



Dental Value-Based Compensation Program

Improving quality care and health outcomes

October 2020

www.amerihealthcaritasdc.com


AmeriHealth Caritas[™]
District of Columbia

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Dear Primary Dental Care Provider:

AmeriHealth Caritas District of Columbia (DC) would like to introduce the PerformPlus® program, under which you will enhance your revenue based on a greater focus on the overall health of our enrollees, your patients, through interprofessional collaboration and monitoring. This program compensates providers for high-quality and cost-effective care on health measures aligned with the National Committee for Quality Assurance (NCQA) standards that are used to measure the effectiveness of health services provided to Medicaid enrollees. The coordination of dental and medical care is essential to improved health care outcomes for our enrollees.

NCQA's Healthcare Effectiveness Data and Information Set (HEDIS®) measures are recognized in the health care field as the standard for measuring a number of indicators of overall health, of which oral health is a major component. The importance of oral health as it relates to chronic conditions is well documented, and HEDIS measures include both medical and dental health metrics, underscoring the importance of integration of care in making our communities healthier. We ask that you, as enrollees of the AmeriHealth Caritas DC provider network, increase your awareness and diligence in ensuring that the physical health of your patients is addressed at each visit in accordance with their oral health.

We are excited to offer this value-based program for the mutual benefit of AmeriHealth Caritas DC and your practice as partners in health care. By providing cost-effective and high-quality services, we can reduce the cost of health care and strengthen your practice, all while raising the District's community health status.

Thank you for your commitment to our enrollees as a part of our superb provider network. We at AmeriHealth Caritas DC greatly appreciate your participation and hope you will take advantage of this program. If you have any questions, please feel free to contact your Dental Provider Account Representative at **202-326-8921**.

Sincerely,



Karen M. Dale, R.N., MSN
Market President and CEO
AmeriHealth Caritas DC



Larry Paul, DDS
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AmeriHealth Caritas DC

Introduction

AmeriHealth Caritas DC has created the PerformPlus value-based compensation program for participating primary dental care providers (PDPs) who provide primary dental services to AmeriHealth Caritas DC enrollees. This 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

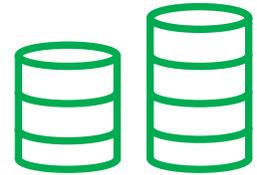
The AmeriHealth Caritas DC PerformPlus program provides performance-based financial incentives over and above a PDP practice's base compensation. Incentive payments are based on the performance of the provider's group practice and not on individual performance (unless the participant is a solo provider).

The program provides for compensation based on both quality and cost-efficiency measures that align with NCQA standards of care. Since certain program components can only be measured effectively for PDP offices whose panels average 300 or more enrollees, practices with fewer than 300 enrollees on the last day of the measurement period are not eligible for participation in the AmeriHealth Caritas DC PerformPlus program.

Dental and Medical Integration

This program aims to integrate dental and medical services within the scope of the dental practice, understanding the adverse effects of certain medical conditions on oral health. Although the procedures to accomplish this integration are not usually within the day-to-day operations of a dental office, it is important for PDPs to be knowledgeable about each patient's medical history as it relates to his or her oral health and to discuss these issues with the patient.

A PDP's success with the PerformPlus program depends on the industry-wide trending of interprofessional integration — coordination of professional services for each enrollee. This will increase patient awareness of and provider attention to the whole-person approach to health care. This program includes medical measures that each provider should be aware of for each patient, when applicable, and encourages reminding patients of the importance of following up with their medical providers for conditions such as asthma, high blood pressure, and diabetes. The PerformPlus program aims to increase PDP awareness of these medical measures and their importance to the delivery of dental care as a critical part of helping our enrollees attain optimal overall health.



Incentive payments are based on the performance of the provider's group practice and not on individual performance.



A PDP's success with the PerformPlus program depends on the industry-wide trending of interprofessional integration — coordination of professional services for each enrollee.

Performance Components

The AmeriHealth Caritas DC PerformPlus program is founded on the following performance components. Incentive compensation, in addition to a practice's base compensation, may be paid to those PDP groups that outperform peers in the defined components.

1. District HEDIS measures
2. Quality metrics
3. HEDIS human papillomavirus (HPV) vaccination rates
4. Low-acuity emergency room (ER) rates

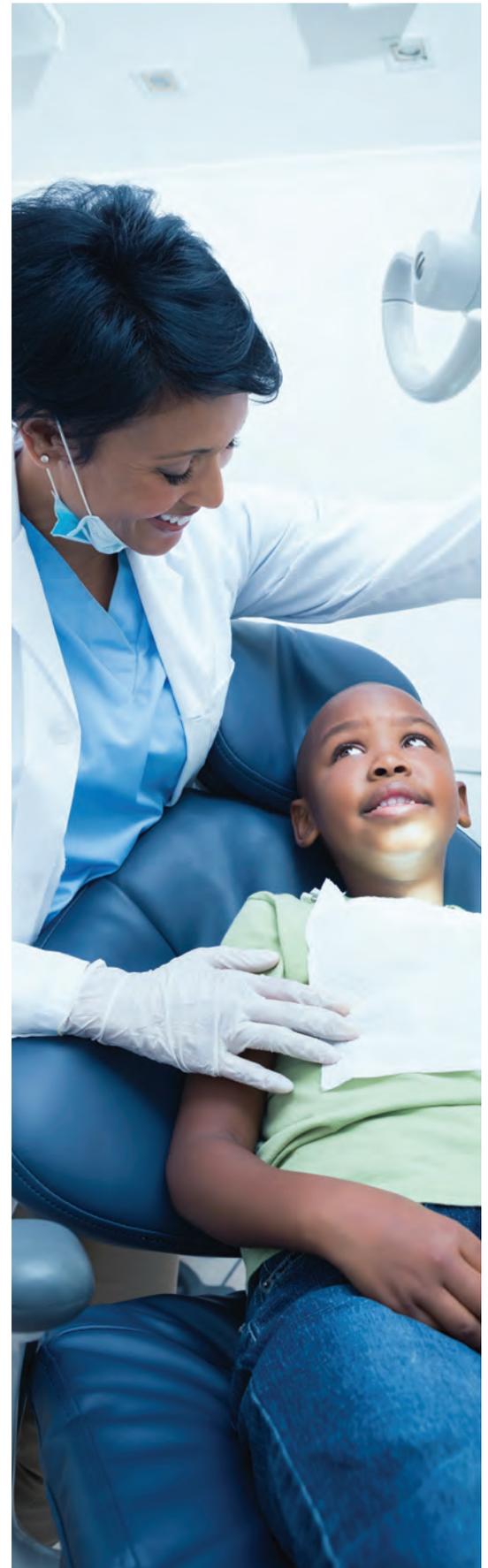
As additional meaningful measures are developed and existing measures are improved, the program quality indicators will be refined. AmeriHealth Caritas DC reserves the right to make changes to this program at any time and shall provide written notification of any changes.

1. District HEDIS Measures

This component is based on quality performance measures consistent with HEDIS or other nationally recognized measures. Each provider's ranking is determined based on performance on these measures relative to peer practices.

- HEDIS is reported annually and is a set of standardized performance measures that assess the quality of health care — much like a report card
- In 1991, HEDIS was originally designed for employers to evaluate different health plans based on costs
- Today, HEDIS allows purchasers and consumers to compare one health plan to another and allows health plans to track their progress over time
- HEDIS is now used by more than 90 percent of health plans and is audited by NCQA
- HEDIS measures are related to many significant public health issues, such as cancer, heart disease, asthma, and diabetes
- HEDIS also includes a standardized survey of consumers' experiences

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



1. District HEDIS Measures

HEDIS Quality Performance Measures	
<p>Annual Dental Visits (Total)</p>	<p>Eligible enrollees: Enrollees ages 2 to 20 as of December 31 of the applicable 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>Measure description: The percentage of enrollees ages 2 to 20 who had at least one dental visit during the measurement year.</p>
<p>Comprehensive Diabetes Care (CDC Eye Exam)</p>	<p>Eligible enrollees: Enrollees ages 18 to 75 with diabetes (type 1 and type 2) during the applicable 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>Measure description: The percentage of enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had an eye exam during the measurement year.</p>
<p>Comprehensive Diabetes Care (CDC HbA1c <8.0%)</p>	<p>Eligible enrollees: Enrollees ages 18 to 75 with diabetes (type 1 and type 2) during the applicable 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>Measure description: The percentage of enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had HbA1C tests performed during the measurement year, with the most recent HbA1C level <8.0%.</p>

If encounter information reflecting District HEDIS measures is not submitted, the provider's ranking will be adversely affected, thereby reducing the amount of value-based compensation.

1. District HEDIS Measures

HEDIS Quality Performance Measures	
<p>Comprehensive Diabetes Care (CDC HbA1c Testing)</p>	<p>Eligible enrollees: Enrollees ages 18 to 75 with diabetes (type 1 and type 2) during the applicable 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>Measure description: The percentage of enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had an HbA1C test, as documented through administrative data.</p>
<p>Comprehensive Diabetes Care (CDC Medical Attention for Nephropathy)</p>	<p>Eligible enrollees: Enrollees ages 18 to 75 with diabetes (type 1 and type 2) during the applicable 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>Measure description: The percentage of enrollees ages 18 to 75 with diabetes (type 1 and type 2) who had a nephropathy screening test or evidence of nephropathy, as documented through administrative data.</p>
<p>Medical Management for People with Asthma</p>	<p>Eligible enrollees: Enrollees ages 5 to 85, as of December 31 of the applicable measurement year, who were identified as having persistent asthma and were dispensed appropriate medications that they remained on during the treatment period.</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>Measure description: The percentage of enrollees ages 5 to 85 who remained on an asthma controller medication for at least 75% of their treatment periods.</p>

PDPs are encouraged to remind enrollees with diabetes or asthma about their ongoing medical care needs. Please remind these enrollees of the measures listed and how these important visits and screenings affect their overall health.

1. District HEDIS Measures

Score Calculation

Practice scores will be calculated for the above District HEDIS measures as the ratio of enrollees who received the above services as evidenced by claim and/or encounter information (numerator) to those enrollees in the practice's panel who were eligible to receive these services (denominator). This score will then be compared to the score for all other qualifying PDP practices to determine the practice percentile ranking. Points are awarded based on the percentile ranking achieved. The grid below details the percentile breakpoints and the points awarded at each:

Percentile	Points
90th +	5
75th – 89th	4
50th – 74th	3
25th – 49th	2
10th – 24th	1
<10th	0

HEDIS measures are divided into three categories: *Comprehensive Diabetes Care, Other Chronic and Acute Care, and Other Preventive Care*. Points earned for Comprehensive Diabetes Care are averaged and then added to the other two categories to determine a provider's final HEDIS score.

Value-Based Incentive Payment

The incentive payment for District HEDIS measures is based on the practice's ranking relative to its peer network. This incentive is paid annually on a per member per month (PMPM) basis, based on the number of AmeriHealth Caritas DC enrollees on the practice's panel as of the last day of the measurement year. There is no adjustment for the age or sex of the enrollees.

Submitting accurate and complete encounter reports is critical to ensuring a practice receives the correct calculation based on the services performed on AmeriHealth Caritas DC enrollees.

The points available for the Annual Dental Visit HEDIS measure are doubled.

2. Quality Metrics

This component is based on quality metrics consistent with appropriate dental practice. Rank is determined by the practice's performance on these metrics relative to peer practices.

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

Quality Metrics	
Sealants — Ages 6 to 9	Dental providers are encouraged to place dental sealants on all first molars at the time of eruption. Dental sealants should be provided by the PDP. Additional compensation will be awarded when sealants are placed on teeth numbers 3, 14, 19, and 30 on patients ages 6 to 9 at the time of service.
Sealants — Ages 10 to 14	Dental providers are encouraged to place dental sealants on all secondary molars at the time of eruption. Dental sealants should be provided by the PDP. Additional compensation will be awarded when sealants are placed on teeth numbers 2, 15, 18, and 31 for patients ages 10 to 14 at the time of service.
Topical Fluoride	Fluoride varnish should be administered once every six months to enrollees ages 0 – 99+.
Preventive Services	This measures the percentage of all enrollees on the panel who received at least one preventive dental service (procedure codes D1000 through D1999) within the reporting year. The rationale for this measure: Dental caries is the most common chronic disease in children in the United States (www.cdc.gov/healthywater/hygiene/disease/dental_caries.html).
Utilization of Services	This measures the percentage of all enrollees on the panel who received at least one restorative dental service (procedure codes D0100 through D9999) within the reporting year.

2. Quality Metrics

Score Calculation

Practice scores will be calculated for the above quality metrics as the ratio of enrollees who received the above services as evidenced by claim and/or encounter information (numerator) to those enrollees in the practice's panel who were eligible to receive these services (denominator). This score will then be compared to the score for all other qualifying PDP practices to determine the practice percentile ranking. Points are awarded based on the percentile ranking achieved. The grid below details the percentile breakpoints and the points awarded at each:

Percentile	Points
90th +	5
75th – 89th	4
50th – 74th	3
25th – 49th	2
10th – 24th	1
<10th	0

Points earned for each measure in this portion of the program are calculated to determine the final score for the quality metrics.

Value-Based Incentive Payment

The quality metrics incentive payment is based on the practice's ranking relative to its peer network. This incentive is paid annually on a PMPM basis, based on the number of AmeriHealth Caritas DC enrollees on the practice's panel as of the last day of the measurement year. There is no adjustment for the age or sex of the enrollees.

If encounter information reflecting the quality metrics is not submitted, the provider's ranking will be adversely affected, thereby reducing the amount of value-based compensation.

3. HEDIS HPV Vaccination Rates

The intent of this component is to compensate practices with high HPV vaccination rates for adolescents.

Score Calculation

Practice scores will be calculated for HPV vaccination rates as the ratio of enrollees who received the HPV vaccination as evidenced by claim and/or encounter information (numerator) to those enrollees in the practice’s panel who were eligible to receive the vaccination. This score will then be compared to the score for all other qualifying PDP practices to determine the practice percentile ranking. Points are awarded based on the percentile ranking achieved. The grid below details the percentile breakpoints and the points awarded at each:

Percentile	Points
90th +	5
75th – 89th	4
50th – 74th	3
25th – 49th	2
10th – 24th	1
<10th	0

Value-Based Incentive Payment

The HPV vaccination rates incentive payment is based on the practice's ranking relative to its peer network. This incentive is paid annually on a PMPM basis, based on the number of AmeriHealth Caritas DC enrollees on the practice’s panel as of the first of each month during the second half of the measurement year. There is no adjustment for the age or sex of the enrollees.

4. Low-Acuity ER Rates

The intent of this component is to compensate practices that use cost-effective services to maintain lower-than-average low-acuity ER visit rates. To calculate these rates, AmeriHealth Caritas DC will utilize an in-house algorithm to help identify low-acuity ER visits. Educating enrollees about after-hours care options and keeping enrollees healthy will reduce the number of enrollees who seek nonemergency care in the ER.

Score Calculation

Low-acuity ER rates will be calculated for each practice. Overall practice scores will be calculated as the ratio of low-acuity ER visits (numerator) to the total number of potential ER visits (denominator). This score will then be compared to the score for all other qualifying PDP practices to determine the practice percentile ranking. Points are awarded based on the percentile ranking achieved. The grid below details the percentile breakpoints and the points awarded at each:

Percentile	Points
90th +	5
75th - 89th	4
50th - 74th	3
25th - 49th	2
10th - 24th	1
<10th	0

Low-Acuity ER Rates Incentive

The low-acuity ER rates incentive payment is based on the practice's ranking relative to its peer network. This incentive is paid annually on a PMPM basis, based on the number of AmeriHealth Caritas DC enrollees on the practice's panel as of the last day of the measurement year. There is no adjustment for the age or sex of the enrollees.

Sample Provider Report Cards

PerformPlus®



Example

Measure Rate

69 enrollees on the practice's panel have diabetes.

36 of those enrollees received an eye exam during the measurement period.



Measure Name	Measure Rate	Percentile	Points
Comprehensive Diabetes Care			
Comprehensive Diabetes Care - Eye Exams	36/69 (52.2%)	90th +	5.00
Comprehensive Diabetes Care - HbA1c Control (<8%)	43/69 (62.3%)	75th-89th	4.00
Comprehensive Diabetes Care - HbA1c Testing	65/69 (94.2%)	90th +	5.00
Comprehensive Diabetes Care - Medical Attention for Nephropathy	63/69 (91.3%)	50th-74th	3.00
Comprehensive Diabetes Care Average			4.25
Other Chronic and Acute Care	Measure Rate		Points
Medical Management Asthma	10/19 (52.6%)	75th-89th	4.00
Other Preventive Care	Measure Rate		Points
Annual Dental Visit (Total)	277/329 (84.2%)	90th +	10.00
HEDIS TOTAL POINTS			18.25
Quality Metrics	Measure Rate	Percentile	Points
Sealants - Ages 6 to 9	7/71 (9.9%)	50th-74th	3.00
Sealants - Ages 10 to 14	21/101 (20.8%)	75th-89th	4.00
Topical Fluoride	442/1,135 (38.9%)	90th +	5.00
Preventive Services	468/1,135 (41.2%)	90th +	5.00
Utilization of Services	573/1,135 (50.5%)	90th +	5.00
QUALITY METRICS TOTAL POINTS			22.00
Human Papillomavirus Vaccine	Measure Rate	Percentile	Points
Human Papillomavirus Vaccine	6/11 (54.5%)	75th-89th	4.00
HPV TOTAL POINTS			4.00
Low-Acuity Claim Utilization	Measure Rate	Percentile	Points
ER Related Utilization	119/1,135 (10.5%)	50th-74th	3.00
UTILIZATION TOTAL POINTS			3.00

Summary of Performance	Possible PMPM	Measure Rate	Points	PMPM	Member Months	Total Payout
HEDIS	\$0.27	18.25	18.25/20 (91.3%)	\$0.24	13,620	\$3,268.80
Quality Metrics	\$0.11	22.00	22.00/25 (88.0%)	\$0.09	13,620	\$1,225.80
HPV	\$0.08	4.00	4.00/5 (80.0%)	\$0.06	13,620	\$817.20
Low-Acuity Claim Utilization	\$0.08	3.00	3.00/5 (60.0%)	\$0.05	13,620	\$681.00
Program Calculated Payout Amount	\$0.53			\$0.45	13,620	\$5,992.80

*Report based on claims incurred 10/1/2015 through 9/30/2016

Provider Appeal of Points Determination

- If a provider wishes to appeal his or her points on any or all incentive components, this appeal must be in writing
- The written appeal must be addressed to the AmeriHealth Caritas DC Dental Director and specify the basis for the appeal
- The appeal must be submitted within 60 days of receiving the Dental Scorecard from AmeriHealth Caritas DC
- The appeal will be forwarded to the AmeriHealth Caritas DC Dental Scorecard Review Committee for review and determination
- If the AmeriHealth Caritas DC Dental Scorecard Review Committee determines that a point correction is warranted, an adjustment will be made following committee approval

Important Notes and Conditions

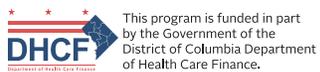
- PMPM payments for District HEDIS measures, quality metrics, HPV vaccination rates, low-acuity ER rates, and preferred office will remain static for a twelve-month period
- The AmeriHealth Caritas DC PerformPlus program, including but not limited to the quality performance measures included in the program, is subject to change at any time at AmeriHealth Caritas DC's discretion, upon written notice. AmeriHealth Caritas DC will continuously improve and enhance its quality management and quality assessment systems. As a result, new quality variables may periodically be added, criteria for existing quality variables may be modified, and modifications to the program may be made. AmeriHealth Caritas DC reserves the right to terminate the program at any time, upon notice.
- For computational and administrative ease, no retroactive adjustments will be made to incentive payments. All PMPM payments will be paid according to the enroleeship known at the end of each twelve-month contract period.



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