



PerformPlus[®] Shared Savings Program – Primary Care Providers

Improving quality care and health outcomes

2026

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AmeriHealth Caritas[®]
North Carolina

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Dear Primary Care Provider:

Thank you for participating in AmeriHealth Caritas North Carolina's (ACNC's) PerformPlus Shared Savings program.

This program is specifically designed for our primary care providers (PCPs). The program offers incentives for delivering high-quality and cost-effective care to your patients, while also submitting timely key health data to the health plan so we can keep track of member outcomes.

ACNC is excited to provide this enhanced incentive program. We offer a variety of resources, including provider tools and monthly performance reports, as well as ongoing collaboration to assist you in meeting your 2026 goals.

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 Account Executive or ACNC Provider Services at **1-888-738-0004**.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Spalding MD', with a small 'MD' written to the right of the signature.

Steven Spalding, MD
Market Chief Medical Officer

Program overview

The PerformPlus Shared Savings program is a value-based program that provides an opportunity to receive incentives developed by ACNC for participating PCPs.

This 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. As new, meaningful measures are developed and introduced, the quality indicators contained in the program will be refined. ACNC reserves the right to make changes to this program at any time and will provide written notification of any changes.

Program participation

This value-based program is intended to provide financial incentives beyond a PCP practice's base reimbursement. Performance and associated incentive payments are calculated at the federal taxpayer identification number (TIN) level – not per individual provider or group.

Eligible providers include those with:

- TINs of average panel sizes of 150 or more attributed ACNC members during the measurement period*
- TINs of Advanced Medical Home (AMH) Tier 1, 2 and 3 designations

*Members who reside in skilled nursing facilities or who are dual-eligible members are not included in the quantified results for the PerformPlus Shared Savings program.

Ineligible providers include those with:

- TINs of average panel sizes of less than 150 ACNC-attributed members during the measurement period
- TINs of no AMH tier designation



PerformPlus Shared Savings program components can only be measured effectively for PCP offices whose panels averaged 150 or more members.



A quality incentive payment may be paid in addition to a practice's base compensation.

Program specifications

The PerformPlus Shared Savings program is designed to reward higher performance by practices that meet quality and cost benchmarks by delivering quality health care and reducing unnecessary costs for our attributed members. The incentive payment is based on a 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 Potentially Preventable Admissions and ER visits spend that is less than the expected Potentially Preventable Admissions and ER visits spend in the measurement year, as determined using the Solventum Clinical Risk Groups (CRG) methodology.

Efficient use of services calculation

The efficient use of services calculation leverages the Solventum CRG platform to determine the total expected Potentially Preventable Admissions and ER visits for all the members attributed to the practice. The expected Potentially Preventable Admissions and ER visits 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 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.

Potentially Preventable Events (PPE) specifications

The population-focused preventable (PFP) components and industry-standard definitions are used to measure performance:

Potentially Preventable Admissions (PPAs) – PPAs are hospitalizations that could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols. They involve ambulatory care sensitive conditions (e.g., asthma) for which adequate patient monitoring and follow-up (e.g., medication management) can often prevent the need for admission. A high rate of PPAs represents a failure of the ambulatory care provided to the patient.

Potentially Preventable Emergency Room Visits (PPVs) – PPVs are emergency room visits that result from a lack of adequate access to ambulatory care coordination. They involve ambulatory care 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, a high rate of PPVs represents a failure of the ambulatory care provided to the patient.

Shared savings pool calculation

- By comparing the actual Potentially Preventable Admissions and ER visits cost to the Solventum expected cost, AmeriHealth Caritas North Carolina calculates the actual versus expected cost ratio.
- A practice's panel whose actual Potentially Preventable Admissions and ER visits cost is exactly equal to the expected Potentially Preventable Admissions and ER visits costs 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 amount is then calculated using the difference between the expected Potentially Preventable Admissions and ER visits cost and the practice’s actual Potentially Preventable Admissions and ER visits cost. The shared savings pool will be 60% of the total savings a provider can earn from based on the quality performance component described.

PerformPlus Shared Savings payment

Using the shared savings pool calculations, a performance incentive payment associated with quality performance will be paid on an annual basis. All payments under this program are in addition to the group or solo practice’s base reimbursement. The payment amount will be calculated based on the TIN’s quality performance and then compared to the established targets for each identified measure. The percentage of measures met will be applied to the shared savings pool to determine the Shared Savings payment.

Payment cycle	Enrollment	Claims paid through	Payment date
1	1/1/26 - 12/31/26	March 31, 2027	June 2027

Quality performance measures

This component is based on quality performance measures consistent with Healthcare Effectiveness Data and Information Set (HEDIS) specifications. In addition, this component is predicated on the AmeriHealth Caritas North Carolina Preventive Health Guidelines and other established clinical guidelines.

PCP quality performance is measured on services rendered during the reporting period and requires accurate and complete encounter reporting. Please note: For each quality performance (HEDIS) measure, participating TINs must have a minimum of 30 members in the denominator who meet the HEDIS measurement definition requirements.

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 program guide, applicable coding information, and online resources to assist your practice with understanding each HEDIS measure 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 Quality Management staff.
- Institute HEDIS alerts and flags in your electronic health records (EHRs) to notify office personnel of patients in need of HEDIS services.
- Ensure your practice is providing electronic data to ACNC through our data exchange vendors.

Quality performance measures

<p>Adults' Access to Preventive/ Ambulatory Health Services (AAP)</p>	<p>Measure description: The percentage of persons 20 years of age and older who had an ambulatory or preventive care visit</p> <p>Eligible members: Members 20 years of age and older as of the last day of the measurement period.</p> <p>Continuous enrollment: The measurement year</p> <p>Allowable gap: No more than one gap of less than or equal to 45 days during each year of the continuous enrollment period. No gaps on the last day of the measurement year</p>
<p>Cervical Cancer Screening (CCS-E)</p>	<p>Measure description: The percentage of persons 21 - 64 years of age who were screened for cervical cancer using the following criteria:</p> <ul style="list-style-type: none"> • Members 21 - 64 years who had a cervical cytology (Pap) test performed within the last 3 years. • Members 30 - 64 years who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years. • Members 30 - 64 years who had cervical cytology (Pap test/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years. <p>Eligible members: Women 21 - 64 years within the measurement year</p> <p>Continuous enrollment: The measurement year</p> <p>Allowable gap: No more than one gap of less than or equal to 45 days each year of continuous enrollment. No gaps on the last day of the measurement period.</p>
<p>Child and Adolescent Well-Care Visits (WCV)</p>	<p>Measure description: 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>Eligible members: Members 3 - 21 years of age as of December 31 of the measurement year</p> <p>Report three age stratifications and total rate:</p> <ul style="list-style-type: none"> • 3 - 11 years • 12 - 17 years • 18 - 21 years <p>Total = the sum of all the qualifying age stratifications</p> <p>Continuous enrollment: The measurement year</p> <p>Allowable gap: 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>

Quality performance measures

<p>Childhood Immunization Status (CIS-E) (Combo 10)</p>	<p>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. The measure calculates a rate for each vaccine and nine separate combination rates.</p> <p>Eligible members: Children who turn 2 years of age during the measurement year.</p> <p>Continuous enrollment: 12 months prior to the child's second birthday</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the 12 months prior to the child's second birthday.</p>
<p>Colorectal Cancer Screening (COL-E)</p>	<p>Measure description: The percentage of members 45 - 75 years of age who had appropriate screening for colorectal cancer</p> <p>Eligible members: Members 45 - 75 years within the measurement year</p> <p>Continuous enrollment: The measurement year</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the measurement year</p>
<p>Controlling High Blood Pressure (CBP)</p>	<p>Measurement definition: Members 18 - 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year</p> <p>Eligible members: Members 18 - 85 years as of December 31 of the measurement year</p> <p>Continuous enrollment: The measurement year</p> <p>Allowable gap: No more than one gap in continuous enrollment of up to 45 days during the measurement year</p>

Quality performance measures

<p>Glycemic Status Assessment for Patients With Diabetes, Glycemic Status <8% (GSD)</p>	<p>Measurement description: The percentage of members 18 - 75 years of age with diabetes (Types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the measurement year:</p> <ul style="list-style-type: none"> • Glycemic status <8.0%. <p>Eligible members: Members 18 - 75 years as of December 31 of the measurement year</p> <p>Continuous enrollment: The measurement year</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the measurement year</p>
<p>Immunization for Adolescents (Combo 2)</p>	<p>Measure description: 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>Eligible members: Members age 13 during the measurement year who have not had a previous anaphylactic reaction to the vaccine.</p> <p>Continuous enrollment: 12 months prior to the 13th birthday.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during the 12 months prior to the 13th birthday.</p>

Note

The submission of accurate and complete claims data is critical to ensuring your practice receives the correct calculation based on the services performed for AmeriHealth Caritas North Carolina members.

If you do not submit claims reflecting the measures shown on pages 7 through 9 (where applicable), your performance ranking will be adversely affected, thereby reducing your incentive payment.

Quality performance measures incentive calculation

A TIN may earn from the shared savings pool (described on pages 5 through 6) based on performance for quality measures as described above.

Quality measure rates are calculated for each TIN participating in the PerformPlus Shared Savings program. This rate is calculated by dividing the number of members who received the service (numerator) by the number of members eligible to receive the service (denominator).

The shared savings pool will be split evenly across all quality metrics which meet the minimum denominator criteria. The percentage of the allocated shared savings pool for each measure earned will be calculated using the targets in the table above. For example, a rate that exceeds the Tier 2 target, but is below the Tier 3 target, would earn 50% of the pool that was allocated to that measure.

Payment Cycle 1 Metric Targets (1/1/2026 through 12/31/2026)**				
Quality metric	Tier 1 (10th percentile); 25% of potential incentive	Tier 2 (25th percentile); 50% of potential incentive	Tier 3 (50th percentile); 75% of potential incentive	Tier 4 (75th percentile); 100%** of potential incentive
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	66.22%	72.14%	78.05%	83.34%
Cervical Cancer Screening (CCS-E)	40.21%	47.10%	52.32%	57.83%
Child and Adolescent Well-Care Visits (WCV)	44.96%	49.68%	55.41%	61.47%
Childhood Immunizations Status (Combo 10) (CIS-E)	14.67%	19.77%	23.89%	28.86%
Colorectal Cancer Screening (COL-E)	29.99%	35.72%	41.39%	48.22%
Controlling High Blood Pressure (CBP)	56.93%	63.75%	67.88%	71.34%
Glycemic Status Assessment for Patients With Diabetes, < 8% (GSD)	49.30%	55.23%	60.58%	64.69%
Immunization for Adolescents (Combo 2)	25.00%	29.42%	34.14%	40.19%

**PCP providers who do not have data integration with AmeriHealth Caritas North Carolina by 12/31/2026 will only be eligible to earn 80% of the total incentive in the program year.

Illustrative example of incentive calculation*			
Acutal PPA/PPV cost:			\$207,992.54
Expected PPA/PPV cost:			\$221,325.88
Actual versus expected (savings):			\$13,333.34
Shared savings pool (60% of savings):			\$8,000.00
Number of measures:			8
Incentive per measure:			\$1,000.00
Quality metric	Rate	Tier	Incentive
Adults' Access to Preventive/Ambulatory Health Services (AAP)	75.00%	2	\$500.00
Cervical Cancer Screening (CCS)	48.00%	2	\$500.00
Child and Adolescent Well-Care Visits (WCV)	65.38%	4	\$1,000.00
Childhood Immunizations Status (Combo 10) (CIS-E)	36.00%	4	\$1,000.00
Colorectal Cancer Screening (COL-E)	38.71%	2	\$500.00
Controlling High Blood Pressure (CBP)	70.73%	3	\$750.00
Glycemic Status Assessment for Patients With Diabetes, < 8% (GSD)	51.52%	1	\$250.00
Immunization for Adolescents (Combo 2)	26.15%	1	\$250.00
Total incentive earned with data integration			\$4,750.00
Total incentive earned without data integration (80% of total)**			\$3,800.00

*The dollar amounts reflected in the table are for illustration purposes only and may vary based on performance and shared savings established.

**PCP Providers without data integration with AmeriHealth Caritas North Carolina by 12/31/2026 will only be eligible to earn 80% of the total incentive in the program year.

Sample scorecard



PerformPlus™ Shared Savings Program

Measurement Period: 01/01/2026 - 12/31/2026

Payment Period: June 2027

Tax Name: ABC MEDICAL CENTER

Member Months: 3,077

Tax ID: 123456789

Total Earned: \$4,750.00

Quality Metric	Tier 1 (10th %ile); 25% of potential	Tier 2 (25th %ile); 50% of potential	Tier 3 (50th %ile); 75% of potential	Tier 4 (75th %ile); 100% of potential
Adults' Access to Preventive/Ambulatory Health Services (AAP)	66.22%	72.14%	78.05%	83.34%
Childhood Immunizations Status (Combo 10) (CIS-E)	14.67%	19.77%	23.89%	28.86%
Immunization for Adolescents (Combo 2)	25.00%	29.42%	34.14%	40.19%
Child and Adolescent Well-Care Visits (WCV)	44.96%	49.68%	55.41%	61.47%
Controlling High Blood Pressure (CBP)	56.93%	63.75%	67.88%	71.34%
Cervical Cancer Screening (CCS)	40.21%	47.10%	52.32%	57.83%
Glycemic Status Assessment for Patients With Diabetes- < 8%(GSD)	49.30%	55.23%	60.58%	64.69%
Colorectal Cancer Screening (COL-E)	29.99%	35.72%	41.39%	48.22%

Shared Savings Summary

Actual PPA/PPV Costs:	\$207,992.54	Payable Savings Percent:	60%
Expected PPA/PPV Costs:	\$221,325.88	Shared Savings Pool:	\$8,000.00
Actual vs Expected Costs:	\$13,333.34	Quality Measures:	8
		Potential Incentive Per Measure:	\$1,000.00

Quality Performance

Quality Metrics	Numerator	Denominator	Rate	Tier	Earned
Childhood Immunizations Status (Combo 10) (CIS-E)	18	50	36.00%	4	\$1,000.00
Cervical Cancer Screening (CCS)	24	50	48.00%	2	\$500.00
Immunizations for Adolescents (Combo 2)	17	65	26.15%	1	\$250.00
Child and Adolescent Well-Child Visits (WCV)	34	52	65.38%	4	\$1,000.00
Controlling High Blood Pressue	29	41	70.73%	3	\$750.00
Adults' Access to Preventive/Ambulatory Health Services (AAP)	33	44	75.00%	2	\$500.00
Glycemic Status Assessment for Patients with Diabetes - <8% (GSD)	17	33	51.52%	1	\$250.00
Colorectal Cancer Screening (COL-E)	24	62	38.71%	2	\$500.00
Total Earned:					\$4,750.00

Payment schedule

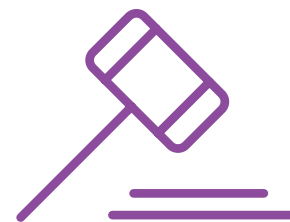
Payment cycle	Reporting period	Payment date
Cycle 1	1/1/2026 - 12/31/2026	June 2027

Available resources

- Your [Provider Network Management Account Executive](#) can familiarize you with the PerformPlus Shared Savings program and provide additional training to you and your staff.
- [NaviNet](#) – Participating primary care providers can access this secure provider portal and resolve HEDIS Care Gaps for ACNC members. Learn more about resolving care gaps in the NaviNet Provider Portal.
- The Solventum Medical Home Dashboard supports the implementation of accountable care programs, medical homes and other programs by providing users with quick, easy access to critical key performance indicators. The dashboard is refreshed by Solventum once a month to make the most up-to-date data available to users.
- After submitting the required form and receiving approval to have access, you can access the [Solventum Informed Analytics Platform](#) using your email address as your user ID.

Provider appeal of incentive calculations or ranking determination

- If a provider wishes to appeal any or all incentive components, the appeal must be in writing.
- The written appeal must be addressed to the AmeriHealth Caritas North Carolina Chief Medical Officer and include a detailed description of the appeal.
- The appeal must be submitted within 60 days of receiving the information/ results from AmeriHealth Caritas North Carolina.
- The appeal and all supporting documentation will be reviewed by the AmeriHealth Caritas North Carolina Provider Advisory Council.
- If the Provider Advisory Council rules in favor of the provider and an adjustment or correction is required, it will be included in the next scheduled payment cycle following committee approval.



If a provider wishes to appeal their percentile ranking on any or all incentive components, this appeal must be in writing.

Important notes and conditions

1. The total annual sum of incentive payments awarded to a specific group or solo practice for the PerformPlus Shared Savings program will not exceed 25% of the total AmeriHealth Caritas North Carolina annual reimbursement paid for medical and administrative services. Only capitation and fee-for-service payments are considered part of total reimbursement for medical and administrative services. Please note that if you are included in an individually structured ACNC value-based program you are excluded from earning performance incentives from this value-based program.
2. The quality performance measures are subject to change at any time upon written notification. AmeriHealth Caritas North Carolina will continuously evaluate and enhance its quality management and quality assessment systems. As a result, new quality variables may be added periodically, and criteria for existing quality variables may be modified.
3. For computational and administrative ease, no retroactive adjustments except for those associated with PerformPlus Shared Savings program appeals, will be made to incentive payments. All per member, per month (PMPM) payments will be paid according to the known membership at the beginning of each month.
4. Providers with practice-specific value-based payment models are excluded from this program. Check with with your [ACNC Account Executive](#) to determine your eligibility.



If you have any questions about the program or your program results, please contact your Account Executive.



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