



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers

Date: December 15, 2023

Subject: Updates to Value-Based Compensation Program for Providers who Furnish Health Services to AmeriHealth Caritas DC Enrollees

Dear Provider:

AmeriHealth Caritas District of Columbia (DC) is updating its value-based compensation program for providers who furnish health services to AmeriHealth Caritas DC enrollees. Please see the updates for our 2024 program listed below:

- There is a new measure, **glycemic status assessment for patients with diabetes <8%**.
 - **Measurement description:** The percentage of enrollees ages 18 – 75 with diabetes (Type 1 and Type 2) whose most recent glycemic status (HbA1c or GMI) was less than 8% during the measurement year.
 - This measure will replace: **Hemoglobin A1c control for patients with diabetes (HBD)**.
- The hospital utilization measures (low-acuity non-emergent emergency department (ED) visits, potentially preventable initial admissions, and all-cause readmissions within 30 days) will be replaced with population-focused potentially preventable events. These are calculated using 3M's methodology and risk-adjusted at the enrollee level, based on disease conditions and severity. Practices achieving minimum performance targets will earn a percentage of the shared savings pool for that metric savings pool. The new measures are:
 - **Potentially preventable readmissions:** Hospital readmissions that are clinically related to the initial hospital admission of an enrollee.
 - **Potentially preventable admissions:** Hospitalizations could have been prevented with consistent, coordinated care and patient adherence to treatment and self-care protocols.
 - **Potentially preventable emergency room visits:** Emergency room visits caused by a lack of adequate access to care or ambulatory care coordination.

PerformPlus™ Total Cost of Care: Primary Care Physician (PCP)

AmeriHealth Caritas DC developed an incentive for practices who care for our enrollees facing socioeconomic disparities. Utilizing race, ethnicity, and language and social determinants of health data, this component of the program recognizes providers who are caring for these enrollees. For this component, enrollees are grouped into social risk groups (SRG). Each enrollee is then assigned a risk weight based upon utilization of services determined for their SRG. For example: a risk score of 3 indicates those enrollees utilize services at three times the network average. A weighted average social risk score will then be calculated for each of the practices using their attributed enrollees' enrollment and risk weight. Practices with a higher weighted average social risk score will receive a higher incentive for their panel of enrollees.

PerformPlus™ True Care Behavioral Health Program

For the 2024 measurement year, AmeriHealth Caritas DC will be evaluating practices on 3M's: potentially preventable events. By comparing the actual medical and pharmacy cost to the 3M expected cost, AmeriHealth Caritas DC calculates the actual versus expected cost ratio. A practice's panel whose actual medical cost is exactly equal to the expected medical cost 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.

The measure, **kidney health evaluation for patients with diabetes**, is moving from a per gap closure to a rate based on the practices percentage.

In addition, the following measures will be incentivized based on closing the gap in care for our enrollees who have presented to the ED or hospital for mental illness:

- **Follow-up after ED visit for mental illness — 7 days.** A \$50 incentive will be paid for completion of a follow-up visit for mental illness with a qualified mental health provider within seven days of an ED visit for enrollees ages 6 and older with a principal diagnosis of mental illness.
- **Follow-up after ED visit for mental illness — 30 days.*** A \$25 incentive will be paid for completion of a follow-up visit for mental illness with a qualified mental health provider provided between eight and 30 days of an ED visit for enrollees ages 6 and older with a principal diagnosis of mental illness.
- **Follow-up after hospitalization for mental illness — 7 days.** A \$50 incentive will be paid for each completion of a follow-up visit for mental illness with a qualified mental health provider within seven days after discharge for enrollees ages 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses.
- **Follow-up after hospitalization for mental illness — 30 days*.** A \$25 incentive will be paid for each completion of a follow-up visit for mental illness with a qualified mental health provider between eight and 30 days after discharge for enrollees ages 6 and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses.

*Please note for the 30-day incentives that the qualifying follow-up visit must be provided between eight and 30 days of the ED/hospital discharge. Those who complete a visit within seven days are not eligible for both the seven- and 30-day incentive.

Thank you for the care you provide to our enrollees and your patients. If you have questions about this communication, please contact your Provider Account Executive or Provider Services at 202-408-2237.

Sincerely,

AmeriHealth Caritas DC