

2024 Performance Guarantees Agreement County of San Bernardino

Guaranteed Performance

This Performance Guarantees Agreement is effective from January 1, 2024, through December 31, 2024. We offer performance guarantees for our fully insured health plans backed by a percentage of your annual non-Medicare premium for Kaiser Permanente plans that have 500 or more of your non-Medicare members. Once one plan qualifies for an at-risk guarantee, other Kaiser Permanente plans with at least 100 but fewer than 500 of your non-Medicare members will report performance without financial risk. In 2025, we will conduct a review of your 2024 membership (average over 12 months) to determine the appropriate status of this agreement in each plan.

Changes in Measures

Some of our measures or targets may change year-to-year based on medical or public health trends, performance enhancements, new systems implementation, and similar factors. In addition, some of the measures use definitions established by national organizations such as the National Committee for Quality Assurance (NCQA). If the measure is no longer reported, the definition of a measure changes, or if there are changes to reporting rules or publications after these guarantees are in place, we may no longer guarantee the measure.

Penalty Thresholds and Reporting Frequency

To the extent possible, we set our penalty thresholds (i.e., the performance level we guarantee and below which we pay a penalty) in alignment with industry standards. Penalty thresholds for HEDIS measures are based on the applicable state/regional or national HMO averages as reported in the NCQA Quality Compass. Typically, in the fall of each year (after the annual release of HEDIS results) we provide an annual performance report for the preceding year. Performance guarantees require annual renewal and must be requested each year by the Customer.

Proprietary and Confidential

The information contained in this agreement is proprietary and confidential. Customer agrees to not share any information contained in this document with any Kaiser Permanente competitor, nor with any other third-party unless granted specific written consent to do so by Kaiser Permanente's representative.

Penalty Payments and Force Majeure

We report performance results based on our annual (calendar year) performance. Penalty payments are determined after the end of the year and are based on the group's total non-Medicare premium for the calendar year. We pay agreed-upon penalties by check. The group is responsible for notifying their account management team of the correct payment address to which payment should be sent when processed.

Penalty payments on sample-based measures are contingent on statistically significant differences ('margins of error') from penalty thresholds. If the result on a measure is below the penalty threshold (target) we use a standard statistical test to determine whether the difference is too large to be explained by random chance. We do not pay penalties unless the result is determined to be a true difference at the 95% or better confidence level.

If we are unable to provide any of the information guaranteed in this agreement due to force majeure or federal, state or local legislative or regulatory action, the measures affected by such action will not be subject to penalties. Customer must be currently enrolled, and its account in good standing, at the end of the reporting period, December 31, 2024, in order to receive any penalty payments for missed performance measures due under this agreement. We require that Customer dispute any performance results and/or penalty due by submitting written notice to us within 60 days after the date the final report is delivered, or payment is made. Unless Customer notifies Kaiser of a dispute within such 60-day period, the report and penalty payment, if applicable, shall be considered final and not subject to dispute. Your written response must be received within 60 days of your receipt of our final report or you will forfeit any penalties otherwise due to you under this agreement.

Account Management Measures

Issues pertaining to satisfaction with account management are defined as matters that are under direct control of the Account Management Team (e.g., team availability, responses to customer questions, keeping customer informed of developments, etc.). Issues related to other health plan activities (e.g., pricing and rates, member call center services, claims, or eligibility processing) are not applicable to these measures and may be covered by other measures in this agreement.

Forfeiture on account management satisfaction measures is contingent on prompt notification (prior to September 1st of the agreement year) by the Customer of specific issues which may result in service failure, and adequate opportunity for resolution (agreement on corrective action plan and timeline). Failure of Kaiser Permanente account management to develop and execute on a corrective action plan constitutes failure on such measures.

To contact Kaiser Permanente

Thank you for giving us the opportunity to provide health care services to your employees and their families. Please contact your Account Manager if you have questions or comments concerning this agreement.

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Based on projected 2024 membership, we expect these health plans will be guaranteed with premium at risk:
Southern California

NOTE: • Measures identified as 'CSB:' are purchaser-specific, others are plan-wide
• Quarterly reporting will be provided on selected operations measures

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Measures are based on annual, plan-wide performance unless specified otherwise. Penalty thresholds and results are rounded to the nearest whole number except on measures where the penalty threshold is shown with a decimal point (e.g., <3.0%)

2024 Performance Measures		Penalty Threshold	Penalty (% of Premium)
1.	CSB: <i>Enrollment</i> – purchaser satisfaction with AM team efforts to review/report on issues related to urgent enrollments that purchaser brings to AM attention	Purchaser satisfied; see provisions on cover page	0.061%
2.	CSB: <i>Contract</i> – provide final draft contracts to the County by April 1 annually. This measure will be considered void if delays are caused by factors outside of Kaiser's control such as state/federal regulatory actions, delays caused by purchaser or purchaser's representatives, etc.	Provide documents by specified dates	0.061%
3.	Claims financial (dollar) accuracy	98.5%	0.063%
4.	Claims processing (financial incident) accuracy	97%	0.063%
5.	Claims turnaround (clean claims) in 30 calendar days	90%	0.063%
6.	Member service calls – answered within 30 seconds	80%	0.063%
7.	Telephone call abandonment rate	<3.0%	0.063%
8.	Resolve written correspondence within 30 business days	95%	0.063%
9.	Provide HEDIS reports upon request within 30 days of public release of information	Provide reports upon request	0.063%
10.	Member overall satisfaction with health plan (CAHPS #31) ¹	≥ State Avg. ^{3*}	0.063%
11.	Member satisfaction with Getting Needed Care (CAHPS composite)	≥ State Avg. ^{3*}	0.063%
12.	Member satisfaction with Easy to Get Care, Tests, Treatment Needed (CAHPS #9) ²	≥ State Avg. ^{3*}	0.063%
13.	Member rating of specialist (CAHPS #22) ¹	≥ State Avg. ^{3*}	0.063%
14.	Member rating of personal doctor (CAHPS #18) ¹	≥ State Avg. ^{3*}	0.063%
15.	Purchaser satisfaction with Account Management	Purchaser satisfied. see provisions on cover page of this agreement	0.063%
16.	Availability for periodic meetings and open enrollment – 2-4 per year	Purchaser satisfied. see provisions on cover page of this agreement	0.063%
17.	Member satisfaction with kp.org web site (registered users who access secure features – rating of 'satisfied' or 'very satisfied')	80%	0.063%
18.	Kp.org web site availability (non-secure sections and excluding scheduled maintenance)	98.5%	0.063%
19.	Breast Cancer Screening Rate	≥ Nat. Avg. ^{4*}	0.063%
20.	Statin Therapy for Patients with Diabetes Received Statin Therapy (Total)	≥ Nat. Avg. ^{4*}	0.063%
21.	Appropriate Treatment for Upper Respiratory Infections (3mos-17yrs)	≥ Nat. Avg. ^{4*}	0.063%
22.	Blood Pressure Control for Patients with Diabetes	≥ Nat. Avg. ^{4*}	0.063%
23.	Eye Exam for Patients with Diabetes	≥ Nat. Avg. ^{4*}	0.063%
24.	Hemoglobin A1c Control for Patients with Diabetes – poor control <9.0%	≤ Nat. Avg. ^{4*}	0.063%
25.	Weight Assessment & Counseling for Nutrition and Physical Activity for children/Adolescents – BMI Percentile	≥ Nat. Avg. ^{4*}	0.063%
26.	Statin Therapy for Patients with Cardiovascular Disease (Total)	≥ Nat. Avg. ^{4*}	0.063%

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2024 Performance Measures		Penalty Threshold	Penalty (% of Premium)
27.	Chlamydia Screening in Women (all age categories combined)	≥ Nat. Avg. ^{4*}	0.063%
29.	Kidney Health Evaluation for Patients with Diabetes (Total)	≥ Nat. Avg. ^{4*}	0.063%
County of San Bernardino – Specific Measures			
29.	CSB: Provide purchaser-specific control med and rescue med use (asthma) and blood sugar control and lipid control (diabetes)	Provide report	0.060%
30.	CSB: Provide purchaser-specific antidepressant med use, acute phase and continuation phase	Provide report	0.060%
31.	CSB: Care Management group-specific reporting and book-of-business comparative data on the following: <ul style="list-style-type: none"> • Disease prevalence and associated comparative costs of at least 3 major conditions. • For the population with each condition provide at least one “Management Measure: (e.g., ACE inhibitor use), and at least one “Outcome/ Utilization Measure” (e.g., Hospital Admissions for Heart Failure). Please note: This data is not defined by NCQA	Provide report	0.060%
32.	CSB: <i>Quarterly Reporting</i> – Provide Dashboard Report* (based on <i>calendar</i> rather than policy year) due within 60 days post-quarter	Provide reports	0.060%
Total Percent at Risk			2.00 %

¹ From the NCQA CAHPS Survey, based on the percent of respondents answering eight or higher on a 0 - 10 scale

² Based on NCQA's State/Regional HMO Average

³ Based on NCQA's National HMO Average

* Penalties are contingent on statistically significant differences from targets