The Primary Care Provider Quality Enhancement Program

Improving quality care and health outcomes

June 2021

AmeriHealth Caritas New Hampshire

www.amerihealthcaritasnh.com

Dear Primary Care Provider:

As we enter the second year of the program, AmeriHealth Caritas New Hampshire's Quality Enhancement Program (QEP) continues to provide incentives for high-quality and cost-effective care, member service, and health data submission. A significant number of providers achieved their incentives during the first year of the program.

There are a number of changes to the HEDIS® quality metrics this year:

Added:

- HEDIS Well-Child and Adolescent Visits (WCV).
- HEDIS Comprehensive Diabetes Care HbA1c Testing (CDC).

Retired:

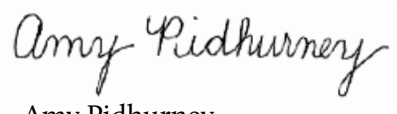
- Adherence to antipsychotics for people with schizophrenia (SAA).
- Initiation and engagement of alcohol and other drug (AOD) abuse or dependence treatment — engagement of AOD treatment — total (IET).
- Use of imaging studies for low back pain (LBP).

AmeriHealth Caritas New Hampshire continues to be committed to our QEP. We will work with your primary care practice to help you achieve offered incentives while providing high-quality and cost-effective care to our members.

Thank you for your continued participation in our network and your commitment to our members. If you have any questions, please contact your Provider Network Management Account Executive.

Sincerely,

Donald McNally, D.O.
Chief Medical Officer



Amy Pidhurney
Director, Provider Network Management

Introduction

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

The QEP is a value-based program 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 additional compensation. As additional meaningful measures are developed and improved, the quality indicators contained in the QEP will be refined. AmeriHealth Caritas New Hampshire reserves the right to make changes to this program at any time and will provide written notification of any changes.

Program overview

The QEP provides financial incentives beyond a PCP practice's base compensation. Incentive payments are not based on individual provider performance, but on the performance of your practice, unless you are a solo provider.

PCP offices whose panels average 50 or more members are eligible for this program. The average of 50 is based on a defined average enrollment period (quarterly) for the particular measurement year. For offices with panel sizes of fewer than 50 members for the measurement period, there is insufficient data to generate appropriate and consistent measures of performance. These practices are not 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 on how well a PCP office scores on each of three components compared to their peers:

- **Quality performance (quarterly).**
- **Potentially Preventable Admissions (PPA) (annual).**
- **Potentially Preventable ER Visits (PPV) (annual).**
- **Pulse Member Satisfaction Survey (annual).**

As additional meaningful measures are developed and improved, the program's quality indicators will be refined. AmeriHealth Caritas New Hampshire reserves the right to make changes to this program at any time and will provide written notification of any changes.

Quality performance

This component of the QEP is based on quality performance measures consistent with Healthcare Effectiveness Data and Information Set (HEDIS®) technical specifications and predicated on the AmeriHealth Caritas New Hampshire Preventive Health Guidelines and other established clinical guidelines.

These measures are assessed based on services rendered during the reporting period and require accurate and complete encounter reporting. Please note that each measure requires participating PCP groups to have a minimum of five members who meet HEDIS eligibility requirements detailed next to the HEDIS measure to be considered as part of the component for the PIP.

Quality performance measures	
HEDIS Immunizations for Adolescents (IMA)	**Measure summary:** The percentage of adolescents who have had their (1) meningococcal **and** (2) Tdap vaccines **and** (3) completed the human papillomavirus (HPV) vaccine series by their 13th birthday. *Evidence is a claim or electronic medical record (EMR) or encounter data record of each administered immunization submitted to AmeriHealth Caritas New Hampshire.*
HEDIS Chlamydia Screening in Women (CHL)	**Measure summary:** The percentage of women ages 16 – 24 who were identified as sexually active and who had at least one test for chlamydia during the calendar year. *Evidence is a lab claim or EMR or encounter data of chlamydia urine screen submitted to AmeriHealth Caritas New Hampshire.*
HEDIS Prenatal and Postpartum Care (PPC) **Postpartum visit**	**Measure summary:** The percentage of women who had a postpartum visit on or between seven and 84 days following the live birth delivery. *Evidence is a claim or EMR or encounter data record of an in-person or telehealth visit submitted to AmeriHealth Caritas New Hampshire.*
HEDIS Comprehensive Diabetes Care (CDC) HbA1c Testing	**Measure summary:** The percentage of adult members with diabetes (type 1 or type 2) who had at least one HbA1c test performed annually. *Evidence is a lab claim or an EMR or encounter data of HbA1c review submitted to AmeriHealth Caritas New Hampshire.*
HEDIS Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	**Measure summary:** The percentage of adults with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed an antipsychotic medication and were screened with a glucose or HbA1c test at least annually. *Evidence is a lab claim or an EMR or encounter data of HbA1c or glucose test and/or review submitted to AmeriHealth Caritas New Hampshire.*

Quality performance measures	
HEDIS Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)	**Measure summary:** The percentage of children ages 6 – 12 who have been newly prescribed and have at least three visits: • At least one follow-up visit by a prescribing provider within 30 days of being prescribed ADHD medication. • At least two follow-up visits with the provider during months four through nine after being prescribed ADHD medication. *Evidence is a claim or EMR or encounter data record of an in-person or telehealth visit submitted to AmeriHealth Caritas New Hampshire.*
HEDIS Well-Child and Adolescent Visits Adolescents (WCV)	**Measure summary:** The percentage of adolescents ages 12 – 21 who had at least one comprehensive well-care visit with a PCP or an OB/GYN provider per calendar year. *Evidence is a claim or EMR or encounter data record of an in-person or telehealth visit submitted to AmeriHealth Caritas New Hampshire.*
HEDIS Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotic (APP)	**Measure summary:** The percentage of children and adolescents who had psychosocial care as first-line treatment before a new prescription for an antipsychotic medication. *Evidence is a claim or EMR or encounter data record of an in-person or telehealth visit submitted to AmeriHealth Caritas New Hampshire.*

Practice score calculation

A rate will be calculated for each of the metrics above for each practice participating in the QEP. This rate is calculated by dividing the number of members who received the above described services (numerator) by the number of members eligible to receive the services (denominator). This rate will then be compared to the same rates calculated for all other eligible practices to determine the practice's peer percentile rank. The practice's score for the quality component of the program will be the average of the peer percentile ranks of all measures for which the practice's panel met minimum denominator criteria.

The practice score (average peer percentile rank) will be used to determine the PMPM earned for the quality component. Payment for the quality component will be paid at the PMPM rate for members attributed during each month of the settlement quarter. See the chart below. PMPM payments are not adjusted for the age or sex of the member.

Payment cycle	Enrollment	Claims paid through	Payment date
1	Q1	June 30, 2021	September 2021
2	Q2	September 30, 2021	December 2021
3	Q3	December 31, 2021	March 2022
4	Q4	March 31, 2022	June 2022

Potentially preventable events measures

The following population-focused preventable (PFP) components and industry-standard definitions will be used to measure performance:

Potentially preventable admissions (PPAs) — 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 emergency room visits (PPVs) — 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 events (PPEs) incentive calculation

The PPE component individually evaluates the PPAs and PPVs of the panel members in the Quality Enhancement Program (QEP). Results for each PPE will be calculated annually for each group and/or solo provider. Overall practice scores are calculated by dividing the observed number of PPEs by the expected number of admissions. This score will then be compared to the score for all of the eligible practices to determine the practice percentile ranking for each of the PPEs. Then, the overall score will be the average percentile ranking across all included PPEs. This incentive is paid annually and is based on the practice's overall ranking and the number of members on the practice's panel during the Q4 measurement period. There is no adjustment for age or sex of the member.

Pulse Member Satisfaction Survey

To compensate practices that receive positive member satisfaction survey responses, AmeriHealth Caritas New Hampshire will use a Pulse survey to obtain member feedback regarding their experience during a recent PCP visit.

Pulse member satisfaction incentive

Survey result rates for each practice will be calculated and subject to minimum sample size requirements. This rate will then be compared to the rate for all qualifying practices to determine the practice's peer-percentile ranking. To qualify for an incentive payment, practices must rank within the top 50th percentile in satisfaction results when compared to their peers.

The member satisfaction survey rate incentive payment is based on each practice's ranking relative to its peer network. This program component is settled annually based on the prior 12-month performance period. The practice's peer percentile rank will be used to determine the PMPM amount earned for the member satisfaction rate component. PMPMs will be established starting at the 50th percentile using 5% increments. This component will be settled annually at the same time as the final quality settlement. PMPM payments are not adjusted for the age or sex of the member.

Important notes and conditions

- Annually, the sum of the incentive payments for the program will not exceed 33% of the total compensation for medical and administrative services. Only capitation and fee-for-service payments are considered part of total compensation for medical and administrative services.
- Quality performance measures are subject to change at any time upon written notification. AmeriHealth Caritas New Hampshire will continuously improve and enhance its quality management and quality assessment systems. As a result, new quality variables will be added periodically, and criteria for existing quality variables will be modified.
- For computational and administrative ease, no retroactive adjustments will be made to incentive payments.
- If you have any questions about the QEP or your program results, please contact your Account Executive.

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