



PerformPlus® True Care — Behavioral Health Providers

Improving Quality Care and Health Outcomes

2025

www.amerihealthcaritasla.com


AmeriHealth Caritas™
Louisiana

Dear Behavioral Health Provider:

AmeriHealth Caritas Louisiana is pleased to announce our new incentive program, PerformPlus® True Care — Behavioral Health Providers.

The program provides incentives for participating behavioral health practitioners who deliver high-quality and cost-effective care, timely care, and health data submission to our members.

The program provides an opportunity for behavioral health practitioners to enhance revenue, while providing quality and cost-effective care in the following measures:

1. Quality Metrics (HEDIS Measures)
2. Potentially Preventable Events (PPE)

AmeriHealth Caritas Louisiana is excited to work with your practice to advocate for and encourage the overall health of our members.

Thank you for your continued participation in our network and your commitment to our members. Together, we can improve behavioral health outcomes in Louisiana.

If you have any questions, please contact your Provider Network Management account executive or Provider Services at **1-888-922-0007**.

Sincerely,



Dr. Rodney Wise, M.D. FACOG
Market Chief Medical Officer

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Introduction and Program Overview

The PerformPlus True Care — Behavioral Health Providers program is a reimbursement system developed by AmeriHealth Caritas Louisiana for participating Behavioral Health (BH) providers who provide high-quality and cost-effective care and who submit accurate and complete health data. The program provides financial incentives beyond a provider group's base compensation for the provision of services to attributed members.

Value-based incentive payments are based on the performance of each provider's group practice and not on individual performance (unless the participant is a solo provider). Hospital-owned and large BH groups (including federally qualified health centers [FQHCs]) that have an alternate incentive arrangement or risk-sharing arrangement with AmeriHealth Caritas Louisiana may be excluded from participation. Certain program components can only be measured effectively for BH offices whose panels averaged 50 or more enrollees in the measurement period. For offices with fewer than 50 enrollees, there is insufficient data to generate appropriate and consistent measures of performance. These practices are not eligible for participation in the program.

Performance Components

Incentive payments, in addition to a provider's base compensation, may be paid to those BH provider groups that improve their performance in the defined components. Allocation of funding for the Quality Performance and Potentially Preventable Events (PPE) is listed below.

The performance components and allocation of funding are:

1. Quality metrics (Healthcare Effectiveness Data and Information Set [HEDIS] measures) — 50%
2. Potentially Preventable Events (PPE) — 50%

As additional meaningful measures are developed and improved, the quality indicators contained in the program will be refined. AmeriHealth Caritas Louisiana reserves the right to make changes to this program at any time.

Measures

The metrics used to evaluate quality performance measures are consistent with Healthcare Effectiveness Data and Information Set (HEDIS) or other nationally recognized measures and predicated on AmeriHealth Caritas Louisiana's Preventive Health Guidelines and other established clinical guidelines.

The population-focused Potentially Preventable Events (PPE) component uses the 3M-proprietary methodologies to measure performance. All measures are based upon services rendered during the reporting period and require accurate and complete encounter reporting. Descriptions for each measure used in this program is listed in the table below.

1. Quality Metrics (HEDIS Measures)

1. Quality metrics (HEDIS measures)	
Follow-up after ED Visit for Substance Use (FUA) — 7 days	<p>Measurement description: The percentage emergency department (ED) visits among enrollees age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 7 days of the ED visit.</p> <p>Eligible enrollees: Enrollees age 13 and older as of the date of the ED visit.</p> <p>Continuous enrollment: Date of ED visit through 30 days after ED visit.</p> <p>Allowable gap: No gaps in enrollment.</p>
Follow-up after ED Visit for Substance Use (FUA) — 30 days	<p>Measurement description: The percentage emergency department (ED) visits among enrollees age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit.</p> <p>Eligible enrollees: Enrollees age 13 and older as of the date of the ED visit.</p> <p>Continuous enrollment: Date of ED visit through 30 days after ED visit.</p> <p>Allowable gap: No gaps in enrollment.</p>
Follow-up after Hospitalization for Mental Illness (FUH) — 7 days	<p>Measurement description: The percentage of discharges for enrollees age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 7 days after discharge.</p> <p>Eligible enrollees: Enrollees age 6 and older as of the date of discharge.</p> <p>Continuous enrollment: Date of discharge through 30 days after discharge.</p> <p>Allowable gap: No gaps in enrollment.</p>
Follow-up after Hospitalization for Mental Illness (FUH) — 30 days	<p>Measurement description: The percentage of discharges for enrollees age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge.</p> <p>Eligible enrollees: Enrollees age 6 and older as of the date of discharge.</p> <p>Continuous enrollment: Date of discharge through 30 days after discharge.</p> <p>Allowable gap: No gaps in enrollment.</p>
Follow-up after ED Visit for Mental Illness (FUM) — 7 days	<p>Measurement description: The percentage of emergency department (ED) visits for enrollees age 6 and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness within 7 days of the ED visit.</p> <p>Eligible enrollees: Enrollees age 6 and older as of the date of the ED visit.</p> <p>Continuous enrollment: Date of ED visit through 30 days after ED visit..</p> <p>Allowable gap: No gaps in enrollment.</p>

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2. Potentially Preventable Events (PPE) Metrics

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Potentially Preventable Admits (PPA)	A hospitalization that could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols. PPAs are ambulatory-sensitive conditions (e.g., asthma) for which adequate patient monitoring and follow-up (e.g., medication management) can often avoid the need for admission. The occurrence of high rates of PPAs represents a failure of the ambulatory care provided to the patient.
Potentially Preventable ER Visits (PPV)	An emergency room (ER) visit that may result from a lack of adequate access to care or ambulatory care coordination. PPVs are ambulatory-sensitive conditions (e.g., asthma), for which adequate patient monitoring and follow up (e.g., medication management) should be able to reduce or eliminate the need for ER services. In general, the occurrence of high rates of PPVs represents a failure of the ambulatory care provided to the patient.
Potentially Preventable Readmissions (PPR)	<p>A return admission to an acute care hospital that is identified as potentially preventable. Preventability is determined by:</p> <ul style="list-style-type: none"> Identifying that the return admission is clinically related to the initial admission—defined as a requirement that the underlying reason for readmission be plausibly related to the care rendered during or immediately following a prior hospital admission. Determining that the readmission rate could be decreased by either providing excellent care during the initial admission and/or putting into place the best possible coordination plans with the outpatient setting—including both the outpatient health professional team and the patient/family/caregiver

Note: The submission of accurate and complete claims is critical in order for your practice to receive a correct score and practice ranking, based on the appropriate delivery of services for AmeriHealth Caritas Louisiana members.

Overall Practice Score and Incentive Calculation

Overall results will be calculated and paid on a semi-annual basis (see Table A) for the previously mentioned Quality Performance and Potentially Preventable Events (PPE) measures for each practice. The practice must also have an average monthly panel of 50 enrollees to qualify for the program.

Practice score rates are calculated by dividing the number of members who received the described services (numerator) by the number of members eligible to receive the services (denominator). Each quality performance measure is subject to a minimum denominator value. The result of this calculation is then compared to the targets for each measure (see Table B). Providers who meet the established targets will qualify for the assigned points for that measure (see Table B). The aggregate number of points within each component that meet or exceed the measure specific goal will be divided by the number of potential points in that component that met the minimum denominator. This rate will be used to determine a per member per month (PMPM) rate for that component.

Table A

Measurement Period	Payment Date
July 1, 2024 - June 30, 2025	January 2026
January 1, 2025 - December 31, 2025	July 2026

Table B

Component	Measures	2025 Target	Points
Quality	Follow-Up After Emergency Department Visit for Mental Illness – 30 days (Total)	33.59%	1
Quality	Follow-Up After Emergency Department Visit for Mental Illness – 7 days (Total)	22.59%	1
Quality	Follow-Up After Emergency Department Visit for Substance Use – 30 days (Total)	22.50%	1
Quality	Follow-Up After Emergency Department Visit for Substance Use – 7 days (Total)	14.51%	1
Quality	Follow-Up After Hospitalization For Mental Illness – 30 days (Total)	40.49%	1
Quality	Follow-Up After Hospitalization For Mental Illness – 7 days (Total)	21.82%	1
PPE	Potentially Preventable Admits	100.00%	1
PPE	Potentially Preventable ED Visits	100.00%	1
PPE	Potentially Preventable Readmissions	100.00%	1

Table C – Example Scorecard

Practice Name: SCORECARD EXAMPLE		Tax ID: 999999999	
Member Months in Period: 1,621		Avg Panel Count: 135	

Quality Measures	Num	Den*	Rate	Target	Met
Follow Up After Hospitalization (Mental Illness) - 7 Days	4	23	17.39%	35.16%	
Follow Up After Hospitalization (Mental Illness) - 30 Days	10	23	43.48%	57.69%	
Follow-Up After ED Visit (Mental Illness) - 7 Days	5	7	71.43%	40.59%	MET
Follow-Up After ED Visit (Mental Illness) - 30 Days	6	7	85.71%	54.87%	MET
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence - 7 Days	3	6	50.00%	24.51%	MET
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence - 30 Days	3	6	50.00%	36.34%	MET
Total Measure Met		Tier	PMPM	Performance Incentive	
4		0.65	\$1.17	\$1,896.57	

Hospital Utilization Measures (INVERSE)	Num	Den**	Rate	Target	Met
Potentially Preventable Admissions	16	12.51	127.95%	100%	
Potentially Preventable Emergency Room Visits	111	141.62	78.38%	100%	MET
Potentially Preventable Readmissions	12	12.17	98.63%	100%	MET
Total Measure Met		Tier	PMPM	Performance Incentive	
2		0.65	\$0.58	\$940.18	

Grand Total Earned Incentive \$2,836.75

Key:

Num = Numerator

Den = Denominator

PMPM = per member per month rate

Member Experience Pulse Survey

The purpose of the Member Experience Pulse Survey is to assess the member's experience following a provider visit. To make the process easier for members, emojis were incorporated to simplify the responses. For each survey question answered, a provider is assigned a score. **For the first year, the Pulse Survey will be informational only.**

The Numerator is calculated for each survey question answered, and a provider is assigned a score as follows:

Very Dissatisfied: 0 points

Dissatisfied: 0 points

Neutral: 0.5 points

Satisfied: 0.75 points

Very Satisfied: 1 point

The Denominator is calculated by counting each survey question answered by a member as 1 in the Denominator.

Practice Rate = Numerator/Denominator

The screenshot shows a digital survey titled "Member Experience Survey". It contains three multiple-choice questions, each with five emoji-based options: "Very Satisfied" (green smiley), "Satisfied" (yellow smiley), "Neutral" (yellow neutral), "Dissatisfied" (orange frowny), and "Very Dissatisfied" (red frowny). A "N/A" option is also present. The questions are: 1. "How satisfied are you with how carefully the doctor/care provider listened to you?", 2. "How satisfied are you with the respect shown by the doctor/care provider for what you had to say?", and 3. "Overall, how would you rate the doctor/care provider?". Below these is a text box for "4. Comments?" and a blue "Submit" button at the bottom.

Provider Appeal of Ranking Determination

- If providers wish to appeal their rankings on any or all incentive components, they must submit appeals in writing.
- The written appeal must be addressed to the AmeriHealth Caritas Louisiana Director of Provider Network Management, and the basis for the appeal must be specified.
- The appeal must be submitted within 60 days of receiving the results of the Program from AmeriHealth Caritas Louisiana.
- The appeal will be forwarded to the Program Review Committee for review and determination.
- If the Program Review Committee determines that a performance correction is warranted, an adjustment will be made following committee approval.

Important Notes and Conditions

- The Program, including, but not limited to, the quality performance measures included in the program, is subject to change at any time at AmeriHealth Caritas Louisiana's discretion, upon written notice. AmeriHealth Caritas Louisiana will continuously improve and enhance its quality management and quality assessment systems. As a result, new quality variables will periodically be added, criteria for existing quality variables will be modified, and modifications to the program will be made. AmeriHealth Caritas Louisiana reserves the right to terminate the program at any time upon notice.
- For computational and administrative ease, no retroactive adjustments will be made to incentive payment.

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