



An Opportunity to Improve Quality for Your Patients

Health Plan of San Joaquin/Mountain Valley Health Plan ("Health Plan") builds healthier communities by investing in prevention. We have tools to help you identify your Medi-Cal patients due for services. Our Provider Services team will partner with your staff to achieve optimal results.

Thank you in advance for your support in improving the health and potentially reducing preventable diseases in our members.

Participation Requirements

Group A

- Maintain a minimum of 40,000 Health Plan members.
- Remain open to new members for the entire calendar year if your provider-to-member ratio is within capacity.
- A minimum of 30 members in each measure denominator qualifies the measure for payout.

Group B

- Maintain a minimum of 400 Health Plan members.
- Remain open to new members for the entire calendar year if your provider-to-member ratio is within capacity.
- A minimum of 30 members in each measure denominator qualifies the measure for payout.

Health Plan
of San Joaquin

Mountain Valley
Health Plan

San Joaquin County
7751 South Manthey Road
French Camp, CA 95231

Stanislaus County
1025 J Street
Modesto, CA 95354

El Dorado County
4327 Golden Center Drive
Placerville, CA 95667

**Schedule your patients for
preventative services today and
increase your earning potential!**

Provider Services Department

209-942-6340

You can also contact your Health Plan representative.

www.hpsj.com/provider-incentives



Provider Incentive Program

January 1 – December 31, 2025

Health Plan
of San Joaquin

Mountain Valley
Health Plan

Chronic Health Measures

- Controlling High Blood Pressure (CBP)
- Glycemic Status Assessment for Patients with Diabetes (>9%) (GSD)

Women's Health Measures

- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
- Prenatal and Postpartum Care: Postpartum Care (PPC-Pst)
- Chlamydia Screening in Women (CHL)
- Cervical Cancer Screening (CCS-E)
- Breast Cancer Screening (BCS-E)

Children's Health Measures

- Child and Adolescent Well-Care Visits (WCV)
- Childhood Immunization Status - Combination 10 (CIS-10-E)
- Immunization for Adolescents - Combination 2 (IMA-2-E)
- Well-Child Visits in the First 30 Months of Life - 0 to 15 Months (Six or More Well-Child Visits) (W30-6+)
- Well-Child Visits in the First 30 Months of Life - 15 to 30 Months (Two or More Well-Child Visits) (W30-2+)
- Developmental Screening in the First Three Years of Life (DEV-CH)
- Topical Fluoride for Children (TFL-CH)

Behavioral Health Measures

- Follow-Up After ED Visit for Substance Use - 30 days (FUA)
- Follow-Up After ED Visit for Mental Illness - 30 days (FUM)

Incentive payments can be earned in the four categories below. Payment amounts cannot exceed your total incentive budget.

Category 1: Reaching Minimum Performance Level (MPL) on Target Measures

Incentivizes 16 measures grouped into four bundles.

Chronic Health (CBP, GSD) & Behavioral Health (FUA, FUM):

- Must meet or exceed the MPL on both measures to earn 100% of the bundle budget.
- If only one measure meets or exceeds the MPL, you earn 60% of the budget.
- Can earn an additional 25% (in addition to the 60%) for reaching at least the 25th percentile on the second measure.

Women's Health (PPC-Pre, PPC-Pst, CHL, CCS-E, BCS-E):

- Must meet or exceed the MPL for at least 3 of 5 measures to earn 100% of the bundle budget.
- If 2 measures meet or exceed the MPL, you earn 60%; if 1 measure meets or exceeds the MPL, you earn 50% of the budget.

Children's Health (WCV, CIS-10-E, IMA-2-E, W30-6+, W30-2+, DEV-CH, TFL-CH):

- Must meet or exceed the MPL for at least 5 of 7 measures to earn 100% of the bundle budget.
- If 4 measures meet or exceed the MPL, you earn 60%; if 3 measures meet or exceed the MPL, you earn 50%; if 2 measures meet or exceed the MPL, you earn 25% of the budget.

Category 2: Percentage Point Improvement

Incentivizes percentage point increase in provider's measure rate when compared with prior year.

- Group A: Target Improvement Rate: >1%
- Group B: Target Improvement Rate: >5%

Points are aggregated across 13 of the 16 measures (your 3 lowest scores are excluded). The total points are calculated based on year-over-year (YoY) improvement. An increase of more than 1% or 5% from the previous year earns an incentive. Payout cannot exceed your remaining incentive budget.

Category 3: Bonus for Highest Cumulative Performer

If program funds remain after Category 1 and Category 2 are paid out to all providers, an additional incentive can be earned for the best performing provider from Group A and the top three best performing providers from Group B, based on the highest earned MPL percentage.

The top provider from Group A and the top three providers from Group B can earn up to 5% of the remaining incentive program budget. Payout cannot exceed the remaining program funds.

If more than one provider from Group A or more than three providers from Group B meet this criteria, the total available funds will be divided proportionate to the membership of the providers.

Category 4: Bonus for Most Improvement YoY

If program funds remain after Category 3, an additional incentive can be earned for the top provider from Group A and the top three providers from Group B with the highest YoY total improvement points.

The top provider from Group A and the top three providers from Group B that made the highest improvement from the previous year can earn up to 5% of the remaining incentive program budget. Payout cannot exceed the remaining program funds.

If more than one provider from Group A or more than three providers from Group B meet this criteria, the total available funds will be divided proportionate to the membership of the providers.