



The Primary Care Provider Quality Enhancement Program
Improving Quality Care and Health Outcomes

July 2020

www.amerihealthcaritasla.com


AmeriHealth Caritas[™]
Louisiana



P.O. Box 83580
Baton Rouge, LA 70884

Dear Primary Care Provider:

AmeriHealth Caritas Louisiana is pleased to announce the continuation and expansion of our incentive program, the Quality Enhancement Program (QEP). The QEP provides incentives for high-quality and cost-effective care, member service and convenience, and health data submission.

AmeriHealth Caritas Louisiana is excited about our enhanced incentive program. We will actively work with your primary care practice so you can maximize your revenue while providing quality and cost-effective care to our members. The enhanced program includes larger practices with panel sizes of 100 or more. Thank you for your continued participation in our network and your commitment to our members.

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

Sincerely,

A handwritten signature in black ink that reads "Rodney Wise M.D." in a cursive style.

Rodney Wise, M.D., FACOG
Market Medical Executive

A handwritten signature in black ink that reads "Stacie Zerangue, LCSW." in a cursive style.

Stacie Zerangue
Director, Provider Network Management

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Introduction

The Quality Enhancement Program (QEP) is a unique reimbursement system developed by AmeriHealth Caritas Louisiana for participating primary care providers (PCPs).

The QEP is intended to be a fair and open system that provides incentives for high-quality and cost-effective care, member service and convenience, and submission of accurate and complete health data. Quality performance is the most important determinant of the additional compensation. As additional meaningful measures are developed and improved, the quality indicators contained in the QEP will be refined. AmeriHealth Caritas Louisiana reserves the right to make changes to this program upon prior written notice to PCP practices.

Program Overview

The QEP is intended to provide financial incentives beyond a PCP practice's base compensation. Incentive payments are not based on individual performance, but rather the performance of your practice, unless you are a solo practitioner. Practices with panel sizes of 100 or more average enrollment are eligible for the full incentive payment under the QEP.

Hospital-owned and large PCP groups (including federally qualified health centers [FQHCs]) that have an alternate incentive arrangement or risk-sharing arrangement with AmeriHealth Caritas Louisiana will be considered for participation on a case-by-case basis. PCP practices that are part of a large system but are not owned by that system, in which the system has an alternative incentive arrangement or risk-sharing arrangement with AmeriHealth Caritas Louisiana, are eligible for participation in the QEP.

Program Specifications

The QEP 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. The quality score is calculated according to the number of measures for which the provider exceeds the benchmark, multiplied by the points available per measure. The composite average score across all quality measures will be used to determine the overall quality performance score upon which incentive payments are based.

The incentive payment is based on a total cost of care risk-adjusted shared savings pool. This shared savings pool is available to practices whose attributed population demonstrates efficient use of services. Efficient use of services is defined as having an actual medical and pharmacy spend that is less than the expected medical and pharmacy spend — as determined using the 3M™ Clinical Risk Groups (CRG) methodology described below — in the measurement year.

The risk-adjusted trend calculation leverages the 3M CRG platform to determine the total expected medical and pharmacy cost for all the members attributed to the practice. The expected medical and pharmacy cost for each individual member is the average of the cost observed for all members within each clinical risk group. These calculations are adjusted to remove outlier patients with excessive medical or pharmacy costs from consideration.

Each member is assigned to a clinical risk group (CRG) based on the presence of disease and their corresponding severity level(s), as well as additional information that informs their clinical risk. CRGs can provide the basis for a comparative understanding of severity, treatment, best practice patterns, and disease management strategies, which are necessary management tools for payers who want to control costs, maintain quality, and improve outcomes.

By comparing the actual cost to the expected cost, AmeriHealth Caritas Louisiana calculates the actual versus expected cost ratio. The actual versus expected cost ratio is the ratio of the actual medical and pharmacy cost to

the expected cost. A practice's panel whose actual medical cost is exactly equal to the expected medical cost would have an actual versus expected cost ratio of 1, or 100%, indicating that the panel cost is exactly as expected for the health mix of the attributed population. An actual versus expected cost ratio of less than 100% indicates a lower than expected spend and therefore a savings. The savings percentage is then calculated using the difference between 100% and the practice's actual versus expected cost ratio. This savings percent is capped at 10%. Should the result of this calculation be greater than 10%, 10% will be used. The shared savings pool will be equal to the savings percent times the practice's annual paid claims for primary care services. The pool will be distributed across five components as shown below.

Quality performance, severity of illness, and utilization management components each have three target rates or tiers. Practices that achieve the minimum performance target in a component will be assigned the core tier and earn the percentage of the shared savings pool for the core tier of that component. Similarly, practices who achieve the target performance rate for the premium or elite tiers will earn the higher percentages of the pool for those tier assignments. This program is not intended as an inducement or incentive to reduce or limit medically necessary services furnished to members.

Incentive compensation, in addition to a practice's base compensation, may be paid to those PCP groups that improve their performance in the defined components.

Performance Incentive Payment (PIP)

A PIP may be paid in addition to a practice's base compensation. The payment amount is calculated based upon how well a PCP office scores on each bonus component relative to the NCQA Published Quality Compass percentile.

The five components are listed below.

1. Quality performance.
2. Severity of illness.
3. Utilization management.
4. Patient-centered medical homes (PCMHs).
5. Access to provider's electronic health record (EHRs).

Quality Metrics (HEDIS® 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. Your ranking is determined by your performance on these measures relative to peer practices within your panel size group.

These measures are based upon services rendered during the reporting period and require accurate and complete encounter reporting.

Quality performance measures (These measures are subject to change.)

2020 quality metrics (HEDIS measures)	
<p>Well-Child Visits in the First 15 Months of Life (W15)</p>	<p>Measurement description: The percentage of members who turned 15 months old during the measurement year and had six or more well-child visits with a PCP.</p> <p>Eligible members: Members 15 months old during the measurement year.</p> <p>Continuous enrollment: Those 31 days – 15 months of age. (Calculate 31 days of age by adding 31 days to the child’s date of birth. Calculate the 15-month birthday as the child’s first birthday plus 90 days.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the continuous enrollment period.</p>
<p>Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)</p>	<p>Measurement description: The percentage of members 3 – 6 years of age who had one or more well-child visits with a PCP during the measurement year.</p> <p>Eligible members: Members ages 3 – 6 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the continuous enrollment period.</p>
<p>Adolescent Well-Care Visits (AWC)</p>	<p>Measurement description: The percentage of enrolled members 12 – 21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p> <p>Eligible members: Members ages 12 – 21 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the measurement year.</p>
<p>Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase (ADD-IN)</p>	<p>Measurement description: The percentage of enrolled members ages 6 – 12 years as of the index prescription start date (IPSD) with an ambulatory prescription dispensed for attention-deficit/hyperactivity disorder (ADHD) medication who had one follow-up visit with a practitioner with prescribing authority within the 30-day initiation phase.</p> <p>Eligible members: Members who turned 6 years old as of March 1 of the year prior to the measurement year to 12 years old as of February 28 of the measurement year.</p> <p>Continuous enrollment: 120 days (four months) prior to the IPSD through 30 days after the IPSD.</p> <p>Allowable gap: None.</p>

Quality Metrics (continued)

2020 quality metrics (HEDIS measures) (continued)	
<p>Childhood Immunization Status (CIS)</p> <p>Combination 10</p>	<p>Measurement description: The percentage of children 2 years of age who had four diphtheria, tetanus, and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three <i>Haemophilus influenzae</i> type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.</p> <p>Eligible members: Children who turn 2 years of age during the measurement year.</p> <p>Continuous enrollment: 12 months prior to the child's second birthday.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.</p>
<p>Immunizations for Adolescents (IMA)</p> <p>Combination 2</p>	<p>Measurement description: The percentage of adolescents 13 years of age who had one dose of meningococcal conjugate vaccine, one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their thirteenth birthday.</p> <p>Eligible members: Adolescents who turn 13 years of age during the measurement year</p> <p>Continuous enrollment: 12 months prior to the member's 13th birthday.</p>
<p>Chlamydia Screening in Women (CHL)</p>	<p>Measurement description: The percentage of women ages 16 – 24 years who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p> <p>Eligible members: Women ages 16 – 24 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the measurement year.</p>
<p>Weight Assessment and Counseling for Nutrition for Children/Adolescents</p>	<p>Measurement description: The percentage of members 3 – 17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year.</p> <ul style="list-style-type: none"> • BMI percentile documentation. • Counseling for nutrition. <p>Eligible members: 3 – 17 years of age as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</p>

Quality Metrics (continued)

2020 quality metrics (HEDIS measures) (continued)	
<p>Adult BMI Assessment (BMI)</p>	<p>Measurement description: The percentage of members 18 – 74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior to the measurement year.</p> <p>Eligible members: 18 years of age as of January 1 of the year prior to the measurement year to 74 years of age as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year and the year prior to the measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</p>
<p>Colorectal Cancer Screening (COL)</p>	<p>Measurement description: The percentage of members 51 – 75 years of age who had appropriate screening for colorectal cancer.</p> <p>Eligible members: Members 51 – 75 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year and the year prior to the measurement year.</p> <p>Allowable gap: No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.</p>
<p>Controlling Blood Pressure (CBP)</p>	<p>Measurement description: The percentage of members 18 – 85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <p>Eligible members: 18 – 85 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</p> <ul style="list-style-type: none"> • Captured through CPT Category II codes submitted for the appropriate systolic and diastolic range.
<p>Comprehensive Diabetes Care (CDC) Dilated Eye Exam</p>	<p>Measurement description: An eye screening for diabetic retinal disease as identified with administrative data.</p> <p>Eligible members: Members ages 18 – 75 years during the applicable measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the measurement year.</p>
<p>Comprehensive Diabetes Care (CDC) HbA1c Test</p>	<p>Measurement description: The percentage of members ages 18 – 75 years with diabetes (Type 1 and Type 2) who had an HbA1c test performed during the measurement year.</p> <p>Eligible members: Members ages 18 – 75 years during the applicable measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the measurement year.</p>

Quality Metrics (continued)

2020 quality metrics (HEDIS measures) (continued)

Cervical Cancer Screening (CCS)	<p>Measurement description: The percentage of women 21 – 64 years of age who were screened for cervical cancer using either of the following criteria:</p> <p>Women 21 – 64 years of age who had cervical cytology performed within the last 3 years.</p> <p>Women 30 – 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.</p> <p>Women 30 – 64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.</p> <p>Eligible members: Women 24 – 64 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: The measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment.</p>
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Overall practice score calculation

Results are calculated for each of the above quality performance measures per practice and then compared to the NCQA Published Quality Compass percentiles. Practices are awarded from 0 to 3 points for each metric that meets minimum sample size requirements.

PCP practices eligible for the programs that do not meet or exceed the target in a measure, but show at least a 5% or higher rate improvement compared to the prior measurement cycle are given an improvement point (a half point).

The average number of points awarded for all metrics which meet the minimum sample size is the overall practice score.

1. Quality performance incentive

Sixty percent of the incentive program pool will be allocated to the quality performance incentive payment. This program pool is calculated annually on a per member per month (PMPM) basis, based on the number of AmeriHealth Caritas Louisiana members on your panel as of the first of each month during the measurement year. There is no adjustment for the age or sex of the member.

Practices that achieve a practice score of 1 or below will earn up to 20% percent of the shared savings pool for quality. Similarly, practices that achieve a practice score of greater than 1 but less than 2 will earn between 20% and 40% of the shared savings pool. Finally, practices that achieve a practice score of greater than 2 will earn between 40% and 60% of the shared savings pool.

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

Note: If you do not submit encounters reflecting the appropriate delivery of services in these measures, your ranking will be adversely affected, thereby reducing your incentive payment.

2. Severity of illness

Ten percent of the incentive program pool will be allocated to the severity of illness component. The intent of this measure is to compensate practices that are treating higher-risk panels than their peers.

Overall practice ranking

The risk-adjusted practice score is ranked against the scores for all practices.

Severity of illness incentive

The severity of illness incentive payment is based on your ranking. This incentive is paid annually on a PMPM basis, based on the number of AmeriHealth Caritas Louisiana members on your panel as of the first of each month during the measurement year. There is no adjustment for the age and sex of the member.

Practices that achieve the minimum performance target in this component will be assigned the core tier and earn 3.33% of the shared savings pool for the core tier of this component. Similarly, practices who achieve the target performance rate for the premium or elite tiers will earn the 6.67% or 10% respectively of the shared savings pool for this component.

Note: If you do not submit claims or encounters that contain all confirmed diagnoses, your ranking will be adversely affected, thereby reducing your incentive payment.



3. Utilization management

Thirty percent of the incentive program pool will be allocated to the utilization management measures. The following potentially preventable measures will be the components upon which utilization management will be based:

Potentially preventable readmissions

These are hospital readmissions that are clinically related to the initial hospital admission of a member.

Potentially preventable admissions

These are hospitalizations that could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols.

Potentially preventable emergency room visits

These are any emergency room visits caused by a lack of adequate access to care or ambulatory care coordination.

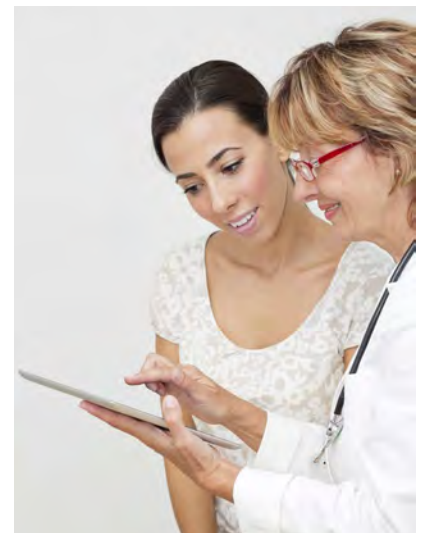
Utilization management practice score calculation

Actual and expected population-focused preventable components will be calculated using 3M's methodology and will be risk-adjusted at the member level based on member disease conditions and severity using 3M's CRGs.

Practices that achieve the minimum performance target in each metric of this component will be assigned the core tier for that metric and earn 3.33% percent of the shared savings pool for that metric. Similarly, practices who achieve the target performance rate for the premium or elite tiers will earn the 6.67% or 10% percent, respectively, of the shared savings pool for that metric.

PCP practices eligible for the programs that do not qualify for an incentive in a measure, but have at least a 5% or higher rate improvement compared to the prior measurement cycle are given an improvement incentive. The improvement incentive is equal to the 3.3% of the shared savings pool.

Note: The cost-efficiency management component of the Quality Enhancement Program is not intended to provide an incentive to reduce or limit preventive and other medically necessary care to AmeriHealth Caritas Louisiana members. To the contrary, this incentive rewards PCPs who effectively manage medical costs while ensuring members get the care they need.



4. Patient-centered medical homes (PCMHs)

An additional 5% incentive may be earned for being a patient-centered medical home (PCMH). PCMHs are a way of organizing primary care practices to emphasize care coordination and communication. The National Committee for Quality Assurance (NCQA) offers a recognition program for practices that function as PCMHs. AmeriHealth Caritas Louisiana values PCMHs because research indicates that PCMHs offer higher quality care at lower cost and improve both patient and provider experiences.

In appreciation for the efforts of practices that have achieved NCQA recognition as a PCMH, these recognized practices are eligible for an enhanced payment when they qualify for the PMPM payment under one or more of the non-PCMH QEP measures. Qualified PCMH practices receive an enhanced payment of 20% of the total PMPM payment earned for the non-PCMH QEP measures.

5. Access to remote electronic health records (EHRs)

An additional 5% incentive may be earned for collaborating with the health plan by allowing remote access to EHRs. Use of EHRs results in improved care coordination, practice efficiencies and cost savings, and overall improved patient care and outcomes. For practices that allow AmeriHealth Caritas Louisiana remote access to their EHRs for AmeriHealth Caritas Louisiana member information, an additional 5% of the total PMPM will be earned. This remote access by dedicated AmeriHealth Caritas Louisiana staff will be utilized for operations, quality and HEDIS scores, and care management. Access to practice-remote EHRs will be verified by AmeriHealth Caritas Louisiana staff who require specific member information.

Reconsideration of Ranking Determination

- Providers desiring a reconsideration of their percentile rankings must submit a written request.
- The written reconsideration request must be addressed to AmeriHealth Caritas Louisiana's Medical Director and specify the basis for the reconsideration.
- The reconsideration request must be submitted within 60 days of receiving an overall ranking from AmeriHealth Caritas Louisiana.
- The reconsideration request will be forwarded to AmeriHealth Caritas Louisiana's QEP Review Committee for review and determination.
- If the QEP Review Committee determines that a ranking correction is warranted, an adjustment will appear on the next payment cycle following committee approval.

Important Notes and Conditions

1. The sum of the incentive payments for the program may not exceed 33% of the total compensation for medical and administrative services. This includes the improvement incentive. Only capitation and fee-for-service payments are considered part of the total compensation for medical and administrative services.
2. The QEP 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.
3. The quality metrics are subject to change at any time upon written notification. AmeriHealth Caritas Louisiana continuously improves and enhances its Quality Management and Quality Assessment systems. As a result, new quality variables may periodically be added, and criteria for existing quality variables may be modified.
4. For computational and administrative ease, no retroactive adjustments are made to incentive payments.

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