

PERFORMPLUS® PORTFOLIO

CUSTOMIZABLE, VALUE-BASED SOLUTIONS





VALUE-BASED CARE

AT AMERIHEALTH CARITAS

AmeriHealth Caritas is one of the nation's leaders in health care solutions for those most in need, administering a fully integrated model of care that helps improve health outcomes for individuals and families covered by Medicaid, Medicare, and the Children's Health Insurance Program (CHIP). AmeriHealth Caritas has nearly 40 years of experience in expanding access to care for our members and maximizing value for health care providers, community-based organizations, and government stakeholders nationwide.

In 2007, AmeriHealth Caritas began partnering with providers to deliver innovative, value-based programs. Since that time, we have promoted value-based care models that incentivize high-quality, cost-effective care over the traditional fee-for-service system that pays for a volume of services, regardless of the value of the services. Our ability to transform provider compensation to a value-based structure can help increase opportunities for states and providers to better integrate physical and behavioral health services, address the social determinants of health, advance health equity, enhance patient and provider experiences, and improve quality and efficiency outcomes.

PerformPlus®

PerformPlus is a suite of value-based incentive programs designed to improve quality, efficiency, patient satisfaction, and provider experience. Programs are available for primary care providers, small and rural-based providers, physical and behavioral health specialists, federally qualified health centers (FQHCs), hospitals, integrated delivery systems, nursing facilities, home health providers, long-term services and supports (LTSS), and community-based organizations (CBOs).

PerformPlus is strategically designed to:

- Improve integration and quality of care.
- Provide physicians with the tools they need for success.
- Improve the member experience.
- Avoid waste and duplication of care.
- Bring cost trends in line with or below inflation.
- Allow for customizations to meet the unique needs of our health care delivery partners.

PerformPlus offers providers:

- Customizable programs.
- Performance rewards.
- Interactive dashboards.
- Transparent program design.
- Peer- and trend-based measures.
- Reliable risk management.
- Robust analytics and reporting capabilities.
- Outstanding customer service.

Data transparency through reporting

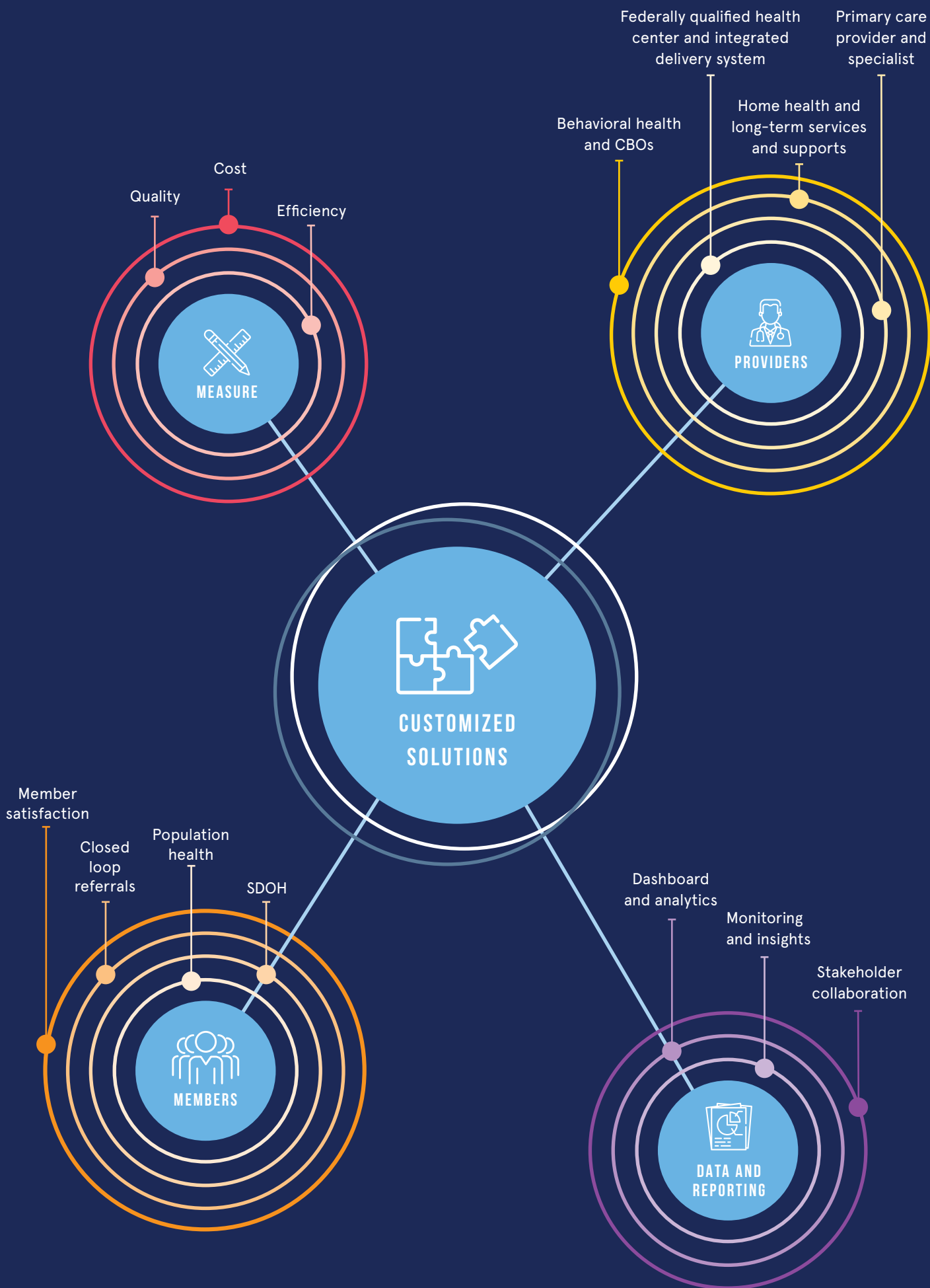
PerformPlus delivers on AmeriHealth Caritas' strategic goal to increase access to and use of actionable data through our interactive web-based dashboards available on a secure portal. These dashboards are available for most PerformPlus programs and provide participants with a greater range of facility and member-level health care data such as potentially preventable events, HEDIS® quality measures, social determinants of health (SDOH), and patient experience.

To further help participants monitor their progress and better understand how they compare to their peers, we began integrating proprietary and industry-leading patient classification methodologies in collaboration with 3M Health Information Systems. Our medical and behavioral health dashboards display performance on a rolling 12-month or measurement-year basis and illustrate how participants are performing on each PerformPlus metric compared to established program targets. For measures that include identifying and addressing care gaps, such as those for prenatal or preventive care, we also supply member-specific data each month to prompt crucial patient outreach and intervention.

Custom support with the ProDash team

PerformPlus participants also have access to our Provider Data Sharing (ProDash) team. ProDash is a multidisciplinary team of designated representatives to help provide participants with the performance tracking data they need. Custom reporting through ProDash is available for all PerformPlus programs.

With access to our interactive dashboards and the ProDash team, PerformPlus participants have extensive access to the detailed and comprehensive data they need to track performance and continue providing high-quality care to their patients.





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PERFORMPLUS QUALITY ENHANCEMENT PROGRAMS (QEP)

The PerformPlus Quality Enhancement Program (QEP) is designed by AmeriHealth Caritas to link the fee-for-service payment model to quality and value. Program measures are tailored to align with state health initiatives and aim to increase the use of preventive services. Primary and specialty groups, as well as federally qualified health centers (FQHCs), are eligible to participate in these programs and may receive financial rewards for accurate data reporting and exemplary quality performance.

Our QEP model is built on the idea that receiving the right care at the right time in the right setting can improve health outcomes. It is a foundational alternative payment model and an easy introduction in the evolution toward pay-for-performance reimbursement structures.

“Value is not simply measured by individual quality and outcomes scores. It is measured in the success of the communities of caring that we create to help support people living their American Dream, without their individual health and other ‘Social Determinants of LifeSM’ as barriers. Our goal is to enable providers through long-term relationships, actionable analytics, targeted support, and equitable rewards, so that the experience, of both traditional and nontraditional providers, in caring for our members is the best in the industry. By doing this, we will achieve higher quality and better outcomes for everyone, together.”

SCOTT VASEY

Senior Vice President, Network Management, AmeriHealth Caritas

Primary Care Provider (PCP) Quality Enhancement Program (QEP)



Preventive care has been shown to reduce the prevalence of disease and to help people live longer, healthier lives. Founded on this principle, our PCP QEP is specifically designed to support primary care practices that proactively engage our members in preventive health habits and provide quality, preventive services.

The PCP QEP offers financial incentives to primary care practices over and above base compensation for high-quality care, convenient member health services, and precise health data submissions. While quality performance is the most important determinant of the additional compensation, further compensation may also be rewarded for electronic code submissions and outstanding member satisfaction results.

Incentives are earned in accordance with quality scores relative to other program participants. Incentives may also be awarded for trend improvements from the previous year's scores and placement against published benchmarks for each of the program's measures. Additional efficiency metrics such as Total Cost of Care, Potentially Preventable Emergency Department Visits, and Potentially Preventable Admissions can also allow us to base incentives on efficient use of services as well as quality of care.

Innovations

In 2019, AmeriHealth Caritas pioneered an innovative approach to assessing member satisfaction. Within 30 days of an office visit, a brief survey is sent to members via text message, which includes responses supplemented by emojis to help transcend language and health literacy barriers. The survey offers members the opportunity to share their doctor's office experience, which is then shared with our providers and used as a component in the PCP QEP.

Maternity Quality Enhancement Program (QEP)



Founded on the knowledge that timely maternity care can reduce complications in pregnancy, delivery, and early infancy, our Maternity Quality Enhancement Program (QEP) rewards obstetricians, midwives, and family practice providers who deliver timely prenatal and postpartum care to our expectant members. Program measures are based on established best practices at national and state levels.

The Maternity QEP is available to practitioners and practitioner groups that meet the minimum eligibility requirements based on their number of live-birth deliveries. If eligible, they can earn incentives in accordance with quality scores relative to other program participants. Potential quality measures include Pre- and Post-Natal Care, Sexually Transmitted Infection (STI) Screenings, C-Section Rates, and Severity of Illness.

An added health equity component can also be incorporated into the program to further promote health equity and close the gap on Black maternal health disparities. This enhanced incentive gives providers an opportunity to earn additional compensation for demonstrating year-over-year improvements in gap closures among African American members.

Innovations

AmeriHealth Caritas values the impact early and consistent prenatal care can have on our members and their babies. One way to help increase consistent prenatal care and prompt attention to high-risk issues is to have early notifications of our members' pregnancies. An additional incentive may be earned when participating providers send a notification of a member's pregnancy upon her first visit.

AmeriHealth Caritas values the impact that early and consistent prenatal care can have on our members and their babies.

Medicare Value-Based Compensation Program



High-quality, cost-effective health care is important to all of our members, including those on Medicare. Our Medicare Value-Based Compensation Program rewards providers for improving the coordination and efficiency of health care service delivery.

The Medicare Value-Based Compensation Program, which is available to select segments of our Medicare plans, provides incentives for a set of health care measures that align with the Centers for Medicare & Medicaid Services' (CMS) Five-Star Quality Rating System. Incentive payments are based on the providers' Five-Star Quality Rating System scores for the provision of quality preventive services.

We support providers who help our members achieve optimal health outcomes, independence, and improved quality of life.



SHARED SAVINGS AND RISK PROGRAMS

PerformPlus Shared Savings and Risk Programs are uniquely designed for and in collaboration with large integrated delivery systems and provider partners interested in transitioning to value-based and alternative payment models.

The program model captures key components of effective health care delivery and shifts away from fragmented, volume-driven reimbursements to collaborative provider partnerships that focus on whole-person care.

The Shared Savings and Risk Programs use an alternative payment model that provides participants with the opportunity to assume upside shared savings, partial risk, or full risk in exchange for a potentially greater financial reward. Initial discussions regarding the Shared Savings and Risk Programs include a risk-readiness assessment to ensure participants fully understand the risk measures and have the tools needed for success. We support provider success through ongoing collaboration, transparency, and self-service reporting, including interactive, web-based dashboards.

Community Partners Shared Savings Program



The PerformPlus Community Partners Shared Savings Program is designed in collaboration with our primary care providers and can be customized to support their internal goals and initiatives, with incentives for effective and efficient care delivery. The program builds on the fee-for-service architecture but provides mechanisms for quality improvement and cost containment. Large primary and specialty groups, as well as FQHCs, are eligible to participate.

Our Community Partners Program reinforces the idea that quality of care and cost of care are inextricably linked. Through primary care excellence and data sharing, we can help reduce unnecessary emergency room treatment, unnecessary inpatient admissions, and clinically inappropriate readmissions while improving quality and efficiency outcomes. Tailored to support primary care providers, cardiologists, oncologists, and women's health providers, the program's performance measures may include year-over-year trend performance assessments and peer-based network performance assessments.

“The Community Partners Program provides us with current, user-friendly data that is easy to access and download. While the program offers a complete incentive, it also provides the tools to do focused patient care management.”

DR. MARCELLA LINGHAM

CEO and President,
Quality Community Health Center

Episodic and Bundled Payment Programs



The Episode and Bundled Payment Programs are designed to promote standardize care and reduce the total cost of care for frequently bundled services. The programs use grouped procedure and diagnosis codes to identify the range of services related to a specific episode of care (e.g., maternity or cardiology) and include all of the claims associated with the covered services. These programs look at episode performance across the care continuum, including hospital services, primary care providers, specialists, pharmacies, laboratories, and post-acute providers.

The Episode and Bundled Payment Programs are customizable and may be tailored to meet the needs of an array of providers for a variety of episodic procedures and conditions. Program performance components can be based on individual performance improvements, network performance, quality metrics, or potentially avoidable care.

“The physicians and staff of Cardiology Consultants of Philadelphia are excited to take this historic step... [We] have enjoyed a long and successful collaboration of working toward innovative relationships to enhance both the quality of care through guideline-driven metrics and the efficiency of that care in an effort to control costs.”

DR. MARK F. VICTOR

Chief Executive Officer,
Cardiology Consultants of Philadelphia

Partial-Risk Programs



PerformPlus' Partial-Risk Programs contain risk-adjusted, cost-management performance criteria for inpatient use, emergency service use, and total cost of care. Program measures assess operational population management and effective cost containment, which demonstrate appropriate use of preventive services and specialist referrals. Our risk-based programs also include an opportunity for participants to assume greater risk in exchange for the potential of greater financial reward.

Risk may be applied to a variety of different measures including medical loss ratio (MLR), total cost of care, and potentially preventable events. Programs may include targeted reductions or maintenance goals whereby participants assume financial risk for performance.

“I’m grateful to the AmeriHealth Caritas Louisiana leadership for proceeding with our value-based agreement to serve AmeriHealth Caritas Louisiana’s most vulnerable members. That enabled us to employ a team of local staff to provide physical, behavioral, and social determinants care for hundreds of the neediest patients in New Orleans.”

GLEN MOLLER

CEO, Upward Health

Full-Risk Programs



Our full-risk programs are defined as those with prospective, population-based payments for total cost of care of all members with savings or losses under obligation of the provider group. Full-risk providers are measured against quality benchmarks with incentives, penalties, or both dependent upon meeting these benchmarks.

One example of a full-risk program is our Medical Loss Ratio (MLR) Shared Savings Program, designed to reduce unnecessary costs while promoting quality health care by focusing on quality performance and achieving risk-adjusted MLRs below a predefined target set by the state Medicaid agency. PerformPlus can work with providers to include specific NCQA quality benchmark measures in accordance with your state's goals.

“Given our unique model of care, we are constantly working to keep our patients healthy and out of the hospital. In order to succeed in our risk arrangement, our partners [at AmeriHealth Caritas] help out not only by providing the requested data, but also with help for specific patient inquiries. It is a pleasure to be able to collaborate around growth and partnering to increase the volume of seniors who we serve with our one of a kind, VIP care.”

KATHERINE WALTERS

Associate Director,
Network and Medical Costs, ChenMed



BEHAVIORAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE DISORDER PROGRAMS

Behavioral health, mental health, and substance use disorder are often intertwined with physical health challenges. That's why the coordination of whole-person health care is essential to improving outcomes, especially for members with a chronic illness, intellectual or developmental disability, or comorbidities. To further support a whole-person model of care, our Behavioral Health, Mental Health, and Substance Use Disorder Programs align incentives that encourage multidisciplinary collaboration among providers.

Primary provider groups, specialty provider groups, and community-based organizations are eligible to participate in these programs and may receive financial incentives for exemplary quality performance, integration, and number of life improvement measures.

Quality Enhancement Program (QEP) for Behavioral Health



The Quality Enhancement Program (QEP) for Behavioral Health is a network-wide, upside-only model designed to reward providers for delivering high-quality and cost-effective care for behavioral health services. Incentives are earned in accordance with quality scores relative to other program participants. Incentives may also be awarded for trend improvements from the previous year's scores and placement against published benchmarks for each of the program's measures.

To better bridge the gap between physical and behavioral health care, this program aims to help providers focus on the whole person by incorporating a mix of behavioral, physical, and hospital-based metrics.

Potential measures may include:

- *Potentially preventable admissions*
- *Potentially preventable readmissions*
- *Potentially preventable ER visits*
- *Appropriate HEDIS measures*
- *Social determinants of health (SDOH) assessment and screening*
- *Patient experience surveys*

Better Together for Integrated Behavioral Health



The Better Together for Integrated Behavioral Health program rewards multidisciplinary providers who collaborate to deliver whole-person care for members in need of behavioral health services. This shared savings model can help reduce unnecessary costs related to caring for members while increasing access to a range of behavioral and physical health services.

The Better Together program provides support, education, and incentives to providers who work collaboratively to better coordinate quality care and provide efficient behavioral health services. In addition to quality-based performance metrics, providers can earn rewards based on their performance against the network for clinical integration such as medication-assisted treatment or psychiatric support services in diverse settings.

Innovations

Providers are in a unique position to identify and address social determinants of health at the foundation of our members' well-being, such as access to nutritious food, safe housing, education, reliable transportation, and social supports. We offer additional incentives for providers who identify members whose health and well-being may be affected by these economic and social issues by using supplemental diagnosis codes that indicate social determinants of health needs. Together we can customize person-centered programs to ensure our members have the critical support and services they need to make important lifestyle changes and lead healthier, more productive lives.

New Beginnings for Substance Use Disorder and Recovery Treatment



The New Beginnings program rewards providers who deliver efficient, whole-person care for members seeking treatment and recovery for alcohol and substance use disorders (SUDs). To further support these members looking for their own new beginnings, this incentive program can help reduce unnecessary costs related to their care while improving outcomes related to SUD and promoting long-term recovery.

Our New Beginnings program is designed with flexible funding arrangements including traditional shared savings and episode-based models, which can be tailored to include physical health, behavioral health, patient experience, and SUD-focused metrics. Participating providers may also receive an incentive for positive trend improvements and exemplary performance relative to their peers.

“This payment model creates episodes of care for substance use disorders that incentivizes providers to coordinate the various acute, long-term, and recovery supports needed to foster long-term recovery and reduce the total cost of care.”

DR. YAVAR MOGHIMI

Medical Director,
Behavioral Health AmeriHealth Caritas

Welcome Home Shared Savings Model for Therapeutic Housing



The Welcome Home Shared Savings Model for Therapeutic Housing rewards providers who deliver high quality care that promotes healthy homes and communities for our members. Services may include life skills training, therapeutic housing, and mental health services that promote productive, independent living. The program is designed to give members the support they need to live independently as productive members of the community.

The Welcome Home model can be customized to align the program's performance components to the participant's quality and metrics goals. Program performance components can include quality performance, risk-adjusted utilization measures, and patient experience. Additional rewards may be used to offset costs for administrative tasks, caregiver support, or service coordination.

Potential measures may include:

- *Potentially preventable readmissions*
- *Potentially preventable ER visits*
- *Transitions in care*
- *Follow-up after admission (HEDIS)*
- *Follow-up after ER visit (HEDIS)*
- *Medication adherence (HEDIS)*
- *Screening/Assessment for SDOH*



INNOVATIVE PROGRAMS FOR SMALL PROVIDERS, NONTRADITIONAL PROVIDERS, AND COMMUNITY-BASED ORGANIZATIONS (CBOS)

AmeriHealth Caritas understands that in order to provide equitable access to all of our members, high-quality health care and support must extend beyond the four walls of the traditional clinical setting. As such, we are excited to offer value-based incentive opportunities to small providers, nontraditional providers, and community-based organizations. Featured value-based innovations are designed for rural communities, in-home care supports focused on physical and behavioral health in nursing facilities and rural communities, and other organizations providing community-based services and support.

PerformPlus' Innovative Programs for Small Providers, Nontraditional Providers, and Community-Based Organizations reward participants for addressing the unique challenges that impact Medicaid members including those related to the social determinants of health. Our customizable programs include performance-based measures appropriate to the care delivery setting and focus on improving the health and well-being of our member population.

“As an agency that has provided comprehensive nutrition services to people with serious illnesses for more than 30 years, MANNA is acutely aware of the impact food insecurity and other social determinants of health have upon the overall health of our region. We are thrilled to participate in a new value-based partnership with [AmeriHealth Caritas] to provide MANNA's medically tailored meals and nutrition counseling as part of the PerformPlus program. I am sure this innovative mechanism for incorporating community-based organizations into addressing health disparities will lead to improved health outcomes for the recipients while reducing overall health care costs.”

SUE DAUGHERTY

CEO, MANNA



Caring Communities Virtual Accountable Care Organization (ACO) Program

The Caring Communities Virtual ACO Program promotes collaboration between traditional and nontraditional providers focused on shared goals. The Caring Communities program aligns providers and community-based organizations so they can better connect members with appropriate community services and improve their overall health.

Providers can earn incentives based on health outcomes and for their role in identifying social determinants of health, such as food or housing insecurity, by initiating conversations about overall health, and by making referrals to community-based organizations as appropriate.

Small Providers and Rural Communities (SPaRC)

The Small Providers and Rural Communities value-based offering is designed for providers with small panel sizes or operating in rural communities. While these provider types are frequently excluded from traditional value-based programs, AmeriHealth Caritas recognizes the vital role small and rural-based providers play in delivering high-quality care to our member population.

Our Small Providers and Rural Communities program is designed to increase providers' financial stability, ease administrative burden, and improve our members' access to care. Participants committed to value-based transformation and fostering long-term partnerships may receive financial rewards for improved health outcomes. The program leverages various approaches such as aggregating performance across participating providers, providing per-occurrence incentives, and implementing episode-based models for lower-volume panels to create meaningful financial incentives that promote the transition to value-based care for small providers and those in rural communities.

“[AmeriHealth Caritas] has diligently worked with us to find the shared savings program that would be most appropriate for our association. They were not only thorough, but easy to work with and always willing to take the time to discuss our concerns and respond to questions. Working alongside [AmeriHealth Caritas] to find ways to enhance service delivery with quality outcomes through a value-based partnership has been a pleasure and we look forward to collaborating with them in the future.”

KATIE CORKERN

Executive Director,
Louisiana Rural Mental Health Alliance



Open Arms for Home Health Services

Our Open Arms for Home Health Program was created to meet the needs of practices caring for challenging populations such as members in home-health settings and nursing facilities. This program can help improve patient health, reduce unnecessary cost, and promote care accountability, with the ultimate goal of rewarding practices that help our members live healthy, independent lives within their preferred homes and communities.

Providers participating in the Open Arms model are eligible to receive incentive payments for exceeding benchmark performance on quality and efficiency measures. Additional incentives may be available for providers who help members achieve life improvement goals and personal outcome measures.

Open Arms for Skilled Nursing Facilities

The Open Arms for Skilled Nursing Facilities Program offers payment transformation opportunities for nursing home providers serving our members with long-term services and supports. Enhanced value-based contracting is available at the individual facility and entity levels for outstanding performance, which helps our members live healthy and independent lives while receiving the quality care they deserve. Nursing facilities may be rewarded for providing quality-of-life enhancements, engaging community volunteers and other value-added services that support individual care and dignity, and for addressing social determinants of health needs.

Open Arms for Intellectual and Developmental Disabilities

The Open Arms for Intellectual and Developmental Disabilities program offers value-based opportunities for providers serving our members with intellectual or developmental disabilities, along with their families. Enhanced value-based contracting is available at the individual and entity levels for outstanding performance on mutually agreed-upon quality and efficiency measures pertaining to physical health, behavioral health, personal outcomes, and patient experience surveys.

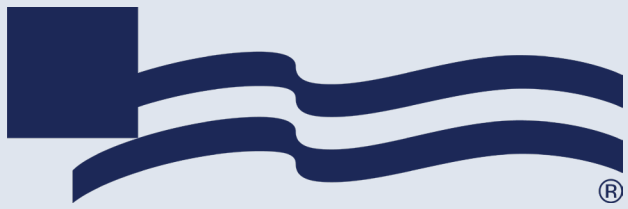
Providers can earn additional incentives based on their performance against the network for providing quality-of-life enhancements, deterring potentially preventable events, and engaging community volunteers and other value-added services that support individual care and dignity.

LET'S TALK ABOUT HOW PERFORMPLUS CAN HELP YOU.

The PerformPlus portfolio shows just a glimpse
of our great features.

To learn more about PerformPlus
and how we can help you meet your needs, please contact:

PerformPlus@amerihealthcaritas.com





AmeriHealth
Caritas[®]
Care is the heart of our work

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