



## PerformPlus™ True Care – Small Providers and Rural Communities (SPaRC)

### Primary Care QEP for Small Providers

The PerformPlus™ True Care – Small Providers and Rural Communities (SPaRC) recognizes that small providers can have a big impact on the care our members receive. SPaRC is an upside only model that rewards providers for closing gaps in patient care for selected quality measures.

#### Provider Eligibility:

PCP offices whose panels averaged less than 50 members are eligible for this program. The average of 50 is based on a defined average enrollment for the particular measurement year. Offices with more than 50 members are eligible to participate in ACNH's in the PerformPlus Total Cost of Care – Primary Care Providers.

#### Performance Incentive Payment:

Providers earn an incentive payment based on the number of care gap closures achieved during the reporting period. A care gap closure is defined as providing the service for each metric (numerator) for all members in the panel that are eligible to receive the service (denominator). A rate of \$20 will be applied to each care gap closure and will be paid on an annual (plan defined) basis. Performance is based on services rendered during the reporting period and require accurate and complete encounter reporting.

#### Quality Measures:

As additional meaningful measures are developed and improved, the quality indicators contained in the SPaRC will be refined. ACNH reserves the right to make changes to this program at any time and shall provide written notification of any changes.

## SPaRC Performance measures are:

### **Immunizations for Adolescents (Combo 2) (IMA)**

- Eligible members: Adolescents who turn 13 years of age during the measurement year and meet enrollment criteria.
- Measure Description: The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

### **Childhood Immunization Status (Combo 10) (CIS)**

- Eligible members: Members who turn 2 years of age during the measurement year and met enrollment criteria.
- Measure 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.

### **Controlling High Blood Pressure (CBP)**

- Eligible members: Members 18-85 years as of December 31 of the measurement year who met enrollment and event/diagnosis criteria.
- Measure description: The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

### **Blood Pressure Control for Patients with Diabetes (BPD)**

- Eligible members: Members 18-75 years as of December 31 of the measurement year who met enrollment and event/diagnosis criteria.
- Measure description: The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

### **Glycemic Status Assessment for Patients with Diabetes (GSD)**

- Eligible members: Members 18-75 years as of December 31 of the measurement year who met enrollment and event/diagnosis criteria.
- Measurement description: The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose most recent glycemic status (HbA1c or GMI) was less than 8% during the measurement year.

### **Well-Child Visits in the First 30 Months of Life 0-15 Months (W30)**

- Eligible members: Children who turn 15 months old during the measurement year who meet enrollment criteria.
- Measurement description: The percentage of children who turned 15 months old during the measurement year and had six or more well-child visits with a PCP during the last 15 months.

### **Well-Child Visits in the First 30 Months of Life 15-30 Months (W30)**

- Eligible members: Children who turn 30 months old during the measurement year who meet enrollment criteria.
- Measurement description: The percentage of children who turned 30 months old during the measurement year and had two or more well-child visits during the last 15 months.

**Well -Child and Adolescent Visits (WCV)**

- Eligible members: Members 3-21 years of age as of December 31 of the measurement year who met enrollment criteria.
- Measurement description: The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

**NH DHHS Adult Preventive Wellness Visits**

- Eligible members: Adult member 22 years of age and older during the calendar year who met enrollment criteria.
- Measurement description: The percent of members 22 years of age and over who had at least one comprehensive wellness visit during the calendar year.

**NH DHHS Lead Screening Lead Screen 1-Year-Olds**

- Eligible members: Pediatric members before their 2nd birthday during the calendar year who met enrollment criteria
- Measure summary: The percent of pediatric members before their 2nd birthday who completed one or more lead screenings between 11 months of age and less than 23 months of age.

**NH DHHS Lead Screening Lead Screen 2-Year-Olds**

- Eligible members: Pediatric members before their 3rd birthday during the calendar year who met enrollment criteria.
- Measure summary: The percent of pediatric members before their 2nd birthday who completed one or more lead screenings between 23 months of age and less than 36 months of age.

## Social Determinants of Health (SDOH)

AmeriHealth Caritas New Hampshire will assess, identify, and address health care social determinants of health needs in the populations we serve, helping enable them to live healthier lives and achieve maximum independence. When you submit claims, please add the appropriate ICD-10 codes that identify social determinants of health. With your help, we will have actionable data and be able to respond to your enrollee's unmet needs. Codes related to SDOH are shown in the table below. The practice will earn \$5 per unique code and unique member billed in the measurement period.

Z55	Problems related to education and literacy
Z56	Problems related to employment and unemployment
Z57	Occupational exposure to risk factors
Z59	Problems related to housing and economic factors
Z60	Problems related to social environment
Z62	Problems related to upbringing
Z63	Other problems related to primary support group, including family circumstances
Z64	Problems related to certain psychosocial circumstances
Z65	Problems related to other psychosocial circumstances