



PerformPlus™ True Care: Perinatal Program

Improving quality care and health outcomes

January 2024


AmeriHealth Caritas[™]
District of Columbia

Dear Obstetrics Provider:

AmeriHealth Caritas District of Columbia (DC) is pleased to announce the Perinatal Value Based Program (PVBP). The PVBP is a unique reimbursement system developed for participating obstetric, midwife, and family practice providers to deliver quality, cost-effective, and timely care to our pregnant enrollees.

The program provides an opportunity for providers of obstetric care to receive incentive payments based upon their performance on the following maternity and perinatal quality measures:

1. Prenatal and postpartum care:

- Timeliness of prenatal care
- Postpartum care
- Dental screening
- Postpartum depression screening

2. Sexually transmitted infection (STI) screening:

- Chlamydia screening
- HIV screening

For the 2024 year, the first cycle will pay in March and the second cycle will pay in September.

AmeriHealth Caritas DC is excited about our incentive program and will actively work with your practice to recognize your efforts to deliver healthy babies. Thank you for your continued participation in our network and your commitment to our enrollees. We look forward to working with you to improve perinatal outcomes in the District.

If you have any questions, please contact your Provider Network Management Account Executive.

Sincerely,



Jerome Schorr, MHSA, CPHQ
Director, Quality Management



Bobbie J. Monagan
Director, Provider Network Management

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Introduction

The PVBP is a unique reimbursement system developed by AmeriHealth Caritas DC for participating obstetric, midwife, and family practice providers who provide obstetric care.

The PVBP is intended to be a fair and open system that provides incentives for high-quality and cost-effective care and submission of accurate and complete health data.

The PVBP provides financial incentives over and above the provider group's base compensation for prenatal care service and postpartum care service. Incentive payments are not based on individual provider performance, but rather the performance of the overall practice in providing prenatal and postpartum care services in accordance with the quality metrics outlined in the PVBP.



The PVBP provides financial incentives over and above the provider group's base compensation for prenatal- and postpartum-care service.

Program Overview

Providers must have a minimum of 20 deliveries in the measurement period to be eligible for the quality performance incentive. The incentives will be paid out semiannually, based on deliveries occurring during the measurement period with the focus of treating the delivery during the measurement period.

Quality performance is the determinant of the additional compensation. The incentive payment is based on a practice's performance on the quality measures for women who have delivered. These measures are based on services rendered during the reporting period and require accurate and complete encounter and clinical reporting. Practices that have alternate incentive arrangements or risk-sharing arrangements with AmeriHealth Caritas DC are not eligible for participation in the PVBP.



Providers must have a minimum of 20 deliveries in the measurement period to be eligible for the quality performance incentive.

Quality Performance

The quality performance measures were selected based on national and District areas of focus and predicated on AmeriHealth Caritas DC's preventive health guidelines and other established clinical guidelines.

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

The quality performance incentive payment is based on your peer percentile ranking of the deliveries meeting the selected quality measures during the measurement period. Practice scores are calculated as the ratio of attributed enrollees who received the above quality services, as evidenced by claim or encounter information (numerator), to those enrollees receiving obstetrical care who were eligible to receive these services (denominator) for each of the quality measures listed above. The incentive payments are distributed semi-annually.

The Quality Performance Incentive pool is distributed across the quality performance measures as follows:

- Timeliness of prenatal care- 35%
- Postpartum care- 35%
- Dental screening- 15%
- STI testing- 15%
 - Chlamydia screening
 - HIV screening

Results will be calculated for each of the above quality performance measures for each practice. Overall practice scores will be calculated as the ratio of enrollees who received the above services as evidenced by claim and/or encounter information (numerator) to those enrollees receiving obstetrical care who were eligible to receive these services (denominator).

PVBP is designed to reward higher performance by practices that meet financial and quality benchmarks by reducing unnecessary costs and delivering quality health care for our enrollees. The quality measures represent a comprehensive patient quality model covering availability of care, use of services, and preventive screenings. To be eligible for participation in this program, a provider must have a minimum number of live-birth deliveries in each measurement period.



The submission of accurate and complete claims is critical to ensure your practice receives the correct calculation, based on the services performed on AmeriHealth Caritas DC enrollees.

Quality Performance (continued)

1. Prenatal and postpartum care	
<p>Prenatal care</p>	<p>Eligible enrollees: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period. Anchor date: Date of delivery.</p> <p>Measure description: The percentage of live birth deliveries that received a prenatal care visit as an enrollee of the organization in the first trimester, on the enrollment start date or within 42 days of enrollment in the plan.</p>
<p>Postpartum care</p>	<p>Eligible enrollees: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p> <p>Measure description: The percentage of women with live birth deliveries that had a postpartum visit on or between 21 and 56 days after delivery.</p>
<p>Dental care</p>	<p>Eligible enrollees: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p> <p>Measure description: The percentage of women with live birth deliveries who had at least one dental visit prior to delivery.</p>

Quality Performance (continued)

2. STI screening	
Chlamydia screening	<p>Eligible enrollees: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p> <p>Measurement description: The percentage of women with live birth deliveries that received at least one test for chlamydia prior to delivery.</p>
HIV screening	<p>Eligible enrollees: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 56 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p> <p>Measure description: The percentage of women with live birth deliveries that received at least one test for HIV prior to delivery.</p>

*Both screenings are required and combined for the rate.

FOR REPORTING ONLY:	
Cesarean Rate for Low-Risk First Birth Women	<p>Measure description: Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section (C-section) during the measurement period. A lower rate indicates a better performance.</p> <p>Eligible enrollees: Women with no previous pregnancies who have evidence of a singleton birth in the measurement period. Baby must be in vertex presentation (cephalic) at time of birth. Enrollee must be Medicaid eligible for the month of delivery, gestational age >_ 37 weeks.</p>

Reconsideration of Ranking Determination

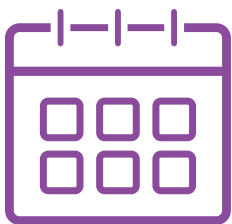
- Providers desiring a reconsideration of their performance must submit a written request.
- The written reconsideration request must be addressed to AmeriHealth Caritas DC's Market Chief Medical Officer and specify the basis for the reconsideration.
- The reconsideration request must be submitted within 60 days of receiving a performance report card from AmeriHealth Caritas DC.
- The reconsideration request will be forwarded to AmeriHealth Caritas DC's PVBP Review Committee for review and determination.
- If the PVBP Review Committee determines that a correction is warranted, an adjustment will appear on the next payment cycle following committee approval.



The reconsideration request must be submitted within 60 days of receiving a performance report card from AmeriHealth Caritas DC.

Important Notes and Conditions

1. The PVBP may be further revised, enhanced, or discontinued. AmeriHealth Caritas DC reserves the right to modify the program at any time and will provide written notification of any changes.
2. The quality performance measures are subject to change at any time upon written notification. AmeriHealth Caritas DC will continuously improve and enhance its quality management and quality assessment systems. As a result, new quality variables will periodically be added, and criteria for existing quality variables will be modified.
3. Every six months, AmeriHealth Caritas DC will recalculate the rankings of all eligible practices. Incentive payments for the next six-month period will be based on the retabulated rankings. Prior to every new six-month payment cycle, AmeriHealth Caritas DC will send all eligible practices notification of their rankings.



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