Behavioral Health Provider Quality Enhancement Program

Improving quality care and health outcomes

January 2023

AmeriHealth Caritas™
North Carolina

Table of contents

Dear Behavioral Health Provider:

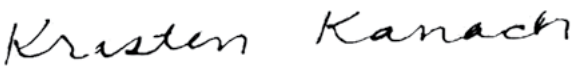
AmeriHealth Caritas North Carolina's Behavioral Health Quality Enhancement Program (BH QEP) provides incentives for high-quality and cost-effective care, member service and convenience, and health data submission.

AmeriHealth Caritas North Carolina is excited about our enhanced incentive program and will work with your behavioral health care practice so you can maximize your revenue while providing 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 dedicated Account Executive.

Sincerely,

Bryan G. Smith, MD
Behavioral Health Medical Director



Kristen Kanach
Director, Provider Network Management

Introduction

AmeriHealth Caritas North Carolina has created a value-based compensation program for behavioral health (BH) providers who furnish behavioral health services to AmeriHealth Caritas North Carolina members. This program is called the Behavioral Health Provider Quality Enhancement Program (BH QEP). The program features a unique reimbursement model intended to reward providers for delivering high-quality and cost-effective care.

Quality performance is the most important determinant of the additional compensation available to providers under this program.

Program overview

The Behavioral Health Provider QEP provides performance-based financial incentives beyond a BH practice's base compensation. Value-based incentive payments are based on the performance of each provider's group practice and not on individual performance (unless the participant is a solo provider).

Certain QEP components can only be measured effectively for BH offices with panels averaging 20 or more members. The average of 20 is based on a defined average enrollment period for the particular measurement year. For offices with fewer than 20 members, there is insufficient data to generate appropriate and consistent measures of performance. These practices are not eligible for participation in the QEP.

Practices with fewer than 20 members are not eligible for participation in the Behavioral Health Provider QEP.

Performance components

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

The performance components are:

1. Antidepressant medication management: acute phase
2. Antidepressant medication: continuation phase
3. Follow-up after hospitalization (mental illness) – 7 Days
4. Follow-up after hospitalization (mental illness) – 30 days
5. Concurrent use of prescription opioids and benzodiazepines
6. Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)
7. Potentially preventable visits (PPV) emergency department

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

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

Quality metrics (HEDIS® measures)

This component is based on quality performance measures consistent with HEDIS or other nationally recognized measures and predicated on AmeriHealth Caritas North Carolina's preventive health guidelines and other established clinical guidelines.

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

Behavioral health quality measures	
Antidepressant medication management (AMM) — acute	**Measurement description:** The percentage of members age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 84 days (12 weeks) **Eligible members:** Members age 18 and older as of April 30 of the measurement year **Intake period:** The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year **Continuous enrollment:** 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD **Allowable gap:** One gap in enrollment of up to 45 days
Antidepressant medication management (AMM) — continuation	**Measurement description:** The percentage of members age 18 and older who were treated with antidepressant medication, had a diagnosis of major depression, and remained on an antidepressant medication treatment for at least 180 days (six months) **Eligible members:** Members age 18 and older as of April 30 of the measurement year **Intake period:** The 12-month window starting on May 1 of the year prior to the measurement year and ending on April 30 of the measurement year **Continuous enrollment:** 105 days prior to the index prescription start date (IPSD) through 231 days after the IPSD **Allowable gap:** One gap in enrollment of up to 45 days
Follow-up after hospitalization for mental illness (FUH) — 7 days	**Measurement description:** The percentage of discharges for members age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within seven days after discharge **Eligible members:** Members age 6 and older as of the date of discharge **Continuous enrollment:** Date of discharge through 30 days after discharge **Allowable gap:** No gaps in enrollment

Behavioral health quality measures	
Follow-up after hospitalization for mental illness (FUH) — 30 days	**Measurement description:** The percentage of discharges for members age 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health provider within 30 days after discharge **Eligible members:** Members age 6 and older as of the date of discharge **Continuous enrollment:** Date of discharge through 30 days after discharge **Allowable gap:** No gaps in enrollment
Concurrent use of prescription opioids and benzodiazepines	**Measurement description:** Percentage of members age 18 and older with concurrent use of prescription opioids and benzodiazepines. Members with a cancer diagnosis, sickle cell disease diagnosis, or in hospice are excluded. **Eligible members:** Use the steps below to determine the eligible population. Step 1 Identify members with 2 or more prescription claims for opioid medications (Table COB-A) on different dates of service and with a cumulative days' supply of 15 or more days during the measurement year. Exclude days' supply that occur after the end of the measurement year. NOTE: • The prescription can be for the same or different opioids. • If multiple prescriptions for opioids are dispensed on the same day, calculate the number of days covered by an opioid using the prescriptions with the longest days' supply. • If multiple prescriptions for opioids are dispensed on different days, sum the days' supply for all the prescription claims, regardless of overlapping days' supply. Step 2 Identify members with an IPSD on January 1 through December 2 of the measurement year. Step 3 Exclude members who met at least one of the following during the measurement year: • Hospice • Cancer diagnosis • Sickle Cell Disease diagnosis **Continuous enrollment:** The measurement year with one allowable gap, as defined below. Anchor date is December 31 of measurement year. **Allowable gap:** No more than one gap in continuous enrollment of up to 31 days during the measurement year. When enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled).

Physical Health Quality Measures	
Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications (SSD)	**Measurement description:** The percentage of members 18 – 64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year. **Eligible members:** 18 – 64 years as of December 31 of the measurement year. **Intake period:** December 31 of the measurement year. **Continuous enrollment:** The measurement year. **Allowable gap:** One gap in enrollment of up to 45 days
Potentially preventable visits (PPV) emergency department	**Measurement description:** 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.

Overall practice score calculation

Behavioral health quality measures

Results will be calculated for each of the above BH quality performance measures for each practice as the ratio of members who received the above services as evidenced by claim and encounter information (numerator) to those members in the practice's panel who were eligible to receive these services based upon the above definitions (denominator). The rate for each metric is then compared to the rates of peer practices (percentile rank) and then averaged across all seven HEDIS measures. This average percentile ranking is the overall behavioral health practice quality score.

Physical health quality measures

Results will be calculated for each of the above physical health quality performance measures for each practice as the ratio of members who received the above services as evidenced by claim and encounter information (numerator) to those members in the practice's panel who were eligible to receive these services based upon the above definitions (denominator). The rate for each metric is then compared to the rates of peer practices (percentile rank) and then averaged across all three HEDIS measures. This average percentile ranking is the overall physical health practice quality score.

Quality performance incentive

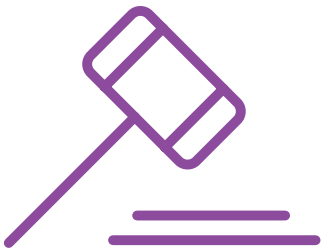
The quality performance incentive payment is based on your average percentile ranking (behavioral health 80% and physical health 20%). This incentive is paid quarterly on a per member, per month basis, based on the number of AmeriHealth Caritas North Carolina members on your panel as of the first of each month during the quarter. Providers with an average percentile ranking of 50% or greater will be eligible for payment.

Payment schedule

Payment cycle	Enrollment	Claims paid through	Payment date
1	Q1	June 30, 2023	September 2023
2	Q2	September 30, 2023	December 2023
3	Q3	December 31, 2023	March 2024
4	Q4	March 31, 2024	June 2024

Provider appeal of ranking determination

- If a provider wishes to appeal their percentile rankings on any or all incentive components, this appeal must be in writing.
- The written appeal must be addressed to the AmeriHealth Caritas North Carolina Chief Medical Officer, and the basis for the appeal must be specified.
- The appeal must be submitted within 60 days of receiving the results of the Behavioral Health Provider QEP from AmeriHealth Caritas North Carolina.
- The appeal will be forwarded to the AmeriHealth Caritas North Carolina Behavioral Health Provider QEP Review Committee for review and determination.
- If the AmeriHealth Caritas North Carolina Behavioral Health Provider QEP Review Committee determines that a ranking correction is warranted, an adjustment will appear on the next payment cycle following committee approval.



If providers wish to appeal their rankings on any or all incentive components, they must submit appeals in writing.

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 North Carolina 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. All Per Member Per Month (PMPM) payments will be paid according to the membership known at the beginning of each month.
- If you have any questions about the QEP or your program results, please contact your Account Executive.

AmeriHealth Caritas North Carolina will continuously improve and enhance its quality management and quality assessment systems.

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North Carolina

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