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HPSM Care Gap Pay-for-Performance Incentive Program Guidelines

See *Incentives for Primary Care Providers* if you are looking for the Benchmark Pay-for-Performance Incentive program guidelines.

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I. Program Overview

Health Plan of San Mateo (HPSM) has partnered with Stellar Health to offer primary care providers a population health management platform and incentive program, Care Gap Pay-for-Performance Incentive ("Care Gap P4P"). The Stellar Health Application ("the App") is a web-based, point-of-care tool that displays registries of all HPSM patients assigned to the primary care clinic and displays recommended clinical actions based on each patient's medical history. Via Stellar Health, HPSM delivers real-time incentive payments for 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 P4P incentive, see the Frequently Asked Questions (FAQ) section below.

Provider Eligibility

Primary care providers participate in Care Gap P4P 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.

Steps to opt-in to participate in Care Gap P4P:

1. **Complete a *HPSM Primary Care Incentive Enrollment Form***. Contact PSInquiries@hpsm.org if you have questions regarding this step.
2. **Schedule an introductory call** with a Stellar Health representative. Contact support@stellar.health if you would like to participate and have not yet been contacted by a Stellar Health representative.
3. **Complete registration** for the Stellar Health Application. Following the introductory call, a Stellar Health representative will share login credentials for each of the care team members identified by the clinic.
4. **Care Gap P4P participation begins!** Log in regularly to complete actions.
5. **Receive monthly incentive payments** from HPSM administered by Stellar Health in the month following in-App Stellar Value Units (SVU) earnings. Care gaps closed outside of the Stellar App also receive incentive payments via Stellar Health through regular 'True Up' payments; the final 'True Up' payment is issued annually in July following conclusion of the measurement period. Participating clinics are assigned to one of two program tracks based on the age range of HPSM members assigned to their clinic for primary care. Medical groups with multiple clinics are assigned to one track based on the combined age range across all clinics:
    a. Family Practice and Adult Medicine Track (ages 000-999 or 018-999): Providers in this track are eligible for incentives described in "Stellar Value Units – Family Practice and Adult Medicine Track" available at Incentives for Primary Care Providers.
    b. Pediatric Track (ages 024 or lower): Designated pediatric-only medical groups are eligible for incentives described in "Stellar Value Units – Pediatric Track" available at Incentives for Primary Care Providers. This track offers special weightings to select quality actions, recognizing the unique priorities in caring for a pediatric-only population.
    c. Incentives may be increased by up to double the amount at the discretion of HPSM and/or Stellar Health, typically to bring focus to address identified health disparities.

Earnings Guarantees

All clinics enrolled in Care Gap P4P continue to be simultaneously eligible for Benchmark P4P. HPSM designed the Care Gap P4P incentive structure to enable earnings greater than or equal to that of Benchmark P4P. HPSM continues to calculate annual Benchmark P4P earnings for providers that satisfy Benchmark P4P eligibility criteria, including those enrolled in Care Gap P4P. To help providers experience a **low-risk** transition to Care Gap P4P, HPSM maintains the following commitments:

1. Prior to the date of enrollment in Care Gap P4P: During the first year of enrollment in Care Gap P4P, clinics are eligible to receive Benchmark P4P incentive payment prorated to the number of days prior to Care Gap P4P enrollment within the calendar year (January 1 – December 31).
2. On and after the date of enrollment in Care Gap P4P: To safeguard against the unlikely scenario that clinics earn less via Care Gap P4P than would have been earned via Benchmark P4P within the same calendar year (January 1 – December 31), HPSM will issue payment to reconcile the difference. This payment is calculated as the difference between the 'Benchmark P4P incentive prorated to the number of days on and after enrollment in Care Gap P4P' and 'Care Gap P4P incentives earned via Stellar Health between the date of Care Gap P4P enrollment and December 31'.

Timeline

Period	Dates (subject to change)	Description
Measurement Year	January 1 - December 31 annually	This is the anchor year for all dates of service (DOS). For metrics with a lookback period of multiple years, count 2026 as year 1.
Supplemental Data Submission Deadline	The last Friday in March following conclusion of the measurement period *	All supplemental data (e.g., EMR extracts, lab submissions) must be submitted by this date to ensure inclusion for incentive calculation.
Claims Submission Deadline	The last Friday in March following conclusion of the measurement period	All HPSM claims and qualifying codes must be submitted by this date to ensure inclusion for incentive calculation.
Attestation Period	April/May annually following conclusion of the measurement period; see HPSM Provider Incentives webpage for deadline	Providers may manually attest for compliance for select metrics where the claims submission process is known to not capture all relevant data. Instructions for attestation are distributed each Spring and available on the HPSM Provider Incentives webpage.
Earnings Guarantee Finalization	August 31 annually following conclusion of the measurement period	HPSM calculates Benchmark P4P earnings for the same measurement year. In the unlikely scenario that clinics earn less via Care Gap P4P than would have been earned via Benchmark P4P within the same measurement year, HPSM will issue payment to reconcile the difference. The associated incentive payment summing Earnings Guarantee #1 and #2 is distributed as a single electronic payment or check mailed to the financial address on file.

* The last Friday in March following conclusion of the measurement period (e.g., March 27, 2026) is the cut-off date for HPSM to receive previously established and validated files. December 31 of the measurement year is the cut-off date for files being received by HSPM for the first time.

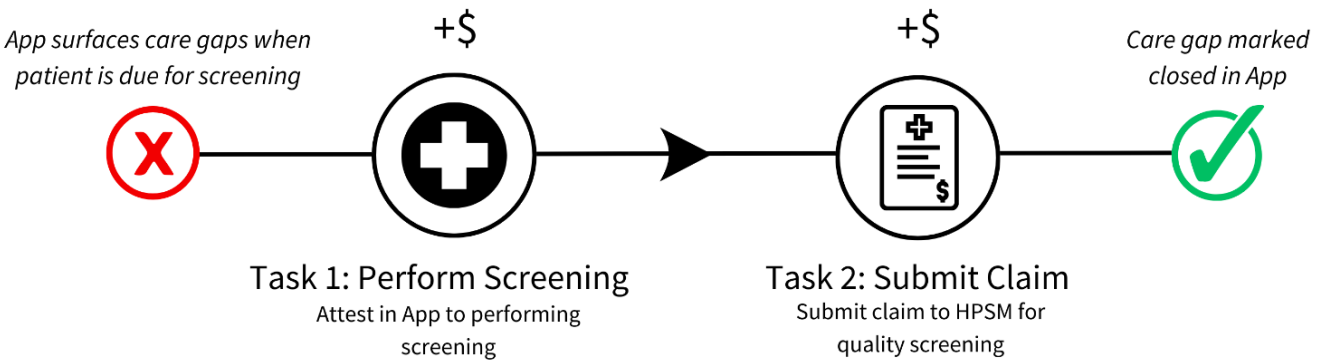
II. Quality Action Menus

Lines of Business		
CareAdvantage – "CA"	HPSM Medi-Cal – "MC"	HealthWorx – "HW"
Dual-Eligible Special Needs Plan (D-SNP) for members with both Medicare Advantage and Medi-Cal administered by HPSM.	Managed care product line for San Mateo County residents enrolled in Medi-Cal.	Health insurance program for eligible employees of the City of San Mateo and In-Home Supportive Services (IHSS) workers employed by San Mateo County Public Authority.

Annual/Wellness Visits

Action	Code	Description	Frequency	Line(s) of Business	SVU Structure		
Well-Child Visits in the First 15 Months	W30-1	Complete 6 well child visits within the first 15 months of life.	Up to six times in 15 months	MC	1. Schedule visit	2. Perform visit	3. Submit claim
Well-Child Visits for Age 15 Months–30 Months	W30-2	Complete 2 well child visits between 15-30 months of life.	Up to twice in 15 months	MC			
Child and Adolescent Well-Care Visits 3-21 years	WCV	Complete a 1-per-calendar year preventive care visit for all assigned patients 3 years and older. *Newly enrolled Medi-Cal members are tagged with "IHA" [Initial Health Assessment] to prompt completion within 120 days of Medi-Cal enrollment.*	Up to once annually	MC			
Adults' Access to Preventive/ Ambulatory Health Services	AAP			MC, HW			
Annual Wellness Visits/ Initial Preventive Physical Exam	AWV	Complete a 1-per-calendar year preventive care visit for all assigned patients 65 years and older.		CA			

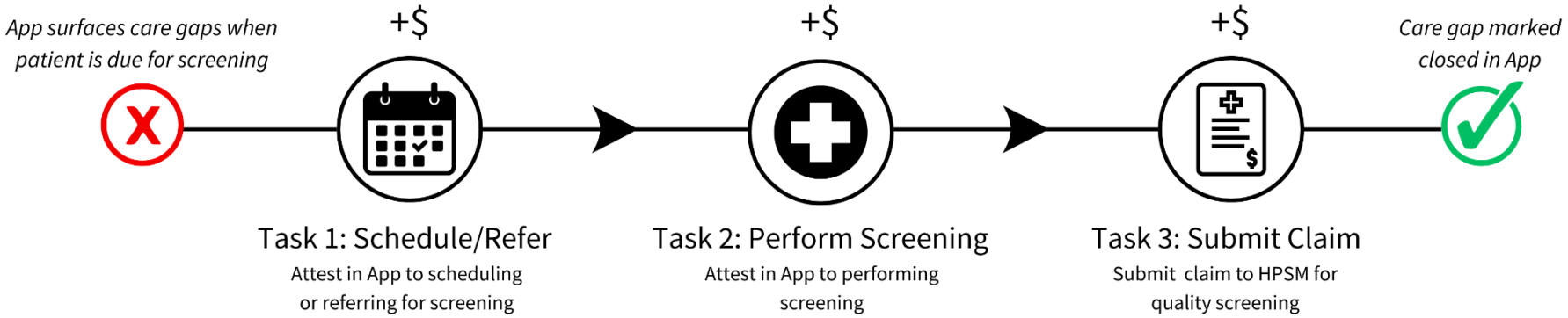
2-Step Quality Measures



Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Lead Screening in Children	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	1. Perform screening/ visit	2. Submit claim
Chlamydia Screening	CHL	Complete chlamydia screening for patients 16-24 years old.		CA, MC, HW		
Depression Screening and Follow-Up for Adolescents and Adults	DSF-E	Administer standardized screening instrument for depression to patients 12 years and older.				

Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Controlling High 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 date of service	CA, MC, HW	1. Perform screening/ visit	2. Submit claim
Glycemic Status Assessment for Patients with Diabetes	GSD	Collect or review hemoglobin A1c reading for patients 18-75 with diabetes. SVU award varies based on result type and change in health status.				
Kidney Health Evaluation for Patients with Diabetes	KED	Administer or refer for kidney evaluation for patients 18-85 years old with diabetes.	Up to once annually			
Care for Older Adults - Medication Review	COA-MR	Complete a medication review for patients 66 years and older.		CA		
Care for Older Adults - Functional Status Assessment	COA-FSA	Complete a functional status assessment review for patients 66 years and older.				

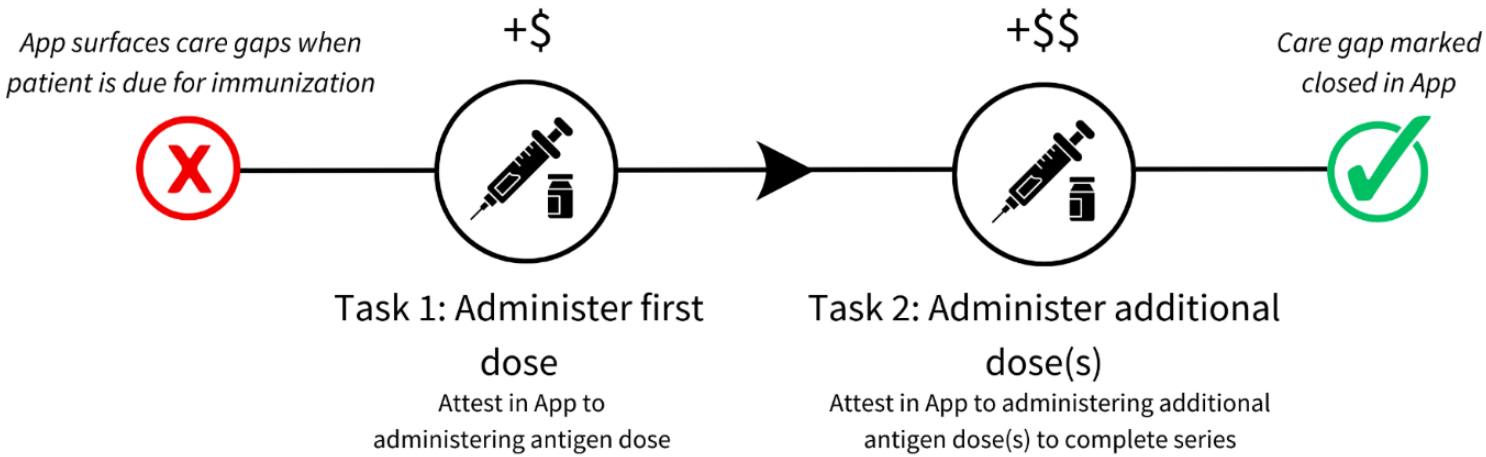
3-Step Quality Measures



Action	Code	Description	Frequency	Line(s) of Business	SVU Structure		
Breast Cancer Screening	BCS-E	Complete breast cancer screening for patients 50-74 years old.	Up to once annually	CA, MC, HW	1. Schedule/ Refer	2. Perform screening/ test	3. Submit claim
Cervical Cancer Screening	CCS-E	Complete cervical cancer screening for eligible patients 21-64 years old.					
Colorectal Cancer Screenings	COL-E	Complete colorectal cancer screening for patients 45-75 years old.					
Eye Exam for Patients with Diabetes	EED	Complete retinal eye exam for patients 18-75 years old with diabetes.					

Action	Code	Description	Frequency	Line(s) of Business	SVU Structure		
Osteoporosis Management in Women Who Had a Fracture	OMW	Ensure females 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	1. Schedule/ Refer	2. Perform screening/ test	3. Submit claim

Immunizations – Adult Immunization Status (AIS) and Immunizations for Adolescent (IMA)



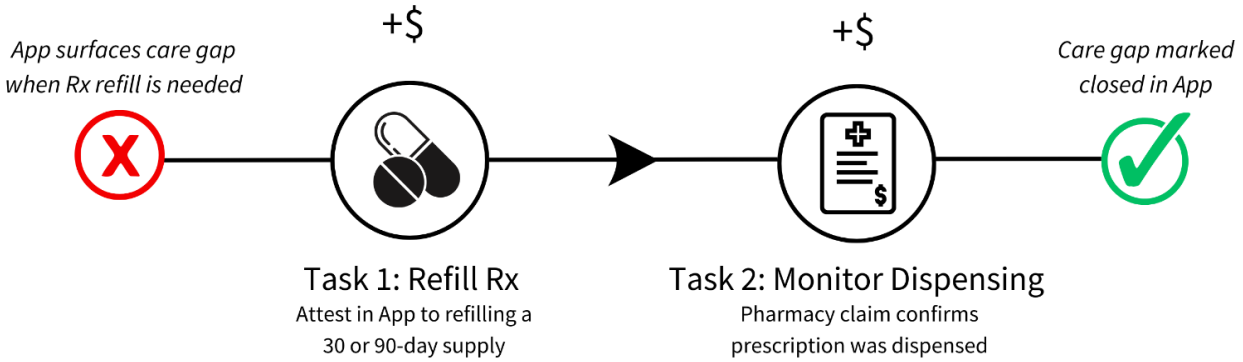
Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Adult: Influenza	AIS-E	Ensure completion of seasonal flu vaccine for patients 19 years and older.	When dose is outstanding	CA, MC, HW	1. Administer initial dose(s)	2. Administer final dose
Adolescent: Human papillomavirus (HPV)	IMA HPV	Complete HPV vaccine series by patient's 13th birthday.		MC		
Adolescent: Meningococcal	IMA MEN	At least one dose of meningococcal vaccine by patient's 13th birthday.				
Adolescent: Tetanus, diphtheria toxoids and acellular pertussis (Tdap)	IMA Tdap	At least one Tdap vaccine by patient's 13th birthday.				

Immunizations – Childhood Immunization Status (CIS)

Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Pediatric: Diphtheria, tetanus and acellular pertussis (DTaP)	CIS DTaP	Complete four DTaP vaccines by patient's 2nd birthday.	When dose is outstanding	MC	1. Administer initial dose(s)	2. Administer final dose
Pediatric: Influenza	CIS Flu	Complete two influenza (flu) vaccines by patient's 2nd birthday.				
Pediatric: Hepatitis A (HepA)	CIS HepA	Complete one HepA vaccine by patient's 2nd birthday.				
Pediatric: Hepatitis B (HepB)	CIS HepB	Complete three HepB vaccine by patient's 2nd birthday.				
Pediatric: Haemophilus influenza type B (HiB)	CIS HiB	Complete three HiB vaccine by patient's 2nd birthday.				
Pediatric: Polio (IPV)	CIS IPV	Complete three IPV vaccine by patient's 2nd birthday.				
Pediatric: Measles, mumps and rubella (MMR)	CIS MMR	Complete one MMR vaccine by patient's 2nd birthday.				

Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Pediatric: Pneumococcal conjugate (PCV)	CIS PNEUMO	Complete four PCV vaccine by patient's 2nd birthday.	When dose is outstanding	MC	1. Administer initial dose(s)	2. Administer final dose
Pediatric: Rotavirus (RV)	CIS RV	Complete two or three RV vaccine by patient's 2nd birthday.				
Pediatric: Chicken pox (VZV)	CIS VZV	Complete one VZV vaccine by patient's 2nd birthday.				

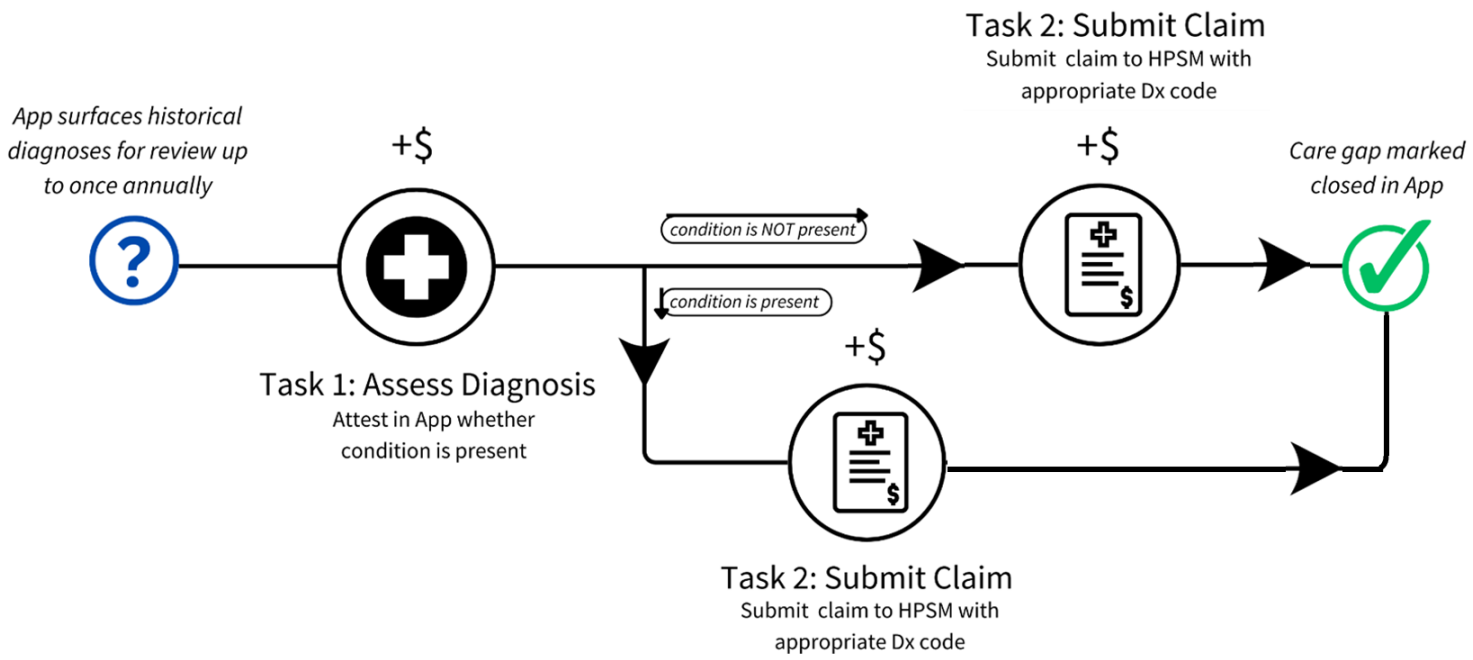
Medication Management



Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Statin Therapy for Patients with Cardiovascular Disease	SPC	Ensure males 21-75 years old and females 40-75 years old with clinical atherosclerotic cardiovascular disease (ASCVD) receive at least one high-intensity or moderate-intensity statin medication with 80% adherence.	Monthly or quarterly, per prescription duration	CA, MC, HW	1. Write prescription for 30- or 90-day supply	2. Pharmacy claim confirms prescription was dispensed
Statin Therapy for Patients with Diabetes	SPD	Ensure females 40-75 years old with diabetes who do not have clinical ASCVD receive at least one statin medication with 80% adherence.				

Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Prescription Renewal: Diabetes 30-day	DIA-RFL-30	Renew 30-day supply of eligible prescription for diabetes management.	Up to once monthly	CA	1. Write prescription for 30-day supply	2. Pharmacy claim confirms prescription was dispensed
Prescription Renewal: RAS antagonists 30-day	RAS-RFL-30	Renew 30-day supply of eligible prescription for hypertension management.				
Prescription Renewal: Statins 30-day	STA-RFL-30	Renew 30-day supply of eligible prescription for cholesterol or CVD management.				
Prescription Renewal: Diabetes 90-day	DIA-RFL-90	Renew 90-day supply of eligible prescription for diabetes management.	Up to once quarterly		1. Write prescription for 90-day supply	2. Pharmacy claim confirms prescription was dispensed
Prescription Renewal: RAS antagonists 90-day	RAS-RFL-90	Renew 90-day supply of eligible prescription for hypertension management.				
Prescription Renewal: Statins – 90-day	STA-RFL-90	Renew 90-day supply of eligible prescription for cholesterol or CVD management.				

Historical Diagnosis Review



Action	Code	Description	Frequency	Line(s) of Business	SVU Structure	
Diagnosis Recapture	HCC-DX	Reassess historical diagnoses of patients with chronic conditions.	Up to once annually per condition	CA	1. Assess diagnosis	2. Submit claim

III. Frequently Asked Questions (FAQ)

Q1: What are the differences between 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 2024 would not be eligible for incentive payments until Summer 2025, up to 18 months later. Care Gap P4P issues closer to real-time incentive payments through monthly distributions of any SVUs earned in-App the prior month.
2. **Performance Reporting**: Benchmark P4P uses Excel-based performance reports for download from a secondary provider portal ("eReports Portal"), requiring some data processing and analytic skills on the part of the user. Care Gap P4P uses a modern, web-based application to create care gap registries and enter attestations for care gap closure via a user friendly interface.
3. **Types of Payments**: Benchmark P4P applies a benchmarking methodology to only provide incentive payments if the volume of services meets a minimum performance level, as confirmed by receipt of administrative data (e.g., claims) —for example, if the performance benchmark for breast cancer screening (BCS) is 57%, practice will not receive an incentive payment unless >57% of practice's assigned members receive an eligible mammogram. Care Gap P4P provides a discrete incentive payment per member per eligible action. For example, if practice administers an annual visit for 10 eligible members, Care Gap P4P will, for each member, pay for attesting to scheduling the annual visit appointment, attesting to annual visit completion, and when HPSM receives administrative data confirming service completion. See SVU menus on Incentives for Primary Care Providers for details.
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 increased incentive payment transparency with per-action SVU awards available for each member. See SVU menus on Incentives for Primary Care Providers for details.
5. **Metric Assignment**: Under Benchmark P4P, quality metric sets are assigned based on practice type (Pediatric, Family Practice, Adult Medicine). Under Care Gap P4P, while the amount of SVUs may vary by practice type, quality metric sets are assigned according to the HPSM line of business. For example, if a pediatric practice has several assigned 17-year-old patients with diabetes, practice may earn SVUs

for managing those patients' HbA1c, though the majority of their practice may focus on well child visits, immunizations, etc. See SVU menus on Incentives for Primary Care Providers for details.

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 Healthcare Effectiveness Data and Information Set (HEDIS) metrics, as administered by the National Committee for Quality Assurance (NCQA). Care Gap P4P offers payments for all assigned members with open eligible care gaps. The presence of non-engaged members does not adversely impact payments as SVUs are paid per member, not performance rates for the clinics' entire assigned panel. (ii) HealthWorx members are not included in Benchmark P4P but are included in Care Gap P4P with actions enabled, mirroring Medi-Cal offerings.
7. **Clinic Eligibility**: Benchmark P4P for Medi-Cal is available only to clinics with a minimum of 100 assigned Medi-Cal members and for CareAdvantage 50 assigned dually 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 Health Application under Care Gap P4P is a tool of attestation, which allows practices to attest to actions (e.g., scheduling, service completion) and receive SVUs without waiting for a corresponding claim. As desired, providers enrolled in Care Gap P4P may also elect to complete attestations for Benchmark P4P should they wish to maximize potential earnings via Earnings Guarantees.

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

A: All clinics enrolled in Care Gap P4P continue to be simultaneously eligible for Benchmark P4P. HPSM designed the Care Gap P4P incentive structure to enable earnings greater than or equal to that of Benchmark P4P. HPSM continues to calculate annual Benchmark P4P earnings for providers that satisfy Benchmark P4P eligibility criteria, including those enrolled in Care Gap P4P. HPSM makes several financial guarantees to clinics that the greater. See "Earnings Guarantees" section above for details.

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

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

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

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

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, email support@stellar.health and they will route the request to the appropriate Stellar Health team member. Alternatively, contact your Stellar Health representative directly.

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

A: A "Stellar Value Unit" is the financial side of the reward system. Currently one SVU equals one dollar in incentive payments. Each action in the App (e.g. scheduling, performing screening, submitting claim) has a discrete SVU amount attached to it. See SVU menus on Incentives for Primary Care Providers for details.

Q7: How are SVU amounts determined?

A: HPSM considers several factors when setting SVUs. Considerations when weighting actions include: importance of the action(s) for the health of the population; difficulty of the process(es) needed to improve performance; importance to HPSM regulatory and financial standing; and the total pool of funding available to Care Gap P4P.

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

A: Practices will receive HPSM-provided payment directly from Stellar Health each 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 2025 would be paid in mid-April 2025. Care gaps closed outside of the Stellar App also receive incentive payments via Stellar Health through regular 'True Up' payments, the last of which is issued in July following conclusion of the measurement period.

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 Health representative or 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 Medication Management and Historical Diagnosis Review, providers receive payments for most care gaps closed among their actively assigned members regardless of rendering provider or site. HPSM collects and shares with Stellar Health all system-wide claims and supplemental data informing care gaps. For Medication Management and Historical Diagnosis Review, SVUs are only awarded when in-App attestations are reported by the assigned clinic.

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

A: The App ingests weekly pharmacy claims and monthly medical claims and supplemental data shared by HPSM, including the California Immunization Registry (CAIR). Recurring claims ingestion ensures that information in the App accurately current data received by HPSM.

Q12: How does the App integrate with the EMR?

A: The capability to integrate directly with your practice's electronic medical record (EMR) varies by software. Contact HPSM Provider Services PSInquiries@hpsm.org and support@stellar.health if you are interested in EMR integration.

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, HPSM and/or Stellar Health may identify care gaps that were never claims-confirmed and request a chart, as necessary.

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

A: While submitting supplemental data to HPSM is not required to participate in Care Gap P4P, HPSM considers all sources of auditor-approved supplemental data (e.g., provider EMR and regional lab files, CAIR extracts, etc.) when determining whether a care gap is closed. Practices currently providing supplemental medical and lab data files to HPSM should continue to do so. HPSM may also continue to request medical charts from network providers via Stellar Health and other mechanisms.

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

A: Yes—while providers are encouraged to establish a regular process for entering care gap action attestation in the App to receive timely incentive payments, providers will receive the total award for closing a care gap upon claims completion (i.e., payment issued) in the following categories: Annual/Wellness Visits, 2-Step Quality Measures, 3-Step Quality Measures, and Immunizations. Actions related to Medication Management and Historical Diagnosis Review must be attested as "complete" in the App to receive SVUs.

Additional questions: Contact Stellar Health at support@stellar.health or HPSM Provider Services at PSInquiries@hpsm.org.