



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

November 2018

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 less than 500 members and a small panel-QEP (SP-QEP) two-tier program for: practices with panels of 50 – 149 and practices with panels of 150 – 499. 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 over and above 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 500 or more members are eligible for the full incentive payment under the QEP.

PCP practices with fewer than 500 members on their panels ("small panels") are also eligible for participation in the QEP. The small panel-QEP (SP-QEP) has the same quality measures as the previous QEP but has a tiered payment structure based on panel size. Practices with member panel sizes of 50 – 149 are eligible for a quarter of the full QEP payment, and practices with member panel sizes of 150 – 499 are eligible for half of the full QEP payment. Panel status impacts total per member per month (PMPM) payment earnings; open = 100 percent and closed/restricted = 50 percent.

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.

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 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). Payments may vary based on the number of practices in the qualifying base.

The six components are listed below.

1. Quality performance.
2. Severity of illness.
3. Cost-efficiency management.
4. Non-emergent emergency room (ER) utilization.
5. Improvement incentive.
6. Patient-centered medical homes (PCMHs).
7. Access to provider's electronic health record (EHR).

1. Quality Performance

This component is based on quality performance measures 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.)

Pediatric performance measures	
Well-Child Visits in the First 15 Months of Life (W15)	<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>
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	<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>
Adolescent Well-Care Visits (AWC)	<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>
Follow-Up Care for Children Prescribed ADHD Medication Initiation Phase (ADD-IN)	<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>

1. Quality Performance (continued)

Pediatric performance 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 haemophilus influenza 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 thirteenth 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 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>

1. Quality Performance (continued)

Adult performance measures	
Adult Access to Preventive/ Ambulatory Health Service (AAP)	<p>Measurement description: Utilization of ambulatory care or a preventive care visit during the measurement year.</p> <p>Eligible members: Members ages 20 – 65 years and older 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>
Adult BMI Assessment (BMI)	<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 as of January 1 of the year prior to the measurement year to 74 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 enrollment of up to 45 days during each year of continuous enrollment.</p>
Controlling Blood Pressure (CBP)	<p>Measurement description: The percentage of members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP 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.
Comprehensive Diabetes Care (CDC) Dilated Eye Exam	<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>
Comprehensive Diabetes Care (CDC) HbA1C Test	<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>

1. Quality Performance (continued)

Adult performance measures (continued)	
Chlamydia Screening in Women (CHL)	<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>

Overall practice score calculation

Results are calculated for each of the above quality performance measures per practice and then aggregated for a total score. Overall practice scores are calculated as the ratio of members who received the above services as evidenced by claim and/or encounter information (numerator) to those members in the practice's panel who were eligible to receive these services (denominator). This score is then compared to the score for all practices of the same specialty type and panel size range to determine the practice percentile ranking.

Quality performance incentive

The quality performance incentive payment is based on your ranking, your current panel status (open or closed or restricted), and the member panel sizes (50-199, 150-499, or ≥ 500). This incentive is paid semi-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 second half of the measurement year. There is no adjustment for the age or sex of the member.

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

The intent of this measure is to compensate practices that are treating higher-risk panels than their peers. AmeriHealth Caritas Louisiana evaluates all the claims and encounters submitted by a practice and risk adjusts this information using the Chronic Illness and Disability Payment System (CDPS) methodology developed by the University of California at San Diego. For more information on the University of California at San Diego's CDPS methodology, visit its website at cdps.ucsd.edu.

Overall practice ranking

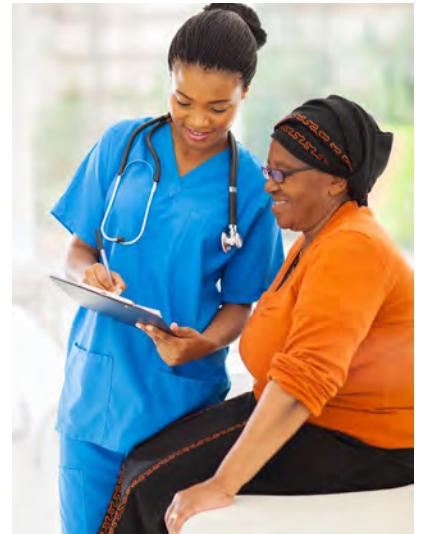
The risk-adjusted practice score is ranked against the scores for all practices of the same specialty type to determine the practice percentile ranking. Please note that only panel size range and claims submitted by the PCP are used to determine the severity of illness incentive.

Severity of illness incentive

The severity of illness incentive payment is based on your ranking and your current panel status (open, current patients only, or closed). This incentive is paid semi-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 second half of the measurement year. There is no adjustment for the age and sex of the member.

Practices with member panel sizes of 50 – 149 are eligible for 1/4 of the QEP payment, and practices with member panel sizes of 150 – 499 are eligible for half of the full QEP payment.

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. Cost-Efficiency Management

The intent of this component is to compensate practices that use cost-effective services to maintain average or lower-than-average medical cost. AmeriHealth Caritas Louisiana evaluates the practice's overall risk-adjusted medical cost expressed in dollars PMPM. It is then compared to the overall risk-adjusted medical cost for our entire network expressed in dollars PMPM.

Overall practice ranking

The risk-adjusted practice score is ranked against the scores for all practices of the same specialty type and panel size to determine the practice percentile ranking.

Cost-efficiency management incentive

The cost-efficiency management incentive payment is based on your ranking and your current panel status (open, current patients only, or closed). This incentive is paid semi-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 second half of the measurement year.

Practices with member panel sizes of 50 – 149 are eligible for 1/4 of the full QEP payment, and practices with member panel sizes of 150 – 499 are eligible for half of the full QEP payment.

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. Non-Emergent Emergency Room (ER) Utilization

This component is based on evaluating the non-emergent ER utilization of the panel members in the practice. This bonus component rewards practices that are able to maintain average or lower-than-average non-emergent ER utilization compared to their peers.

The non-emergent ER utilization incentive is determined as follows:

- Emergency room visits levels I and II (procedure codes 99281 and 99282) will be considered non-emergent.
- Emergency room visits levels III, IV, and V (procedure codes 99283, 99284, and 99285) will be considered emergent.
- Emergency room visits resulting in a hospital admission will be excluded.

Overall practice ranking

The practice score for non-emergent ER utilization is ranked against the score for all practices of the same specialty type and panel size to determine the practice percentile ranking.

Non-emergent ER utilization incentive

The non-emergent ER utilization incentive payment is based on your ranking within your panel size range and your current panel status (open, current patients only, or closed). This incentive is paid semi-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 second half of the measurement year. There is no adjustment for the age and sex of the member.

5. Improvement Incentive

PCP practices eligible for the programs that do not qualify for an incentive in a measure, but show at least a 10 percent or higher ranking improvement compared to the prior measurement cycle, are given an improvement incentive.

The improvement incentive is equal to 50 percent of the lowest qualifying percentile PMPM (adjusted for panel status).

Practices with member panel sizes of 50 – 149 are eligible for 1/4 of the full QEP payment, and practices with member panel sizes of 150 – 499 are eligible for 1/2 of the full QEP payment.

6. Patient-Centered Medical Homes (PCMHs)

Patient-centered medical homes (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 percent of the total PMPM payment earned for the non-PCMH QEP measures.

7. Access to Remote Electronic Health Records (EHR)

Use of EHRs result 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 10 percent 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. PMPM payments for severity of illness, non-emergent ER utilization, and improvement incentives remain static for a rolling six-month period (unless the practice panel status changes). Every six months, AmeriHealth Caritas Louisiana recalculates the rankings of all eligible practices (based on a rolling six months of encounter data). Incentive payments for the next six-month period are based on the retabulated rankings. Prior to every new six-month payment cycle, AmeriHealth Caritas Louisiana sends all eligible practices notification of their rankings.
2. PMPM payments for the quality performance and cost-efficiency management incentives are based on a twelve-month rolling period (unless the practice panel status changes).
3. The sum of the incentive payments for the cost-efficiency management and non-emergent ER utilization components of the program may not exceed 33 percent of the total compensation for medical and administrative services. This includes the cost-efficiency management and non-emergent ER utilization components within the improvement incentive. Only capitation and fee-for-service payments are considered part of the total compensation for medical and administrative services.
4. 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.
5. The quality performance measures 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.
6. For computational and administrative ease, no retroactive adjustments are made to incentive payments.

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