

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 care model that helps improve health outcomes for individuals and families covered by Medicaid, Medicare, and the Children's Health Insurance Program (CHIP). AmeriHealth Caritas has more than 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 (SDOH), 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, dental providers, 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

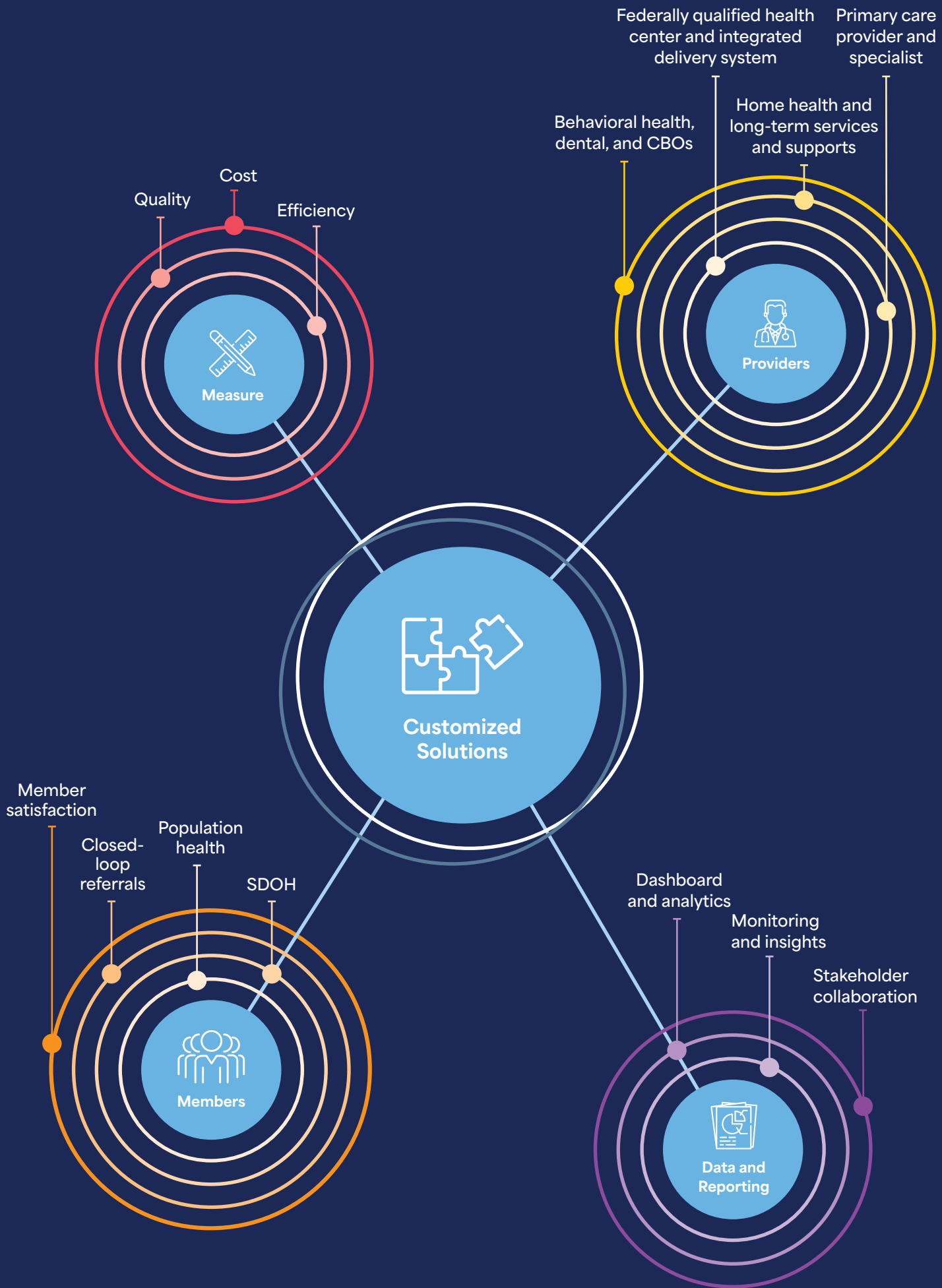
PerformPlus delivers on AmeriHealth Caritas' strategic goal to increase access to and use of actionable data through our interactive web-based dashboards available on a secure portal. These dashboards are available for most PerformPlus programs and provide participants with a greater range of facility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

The PerformPlus True Care and Total Cost of Care programs are 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 providing high-quality and cost-effective care, member services and convenience, and accurate data reporting.

Our True Care and Total Cost of Care models are built on the idea that receiving the right care at the right time in the right setting can improve health outcomes. Our True Care programs use a foundational alternative payment model and an easy introduction in the evolution toward pay-for-performance reimbursement structures. The Total Cost of Care program builds on True Care by including an efficient use of services component.

True Care for Primary Care Providers program



Preventive care has been shown to reduce the prevalence of disease and to help people live longer, healthier lives. Founded on this principle, our True Care for Primary Care Providers (PCPs) program is specifically designed to support primary care practices that proactively engage our members in preventive health habits and provide quality, preventive services.

True Care for PCPs 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 2024, AmeriHealth Caritas launched the True Care for Therapy Providers program, which provides performance-based compensation opportunities to physical, occupational, and speech therapy providers. The program was designed to improve health outcomes and promote access to care by rewarding therapy providers for their positive impacts on primary care utilization.

Dental Value-Based Compensation program



The coordination of dental and medical care is essential to improving health outcomes for our members. Our Dental Value-Based Compensation program acknowledges that oral health is imperative to meeting overall health goals and offers rewards to primary dental providers who meet national standards of care. To support our continuing efforts to increase the number of children receiving preventive oral health services, we also offer pediatric-focused programs.

A primary dental provider's success in the program depends on the interprofessional integration and coordination of services for each member. Accordingly, the Dental Value-Based Compensation program includes both dental and medical measures.

During dental visits, primary dental providers are encouraged to remind members of the importance of following up with their medical providers for conditions such as asthma, high blood pressure, and diabetes. This can increase patient awareness of and provider attention to our approach to whole-person care. Compensation for primary dental providers is in accordance with how their medical and dental health metrics rank relative to their peers.

“As a dentist, our primary concern is the oral health of our patients. [This] program is a great way of honoring dentists that prioritize preventive dental care in their chairs. It has been a pleasure to be recognized through this program throughout the years.”

Dr. Rahim Sharmin
Sharmin Dental Clinic, PC
General Dentistry

True Care for Maternity Care Providers program



Founded on the knowledge that timely maternity care can reduce complications in pregnancy, delivery, and early infancy, our True Care for Maternity Care Providers program 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.

True Care for Maternity Care Providers 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 prenatal and postnatal 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

The True Care for Maternity Providers program can be enhanced to include a risk-adjusted shared savings pool that rewards participating OB/GYN practices for demonstrating efficient use of services. The Efficient Use of Services component compares the practice's total episode cost to their risk-adjusted episode cost for pregnancy and delivery episodes.

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 Community Partners Shared Savings 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



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, including those serving the pediatric population, as well as FQHCs, are eligible to participate.

Our Community Partners Shared Savings 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.

Recognitions

In 2024, AmeriHealth Caritas was awarded an honorable mention for Excellence in EMS Integration by the Academy of International Mobile Healthcare Integration for our Treatment-in-Place Shared Savings program. The Treatment-in-Place program is designed for ambulance service providers who positively impact patient outcomes during treat-in-place encounters. The program uses cost savings resulting from these encounters to reward quality benchmark performance.

Episodic and Bundled Payment programs



Our Episodic and Bundled Payment programs are designed to promote standardized 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.

Episodic 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 care model, 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 (SUD) 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 care model, 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.

True Care for Behavioral Health Providers program



True Care for Behavioral Health Providers 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 program



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 program



The New Beginnings for Substance Use Disorder and Recovery Treatment program rewards providers who deliver efficient, whole-person care for members seeking treatment and recovery for alcohol and substance use disorders. 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.

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 Virtual ACO 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 program

The Open Arms for Home Health Services program was created to meet the needs of practices caring for members in home-health settings. This program can help improve patient health, reduce unnecessary cost, and promote care accountability, with the goal of rewarding practices that help our members live healthy, independent lives within their preferred homes and communities. Providers participating in the Open Arms for Home Health Services program are eligible to receive incentive payments for exceeding benchmark performance on quality and efficiency measures and for delivering self-directed care support.

Open Arms for Skilled Nursing Facilities program

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. The program is designed to increase the availability and accountability of continuous care to improve health outcomes and reduce readmissions. Nursing facilities are rewarded for supporting individual care and dignity through high performance on CMS's Minimum Data Set (MDS) assessment, and for addressing social determinants of health needs.

Open Arms for Personal Assistance Services program

The Open Arms for Personal Assistance Services program rewards high-performing providers who meet and exceed performance and utilization benchmarks compared to their peers. The performance component of the program represents a unique Personal Assistance Services provider-focused quality model covering availability of and accountability for care via electronic visit verification and percentage of shifts missed due to staffing unavailability, timeliness of engagement, and overall compliance with national standards set by CMS.

Open Arms for Employment Services program

The Open Arms for Employment Services program is designed to reduce social determinants of health needs related to unemployment by partnering with employment waiver services providers. The program rewards the delivery of appropriate resources, including coaching and education, that lead to gainful and long-lasting employment for members. Incentive payments are offered to employment providers who make timely referrals and who successfully engage members in ongoing follow-up to support the retention of employment at one month, three months, and six months post-employment.



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:

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