



PerformPlus® True Care – Behavioral Health Providers

Improving quality care and health outcomes

2025

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AmeriHealth Caritas
North Carolina

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Dear Behavioral Health Provider:

AmeriHealth Caritas North Carolina's PerformPlus® True Care – Behavioral Health Providers program provides incentives for high-quality and cost-effective care, member service and convenience, and health data submission.

The program provides an opportunity for behavioral health providers to enhance revenue while providing quality and cost-effective care across the following quality measures:

1. Follow-up after emergency department visit for substance use – 7 Days
2. Follow-up after emergency department visit for substance use – 30 Days
3. Follow-up after hospitalization (mental illness) – 7 Days
4. Follow-up after hospitalization (mental illness) – 30 Days
5. Pharmacotherapy for opioid use disorder

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,

A handwritten signature in black ink, appearing to read 'Steven Spalding MD'.

Steven Spalding, MD
Market Chief Medical Officer

A handwritten signature in black ink, appearing to read 'Nerissa M. Price'.

Nerissa Price, MD
Behavioral Health Medical Director

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 Provider PerformPlus True Care – Behavioral Health Providers program. 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 PerformPlus True Care – Behavioral Health Providers program 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 taxpayer identification number (TIN) and not on individual performance (unless the participant is a solo provider).

Certain program 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 program.

Performance components

Incentive compensation, in addition to a practice's base compensation, may be paid to those BH provider groups that achieve or exceed the established targets with their overall performance in the reporting period across the following quality measures.

The quality measures are:

1. Follow-up after emergency department visit for substance use – 7 days
2. Follow-up after emergency department visit for substance use – 30 days
3. Follow-up after hospitalization (mental illness) – 7 days
4. Follow-up after hospitalization (mental illness) – 30 days
5. Pharmacotherapy for opioid use disorder



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



Incentive compensation, in addition to a practice's base compensation, may be paid to those BH providers who achieve or exceed the established targets with their overall performance in the reporting period for the defined quality measures.

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.

Quality measures (HEDIS measures)

This component is based on quality performance measures consistent with HEDIS or other nationally recognized measures, and it is 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	
Follow-up after emergency department visit for substance use – 7 days	<p>Measurement description: The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within seven days of the ED visit (eight total days)</p> <p>Eligible members: Members age 13 years and older as of the ED visit within the measurement year</p> <p>Continuous enrollment: The date of the ED visit through 30 days after the ED visit (31 total days)</p> <p>Allowable gap: None</p>
Follow-up after emergency department visit for substance use – 30 days	<p>Measurement description: The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within 30 days of the ED visit (31 total days)</p> <p>Eligible members: Members age 13 years and older as of the ED visit within the measurement year</p> <p>Continuous enrollment: The date of the ED visit through 30 days after the ED visit (31 total days)</p> <p>Allowable gap: None</p>

Behavioral health quality measures

Follow-up after hospitalization for mental illness (FUH) – 7 days	<p>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</p> <p>Eligible members: Members age 6 and older as of the date of discharge</p> <p>Continuous enrollment: Date of discharge through 30 days after discharge</p> <p>Allowable gap: No gaps in enrollment</p>
Follow-up after hospitalization for mental illness (FUH) – 30 days	<p>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</p> <p>Eligible members: Members age 6 and older as of the date of discharge</p> <p>Continuous enrollment: Date of discharge through 30 days after discharge</p> <p>Allowable gap: No gaps in enrollment</p>
Pharmacotherapy for opioid use disorder (Total)	<p>Measurement description: The percentage of opioid use disorder (OUD) pharmacotherapy events that lasted at least 180 days among members 16 years of age and older with a diagnosis of OUD and a new OUD pharmacotherapy event</p> <p>Eligible members: 16 years and older as of the treatment period start date. Report two age stratifications and total rate:</p> <ul style="list-style-type: none"> • 16 – 64 years • 65 years and older • Total = sum of the age stratifications <p>Continuous enrollment: 31 days prior to the treatment period start date through 179 days after the treatment period start date (211 total days)</p> <p>Allowable gap: None</p>

Overall score and incentive calculation

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). Results will be calculated for each of the aforementioned quality performance measures for each TIN and then compared to the established targets in each payment cycle. (See Table 2025A for 2025 quality benchmark targets.) Providers who meet the established targets will qualify for a per-measure payment for that particular measure. The total potential payment is established by multiplying the practice's enrollee member months for the reporting period by \$5 per member per month (PMPM). That amount is then divided by the number of measures by which the target was achieved, resulting in a total earned PMPM.

2025A				
Quality metric	Tier 1	Tier 2	Tier 3	Tier 4
Follow-up after emergency department visit for substance use – 7 days	6.37%	8.37%	12.00%	14.55%
Follow-up after emergency department visit for substance use – 30 days	10.71%	13.40%	18.09%	20.93%
Follow-up after hospitalization for mental illness – 7 days	11.78%	15.45%	18.47%	23.50%
Follow-up after hospitalization for mental illness – 30 days	20.80%	26.37%	29.93%	34.28%
Pharmacotherapy for opioid use disorder	6.03%	9.09%	12.64%	15.89%
2025B				
Quality metric	Tier 1	Tier 2	Tier 3	Tier 4
Follow-up after emergency department visit for substance use – 7 days	12.73%	16.74%	24.00%	29.09%
Follow-up after emergency department visit for substance use – 30 days	21.41%	26.79%	36.18%	41.86%
Follow-up after hospitalization for mental illness – 7 days	23.55%	30.89%	36.94%	46.99%
Follow-up after hospitalization for mental illness – 30 days	41.60%	52.74%	59.85%	68.56%
Pharmacotherapy for opioid use disorder	12.05%	18.18%	25.28%	31.78%

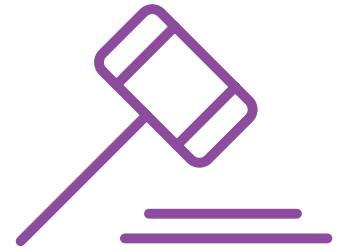
*Tier legend
Tier 1 (10th percentile): 25% of potential PMPM
Tier 2 (25th percentile): 50% of potential PMPM
Tier 3 (50th percentile): 75% of potential PMPM
Tier 4 (75th percentile): 100% of potential PMPM

Payment schedule

Payment cycle	Reporting period	Payment date
2025A	1/1/2025 - 6/30/2025	December 2025
2025B	7/1/2025 - 12/31/2025	June 2026

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 Provider PerformPlus True Care – Behavioral Health Providers from AmeriHealth Caritas North Carolina.
- The appeal will be forwarded to the AmeriHealth Caritas North Carolina PerformPlus True Care – Behavioral Health Providers Review Committee for review and determination.
- If the AmeriHealth Caritas North Carolina PerformPlus True Care – Behavioral Health Providers 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 PMPM payments will be paid according to the membership known at the beginning of each month.
- If you have any questions about the program 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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