

PerformPlus® True Care for Controlling High Blood Pressure Incentive Program

October 2026 – December 2026

AmeriHealth Caritas® Ohio

www.amerihealthcaritasoh.com

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AmeriHealth Caritas Ohio

5525 Parkcenter Circle, Suite 100
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Dear Primary Care Provider:

AmeriHealth Caritas Ohio is pleased to invite your practice group to participate in the PerformPlus True Care for Controlling High Blood Pressure Incentive Program for Primary Care Physicians. Your commitment to providing high-quality care plays an important role in improving health outcomes for our members, and we sincerely appreciate the care and support you provide every day.

This program is designed to recognize and reward practice groups for their efforts to improve performance on the Controlling Blood Pressure (CBP) measure for AmeriHealth Caritas Ohio members. Through this initiative, we look forward to working alongside your team to support blood pressure control, timely follow-up, accurate data submission, and improved outcomes for the members you serve.

Thank you again for your dedication to our members and for your participation in our provider network. We value your partnership and look forward to working together in support of quality care and improved blood pressure in 2026.

If you have any questions, please contact your assigned Provider Services Account Executive or email **ohioproviderservices@amerihealthcaritasoh.com** for assistance.

Sincerely,

Kim Spath
Director, Provider Network Management

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Introduction

AmeriHealth Caritas Ohio offers the PerformPlus True Care for Controlling High Blood Pressure Incentive Program for Primary Care Physicians to in-network practice groups with assigned AmeriHealth Caritas Ohio members included in the Controlling Blood Pressure (CBP) measure population.

This program is an enhanced compensation model for in-network practice groups serving AmeriHealth Caritas Ohio members who are eligible for the CBP measure.

Through this program, eligible practice groups may earn financial incentives in addition to their base compensation for services provided to assigned AmeriHealth Caritas Ohio members. Incentive payments are based on practice performance — not individual provider performance — on the CBP measure, as calculated according to HEDIS specifications and the methodology outlined in this manual.

This program is designed to support timely care gap closure, accurate and complete health data submission, and improved blood pressure control outcomes through a clearly defined and uniformly administered structure.

AmeriHealth Caritas Ohio may revise this manual from time to time to reflect operational or programmatic improvements. The plan reserves the right to modify the program at any time and will provide written notification of any changes.

Program overview

The PerformPlus True Care for Controlling High Blood Pressure Incentive Program focuses on supporting timely closure of open CBP care gaps before year-end. The program encourages in-network primary care practices to review assigned AmeriHealth Caritas Ohio members with open CBP gaps, confirm each member's most recent blood pressure reading in the chart, complete follow-up when no 2026 reading is documented or when the most recent reading is 140/90 mm Hg or higher, and submit accurate documentation to support gap closure.

Incentives are available for open CBP care gaps that are successfully closed during the fourth quarter for assigned AmeriHealth Caritas Ohio members included in the CBP measure population. To earn incentive payment, gap closures must occur during the fourth quarter and be supported by accepted documentation or data submission in accordance with HEDIS specifications and the methodology outlined in this manual.

This initiative is intended to reinforce timely outreach, appropriate clinical follow-up, and complete documentation for members with hypertension, while supporting AmeriHealth Caritas Ohio's broader quality performance goals.

1. CBP measure description

The HEDIS measure specification is provided in Table 1.

Table 1

Measure	Measure description/ rate calculation	Eligible members	Continuous enrollment	Allowable gap
Controlling Blood Pressure	Percentage of members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90) during the measurement period.	Members 18 – 85 years of age who had a diagnosis of hypertension (HTN).	The measurement period of January 1 – December 31.	No more than one gap in enrollment of up to 45 days during the measurement period. No gaps on the last day of the measurement period.

2. Program specifications

The goal of the PerformPlus True Care for Controlling High Blood Pressure Incentive Program is to increase the percentage of AmeriHealth Caritas Ohio members with hypertension who complete a blood pressure screening and achieve a compliant blood pressure reading of less than 140/90 mm Hg. The program is intended to support improvement toward meeting or exceeding the 66.67th percentile benchmark outlined in Table 2.

Table 2

Diabetic care measure	Measure acronym	66.67th percentile rate
Controlling Blood Pressure	CBP	72.50

Program requirements

To be included in the PerformPlus True Care Controlling High Blood Pressure Incentive Program, a practice group must:

- Be an AmeriHealth Caritas Ohio in-network practice group.
- Have assigned AmeriHealth Caritas Ohio members included in the Controlling Blood Pressure (CBP) measure population.

Incentive payment methodology

- Quality measure performance and incentive payments are calculated separately for each tax identification number (TIN) associated with a practice group.
- Each TIN associated with a practice group that has assigned AmeriHealth Caritas Ohio members with open CBP care gaps may earn incentive payments for CBP care gaps successfully closed during the fourth quarter of 2026, provided the closure is supported by an accurate and complete claim, corrected claim, NaviNet entry, or supplemental data submission.
- For each open CBP care gap successfully closed during the fourth quarter of 2026, the TIN will earn an incentive payment of $50.

Eligible AmeriHealth Caritas Ohio members

To be eligible for incentive consideration, an AmeriHealth Caritas Ohio member must:

- Be assigned to the practice group.
- Meet HEDIS CBP measure population specifications.
- Complete a blood pressure screening during the 2026 measurement period, which runs from January 1, 2026, through December 31, 2026.
- Remain enrolled with AmeriHealth Caritas Ohio through the end of the calendar year 2026.

Successful gap closure

Successful CBP gap closure requires an accurate and complete claim, corrected claim, NaviNet entry or supplemental data submission in accordance with HEDIS CBP measure specifications.

CBP compliance is based on the last reported blood pressure reading during the measurement year. To be considered compliant, the member's most recent reported blood pressure reading must be less than 140/90 mm Hg.

Incentive payments are earned only when an open CBP care gap is successfully closed during the fourth quarter of 2026 through an accurate and complete claim, corrected claim, NaviNet entry, or supplemental data submission. If the gap is not successfully closed during the fourth quarter of 2026, no incentive payment will be earned for that gap.

If applicable encounters related to the CBP measure are not submitted, or if submissions are incomplete or inaccurate, the practice group's compliance rate may be negatively affected, and the related CBP care gap may remain open.

If an AmeriHealth Caritas Ohio member meets exclusion criteria for the CBP measure, supporting documentation should be submitted to ensure accurate exclusion from the eligible population. Failure to submit exclusion documentation may result in the member remaining in the denominator and may adversely affect performance rates.

For recommended steps to support successful CBP gap closure, refer to the **Recommended practice group actions** section.

Submission deadlines

Fourth quarter submissions will be accepted if received by the applicable supplemental data or claims submission deadline.

- Supplemental data must be submitted by January 15, 2027.
- Claims must be submitted by February 26, 2027.

Recommended practice group actions

Practice groups are encouraged to take the following actions to support successful CBP gap closure:

- Identify assigned AmeriHealth Caritas Ohio members who have open CBP care gaps using your personalized gap report available on NaviNet, the Value Based Program Monthly Scorecard under the member adherence summary tab, or by contacting your Provider Service Account Executive or emailing **ohioproviderservices@amerihealthcaritasoh.com**.
- If the member's most recent blood pressure reading was collected during the 2026 measurement period and is less than 140/90 mm Hg, submit the reading through a claim, NaviNet, or supplemental data submission. If a claim was already submitted for the encounter without the applicable blood pressure reading codes, submit a corrected claim for that encounter.
  - For instructions on entering data in NaviNet to support CBP gap closure, refer to the Care Gaps Response Form: **https://www.amerihealthcaritasoh.com/content/dam/amerihealth-caritas/acoh/pdf/provider/resources/provider-care-gap-response-form.pdf.coredownload.inline.pdf.**
- If the member has not had a blood pressure reading during the 2026 measurement period, or if the most recent reading is 140/90 mm Hg or higher, schedule the member for a blood pressure screening to be completed on or before December 31, 2026.
- For CBP measure-eligible codes, refer to section 5, **HEDIS technical specification for CBP**.
- For supplemental data submission options, refer to section 3, **Supplemental data**.

3. Supplemental data

Supplemental data submissions may be used to support successful CBP care gap closure when the submitted data is accurate, complete, accepted by AmeriHealth Caritas Ohio, and received by the applicable submission deadline.

AmeriHealth Caritas Ohio can receive supplemental data submissions through these submission methods:

- EPIC Payer Platform
- Azara or Athena
- Aggregators — examples include Ellkay and Moxe
- Flat file submission

A supplemental data connection may be established though any of the following options. To begin the process, please contact your AmeriHealth Caritas Ohio Provider Services Account Executive.

- Epic:
  Practice groups live on the Epic Payer Platform may connect with AmeriHealth Caritas Ohio to enable data sharing with minimal operational burden.
- Azara or Athena:
  Practice groups that use Azara or Athena may establish a data sharing connection with AmeriHealth Caritas Ohio by completing a data sharing agreement.
- Aggregator:
  Aggregator solutions may be available to practice groups at no cost and are designed to support supplemental data sharing with minimal implementation time and resources.
- Flat file:
  AmeriHealth Caritas Ohio will work with practice groups to develop a flat file submission process for sharing supplemental data.

Note: Time frames to establish a supplemental data connection may vary based on the submission method, required agreements, technical setup, and practice group readiness. Because implementation timing may vary, a final supplemental data connection may not be available in time to support the Q4 2026 incentive period. Practice groups should work with their Provider Services Account Executive as early as possible to identify the most appropriate submission option.

4. Program support for CBP gap closure

The following strategies are intended to help practice groups use available reports, documentation pathways, and health plan resources to support accurate CBP gap closure and incentive program participation.

Practice workflow strategies

Practice groups may consider the following operational strategies to support CBP gap review and documentation:

- Use internal workflows, electronic health record (EHR) alerts, registry tools, or other practice-level processes to help identify assigned AmeriHealth Caritas Ohio members with open CBP care gaps.
- Review personalized gap reports regularly to identify members who may need updated blood pressure documentation, follow-up, or data submission to support CBP gap closure.
  - Your personalized gap report is available on **NaviNet (https://identity.navinet.net/Account/Login)**, in the Value Based Program Monthly Scorecard under the member adherence summary tab, or by contacting your Provider Service Account Executive or emailing **ohioproviderservices@amerihealthcaritasoh.com**.
- Review the medical record for the member's most recent blood pressure reading during the 2026 measurement period.
- Submit the member's most recent qualifying blood pressure reading through an accurate and complete claim, NaviNet entry, or supplemental data submission to support CBP gap closure. If a claim was previously submitted without the applicable blood pressure reading codes, submit a corrected claim for that encounter.
  - For instructions on entering data in NaviNet to support CBP gap closure, refer to: **https://www.amerihealthcaritasoh.com/content/dam/amerihealth-caritas/acoh/pdf/provider/resources/provider-care-gap-response-form.pdf.coredownload.inline.pdf**.
- Submit applicable exclusion criteria through claims, NaviNet, or supplemental data sharing to support accurate member eligibility and appropriate removal from the CBP measure, when applicable.

Member support resources

Practice groups may use available health plan and community resources to support members:

- Share health plan or community resources with assigned AmeriHealth Caritas Ohio members, as appropriate.
- Refer assigned AmeriHealth Caritas Ohio members to community resources that provide education and support when applicable.
- Refer assigned AmeriHealth Caritas Ohio members to the plan's Care Coordination team for additional support.
- Contact your Provider Services Account Executive for assistance identifying available plan resources that may support CBP gap closure activities.

Documentation tips

- Member-reported blood pressure readings documented in the medical record are acceptable when the reading is captured using a digital device. The medical record must include the blood pressure reading and the date the reading was taken.
- Blood pressure readings collected during telephone visits, e-visits, or virtual check-ins are acceptable when documented in accordance with HEDIS CBP measure specifications.
- When multiple blood pressure readings are recorded on the same date, the lowest systolic and lowest diastolic readings will be used to determine compliance.
- If no blood pressure reading is recorded during the measurement period, the member is "not controlled" for the CBP measure.

AmeriHealth Caritas Ohio resources

To support your success, AmeriHealth Caritas Ohio offers the following resources:

- Access to a personalized gap report on NaviNet, in the Value Based Program Monthly Scorecard under the member adherence summary tab, or by contacting your assigned Provider Service Account Executive or emailing **ohioproviderservices@amerihealthcaritasoh.com**.
- Practice support from Provider Services Account Executives.
- Targeted member outreach campaigns to support CBP gap closure, including reminders for members with open CBP care gaps to follow up with their provider.

5. HEDIS Technical Specification for CBP

Table 3

Controlling Blood Pressure (CBP)	Measure description: Members 18 – 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (< 140/90 mm Hg) during the measurement period. **Definitions:** • Adequate control: Both a representative systolic BP less than 140 mm Hg and a representative diastolic BP of less than 90 mm Hg. • Person with a diagnosis of hypertension: Members who have had at least two outpatient visits, telephone visits, e-visits, or virtual check-ins on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement period and June 30 of the measurement period.

Table 3	
Controlling Blood Pressure (CBP) *Continued*	**Documentation requirement:** • BP must be latest reading in the measurement year and must occur on or after the diagnosis of Hypertension (HTN). • BP readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the test or procedure, with the exception of a fasting blood test, are not used. • BP readings taken during an inpatient stay or ED visit are not used. • When multiple BP measurements occur on the same date, the lowest systolic and lowest diastolic BP reading will be used. • If no BP is recorded during the measurement period, the member is "not controlled." • Services provided during a telephone visit, e-visit, or virtual check-in are acceptable. • Member-reported data documented in medical record is acceptable if BP captured with a digital device and documented in the medical record with date BP taken. **Required exclusions:** Members who meet any of the following criteria are excluded from the measure: • In hospice or using hospice services at any time in the measurement period. • Deceased at any time in the measurement period. • Receiving palliative care any time in the measurement period • 66 – 80 years of age with frailty and advanced illness during the measurement period. • 81 years of age and older with frailty during the measurement period. • Evidence of ESRD or kidney transplant on or prior to 12/31 of the measurement period. Documentation must include a dated note indicating evidence of ESRD, kidney transplant, or dialysis. • Diagnosis of pregnancy during the measurement period. • A nonacute inpatient admission during the measurement period. **Common chart deficiencies:** • Retake of BP that is 140/90 or above not documented. • Member-reported BP is not documented with sufficient detail. • Claim missing CPT II codes for BP results. • BP rounded up before documented in medical record. • BP documented as a range. • No documentation of follow-up appointment scheduled if BP elevated. • Cardiology visits with no BP documented in the chart. • Flowsheets missing member name and second identifier such as date of birth.

Source: National Committee for Quality Assurance, HEDIS MY 2026, Volume 2: Technical Specifications for Health Plans — Controlling High Blood Pressure (CBP), pp. 99–107, Technical Update issued March 31, 2026.

Table 3	
Controlling Blood Pressure (CBP) *Continued*	**Coding:** • **Systolic and Diastolic Result**: – CPT CAT II – 3074F: Most Recent Systolic less than 130 – 3075F: Most Recent Systolic 130-139 – 3077F: Most Recent Systolic greater than or equal to 140 – 3078F: Most Recent Diastolic less than 80 – 3079F: Most Recent Diastolic 80-89 – 3080F: Most Recent Diastolic greater than or equal to 90 • **Hypertension Diagnosis:** – ICD-10-CM - I10 Note: LOINC and SNOMED codes can be captured through electronic data submissions. Please contact your AmeriHealth Caritas Ohio Provider Services Account Executive for more information.

6. Practice group performance earnings

Incentive payments are reviewed separately for each TIN associated with a practice group. A TIN may earn incentive payments for assigned AmeriHealth Caritas Ohio members in the CBP measure population when open CBP care gaps are successfully closed during the fourth quarter of 2026 and supported by an accurate and complete claim, corrected claim, NaviNet entry, or supplemental data submission.

The CBP compliance rate is calculated by dividing the number of assigned AmeriHealth Caritas Ohio members with a blood pressure reading below 140/90 mm Hg during the measurement period (numerator) by the number of assigned AmeriHealth Caritas Ohio members in the CBP measure population (denominator).

For each active CBP care gap successfully closed during the fourth quarter of 2026 through an accepted claim, corrected claim, NaviNet entry, or supplemental data submission, the TIN will earn an incentive payment of $50.

Note: Accurate and complete claim, corrected claim, NaviNet entry, and supplemental data submission is critical to ensure each TIN receives the correct performance calculation based on services provided to assigned AmeriHealth Caritas Ohio members.

Example

Example 1. Practice Group A

Table 4: Practice Group A

Individual TIN	Members in CBP population	Open CBP care gaps	Closed CBP care gaps in Q4 2026	Incentive earned
########1	205	116	52	$2,600
########2	360	205	92	$4,600
########3	0	N/A	N/A	0
########4	143	82	37	$1,850

- Incentive payment calculated as:

Number of successfully closed CBP care gaps during the fourth quarter of 2026
x $50 incentive = total incentive earned

Example: TIN ########1 closed 52 CBP care gaps during the fourth quarter of 2026.
52 x $50 = $2,600

Incentive timeline

Table 5: HEDIS MY2026			
Fourth quarter supplemental data submission deadline	**Fourth quarter claims submission deadline**	**Reporting period**	**Anticipated incentive payment date**
Must be received by January 15, 2027	Must be received by February 26, 2027	January 1, 2026 – December 31, 2026	June 2027

Note: Standard reimbursement will be processed as usual. Incentive payments are processed separately from the standard claims reimbursement and will be issued according to the timeline outlined above.

7. Provider appeal process

If a practice group wishes to appeal any component of its incentive determination, the appeal must be submitted in writing by email to **ohioproviderservices@amerihealthcaritasoh.com** within 60 days of receiving the incentive payment.

The written appeal must be addressed to the AmeriHealth Caritas Ohio Provider Services Account Executive Team and must include the basis for the appeal, along with any supporting information or documentation for review.

Appeals will be forwarded to the plan's Quality Incentive Team for review and determination. If the Quality Incentive Team determines that a correction is warranted, any applicable adjustment will be reflected in the next payment cycle following the approval.

For more information or questions regarding the appeal process or any other component of this manual, please contact your assigned Provider Services Account Executive or email **ohioproviderservices@amerihealthcaritasoh.com**.



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