

**To:** AmeriHealth Caritas Louisiana Primary Care Providers

**Date:** June 15, 2020

**Subject:** Changes to our Quality Enhancement Program (QEP) Incentive Program

**Summary:** AmeriHealth Caritas Louisiana has made changes to the Primary Care Provider Quality Enhancement Program (QEP), a value-based compensation program for participating primary care providers (PCPs). Quality performance is the most important determinant of the additional compensation available to providers under this program. **Modifications to the QEP are detailed in this document and became effective July 1, 2020.**

Previous QEP Model Program Components	QEP Model Component Changes Effective 7/1/20
<b>Qualifying Panel Sizes</b> of 50 – 149 were eligible for a quarter of the full QEP payment, and practices with member panel sizes of 150 – 499 were eligible for half of the full QEP payment.	<b>Qualifying Panel Sizes</b> of 100+ continuously enrolled AmeriHealth Caritas Louisiana members required to be eligible for participation and for QEP payment under this program.
<b>Incentive Calculation-</b> Performance Improvement Payments (PIP) were calculated based upon how well an individual PCP office scored on each bonus component relative to other qualifying AmeriHealth Caritas Louisiana participating PCP offices of the same specialty type and panel size range (pediatrics, internal medicine, OB/GYN if participating as a PCP, and general and family practice).	<b>Incentive Calculation-</b> Performance Improvement Payments (PIP) are based upon the entire practice’s performance results rolled up to the practice level Tax Identification Number (TIN). Once the efficient use of services and quality improvement components are met, practices are eligible for incentive compensation. That savings percentage is calculated based upon how well a PCP office scores on each incentive component relative NCQA Quality Compass percentiles. The quality components are paid by performance tiers (Core, Premium, Elite).
<b>Incentive Components-</b> Quality Performance, Severity of Illness, Cost and Efficiency Management, Non-Emergency Room Usage, Patient-centered Medical Home and an Improvement Incentive.	<b>Incentive Components</b> - Quality Performance, Severity of Illness, Utilization Management, Patient-centered Medical Homes and Access to Provider’s Electronic Health Records (EHR).

Previous QEP Model Program Components	QEP Model Component Changes Effective 7/1/20
<b>Performance Measures-</b> Remove Adult Access to Preventive/Ambulatory Health Service	<b>Performance Measures-</b> Add Colorectal Cancer Screening and Cervical Cancer Screening
<b>Measuring Performance</b> - The measures are based upon claims for services rendered during the reporting period. Results are identified for each of the five performance components and then aggregated for a total score. Individual practice scores are calculated as the ratio of linked members who received the services as indicated by a submitted claim (numerator) to those linked members who were eligible to receive the services (denominator). The final total score is then compared to all practices of the same specialty type to determine network ranking.	<b>Measuring Performance</b> - Potential pool is based on the Actual versus Expected medical and pharmacy costs of the members attributed to the practice reflecting 'Efficient Use of Services' (actual medical and pharmacy costs less than the expected medical and pharmacy costs in the measurement period) relative to the health of the overall population.
<b>Quality Scoring</b> - Ranking is determined by a provider's performance on the quality measures relative to peer practices within your panel size group. These measures are based upon services rendered during the reporting period.	<b>Quality Scoring-</b> HEDIS Tiers based on NCQA Percentiles: Core Tier >= the 50 <sup>th</sup> Percentile, Premium Tier >= the 75 <sup>th</sup> Percentile and Elite >= the 95 <sup>th</sup> Percentile. Each HEDIS Measure is assigned points based on the practice's performance compared to the NCQA Percentiles. An overall tier average is used to calculate the Earned Tier Incentive.
<b>Settlement Period</b> – was paid semi-annually on a per member per month (PMPM) basis.	<b>Settlement period</b> will be based on a 12-month performance period with quarterly incentive payment made following each quarterly settlement calculation.
<b>Improvement Incentive-</b> PCP practices eligible for the QEP program that do not qualify for an incentive in a measure, but show at least a five percent improvement compared to the prior measurement cycle, received an improvement incentive equal to the improvement tier for that component.	<b>Improvement Incentive</b> - PCP practices eligible for the programs that do not meet or exceed the target in a measure, but show at least a five percent or higher rate improvement compared to the prior measurement cycle shall receive credit for improvement equal to half of the credit earned for the Core target.

The full QEP manual can be found on our website:  
<http://www.amerihealthcaritasla.com/provider/resources/qep.aspx>.

We continue to assess challenges and opportunities related to the current public health crisis. As we formulate a path forward, we will be in touch to communicate specific information to you. Your dedicated AmeriHealth Caritas Louisiana Account Executive will be reaching out to those providers who are participating in the new program to review and answer any questions you may have. We would like to thank you for the care and support that you provide to our members. We look forward to our continued collaboration with you to improve the health and wellness of our members.

**Questions:**

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your [Provider Network Management Account Executive](#).

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