



# The Primary Care Provider Quality Enhancement Program

Improving quality care and health outcomes

January 2022

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[www.amerihealthcaritasnc.com](http://www.amerihealthcaritasnc.com)



**AmeriHealth Caritas**<sup>™</sup>

North Carolina

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Dear Primary Care Provider:

AmeriHealth Caritas North Carolina's Quality Enhancement Program (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 primary 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,



George R. Cheely Jr., M.D., M.B.A.  
Market Chief Medical Officer



Carole Snyder  
Director, Provider Network Management

# Introduction

The Quality Enhancement Program (QEP) is a reimbursement system developed by AmeriHealth Caritas North Carolina 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 North Carolina reserves the right to make changes to this program at any time and shall provide written notification of any changes. This document includes measure specifications for HEDIS Measurement Year 2022.

## 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 practitioner.

Certain QEP components can only be measured effectively for PCP offices whose panels averaged 50 or more members. 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.

## Quality Incentive Payment

A quality incentive payment 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 the following component compared to their peers:

- Quality performance (quarterly)

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



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# 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 North Carolina 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 below are detailed next to the HEDIS measure to be considered as part of the component for the quality incentive payment.

Quality performance measures	
<p><b>Child and Adolescent Well-Care Visits (WCV)</b></p>	<p><b>Measure description:</b> The percentage of members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</p> <p><b>Eligible members:</b> 3 – 21 years as of December 31 of the measurement year. Report three age stratifications and total rate:</p> <ul style="list-style-type: none"> <li>• 3 – 11 years.</li> <li>• 12 – 17 years.</li> <li>• 18 – 21 years.</li> </ul> <p>Total = the sum of all the qualifying age stratifications</p> <p><b>Continuous enrollment:</b> The measurement year</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the continuous enrollment period. To determine continuous enrollment for a Medicaid member for whom enrollment is verified monthly, the member may not have more than a one-month gap in coverage (e.g., a member whose coverage lapses for two months [60 days] is not considered continuously enrolled).</p>
<p><b>Well-Child Visits in the First 30 Months of Life (W30)</b></p>	<p><b>Measure description/rate calculation:</b> The percentage of members who had well-child visits with a PCP during the last 15 months:</p> <ul style="list-style-type: none"> <li>• Well-child visits in the first 15 months: six or more well visits.</li> <li>• Well-child visits for ages 15 – 30 months: two or more well visits.</li> </ul> <p><b>Eligible members:</b> Children who turn 30 months old during the measurement year. Calculate the 30-month birthday as the second birthday plus 180 days.</p> <p><b>Continuous enrollment:</b> 15 months plus 1 day – 30 months of age. Calculate the 15-month birthday plus 1 day as the first birthday plus 91 days.</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the continuous enrollment period.</p>

# Quality performance

Quality performance measures	
<p><b>Cervical Cancer Screening</b></p>	<p><b>Measure description:</b> The percentage of women ages 21 – 64 who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> <li>• Women ages 21 – 64 who had cervical cytology performed every three years.</li> <li>• Women ages 21 – 64 who had cervical cytology/human papillomavirus co-testing performed every five years.</li> <li>• Women 21 – 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.</li> </ul> <p><b>Eligible members:</b> Women ages 21 – 64 during the applicable measurement year.</p> <p><b>Continuous enrollment:</b> The measurement year.</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the measurement year.</p>
<p><b>Plan All-Cause Readmission</b></p>	<p><b>Measurement description:</b> For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</p> <p><b>Eligible members:</b> Members ages 18 – 64 as of the Index Discharge Date.</p> <p><b>Continuous enrollment:</b> 365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date.</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge Date.</p>
<p><b>Childhood immunization status (Combo 10)</b></p>	<p><b>Measure description:</b> 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 influenzae 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. The measure calculates a rate for each vaccine and nine separate combination rates.</p> <p><b>Eligible members:</b> Children who turn 2 years of age during the measurement year.</p> <p><b>Continuous enrollment:</b> 12 months prior to the child’s second birthday</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the 12 months prior to the child’s second birthday.</p>

# Quality performance

Quality performance measures	
<p><b>Immunization for Adolescents (Combo 2)</b></p>	<p><b>Measure description:</b> The percentage of adolescents age 13 years, who had one dose of meningococcal conjugate vaccine; one tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccine; and completed the human papillomavirus (HPV) vaccine series by their 13th birthdays.</p> <p><b>Eligible members:</b> Members age 13 during the measurement year who have not had a previous anaphylactic reaction to the vaccine.</p> <p><b>Continuous enrollment:</b> 12 months prior to the 13th birthday.</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the 12 months prior to the 13th birthday.</p>
<p><b>Chlamydia Screening in Women</b></p>	<p><b>Measurement description:</b> The percentage of women 16 – 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.</p> <p><b>Eligible members:</b> Women 16 – 24 years as of December 31 of the measurement year. Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> <li>• 16 – 20 years.</li> <li>• 21 – 24 years.</li> <li>• Total.</li> </ul> <p><b>Continuous enrollment:</b> The measurement year.</p> <p><b>Allowable gap:</b> No more than one gap in enrollment of up to 45 days during the measurement year.</p>



## Practice score calculation

Results will be calculated for each of the previously mentioned Quality Performance measures for each 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 will then be compared to the score for all qualifying practices to determine the practice percentile ranking for each measure. The overall score will then be the average percentile ranking across all included measures. This incentive is paid quarterly based on the practice's overall ranking and the number of members on the practice's panel during the cycle's enrollment within the payment cycle. (See Schedule below.) There is no adjustment for the age or sex of the member.

Payment cycle	Enrollment	Claims paid through	Payment date
1	Q1	June 30, 2022	September 2022
2	Q2	September 30, 2022	December 2022
3	Q3	December 31, 2022	March 2023
4	Q4	March 31, 2023	June 2023



## Helpful hints to improve your HEDIS performance:

- Use your member roster to identify and contact patients who are due for an examination or are newly assigned to your practice.
- Take advantage of this QEP guide, applicable coding information, and online resources to assist your practice with understanding each HEDIS measure in order to maximize compliance with HEDIS requirements.
- Use your Gaps in Care member list to reach out to patients in need of services or procedures.
- Schedule the member's next well visit at the end of the current appointment.
- Assign a staff member with HEDIS knowledge or experience to complete ongoing internal reviews and serve as the point person for AmeriHealth Caritas North Carolina's Provider Network Management staff.
- Institute HEDIS alerts and flags in your electronic health records (EHRs) to notify office personnel of patients in need of HEDIS services.
- Please note that each HEDIS measure requires participating PCP groups to have a minimum of five members who meet the HEDIS eligibility requirements detailed next to the HEDIS measure.



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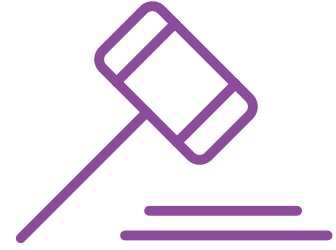
## Available resources

- Your Provider Network Management Account Executive can familiarize you with the QEP and provide additional training to you and your staff.
- NaviNet® — Participating PCPs can access this secure provider portal and resolve HEDIS Care Gaps for AmeriHealth Caritas North Carolina members.

# Provider appeal of ranking determination

If a provider wishes to appeal their percentile ranking 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 specify the basis for the appeal.
- The appeal must be submitted within 60 days of receiving the overall ranking from AmeriHealth Caritas North Carolina.
- The appeal will be forwarded to the AmeriHealth Caritas North Carolina 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.



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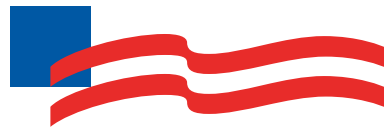
## Important notes and conditions

- 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.



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