at-risk of failing cholesterol medication adherence.	Up to once annually	CA	$16	$10	$6
Rx Adherence: Rasa	Review and discuss medication adherence for patients at-risk of failing hypertension medication adherence.	Up to once annually	CA	$16	$10	$6

Historical Diagnosis Review

App surfaces historical
diagnoses for review up
to once annually

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condition is NOT present

condition is present

Care gap marked
closed in App

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Task 1: Assess Diagnosis
Attest in App whether
condition is present

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Task 2: Submit Claim
Submit claim to HPSM with
appropriate Dx code
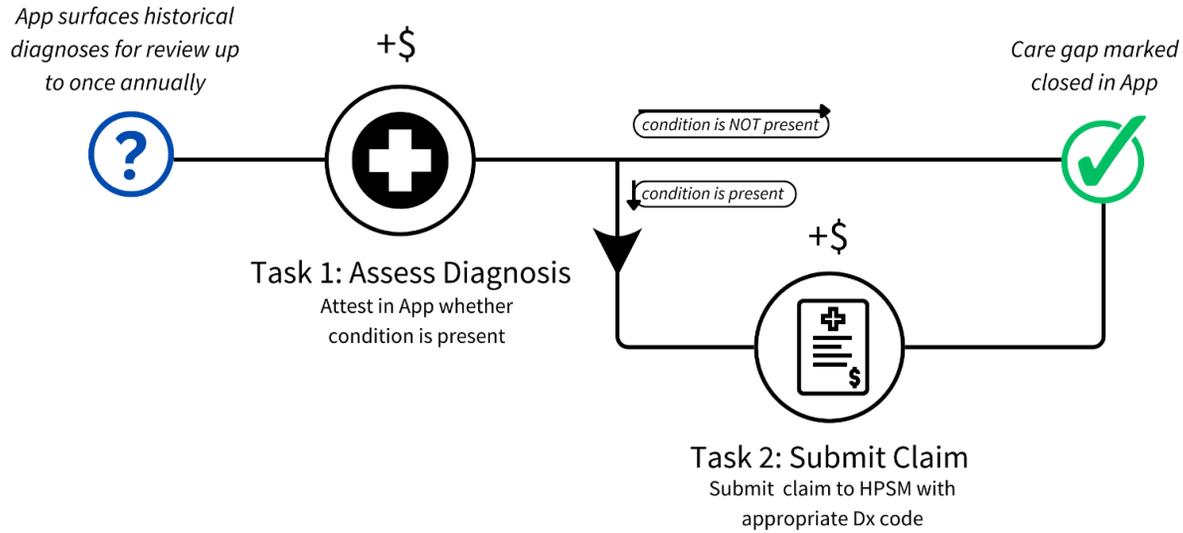
Action	Description	Care Gap Surfaces:	LOB	Total Award	1a. Dx Assessed	1b. Dx Incorrect	2. Claims
Historical Diagnosis Review	Reassess historical diagnoses of patients with chronic conditions.	Up to once annually per condition	CA	$10	$5	$5	$5

III.   Frequently Asked Questions (FAQ)

Q1. What are the differences between the legacy P4P program (Benchmark P4P) and Care Gap P4P?

1. **Speed of Payments**: Benchmark P4P pays a once annual lump sum in June/July following the close of a measurement year in December—meaning services rendered in January 2023 would not be eligible for bonus payments until Summer 2024, up to 18 months later. Care Gap P4P issues closer to real-time bonus payments through monthly distributions of any SVUs earned that month.

2. **Performance Reporting**: Benchmark P4P uses Excel-based performance reports for download from a secondary provider portal ("eReports Portal")—this can require extensive filtering and management. Care Gap P4P uses a modern, web-based application to create care gap registries and enter attestations for care gap closure.

3. **Types of Bonus Payments**: Benchmark P4P applies a benchmarking methodology to only provide bonus payments if the volume of services meets a minimum performance level, as confirmed by receipt of corresponding claims-- for example, if the performance benchmark for breast cancer screening (BCS) is 57%, practice will not receive a bonus payment unless >57% of practice's assigned members receive an eligible mammogram. Care Gap P4P provides a discrete bonus payment per member per eligible action. For example, if practice administers a mammogram for 10 eligible members, Care Gap P4P will for every member pay $10 for attesting to scheduling/referring for screening, $16 for attesting to mammogram completion and reviewing results, and $14 when HPSM receives a claim or supplemental data confirming service completion, all for a total award of $40 per member.

4. **Payment Transparency**: Benchmark P4P applies a benchmarking methodology and a composite quality score to determine payments, meaning there is no provider visibility into a per gap, per member, or per metric earn potential-- practices are given their earn potential only at the program level. Care Gap P4P provides more bonus payment transparency of a per action dollar amount available for each member.

5. **Metric Assignment**: Under Benchmark P4P, quality metric sets are assigned based on practice type (Pediatrics, Family Practice, Adult Medicine). Under Care Gap P4P, quality metric sets are assigned for each LOB only. For example, if a pediatric practice has several assigned 18-year-old patients with diabetes, practice may earn SVUs managing those patients HbA1c even while still predominately prioritizing well child visits, immunizations, etc.

6. **Patient Eligibility:** (i) Benchmark P4P applies a 9/12 calendar month minimum assignment criteria to quality denominators in addition to any continuous enrollment criteria used for HEDIS metrics. Care Gap P4P offers payments for all assigned members with open eligible care gaps, and the presence of non-engaged members does not adversely impact payments as SVUs are paid per member, not on performance rates on clinics' assigned panel. (ii) HealthWorx members are not included in Benchmark P4P but are included in Care Gap P4P with actions enabled to mirror Medi-Cal offerings.

7. **Clinic Eligibility**: Benchmark P4P for Medi-Cal LOB is available only to clinics with minimum 100 assigned Medi-Cal members and for CareAdvantage LOB 50 assigned dual-eligible members. Benchmark P4P is not offered for HealthWorx members. Care Gap P4P is open to all contracted primary care practices with >1 assigned lives for Medi-Cal, CareAdvantage, or HealthWorx.

8. **Attestation Process**: Under Benchmark P4P, clinics can use the month of April each year to provide manual attestations in an Excel document. The Stellar Application under Care Gap P4P is a tool of attestation, which allows practices to attest to such actions as scheduling and service completion and receive bonus payments without waiting for a corresponding claim.

Q2: Can I still participate in Benchmark P4P if I am participating in Care Gap P4P?

A: No, clinics may only participate in one program at a time. To facilitate transition to Care Gap P4P in CY2024, HPSM makes several financial guarantees to clinics. See "Provider Eligibility" section above for more info.

Q3: How can I get started with Care Gap P4P?

A: See "Provider Eligibility" section above for info.

Q4: If I am having issues with logging into Stellar, who should I contact?

A: Stellar employs a dedicated support team to assist practices, when needed. Please direct all questions to support@stellar.health, including account login requests.

Q5: If additional training may be needed, who should we contact?

A: Additional training can be provided on an ad hoc basis, when needed by the practice. To initiate a training request, submit a ticket to support@stellar.health, and they will route the request to the appropriate Stellar team member. Alternatively, contact your practice representative directly.

Q6 What is an SVU and how does it relate to bonus payments?

A: A "Stellar Value Unit" is the financial side of the reward system, where one SVU equals one dollar in bonus payments. Each action in the App (e.g. scheduling, performing screening, submitting claim) has a discrete SVU amount attached to it. These amounts are described in the "Quality Action Menus" section.

Q7 How are SVU amounts determined?

A: HPSM considers several factors when setting SVUs. Considerations when prioritizing or weighting actions over others include the importance of the actions for the health of the population, the difficulty of the process change(s) needed to improve performance, the importance to HPSM regulatory and financial standing, and the total pool of funding available to the program.

Q8: Once I have marked an action as *complete*, when should I expect to see a SVU payment?

A: Practices will receive a payment directly from Stellar every month. Payments are issued approximately two weeks after month end, for all SVUs earned in the previous month. For example, all SVUs earned in March 2024 will be paid out in mid-April 2024.

Q9: Who should I contact if I completed an action but never received an SVU payment for it?

A: For questions related to SVU payments, please contact your Stellar representative. For urgent questions, contact support@stellar.health.

Q10: If a provider outside my practice closes the care gap for my assigned patient, do I still receive the incentive payment(s)?

A: Yes, excluding actions related to diagnosis recapture, providers will receive payments for any care gap closures on their actively assigned members regardless of rendering provider or site. HPSM collects and shares with Stellar all system-wide claims and supplemental data informing care gaps.

Q11: How frequently is the care gap data in the App refreshed?

A: The App ingests pharmacy claims every week, and medical claims (plus supplemental data including from the California Immunization Registry via HPSM) every month. Recurring claims ingestion ensures that information in the App remains accurate and relevant.

Q12: How does the App integrate with the EMR?

A: Depending on which EMR your practice uses, the App may be able to integrate directly with your existing system. EMR integration allows users to see care gaps from the App prompted within the EMR and write back clinical information automatically. EMR integration requires some initial technical assistance from Stellar, so interested practices should contact their Stellar representative.

Q13: Do I need to provide any supplemental data to Stellar?

A: If you are accurately submitting a claim for actions marked as complete in the App, then you do not need to provide any supplemental data. Throughout the year, Stellar will identify care gaps that were never claims-confirmed and request a chart, as necessary. For example, if you mark a breast cancer screening action as complete in January, but a claim still hasn't come through as of June, then additional documentation may be requested to confirm gap closure. Submitting claims is important both from a performance perspective and also unlocks the full SVU incentive.

Q14: Do I need to provide any supplemental data to HPSM?

A: No, practices do not need to provide supplemental data to HPSM to participate in Care Gap P4P. However, practices who currently provide supplemental medical and lab data files should continue to do so, as these results are important to the completeness of data and will be incorporated into the claims completion SVU step. HPSM may also continue to request medical charts through its standard processes.

Q15: If I forget to attest to scheduling or completing a care gap closure in the Stellar application, will I still earn those SVUs when the claim is received?

A: Yes—while providers are encouraged to establish a regular process for entering scheduling and service completion attestations in Stellar in order to receive more timely incentive payments, providers will upon claims completion receive the total award for closing a care gap in the categories Annual/Wellness Visit, 2-Step Quality Screenings, 3-Step Quality Screenings, and Pediatric & Adolescent Immunizations. Actions related to Medication Management and Historical Diagnosis Review must be completed in the App to receive SVUs.