PerformPlus® True Care — Perinatal Care Providers

Improving Quality Care and Health Outcomes

2025

www.amerihealthcaritasla.com

AmeriHealth Caritas Louisiana

AmeriHealth Caritas Louisiana

P.O. Box 83580
Baton Rouge, LA 70884

Dear Obstetrics Provider:

AmeriHealth Caritas Louisiana is pleased to announce the continuation and expansion of our incentive program, PerformPlus® True Care — Perinatal Care Providers, formerly known as the Perinatal Quality Enhancement Program (PQEP).

The program provides incentives for participating obstetric, midwife, and family practice practitioners who provide to our pregnant members care that is timely, high-quality, and cost-effective, and who comply with requested health data submission.

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

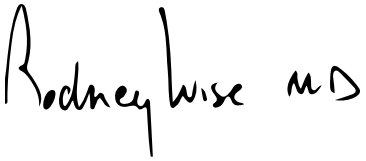
1. Quality Performance
2. Cesarean Rate
3. Severity of Illness
4. Third-Trimester Syphilis Testing
5. Health Equity — Maternal Health
6. Member Experience Pulse Survey (informational only for this year)

AmeriHealth Caritas Louisiana is excited to work with your practice to advocate for and encourage the delivery of healthy babies.

Thank you for your continued participation in our network and your commitment to our members. Together, we can improve perinatal 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

Gwen Matthews
Director, Provider Network Management

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Introduction

The The PerformPlus True Care — Perinatal Care Providers program is a reimbursement system developed by AmeriHealth Caritas Louisiana for participating obstetric, midwife, and family practice practitioners who provide obstetric care.

The program is intended to be a fair and open system that provides incentives for high-quality and cost-effective care, and submission of 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. Incentive payments are not based on individual provider performance, but rather the performance of your practice in providing services for prenatal, intrapartum, and postpartum care in accordance with the quality metrics outlined in the program.

Program Overview

The program is designed to reward higher performance by practices that meet financial and quality benchmarks by reducing unnecessary costs and delivering quality health care for our members. The quality measures represent a comprehensive patient quality model covering availability of care, use of services, and preventive screenings.

To be eligible for participation in this program, a provider must have a minimum number of live-birth deliveries in each measurement period.

The provider must also demonstrate Efficient Use of Services and meet the minimum number of qualifying deliveries to earn an incentive in this program. The incentive payments are distributed semi-annual (if approved), based on deliveries occurring during the measurement period, with a focus on treating the delivery as an episode of care. See the table below for details.

Cycle	Measurement period (Episode dates must fall within the measurement period)	Payment month
1	October 8, 2024 through April 7, 2025	December 2025
2	April 8, 2025 through October 7, 2025	June 2026

Program Specifications

The incentive payment is based on a risk-adjusted shared savings pool. Payment is available for Obstetric Practitioners whose attributed deliveries demonstrate an efficient use of services. Payments are based on a comparison of the total episode cost to the risk-adjusted episode cost.

A higher ratio of total cost to risk-adjusted cost indicates lower efficiency performance. Using the Prometheus analytical models for Pregnancy (described below), episode case rates are risk-adjusted to account for variances in individual health condition and status that impact episode costs.

- Pregnancy (PREGN) is a condition that is triggered retroactively by the presence of a Vaginal Delivery or Cesarean Section episode. Since pregnancy is triggered by a delivery episode, it has a 270-day look back and a 60-day look forward period. Services with diagnosis codes for signs and symptoms related to pregnancy, such as absence of menstruation, have been defined as typical care for pregnancy, and conditions such as electrolyte disturbances have been labeled as complications.

- Vaginal Delivery (VAGDEL) or Cesarean Section (CSECT) episodes are linked back to the pregnancy episode to understand the frequency and consequently the appropriateness of Cesarean Sections in pregnancy.

  – In addition, other concurrent episodes of AMI, Pneumonia and Stroke are linked back at the patient level to Pregnancy episodes as complications. For this program, efficient use of services will be determined by Vaginal Delivery and Cesarean Section episode performance. Cesarean Section Episode Description Most Cesarean Sections are currently done in an inpatient setting, but the system is programmed to identify and trigger an episode of Cesarean Section even if it is conducted in an outpatient setting. Services and costs associated with a Cesarean Section (CSECT) are grouped together to include the index stay during which the procedure was performed (when applicable), a three-day look back period to capture services leading up the Cesarean Section and a 60-day post-discharge period to capture any follow-up care. Patients are identified as those with a primary procedure code for Cesarean Section on an inpatient stay service or a Cesarean Section procedure code in any position on an outpatient facility/professional service. As part of the Cesarean Section episode, we evaluate services that are

    1) typical or routine and considered part of expected care for Cesarean Section; and

    2) those that are related to complications associated with Cesarean Section. In addition, the Cesarean Section episode is related back to the pregnancy episode as a complication of pregnancy at the patient level and is compared to similar pregnancy episodes as part of the risk adjustment methodology. The occurrence of Cesarean Section procedures at the patient level helps ascertain the appropriateness of Cesarean Sections.

  – **Vaginal Delivery Episode Description:** Within the Vaginal Delivery population, there are patients that have the index trigger event in an inpatient setting and others that deliver in an outpatient setting. Services and costs associated with a Vaginal Delivery (VAGDEL) are grouped together to include the index stay during which the procedure was performed (when applicable), a three-day look back period to capture services leading up to the delivery and a 60-day post-discharge period to capture any follow-up care. Patients are identified as those with a principal procedure code for vaginal delivery on an inpatient stay service or a vaginal delivery procedure code in any position on an outpatient facility/professional service. As part of the vaginal delivery episode, we evaluate services that are

    1) typical or routine and considered part of expected care for vaginal delivery; and

    2) those that are related to complications associated with vaginal delivery.

  – In addition, the vaginal delivery episode is related back to the pregnancy episode as part of typical care of pregnancy at the patient level, and is compared to similar pregnancy episodes as part of the risk adjustment methodology. However, if the Vaginal Delivery is triggered in addition to a Cesarean Section episode, it is associated to the Cesarean Section episode as typical, and the Cesarean Section is then associated to the Pregnancy episode taking the Vaginal Delivery costs with it.

Quality Performance Measures

The Quality Performance Measures were selected based on national and state areas of focus and predicated on AmeriHealth Caritas Louisiana's Preventive Health Guidelines and other established clinical guidelines.

These measures are based on services rendered to eligible members during the reporting period and require accurate and complete encounter reporting.

1. Prenatal/postpartum care	
Timeliness of Prenatal Care	**Measurement description:** The percentage of deliveries that received a prenatal care visit in the first trimester on or before the enrollment start date or within 42 days of enrollment in the plan. **Eligible members:** No specific age **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery **Allowable gap:** No allowable gap during the continuous enrollment period **Anchor date:** Date of delivery
Postpartum Care	**Measure description:** The percentage of deliveries that received a postpartum visit on or between 7 and 84 days after delivery **Eligible members:** No specific age. **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery **Allowable gap:** No allowable gap during the continuous enrollment period **Anchor date:** Date of delivery

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

2. Sexually transmitted infection (STI) screening	
Chlamydia Screening in Women During Pregnancy	**Meaasurement description:** The percentage of women who delivered a live birth during the measurement period and had at least one test for chlamydia during pregnancy **Eligible population (Denominator):** Women who delivered a live birth during the measurement period **Numerator:** The number of women that had at least one test for chlamydia during pregnancy **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery **Anchor date:** Date of delivery
Gonorrhea Screening in Women During Pregnancy	**Measurement description:** The percentage of women who delivered a live birth during the measurement period and had at least one test for gonorrhea during pregnancy **Eligible population (Denominator):** Women who delivered a live birth during the measurement period **Numerator:** The number of women that had at least one test for gonorrhea during pregnancy **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery **Anchor date:** Date of delivery
Syphilis Screening in Women During Pregnancy	**Measurement description:** The percentage of women who delivered a live birth during the measurement period and had at least one test for syphilis during pregnancy **Eligible population (Denominator):** Women who delivered a live birth during the measurement period **Numerator:** The number of women that had at least one test for syphilis during pregnancy **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery **Anchor date:** Date of delivery
HIV Screening in Women During Pregnancy	**Measurement description:** The percentage of women who delivered a live birth during the measurement period and had at least one test for HIV during pregnancy **Eligible population (Denominator):** Women who delivered a live birth during the measurement period **Numerator:** The number of women that had at least one test for HIV during pregnancy **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery **Anchor date:** Date of delivery

Practice Score Calculation

Efficient Use of Services

The incentive payment is based on a risk-adjusted shared savings pool and is available to Obstetric practice groups whose attributed deliveries demonstrate an Efficient Use of Services and is based on a comparison of the total episode cost to the risk-adjusted episode cost. A higher total cost to risk-adjusted cost ratio indicates lower efficiency performance.

Efficient Use of Services is defined as having Actual Episode cost less than the Risk-Adjusted Episode cost in the measurement period as determined using the Prometheus methodology described above. A practice's attributed deliveries whose Actual Episode cost is equal to the Risk-Adjusted Episode cost would have an efficiency factor of 100%, which indicates that the attributed deliveries cost is exactly as expected for the health mix of the attributed population. A 2% risk corridor is applied to the efficiency factor.

To determine a practice's efficiency, an episode cost ratio is calculated by dividing the Actual Episode cost by the Risk-Adjusted Episode cost. The difference between the practice's efficiency factor and 98% (100% less the 2% risk corridor) is used to calculate the risk-adjusted shared savings pool.

For practices that have an efficiency factor below 98%, we calculate the annual savings by taking the total episode cost and multiplying it by the practice's efficiency factor to determine the annual savings. The annual savings is then compared to 25% of the practice's annual claims spend. The annual savings, or 25% of annual claims spend, whichever is lower, is then used to determine the practice's risk-adjusted shared savings pool

1. Quality Performance:

Once the provider's risk-adjusted shared savings pool is established, a review of the Quality Performance is performed. These quality measures include Timeliness of Prenatal Care, Postpartum Care, and Screenings for Chlamydia, Gonorrhea, Syphilis, and HIV During Pregnancy (described above). Practice scores are calculated as the ratio of attributed members who received the above Quality services, as evidenced by claim or encounter information (numerator), to those members receiving obstetrical care who were eligible to receive these services (denominator) for each of the Quality measures (listed above). In order to receive credit for the STI measures, all four screenings must be completed as defined by the HEDIS specifications listed above. The results of the Quality measures are then aggregated for a total score and then compared to the scores for all practices providing obstetrical care to determine the practice percentile ranking. A percentile ranking of the 50th percentile or higher is needed to earn the quality performance percentage of the shared savings pool (see below allocation table).

Shared Savings Pool Payment Allocation	
Quality Management	50%

Other Performance Measures and Access to Electronic Health Records (EHRs):

The Cesarean Rate, Severity of Illness, and Third Trimester Syphilis Screening are calculated individually. Practice scores are calculated as the ratio of attributed members who received the above services, as evidenced by claim or encounter information (numerator), to those members receiving obstetrical care who were eligible to receive these services (denominator) as described below.

The results of these measures are compared to the scores for all practices providing obstetrical care to determine the practice percentile ranking. A percentile ranking of the 50th percentile or higher in each of these measures is needed to earn the performance percentage of the shared savings pool (see payment allocation table below).

Shared Savings Pool Payment Allocation	
Cesarean Rate (lower is better)	25%
Severity of Illness	20%
Third Trimester Syphilis Screening	5%

2. Cesarean Rate

Percentage of nulliparous (first birth), term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in the cephalic presentation (head-first) births delivered by cesarean section during the measurement year. A lower rate indicates a better performance.

Eligible members: Women 8 to 64 years of age as of the date of delivery during the measurement year

Continuous enrollment: Month of delivery

Allowable gap: No allowable gap during the continuous enrollment period

Anchor date: Date of delivery

3. Severity of Illness

The intent of this measure is to compensate practices that are treating higher-risk panels than their peers. The risk-adjusted practice score is ranked against the scores for all practices and is based on your panel as of the first of each month during the measurement year.

4. Third Trimester Syphilis Screening

Congenital syphilis is a severe, disabling, and often life-threatening infection seen in infants. A pregnant mother who has syphilis can spread the disease through the placenta to the unborn infant. Due to the fact that many STIs, including syphilis, are without symptoms in adults, it is critical that women who are pregnant be tested and treated for syphilis. Louisiana has one of the highest rates of congenital syphilis in the United States. Therefore, testing is recommended not only early in pregnancy, but all pregnant women should have repeat testing in the third trimester and at delivery. In 2014, Louisiana enacted law to require that physicians also offer opt-out syphilis testing early in the third trimester.

5. Health Equity — Maternal Health

Patient Access and Outcomes

The Louisiana Department of Health has prioritized maternal and child well-being in state health improvement efforts, citing that Black/African American individuals are two times more likely to die from a pregnancy-associated cause than their white counterparts.[1] Currently, Louisiana is one of 10 states that received an F grade on the 2022 March of Dimes Report Card, with 33 of Louisiana's 64 parishes designated by the March of Dimes as low-access areas or maternity care deserts — areas where birthing persons have little or no access to maternity health care services, either because of the absence of services or the existence of barriers to accessing prenatal, perinatal, and postnatal care.[2] Preterm birth rates in New Orleans and Baton Rouge were among the highest in the nation, at 14.4% and 12.3% respectively.[3]

Incentive Measures: Prenatal and Postpartum Care (PPC)

AmeriHealth Caritas Louisiana actively supports providers in addressing these disparities and achieving equitable maternal outcomes for our Black/African American members. The Health Equity component utilizes the Timeliness of Prenatal Care and Postpartum Care measures, as described in the Quality Performance Measures section of this manual, to promote equitable outcomes for our Black/African American members.

Performance Requirement and Payment

Practice scores are calculated as the ratio of attributed Black/African American members who received Timeliness of Prenatal Care and Postpartum Care treatment, as evidenced by claim or encounter information (numerator), to those Black/African American members receiving obstetrical care who were eligible to receive these services (denominator). The scores from these two measures are compared to the scores from other practices providing obstetrical care to determine a practice percentile ranking.

A percentile ranking of the 50th percentile or higher in each of these measures is needed to earn an incentive under this metric. A fixed funding pool will be distributed across these eligible providers on a sliding scale whereby the highest performing providers receive a larger share of the available pool (see Payment Allocation table below).

Shared Savings Pool Payment Allocation	
Timeliness of Prenatal Care	50%
Postpartum Care	50%

[1] Louisiana Department of Health. (2022). Louisiana State Health Assessment. Retrieved December 28, 2022, from https://dashboards.mysidewalk.com/louisiana-state-health-assessment/community-engagement-report.

[2] March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. (2022 Report)," https://www.marchofdimes.org/research/maternity-care-deserts-report.aspx.

[3] March of Dimes, "2022 March of Dimes Report Card," https://www.marchofdimes.org/sites/default/files/2022-11/2022-MarchofDimes-ReportCard-UnitedStates.pdf.

6. 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

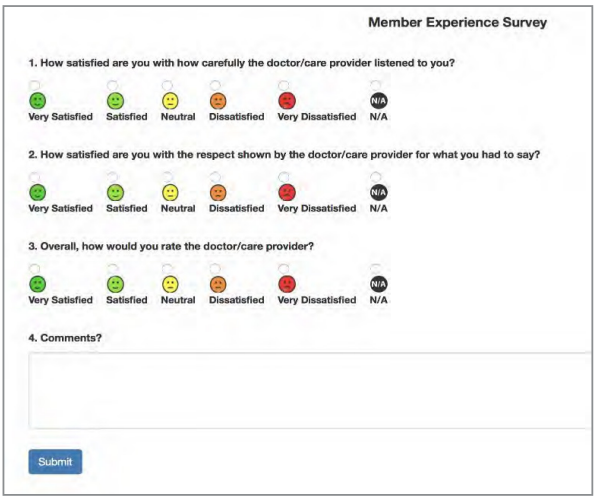
Neutral: 0.5 points

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



Reconsideration of Ranking Determination

- Providers desiring a reconsideration of their ranking determination must submit a written request.
- The written reconsideration request must be addressed to AmeriHealth Caritas Louisiana's medical director and must specify the basis for the reconsideration request.
- The reconsideration request must be submitted within 60 days of receiving a performance report card from AmeriHealth Caritas Louisiana.
- The reconsideration request will be forwarded to AmeriHealth Caritas Louisiana's Review Committee for review and determination.
- If the Review Committee determines that a correction is warranted, providers will be notified of the adjustment amount and the findings of the committee. If approved, an adjustment will appear on the next payment cycle following committee approval.

Important Notes and Conditions

1. The program may be further revised, enhanced, or discontinued. AmeriHealth Caritas Louisiana reserves the right to modify the program at any time and shall provide written notification of any changes.
2. The Quality Performance measures are subject to change at any time, upon written notification. 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, and criteria for existing quality variables will be modified.
3. Due to federal regulations, the sum of the incentive payments under the program will not exceed 33% of the total compensation for medical and administrative services.

Notes

Notes

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