



PerformPlus™ Total Cost of Care Primary Care Providers

Improving quality care and health outcomes

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www.amerihealthcaritasnh.com


AmeriHealth Caritas™
New Hampshire

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Dear Primary Care Provider:

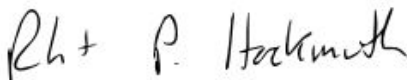
As we enter the fifth year of the program, AmeriHealth Caritas New Hampshire's is pleased to present the PerformPlus™ Total Cost of Care - Primary Care Providers, formerly known as the Quality Enhancement Program (QEP), which continues to provide incentives for high-quality and cost-effective care, excellent member service during office visits, and health data submission. A significant number of providers achieved their incentives during the first four years of the program.

We are continuing the HEDIS Care Gap Closure payment that incentivizes providers for billing CPT II codes to close care gaps in important HEDIS measures (outlined later in this manual).

AmeriHealth Caritas New Hampshire is excited about our enhanced incentive program. We will actively 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,

A handwritten signature in black ink that reads "R. P. Hockmuth". The signature is written in a cursive, slightly stylized font.

Robert P. Hockmuth, M.D.
Chief Medical Officer

Introduction

PerformPlus™ Total Cost of Care Program is a reimbursement system developed by AmeriHealth Caritas New Hampshire for participating primary care providers (PCPs).

The program 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 and efficiency are the most important determinants of the additional compensation.

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 Program 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 (semi-annually) 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 program.

Program specifications

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 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 in the measurement year as determined using the 3M™ Clinical Risk Groups (CRG) methodology.

1. Efficient use of services calculation

The efficient use of services 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.

Shared savings pool calculation

By comparing the actual medical and pharmacy cost to the 3M expected cost, AmeriHealth Caritas New Hampshire calculates the actual versus expected cost ratio.

Actual Cost		Expected Cost		Efficiency Rate	Efficient Use of Services
\$9M	/	\$9.8M	=	0.92 or 92%	Y
\$10M	/	\$9.8M	=	1.02 or 102%	N

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.

A 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 25%. Should the result of this calculation be greater than 25%, 25% will be used.

The shared savings pool will be equal to the savings percent times the practice's paid claims for primary care services.

Example	Expected Rate		Efficiency Rate		Pool %		Practice's PCP Paid Claims		Shared Savings Pool
Non-CAP	100%	—	92%	=	8%	×	100k	=	\$8,000
CAPPED	100%	—	73%	=	25%	×	100k	=	\$25,000

The pool will be distributed across the components as described below.

Performance incentive payment (PIP)

Using the shared savings pool calculated earlier, a performance incentive payment (PIP) associated with quality performance will be paid on a bi-annual basis (PIP payment schedule). All PIP payments are in addition to the group or solo practice's base reimbursement. The payment amount will be calculated based on the PCP group or solo practice performance compared to their peers on each identified measure.

- **Quality performance (semi-annual).**
- **Potentially Preventable Admissions (PPA) (annual).**
- **Potentially Preventable ER Visits (PPV) (annual).**
- **Pulse Member Satisfaction Survey (annual).**
- **Social Determinants of Health (SDOH) (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.

CPT II Care Gap closure incentive

This component of the program is based on timely submissions of CPT II codes for the HEDIS measures listed below. There will be a \$20 payment for each CPT II code submitted that closes the gap for the specified HEDIS measure.

Quality performance measures	
Glycemic Status Assessment for Patients With Diabetes (GSD)	<p>Measure summary: The percentage of adult members with diabetes (Type 1 or Type 2) whose most recent glycemic status (HbA1c or glucose management indicator [GMI]) was <8.0% during the measurement year.</p> <p>Evidence is a medical record or a claim. This measure has an additional claim incentive when evidence to support the measure adherence, referred to as closing the gap in care, is submitted to AmeriHealth Caritas New Hampshire via a claim.</p> <p>For your patients who have a diagnosis of diabetes, closing the Gap in Care for Glycemic Status Assessment with a level below 8.</p> <p>Please include the HbA1c result CPT II code below that best matches the HbA1c reading, and include the collection date as the date of service.</p> <p>CPT II code — most recent HbA1c reading — Incentive amount</p> <p>3044F — HbA1c level less than 7 — \$20</p> <p>3051F — HbA1c level greater than or equal to 7 and less than 8 — \$20</p>
Controlling High Blood Pressure (CBP)	<p>Measure summary: The percentage of adult members with a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.</p> <p>Evidence is a medical record or a claim. This measure has an additional claim incentive when evidence to support the measure adherence, referred to as closing the gap in care, is submitted to AmeriHealth Caritas New Hampshire via a claim.</p> <p>For your patients who have a diagnosis of hypertension, closing the gap in care for blood pressure with a blood pressure reading below 140/90. Please include on the claim the blood pressure reading CPT II code below that best matches the blood pressure systolic reading below 140 and the diastolic reading below 90. You must include both the systolic and diastolic CPT II codes below that best match the BP reading. This indicates BP control on the same claim on the date of service the blood pressure reading was taken.</p> <p>CPT II code — most recent systolic/diastolic blood pressure reading — Incentive amount</p> <p>3074F — Systolic below 130 mmHg — \$10</p> <p>3078F — Diastolic below 80 mmHg — \$10</p> <p>3075F — Systolic between 130 – 139 mmHg — \$10</p> <p>3079F — Diastolic between 80 – 89 mmHg — \$10</p>

Quality performance

This component of the program 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 <i>Evidence is a claim or encounter data submitted to AmeriHealth Caritas New Hampshire (unless otherwise noted below)</i>	
HEDIS Glycemic Status Assessment for Patients With Diabetes (GSD)	Measure summary: See CPT II Care Gap closure incentive above.
HEDIS Controlling High Blood Pressure (CBP)	Measure summary: See CPT II Care Gap closure incentive above.
HEDIS Child and Adolescent Well-Care Visits (WCV)	Measure summary: The percentage of pediatric 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.
HEDIS Well-Child Visits in the First 30 Months of Life: 0-15 Months (W30)	Measure summary: The percentage of pediatric members 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.
HEDIS Well-Child Visits in the First 30 Months of Life: 15-30 Months (W30)	Measure summary: The percentage of pediatric members who turned 30 months old during the measurement year and had two or more well-child visits during the last 15 months.
HEDIS Childhood Immunizations (Combo 10) (CIS)	Measure summary: The percentage of pediatric members 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 2nd birthday.
HEDIS Immunization for Adolescents (Combo 2) (IMA)	Measure summary: The percentage of pediatric members 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.
HEDIS Blood Pressure Control for Patients With Diabetes (BPD)	Measure summary: 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.

	Evidence is a claim or encounter data with applicable CPTII codes submitted to AmeriHealth Caritas New Hampshire. See CBP CPTII codes above.
NH DHHS Adult Preventive Wellness Visits	Measure summary: The percent of members 22 years of age or over who had at least one comprehensive wellness visit during the calendar year.
NH DHHS Lead Screening for 1 Year Olds	Measure summary: The percent of pediatric members before their 2 nd birthday who completed one or more lead screenings between 11 months of age and less than 23 months of age.
NH DHHS Lead Screening for 2 Year Olds	Measure summary: The percent of pediatric members before their 3 rd birthday who completed one or more lead screenings between 23 months of age and less than 36 months of age.

Practice score calculation

The shared savings pool (described in a preceding section) is allocated based on performance for quality measures as previously described above.

A rate will be calculated for each of the metrics above for each practice participating in the program. This rate is calculated by dividing the number of members who received the above-described service (numerator) by the number of members eligible to receive the services (denominator). This rate will then be compared to the established targets in each payment cycle. Providers who meet the established targets and have demonstrated an efficient use of services (shared saving pool) will qualify for payment for that measure. There is no adjustment for age or sex of the member.

Quality Measure	Target for Payment
HEDIS Glycemic Status Assessment for Patients With Diabetes (GSD)	64.0%
HEDIS Controlling High Blood Pressure (CBP)	73.0%
HEDIS Child and Adolescent Well-Care Visits (WCV)	68.0%
HEDIS Well-Child Visits in the First 30 Months of Life: 0-15 Months (W30)	69.0%
HEDIS Well-Child Visits in the First 30 Months of Life: 15-30 Months (W30)	86.0%
HEDIS Childhood Immunizations (Combo 10) (CIS)	43.0%
HEDIS Immunization for Adolescents (Combo 2) (IMA)	49.0%
HEDIS Blood Pressure Control for Patients With Diabetes (BPD)	78.0%
NH DHHS Adult Preventive Wellness Visits (WELLNESS.01) 22 years+ (22-39/40-64 / 65+ years)	40.0%
NH DHHS Lead Screening Lead Screen 1-Year-Olds (11mo. - 22 mo.) (DHHS_LEAD.01)	78.0%
NH DHHS Lead Screening Lead Screen 2-Year-Olds (23mo. - 35 mo.) (DHHS_LEAD.02)	72.0%

The TCOC efficiency component and quality performance are evaluated independently. Although maximum earnings are tied to performance for both components, an incentive may be earned for quality measures, even if the TCOC efficiency component is not met.

Payment cycle	Enrollment	Claims paid through	Payment date
1	January – June	September 30, 2025	December 2025
2	July – December	December 31, 2025	June 2026

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 Program. 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 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 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.

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

Important notes and conditions

- Annually, the sum of all AmeriHealth Caritas New Hampshire 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 PerformPlus™ Total Cost of Care - Primary Care Providers or your program results, please contact your Account Executive.



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