



PerformPlus™ Dental Value-Based Compensation Program

Improving quality care and health outcomes

2024

www.amerihealthcaritasdc.com


AmeriHealth Caritas[™]
District of Columbia

Table of Contents

Welcome letter.....	3
Introduction.....	4
Program Overview.....	4
Dental and Medical Integration	5
Performance Components	6
1. District HEDIS Measures.....	6
2. Quality Metrics.....	9
3. HEDIS HPV Vaccination Rates.....	11
4. Low-Acuity ER Rates.....	12
5. Caries Risk Assessment.....	12
Universal Caries Risk Assessment Form.....	13
Sample Provider Report Card.....	14
Provider Appeal of Points Determination	16

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



Nathan Fletcher, DDS
Dental Director
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 PerformPlus program shall comply with all applicable state and federal laws and Plan retains the right to modify the value-based program as necessary in order to achieve and maintain such compliance. The sum of the incentive payments for the program may not exceed 33% of the total compensation for medical and administrative services. Only capitation and fee-for-service payments are considered part of the total compensation for medical and administrative services.

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.



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

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.



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
5. Caries risk assessment performance

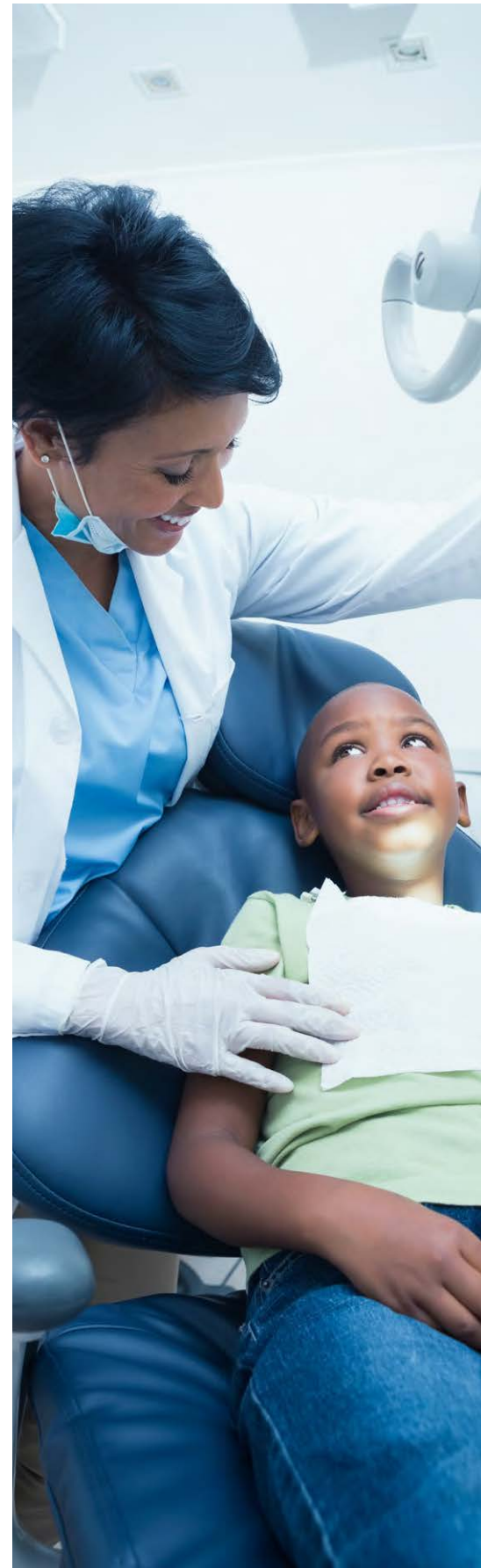
As additional meaningful measures are developed and existing measures are improved, the program quality indicators will be refined. AmeriHealth Caritas DC reserves the right to make changes to this program at any time and shall provide written notification of any changes.

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>Oral Evaluation, Dental Services (OED)</p>	<p>Measure description: The percentage of enrollees under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.</p> <p>Eligible enrollees: Enrollees under 21 years as of December 31 of the measurement year.</p> <p>Continuous enrollment: July 1 - December 31 of the measurement year.</p> <p>Allowable gap: No gaps in enrollment during the continuous enrollment period.</p>
<p>Topical Fluoride for Children (TFC)</p>	<p>Measure description: The percentage of enrollees 1 - 4 years of age who received at least two fluoride varnish applications during the measurement year.</p> <p>Eligible enrollees: Enrollees ages 1 to 4 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>Eye Exams for Patients with Diabetes (EED)</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>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>Glycemic Status Assessment for Patients with Diabetes (GSD) (<8%)</p>	<p>Measure description: The percentage of enrollees 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: Glycemic Status <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>

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.

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

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 for AmeriHealth Caritas DC enrollees.

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.
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.
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.

5. Caries Risk Assessment Incentive

The Department of Health Care Finance (DHCF) of the District of Columbia lists the Caries Risk Assessment (CRA) CDT Codes Do601, Do602, and Do603 as covered benefits indicating Low, Moderate, and High Risks respectively. AmeriHealth Caritas DC has decided to reimburse providers \$5 per occurrence for these benefits to encourage the providers of the dental network to include this in their daily workflows in treating AmeriHealth Caritas DC Medicaid enrollees.

Incorporating the Caries Risk Assessment into the routine treatment protocols will assist AmeriHealth Caritas DC in assessing the dental disease state for the Medicaid enrollee population it serves and any improvements on individual enrollees while also benefiting the providers. Further, the PerformPlus incentive program also incorporates an additional provider benefit for performing the Caries Risk Assessment on enrollees during their Comprehensive and Periodic Oral Examinations.

We appreciate the cooperation of the dental provider network on behalf of the enrollees we mutually serve and look forward to active participation in using the attached Universal CRA Form to accomplish our goals to improve the oral health of the District of Columbia.

Universal Caries Risk Assessment Form *(ALL AGES)*

Patient's First Name:		Patient's Last Name:		Date of Birth:
Provider Name:				Date of Assessment:
		Low Risk <i>(0 Points)</i>	Moderate Risk <i>(1 Point)</i>	High Risk <i>(2 Points)</i>
Contributing Conditions		Check all conditions that apply		
1.	Fluoride Exposure (drinking water, supplements, professional applications, toothpaste)	<input type="radio"/> Yes	<input type="radio"/> No	
2.	Sugary Foods or Drinks (juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<input type="radio"/> At mealtimes		<input type="radio"/> Frequent or prolonged exposure
3.	Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 0 -14 only)	<input type="radio"/> No carious lesions in last 24 months	<input type="radio"/> Carious lesions in last 7-23 months	<input type="radio"/> Carious lesions in last 6 months
4.	Dental Home (established patient of record, receiving regular dental care in a dental office)	<input type="radio"/> Yes	<input type="radio"/> No	
General Health Conditions		Check all conditions that apply		
1.	Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input type="radio"/> No	<input type="radio"/> Yes (> 14 years)	<input type="radio"/> Yes (ages 0-14)
2.	Chemo/Radiation Therapy (patients >6 years old only)	<input type="radio"/> No		<input type="radio"/> Yes
3.	Eating Disorders (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
4.	Medications that Reduce Salivary Flow (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
5.	Drug/Alcohol (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
Clinical Conditions		Check all conditions that apply		
1.	Visual or Radiographically Evident Restorations/ Cavitated or Non-cavitated (incipient) Carious Lesions	<input type="radio"/> No (No carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (1-2 carious lesions or restorations in last 24 months)	<input type="radio"/> Yes (≥3 carious lesions or restorations in last 24 months) <i>(4 POINTS)</i>
2.	Teeth Missing Due to Caries	<input type="radio"/> No		<input type="radio"/> Yes
3.	Visible Plaque	<input type="radio"/> No	<input type="radio"/> Yes	
4.	Dental/Orthodontic Appliances Present (fixed or removable)	<input type="radio"/> No	<input type="radio"/> Yes	
5.	Salivary Flow	<input type="radio"/> Visually Adequate	<input type="radio"/> Visually Inadequate (< 6 y/o)	<input type="radio"/> Yes (Severe dry mouth >6 y/o)
6.	Exposed Root Surfaces Present (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
7.	Restorations with Overhangs and/or Open Margins; Open contacts with Food Impaction (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
8.	Unusual Tooth Morphology that compromises oral hygiene (patients >6 years old only)	<input type="radio"/> No	<input type="radio"/> Yes	
Overall Caries Risk		<input type="checkbox"/> LOW <i>(0-1 Points)</i>	<input type="checkbox"/> MODERATE <i>(2-4 Points)</i>	<input type="checkbox"/> HIGH <i>(5+ Points)</i>
CDT Codes		D0601	D0602	D0603



Perform Plus Dental Value-Based Compensation Program

1 Payment Period: May 2025

2 Reporting Period: January 2024 through December 2024

Entity Name: ABC Dental INC

Panel Count: 1,562

3 Tax ID: 123456789

Member Months: 9,268

4

Quality Metrics	5 Rate	6 Percentile Ranking	7 Percentile Category	8 Points
Sealants: Ages 6-9	18.37% (18/98)	93.33%	90th +	5
Sealants: Ages 10-14	34.38% (44/128)	96.77%	90th +	5
Preventative Services	25.99% (406/1562)	98.28%	90th +	5
Utilization of Services	27.59% (431/1562)	96.61%	90th +	5

HEDIS HPV Vaccination	Rate	Percentile Ranking	Percentile Category	Points
Human Papilloma Virus Vaccine	70.00% (7/10)	94.12%	90th +	5

4

Low-Acuity ER	Rate	Percentile Ranking	Percentile Category	Points
ER Related Utilization	3.78% (59/1562)	95.08%	90th +	5

District HEDIS Measures	Rate	Percentile Ranking	Percentile Category	Points
Eye Exams for Patients with Diabetes	38.64% (17/44)	40.74%	25th-49th	2
Glycemic Status Assessment (<8%)	54.55% (24/44)	70.37%	50th-74th	2
Oral Evaluation, Dental Services (OED)	88.64% (39/44)	75.93%	75th-89th	4
Topical Fluoride for Children (TFC)	84.34% (345/409)	95.08%	90th+	5

4

Caries Risk Assessment Incentive	Rate	Percentile Ranking	Percentile Category	Payment
	25.99% (406/1562)	98.28%	90th +	\$2,030.00

Incentive Calculations	Earned Points/Potential Points	Earned PMPM/Potential PMPM
Quality Metrics	20 / 20	\$0.11 / \$0.11
HEDIS HPV Vaccination	5 / 5	\$0. / \$0.
Low-Acuity ER	5 / 5	\$0. / \$0.
District HEDIS Measures	2 / 2	\$0.1 / \$0.

Incentive Summary	Earned Incentive/Potential Incentive
Quality Metrics	\$1,019.48 / \$1,019.48
HEDIS HPV Vaccination	\$741.44 / \$741.44
Low-Acuity ER	\$741.44 / \$741.44
District HEDIS Measures	\$1,575.56 / \$2,456.02
Caries Risk Assesment	\$2,030.00 / \$7,810.00
Total Earned/Potential Incentive:	\$6,107.92 / \$12,768.38

Incentive Calculations	Earned Points/Potential Points	Earned PMPM/Potential PMPM
Quality Metrics	20 / 20	\$0.11 / \$0.11
HEDIS HPV Vaccination	5 / 5	\$0. / \$0.
Low-Acuity ER	5 / 5	\$0. / \$0.
District HEDIS Measures	2 / 2	\$0.1 / \$0.

Incentive Summary	Earned Incentive/Potential Incentive
Quality Metrics	\$1,019.48 / \$1,019.48
HEDIS HPV Vaccination	\$741.44 / \$741.44
Low-Acuity ER	\$741.44 / \$741.44
District HEDIS Measures	\$1,575.56 / \$2,456.02
Caries Risk Assesment	\$2,030.00 / \$7,810.00
Total Earned/Potential Incentive:	\$6,107.92 / \$12,768.38



UNDERSTANDING YOUR VALUE BASED SCORE CARD

1 - PAYMENT PERIOD

This date represents the payment period for the reporting period of the program.

2 – REPORTING PERIOD

This time frame represents the current incentive bonus payment cycle, which represents the claim dates-of-service used to determine your practice ranking in the program.

3 - PRACTICE INFORMATION

This is basic information about your practice; including your practice name, your Tax ID and/or Group ID number. It also includes the number of members and their respective months of enrollment within your group as of the last date of the reporting period.

4 – PROGRAM COMPONENTS

These five components are the areas upon which your practice is being measured for incentive bonus payment. Quality Metrics, HEDIS HPV Vaccination, Low-Acuity ER and the District HEDIS Measures & Caries Risk Assessment are broken out per metric, and have corresponding performance details.

5 – PERFORMANCE RATE

This provides the practice’s performance rate per metric within each program component. The rate percentage is calculated by taking the numerator (count of successful services rendered) and dividing it by the denominator (total amount of eligible services within the reporting period).

6 – PERCENTILE RANKING

This provides the percentile ranking upon which your practice has performed when compared to all of the other practices within your market. For example, if there are 65 entities within your particular market, the performance for a particular metric will be compared to all of the other entities within the market, and a “rank” is determined from highest to lowest based upon the entire network within the market.

7 & 8– PERCENTILE CATEGORY / POINTS

Based upon your practice’s percentile ranking, a category is then assigned to one of six percentile groups, each with a corresponding amount of points that can be earned (see table below taken from the Program Manual).

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

9 & 10– INCENTIVE CALCUATIONS / INCENTIVE SUMMARY

This includes the comparison of the practice’s actual earned points based on performance and the maximum potential points available. This produces a performance percentage that determines the group’s actual earned Per Member Per Month (PMPM) rate based on performance in comparison to the potential PMPM based on the maximum amount per each program component. Each program component is then broken out based on Earned Incentive/Potential Incentive, and a Total Earned/Potential Incentive is provided.

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 enrolleeship known at the end of each twelve-month contract period.



ACDC-221763209-1

All images are used under license for illustrative purposes only. Any individual depicted is a model.

www.amerihealthcaritasdc.com



This program is funded in part by the Government of the District of Columbia Department of Health Care Finance.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR