PerformPlus™ True Care – Maternity Care Providers

Improving quality care and health outcomes

2025

AmeriHealth Caritas™
Delaware

www.amerihealthcaritasde.com

Table of contents

AmeriHealth Caritas Delaware

Christiana Executive Campus
220 Continental Drive, Suite 300
Newark, DE 19713

Dear Obstetrics Provider:

AmeriHealth Caritas Delaware is pleased to announce the continuation and expansion of our incentive program, the PerformPlus™ True Care – Maternity Care Providers Program, formerly known as the Maternal Quality Enhancement Program (MQEP).

The program provides incentives for participating obstetric, midwife, and family practice practitioners who deliver high-quality and cost-effective care, timely care, and health data submission to our pregnant members.

The program provides an opportunity for obstetric practitioners to enhance revenue, while providing quality and cost-effective care in the following measures:

1. Quality Performance.

2. Cesarean Rate.

AmeriHealth Caritas Delaware is excited to work with your practice to advocate for and encourage the delivery of healthy babies.

Thank you for your continued participation in our network and your commitment to our members.

Together, we can improve maternal outcomes in Delaware. If you have any questions, please contact your Provider Network Management account executive or Provider Services at **1-855-707-5818**.

Sincerely,

Deborah Allen, MD
Market Chief Medical Officer

Christopher Bruette
Director Provider Network Management

Coverage by AmeriHealth First.

www.amerihealthcaritasde.com

Introduction

The program is a reimbursement system developed by AmeriHealth Caritas Delaware for participating obstetric, midwife, and family practice practitioners who provide obstetric care.

The program 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 program provides financial incentives beyond a provider group's base compensation for the provision of services to attributed members. Incentive payments are not based on individual provider performance, but rather the performance of your practice in providing services for prenatal, intrapartum, and postpartum care in accordance with the quality metrics outlined in the program.

Program Overview

The program 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 members. 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 provider must also demonstrate efficient use of services to earn an incentive in this program. The incentive payments are distributed semi-annually, based on deliveries occurring during the measurement period, with a focus on treating the delivery as an episode of care. See table below for details.

Cycle	Delivery Period	Episode Period	Payment Date	Qualifying Deliveries
1	10/8/2024 – 4/7/2025	10/8/2024 – 4/7/2025	December 25	20
2	4/08/2025 – 10/7/2025	4/8/2025 – 10/7/2025	June 26	20

Program Specifications

The incentive payment is based on a risk-adjusted shared savings pool and is available to OB/GYN groups whose attributed deliveries demonstrate an efficient use of services, and is based on a comparison of the total episode cost to the risk-adjusted episode cost. A higher total cost to risk-adjusted cost ratio indicates lower efficiency performance.

Pregnancy (PREGN) is a condition that is triggered retroactively by the presence of a vaginal delivery or cesarean section episode. Since pregnancy is triggered by a delivery episode, it has a 270-day look back and a 60-day look forward period. Services with diagnosis codes for signs and symptoms related to pregnancy such as absence of menstruation have been defined as typical care for pregnancy, and conditions such as electrolyte disturbances have been labeled as complications.

Vaginal delivery (VAGDEL) or cesarean section (CSECT) episodes are linked back to the pregnancy episode to understand the frequency and consequently the appropriateness of C-sections in pregnancy. In addition, other concurrent episodes of AMI, pneumonia and stroke are linked back at the patient level to pregnancy episodes as complications.

For this program, efficient use of services will be determined by vaginal delivery and C-section episode performance.

Cesarean Section Episode Description

Most cesarean sections are currently done in an inpatient setting, but the system is programmed to identify and trigger an episode of C-section even if it is conducted in an outpatient setting. Services and costs associated with a cesarean section (CSECT) are grouped together to include the index stay during which the procedure was performed (when applicable), a three-day look back period to capture services leading up the C-section and a 60-day post-discharge period to capture any follow-up care. Patients are identified as those with a primary procedure code for C-section on an inpatient stay service or a C-section procedure code in any position on an outpatient facility/professional service.

As part of the C-section episode, we evaluate services that are 1) typical or routine and considered part of expected care for C-section; and 2) those that are related to complications associated with C-section.

In addition, the cesarean section episode is related to the pregnancy episode as a complication of pregnancy at the patient level and is compared to similar pregnancy episodes as part of the risk adjustment methodology.

The occurrence of cesarean section procedures at the patient level helps ascertain the appropriateness of C-sections.

Vaginal Delivery Episode Description

Within the vaginal delivery population, there are patients that have the index trigger event in an inpatient setting and others that deliver in an outpatient setting.

Services and costs associated with a vaginal delivery (VAGDEL) are grouped together to include the index stay during which the procedure was performed (when applicable), a three-day look back period to capture services leading up to the delivery, and a 60-day post-discharge period to capture any follow-up care. Patients are identified as those with a principal procedure code for vaginal delivery on an inpatient stay service or a vaginal delivery procedure code in any position on an outpatient facility/professional service.

As part of the vaginal delivery episode, we evaluate services that are 1) typical or routine and considered part of expected care for vaginal delivery; and 2) those that are related to complications associated with vaginal delivery.

In addition, the vaginal delivery episode is related back to the pregnancy episode as part of typical care of pregnancy at the patient level, and is compared to similar pregnancy episodes as part of the risk adjustment methodology. However, if the vaginal delivery is triggered in addition to a C-section episode, it is associated to the C-section episode as typical, and the C-section is then associated to the pregnancy episode taking the vaginal delivery costs with it.

Quality Performance Measures

The Quality Performance Measures were selected based on national and state areas of focus and predicated on AmeriHealth Caritas Delaware's Preventive Health Guidelines and other established clinical guidelines.

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

1. Prenatal/postpartum care	
Timeliness of Prenatal Care	**Measurement description:** The percentage of deliveries of live births during the measurement period (October 8 of the year prior to the measurement year and October 7 of the measurement year) who received a prenatal care visit as a member of the health plan in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the plan. **Eligible members:** No specific age. **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery. **Allowable gap:** No allowable gap during the continuous enrollment period. **Anchor date:** Date of delivery
Postpartum Care	**Measure description:** The percentage of deliveries of live births during the measurement period (October 8 of the year prior to the measurement year and October 7 of the measurement year) who received a postpartum visit on or between 7 and 84 days after delivery. **Eligible members:** No specific age. **Continuous enrollment:** 43 days prior to delivery through 60 days after delivery. **Allowable gap:** No allowable gap during the continuous enrollment period. **Anchor date:** Date of delivery.
Note: Submitting accurate and complete claims is critical for your practice to receive a correct score and practice ranking, based on the appropriate delivery of services for AmeriHealth Caritas Delaware members.	

2. Sexually transmitted infection (STI) screening	
Chlamydia Screening in Women During Pregnancy	**Measurement description:** The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for chlamydia during pregnancy. **Eligible members:** Women ages 16 years and older. **Continuous enrollment:** 43 days prior to delivery through 56 days after delivery. **Anchor date:** Date of delivery
Gonorrhea Screening in Women During Pregnancy	**Measurement description:** The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for gonorrhea during pregnancy. **Eligible members:** All members ages 16 years and older. C**ontinuous enrollment:** 43 days prior to delivery through 56 days after delivery. **Anchor date:** Date of delivery
Syphilis Screening in Women During Pregnancy	**Measurement description:** The percentage of women age 16 years and older who delivered a live birth during the measurement period and had at least one test for syphilis during pregnancy. **Eligible members:** All members ages 16 years and older. **Continuous enrollment:** 43 days prior to delivery through 56 days after delivery. **Anchor date:** Date of delivery
HIV Screening in Women During Pregnancy	**Measurement description:** The percentage of women ages 16 years and older who delivered a live birth during the measurement period and had at least one test for HIV during pregnancy. **Eligible members:** All members ages 16 years and older. **Continuous enrollment:** 43 days prior to delivery through 56 days after delivery. **Anchor date:** Date of delivery

3. Other Quality Measures	
Cervical Cancer Screening (CCS)	**Measurement definition:** The percentage of women ages 24 to 64 years as of December 31 of the measurement year who were screened for cervical cancer using either of the following criteria: • Women ages 21 to 64 who had cervical cytology performed within the last three years. • Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years. • Women 30 to 64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last five years. **Measure exclusion criteria:** a woman who had a hysterectomy with no residual cervix any time during the member's history through the end of the measurement period.
Pharmacotherapy for Opioid Use Disorder	**Measure description:** The percentage of new opioid use disorder (OUD) pharmacotherapy events with OUD pharmacotherapy for 180 or more days among members 16 years of age and older with a diagnosis of OUD. **Eligible members:** 16 years and older as of December 31 of the measurement year. Report two age stratifications and total rate: • 16–64 years. **Continuous enrollment:** 31 days prior to the Treatment Period Start Date through 179 days after the Treatment Period Start Date (211 total days). **Allowable gap:** None. **Anchor date:** None

Cesarean Rate:

Percentage of deliveries for women with no prior C-Sections, term (37 or more completed weeks based on the obstetric estimate), singleton (one fetus), in the cephalic presentation (head-first) births delivered by cesarean during the measurement year. A lower rate indicates a better performance.

Eligible members: Women ages 8-64 as of the date of delivery during the measurement year. Continuous enrollment: Month of delivery.

Allowable gap: No allowable gap during the continuous enrollment period. Anchor date: Date of delivery

Practice Score Calculation

Efficient Use of Services

The incentive payment is based on a risk-adjusted shared savings pool and is available to OB/GYN Groups whose attributed deliveries demonstrate an efficient use of services and is based on a comparison of the total episode cost to the risk-adjusted episode cost. A higher total cost to risk-adjusted cost ratio indicates lower efficiency performance.

Efficient use of services is defined as having actual episode cost less than the risk adjusted episode cost in the measurement period as determined using the Prometheus methodology described above. A practice's attributed deliveries whose actual episode cost is equal to the risk adjusted episode cost, would have an efficiency factor of 100%, which indicates that the attributed deliveries cost is exactly as expected for the health mix of the attributed population.

To determine a practice's efficiency, an episode cost ratio is calculated by dividing the actual episode cost by the risk adjusted episode cost. The difference between the practice's efficiency factor and 100% is used to calculate the risk-adjusted shared savings pool.

For practice's that have an efficiency factor below 100%, we calculate the savings by taking the risk adjusted episode cost and multiplying it by the practice's efficiency factor to determine the savings. The savings is then compared to 25% of the practice's semi-annual claims spend. The lower of savings and 25% of semi-annual claims spend is used to determine the practice's risk adjusted shared savings pool.

Quality Performance:

Once the provider's risk-adjusted shared savings pool is established, a review of the Quality Performance is performed. These quality measures include Timeliness of Prenatal and Post-Partum Care, Chlamydia, Gonorrhea, Syphilis and HIV Screenings (described above). Practice scores are calculated as the ratio of attributed members who received the above Quality services, as evidenced by claim or encounter information (numerator), to those members receiving obstetrical care who were eligible to receive these services (denominator) for each of the Quality measures (listed above). To receive credit for the STI measures, all four screenings must be completed as defined by the STI specifications listed above. The results of the quality measures are then aggregated for a total score and then compared to the scores for all practices providing obstetrical care to determine the practice percentile ranking. A percentile ranking of the 50th percentile or higher is needed to earn the quality performance percentage of the shared savings pool (see allocation tables on page 10).

Other Measure Performance:

The Cesarean Rate, Cervical Cancer Screening and Pharmacotherapy for Opioid Use Disorder are calculated individually. Practice scores are calculated as the ratio of attributed members who received the above services, as evidenced by claim or encounter information (numerator), to those members receiving obstetrical care who were eligible to receive these services (denominator) as described below.

The results of these measures are compared to the scores for all practices providing obstetrical care to determine the practice percentile ranking. A percentile ranking of the 50th percentile or higher in each of these measures is needed to earn the performance percentage of the shared savings pool (see payment allocation below).

Level	Practice Percentile Ranking	Payout Percentage
Core	>=50th	60%
Pemium	>=60th	80%
Elite	>=75th	100%

Savings Pool Payment Allocation	
Quality Management	50%
Cesarean Rate (lower is better)	30%
Cervical Cancer Screening	10%
Pharmacotherapy for Opioid Use Disorder	10%

Tips and strategies for improvement

HEDIS can help save you time and may decrease health care costs. By proactively managing patients' care, you can successfully monitor their health, prevent further complications, and identify health issues that might arise in their care.

- Educate staff to schedule visits within the guideline time frames.
- Educate members on how important prenatal care is to healthy development and maternal health screening.
- Include anticipatory guidance and teaching in every visit.
- Encourage postpartum visits between seven – 84 days after delivery for follow-up care.
- Refer patients to community resources that provide education and support.

Important Notes and Conditions

1. The program may be further revised, enhanced, or discontinued. AmeriHealth Caritas Delaware reserves the right to modify the program at any time and shall provide written notification of any changes.
2. The Quality Performance measures are subject to change at any time, upon written notification. AmeriHealth Caritas Delaware 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. The sum of the incentive payments under the program will not exceed 33% of the total compensation for medical and administrative services.

AmeriHealth Caritas™

Delaware

www.amerihealthcaritasde.com

ACDE_254111254-1