Delivering the Next **Generation** of Health Care

Connecting person to person.

Building healthier communities.

Maximizing effective approaches to care.

Partnering long-term with customers.

AmeriHealth Caritas

CARE IS THE HEART **OF OUR WORK** ℠

Value-Based Payment Contracting from a Clinical Perspective

Goals

1. Provide an overview of value-based contracting.

2. Describe how to impact clinical outcomes to improve value-based reimbursement.

3. Establish an understanding of how to share data to improve information availability.

WHO WE ARE

Committed.
Connecting millions of members with critical, high-quality health care services.

Experienced.
Delivering proven, integrated health care services throughout the country.

Multifaceted.
Providing Medicaid, Medicare, behavioral health services, pharmacy benefit management, specialty pharmacy, and third-party management and administrative services.

Rooted.
We began as a mission-driven neighborhood health plan and are proud of our passion to serve those most in need.

Nimble.
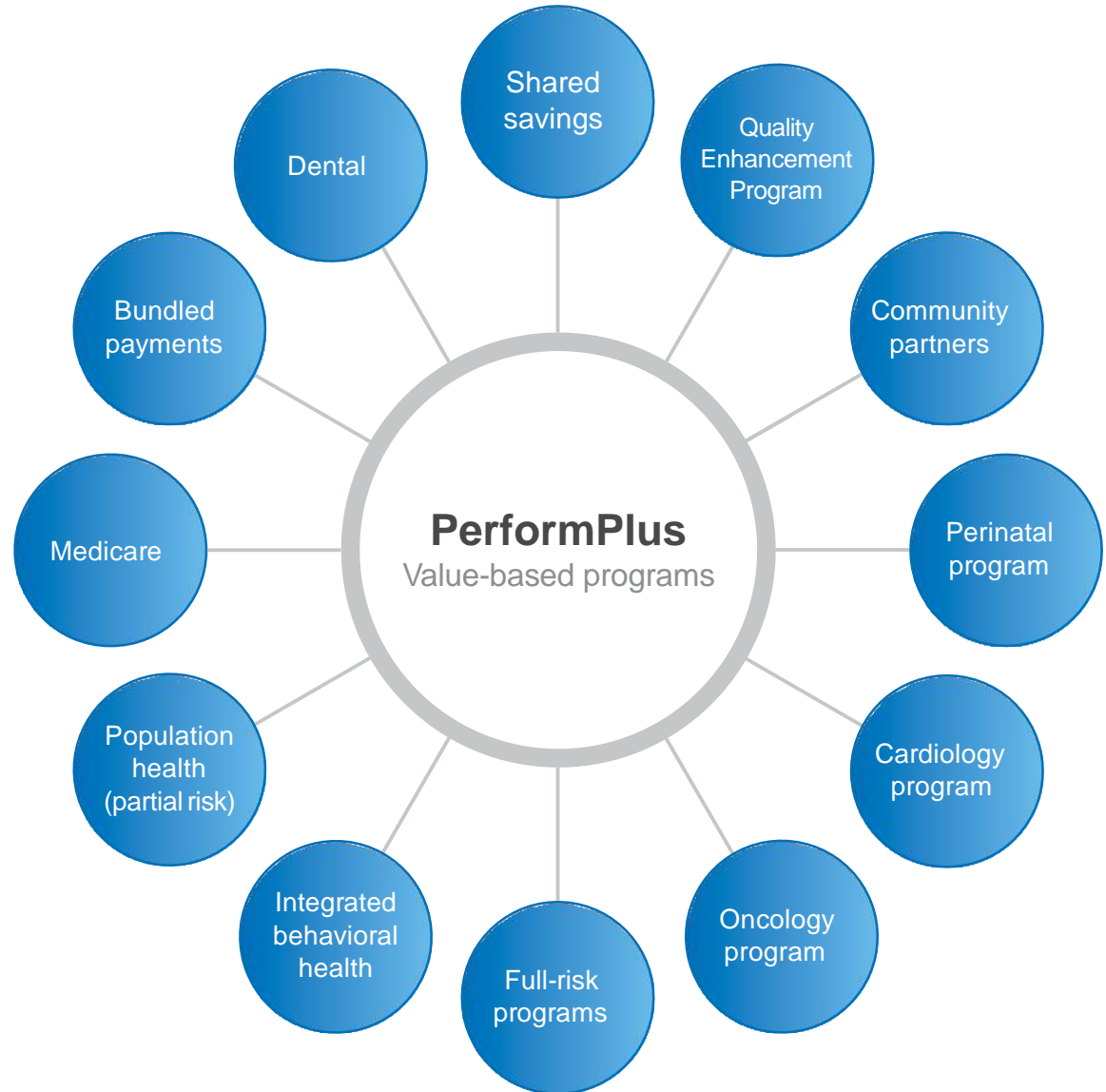Customizing solutions based on our members' and partners' needs.

Award winning.
National Committee for Quality Assurance (NCQA) Multicultural Health Care Distinction Award recipient.

Evolving.
An industry thought leader giving its customers the edge with innovative, evidence-based products and services.

Developing innovative performance programs

Shared savings

Quality Enhancement Program

Community partners

Perinatal program

Cardiology program

Oncology program

Full-risk programs

Integrated behavioral health

Population health (partial risk)

Medicare

Bundled payments

Dental

PerformPlus
Value-based programs

PerformPlus® Value-based Programs

PerformPlus is a portfolio of value-based incentive programs designed to encourage the right care at the right place. Provider groups, hospitals and integrated delivery systems are rewarded for achieving key performance indicators built around adherence to evidence-based clinical practices, achieving targeted quality outcome measures and providing cost-effective, appropriate care.

- Reward program for providers for timely, appropriate ambulatory care and positive patient outcomes; utilizing peer and trend based measurements, including HEDIS measures, to determine outcomes and link to rewards.
- Reimbursement incentives based on performance for closing gaps in care for agreed-upon HEDIS and other quality metrics, including:
    High-quality and cost-effective care.
    Member service and convenience.
    Accurate and complete health data.

More than 40% of our managed care membership across all markets receives care from a provider that participates in one or more of our PerformPlus value-based programs.

Partnering with Health Care Providers for quality improvement

PerformPlus® represents a suite of unique quality incentive programs available to physicians (primary care and specialists), hospitals, and integrated delivery systems. It was developed to reward providers for timely, appropriate care and positive patient outcomes.

As an example, the PerformPlus Shared Savings program addresses the needs of patients across multiple care settings, reducing fragmentation, and duplicative services, and ultimately resulting in better clinical outcomes.

A range of value-based purchasing models

CORE
- Includes PCP value-based models, dental program, and perinatal program.
- Supported by advanced technology and analytic supports.
- Represents "upside only" financial potential.

PREMIUM
- Includes shared savings, specialty, and federally qualified health center (FQHC) programs.
- Designed to support different levels of provider risk tolerance and sophistication.

ELITE
- Features increasing levels of fiscal responsibility and health system risk.
- May include risk-based collaboration and population health management.
- Expands beyond the typical structure of the health system.

Risk Implementation and Scalability

MLR

- Quality based guardrails governing risk allocation/sharing.
- MLR targets
- Outcomes capped at upside and downside corridors

PMPM

- Cost of Medical Care
- Member months adjusted to reflect risk burden of the provider.
- Percentage withheld to level for random variations
- Quality performance impacts final payout

Partial Risk

- Continually enrolled population identified by specific risk stratification
- May exclude non users, maternity members and those with malignancies and catastrophic health conditions
- Outcomes capped at upside and downside corridors

Actuarially Sound Guardrails

Achieving growth in our value-based programs

MEMBERS

1,483,587

ACTIVE

788,397

PERCENT BY MARKET

53.1%

As of September 12, 2016

Engaging different types of providers

1296 Primary care physician groups	**11** Nationally recognized integrated delivery systems	**37** Program partners spanning 6 states
24 Community partners programs	**15** FQHCs	**11** Specialized medicine provider groups

AmeriHealth Caritas Louisiana (ACLA)
Care Is the Heart of Our Work

QEP → 531 **PCP** Groups ⇢ 158,002 Members

Perinatal → 38 **OBGYN** Groups ⇢ Managing the delivery of **1,520** Births

PerformPLUS → 2 **Shared Savings Plan** 4 **Community Partners Program** 4 **Behavioral Health** ⇢ **22,500** Members

Building the ACLA Value Based Network

Current PerformPLUS Partners

In Discussions

- Access Health of LA
- Affinity
- BRFHH (Completed)
- David Raines
- Excelth Family Health Center (Completed)
- Lafayette General Health System
- Pediatric KidMed
- St. Thomas Community Health (Completed)
- Childrens International Medical Group
- LCMC Health Sites
- Capital Area Human Services
- Teche
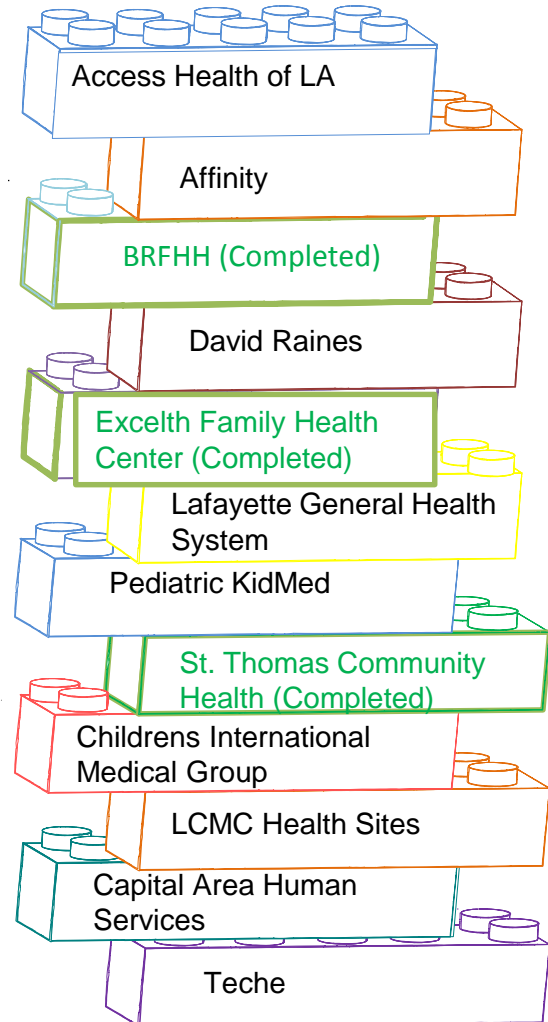
Transitioning to a value-based system

QUALITY ENHANCEMENT PROGRAM

Focuses on value-based quality measures and primary care provider (PCP) gainsharing.

SHARED SAVINGS

Targets larger health systems and specialized medicine practices to integrate value-based care with a holistic approach.

PREVENTABLE EVENTS

Operates in collaboration with developers of nationally recognized logic for predictive analysis.

PARTIAL RISK

Focuses on specific populations using clinical risk grouping algorithms.

FULL RISK

Includes adjusted value-based measures such as medical loss ratio shares and bundled payments.

GOAL

Incorporates full partnerships — aligned objectives, incentives, and data exchanges.

Classifying alternative payment models (APMs)

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
FEE-FOR-SERVICE – NO LINK TO QUALITY & VALUE	**FEE-FOR-SERVICE – LINK TO QUALITY & VALUE**	**APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE**	**POPULATION-BASED PAYMENT**
	A	**A**	**A**
	Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for health information technology investments)	APMs with Shared Savings (e.g., shared savings with upside risk only)	Condition-Specific Population-Based Payment (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)
	B	**B**	**B**
	Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)	APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)	Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)
	C		**C**
	Pay-for-Performance (e.g., bonuses for quality performance)		Integrated Finance & Delivery Systems (e.g., global budgets or full/percent of premium payments in integrated systems)
		3N Risk Based Payments NOT Linked to Quality	**4N** Capitated Payments NOT Linked to Quality

Figure 1: The Updated APM Framework

PerformPlus Value Based Programs

Quality Enhancement Program (QEP) - PCPs HCP-LAN 2C	Community Partners Program (FQHCs) - HCP-LAN 2C	Woman's Health Program - HCP-LAN 2C	Cardiology Pay for Performance – HCP-LAN 2C/3A

• Quality
  • HEDIS
  • PCMH Status
• Efficiency
  • Cost Efficiency
  • Non-Emergent ER Utilization
  • Improvement Incentive
	• Quality
	  • HEDIS
	• Efficiency
	  • Potentially Preventable Readmissions
	  • Potentially Preventable Admission Rate
	  • Potentially Preventable ER Visit Rate
	• Administrative Bonus
	  • PCMH Status
		• Quality
		  • HEDIS
		  • NQF
		• Efficiency/Transparency
		  • NICU Rates
		  • ONAF forms
		• Participation Standards & Administrative
		  • Program participation standards
		  • Performance on Access to Care Survey/
		  • Complaints & Grievances
			• Quality
			  • NQF
			• Cost/Efficiency
			  • Potentially Preventable Readmissions
			  • Potentially Preventable Admission Rate
			  • Potentially Preventable ER Visit Rate
			• Administrative
			  • "Distinguished Provider"
			  • Medical Home Bonus
			  • Other: EMR, Electronic Claims submission, etc.

Shared Savings Program – HCP-LAN 2C	Integrated Behavioral Health - HCP-LAN 2C	Partial Risk Model - HCP-LAN 3/4	Full Risk Model HCP-LAN 3/4

• Quality
  • HEDIS
  • Hospital Safety Measures
• Efficiency
  • Potentially Preventable Readmissions
  • Potentially Preventable Admission Rate
  • Potentially Preventable ER Visit Rate
  • NICU LOS
	• Efficiency measures including potentially preventable ER utilization
	• Behavioral Health quality measures such as:
	  • Adherence to Antipsychotic Medications for individuals with Schizophrenia
	  • Antidepressant Medication Management (AMM)
	  • Follow-Up After Hospitalization for Mental Illness (FUH)
		• Continually enrolled population identified by specific risk stratification
		• Excludes non users, maternity members and those with malignancies and catastrophic health conditions
		• Outcomes capped at upside and downside corridors
			• Quality based guardrails governing risk allocation/sharing.
			• MLR targets
			• Outcomes capped at upside and downside corridors

AmeriHealth Caritas FQHC Partnership Strategy

➢ Leading the way with innovative provider partnership and payment models

➢ Acknowledges that building effective partnerships with FQHCs is critical to our mission.

➢ Includes an enterprise-wide strategy for relationship building and innovative value-based contracting

➢ Our ultimate goal is to help the population that we mutually serve obtain access to care, stay well and build healthy communities

Provider Partnership Opportunities

➢Support for Patient Centric Care

       ➢Integrated care management

       ➢Integrated behavioral health care

       ➢Integrated oral care

       ➢Community outreach teams

       ➢Community Connectors

➢Value-Based Programs for our FQHC Partners

       ➢Provider Dashboards

       ➢Robust Analytics and Data Sharing

       ➢Resource/Support for Success

➢ HEDIS performance, challenges and strategies for improvement

➢ Strategies for Dealing with Pain Management and Opioids in the Primary Care Setting

Obtaining positive health outcomes

Preventable events

- Potentially preventable admissions.
- Potentially preventable readmissions.

Condition-based (diabetes, cardiology, asthma)

- Low-density lipoprotein (LDL) lowering drug therapy.
- Left ventricular ejection fracture (LVEF) assessment.
- Warfarin and other approved anticoagulants.
- Heart failure care.
- Diabetes care.
- Beta blocker therapy for systolic pressure.

Preventive

- Chlamydia screening.
- Human papillomavirus (HPV) vaccination for female adolescents.

Maternal

- Postpartum care.
- First trimester prenatal care.
- Frequency of prenatal care.
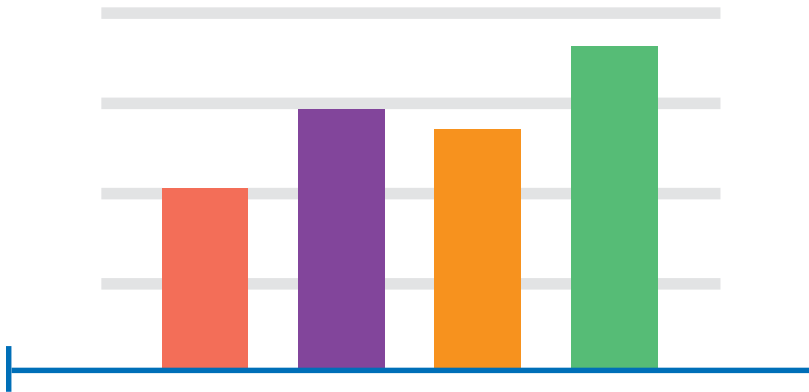- Neonatal intensive care unit (NICU) length of stay.

> "
> The PerformPlus dashboard provides timely information to monitor our performance and manage our patients, including services provided outside our office.
>
> **SUSAN L. WILLIAMS, M.D.**
> PRESIDENT, CROZER- KEYSTONE
> PHYSICIAN PARTNERS
> "

Streamlining data through the PerformPlus dashboard

Through our customizable dashboards, AmeriHealth Caritas can quickly develop analyses for internal and external distribution as well as rapidly respond to the changing landscape of value-based purchasing to share detailed and refined data.

"

Jefferson has been a value-based partner with AmeriHealth for several years. Having access to the PerformPlus dashboard will be a key driver to our success in AmeriHealth's value-based program. We are able to quickly assess if metrics are within the desired range and generate our own reports to identify improvement opportunities. We rely on the dashboard to help us achieve our targeted goals within the program.

DEBRA TAYLOR
VICE PRESIDENT, PAYER RELATIONS AND CONTRACTING, JEFFERSON HEALTH

"

Transparency- TREO Dashboard

Dashboards Phase 2

New Design and Differentiated Content

- Allow AmeriHealth to quickly develop analyses for internal and external distribution
- AmeriHealth rapidly responds to the changing landscape of VBP with the development of customizable dashboards sharing detailed and refined data

Dashboard including PICS, MLR, Episodes and More

NaviNet – Secure Provider Portal

Louisiana

What's available on NaviNet at www.navinet.net?

- Real-time eligibility and benefits.

- Provides historic member eligibility information.

- Claim status.

- Monthly panel listing.

- Claims submission – via Change Healthcare Quick Connect.

- Electronic prior authorizations – via JIVA.

https://navinet.navimedix.com/plan-central/lac

Tami

NaviNet

Home | Help | Contact Support | Feedback

Welcome, **Tami**

Workflows ⌄

Action Items

AmeriHealth Caritas Louisiana

Workflows for this Plan

Eligibility and Benefits Inquiry
Claim Status Inquiry
Claim Submission
Report Inquiry
Provider Directory
Referral Submission
Referral Inquiry
Forms & Dashboards

Administrative Reports
Clinical Reports
Member Clinical Summary Reports

FAQs

▶ How do I change my password?

▶ I cannot remember my password.

▶ How do I set up additional Health Plans?

▶ What are the roles and responsibilities of a Security Officer?

▶ How do I enable or disable permissions for users in my office?

More ⌄

Browser requirement: You must use Internet Explorer 10 or 11 or Firefox 26 to use the Jiva 5.6 Provider Portal.

Member Clinical Summary and Panel Roster report offer additional information at your fingertips

We've added new elements to the Member Clinical Summary. This valuable report now includes the following information about your patients:

- Care Manager name and contact information.
- Observation stays.
- Member restriction information.

The Panel Roster now includes:

- Member restriction information.
- Member language.

Resources

NaviNet Support
Prior Authorization
Billing
Submitting a Claim
Searchable Provider Directory
Resources
Provider Communications

Forms

Provider Forms

Contact Us

AmeriHealth Caritas Louisiana
PO Box 83580
Baton Rouge, LA 70884

📞 Provider Services
1-888-922-0007
Verify Member Eligibility
1-888-922-0007
Check Claims Status
1-888-922-0007 prompt 2
Prior Authorizations
1-888-913-0350

❯ See the NaviNet Enhancements Training Guide (PDF) to learn more about the new screens.

javascript:;

NaviNet – Using the Provider Portal

The Member Clinical Summary (MCS) is a snapshot of a patient's relevant clinical data and demographic information all displayed in a single user-friendly report and contains:

- Demographic information (Member and PCP)

- Gaps in care

- Medications that have been filled within the past 6 months

- Office visits within the past 12 months

- Chronic conditions

- ER visits within the past 6 months

- Observation stays within the past 6 months

- Inpatient admissions within the past 12 months

- Imaging services received within the past 6 months

- Available lab data for tests within the past two years

- EPSDT and immunization services (for pediatric patients)

- Patient-specific critical screening services (based on diagnosis compared to clinical recommendations)

- Care Manager's name and contact numbers (when applicable)

- Member restriction information if a member is "locked-in" to a PCP or pharmacy

NaviNet – Using the Provider Portal

The Clinical Report Inquiry is a snapshot of a patient's relevant clinical data and demographic information all displayed in a single user-friendly report and contains:

- Admit/Discharge Reports
- Care Gap Query
- HEDIS Improvement Campaign Query
- Member Alert Standalone Care Gap Request
- Missing and Overdue Care Gaps Adolescent Only
- Missing and Overdue Care Gaps Adult Only
- Missing and Overdue Care Gaps All Members
- Missing and Overdue Care Gaps Pediatric Only
- QEP ER Utilization Report
- QEP Hospital Admission Report
- QEP Perinatal Report
- QEP Report Card
- QEP Specialty Usage Report
- Single Service Care Gap Query

NaviNet

Workflows ⌄   Action Items

AmeriHealth Caritas Louisiana | Clinical Reports Inquiry | Report Selection | Report Search

Print page

AmeriHealth Caritas
Louisiana

Care Gap Query v. 1.0.2

Instructions

Please enter your search criteria, and click "Search". * Indicates Required Fields.
NOTE: if your browser has an active popup blocker you may need to turn it off to receive the report.

Provider/Member Information

* Choose a Provider Group   [Group Name - PIN ▼]

Choose a Provider   [Provider Name - PIN ▼]

Report Criteria

Conditions | All
              | Asthma
Status ⦿ M | Coronary Artery Disease   Age Ranges ⦿ All   Select Report Type ⦿ PDF
        ○ M | Critical Quality Incentive   ○ < 12 yrs   ○ Excel or CSV (Downloadable)
        ○ O | Diabetes   ○ 12 - 21 yrs
        ○ A | EPSDT   ○ > 21 yrs
        ○ D | Heart Failure
        ○ U | Hypertension
        ○ A | Medication Adherence
        ○ R | Preventive Health Screens
              | Preventive Health Vaccine
              | Preventive Health Vaccines
Select Op | Sickle Cell Disease (SCD)

* [Member Last Name ▼]

Last Update: 04/17/2013 v.1.0.2

[Search]   [Exit]   [Clear]

12:23 PM
8/22/2017

ACLA Support for Practice Transformation – 2017 and Beyond

Addition of Practice Transformation Specialist to support practice transformation and enhanced performance in a value-based purchasing environment

Assessing organizational/practice readiness for transformation, change management and practice improvement opportunities

Understanding how information is captured and analyzed, which data analysis techniques are best for various situations, and how to use data to improve performance. Optimizing health information technology for performance monitoring and population management

In addition to helping our providers navigate through our existing resources, the Practice Transformation Specialist will also help to identify and fill any gaps in how we support practices during the transformation continuum.
Specific responsibilities of the Practice Transformation Manager include

Creating an infrastructure for continuous improvement by identifying and developing suggestions for provider participant's improvement plans and assisting providers in developing, implementing, monitoring, and tracking of improvement activities

Facilitating development of a goal-oriented plan for interim monitoring of process.
.

Identifying and cross-pollinating best practices

Additional Opportunities for Innovation in 2017

Framework for ACLA Approach:

- Risk-adjusted non-fee-for-service based payment and practice transformation support
- Value-Based performance incentive payment methodology IT Operations Manager Service Departments
- Practice and member-level cost and utilization data at regular intervals for all practices
- Practice Transformation Support
- ACLA CPC+-like program will be modeled after CMS framework, with modifications specific to ACLA population.

In 2016, ACLA submitted an application for participation in the CMS **CPC+** Innovation Program. Although Louisiana was not selected, ACLA is evaluating roll-out of a **CPC+-like model**. CMS has also announced "round two" of the CPC+ program.

Key Practice Criteria (Core):

- Must Use CEHRT
- Assigning patients to provider panel
- Providing 24/7 access for patients
- Supporting quality improvement activities
- Comprehensiveness & Care Coordination
- Care Management
- Patient and Family Engagement
- Planned Care and Population Health Management

Value Based Continuum.

Bundled Payments

- ❑ ACLA is in negotiation with a leading software vendor for episodic payment analysis in 2017
- ❑ Using the results of the network analysis, we will implement pilot programs in 2017 in order to identify best practices and value based opportunities when implementing episode of care payment design in the LA Medicaid market. .

Partial Risk

- ❑ Continually enrolled population identified by specific risk stratification
- ❑ May exclude non users, maternity members and those with malignancies and catastrophic health conditions
- ❑ Outcomes capped at upside and downside corridors

Full Risk

- ❑ Quality based guardrails governing risk allocation/sharing.
- ❑ MLR targets
- ❑ Outcomes capped at upside and downside corridors

Increasing access to data and reports

319 External users

127 Unique provider groups

50% Deployed essential data and reports for over 50% of membership for quality and cost tracking and transparency

"The Community Partners 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."

MARCELLA LINGHAM, ED. D.
EXECUTIVE DIRECTOR,
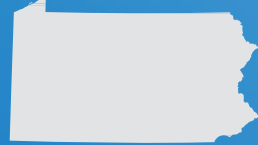QUALITY COMMUNITY HEALTH CARE

Expanding program throughout our health plans

Active states as of September 2016

District of Columbia

Pennsylvania

Michigan

Louisiana

South Carolina

Characteristics of a Successful Practice

- ✓ Quality focused
- ✓ Electronic health record
- ✓ Risk stratified patient population
- ✓ Call Center
- ✓ Navigator or Care Manager
- ✓ ADT notification of care transitions
- ✓ ED visit and hospital discharge follow-up
- ✓ Co-location of services (behavioral health, dental, podiatry, optometry, pharmacy)
- ✓ Specialized services (infectious disease, cardiology)
- ✓ Day of Wellness

Case Study of Population Health Data

Members < age 12 with Missing or Overdue Services

Row Labels	Count of Member Name
Annual Dental Visit 2 to 21 Years	242
Annual Developmental Screen	146
Annual Hearing Test	192
Annual Vision Screen	278
Chicken Pox Vaccine	13
Controller: Controller and Rescue Ratio	2
Diphtheria/Tetanus/Pertussis Vaccine (DTaP)	47
H Influenza Type B Vaccine	22
Hepatitis B Vaccine	36
Hydroxyurea Therapy	5
Lead Screening in Children	21
Measles Mumps Rubella Vaccine	14
Past-due Refill: Hydroxyurea	1
Past-due Refill: Inhaled Corticosteroid	12
Penicillin Prophylaxis	1
Pneumococcal Conjugate Vaccine	48
Polio Vaccine	31
Primary Care Visit 1 to 2 years	13
Well Child Visit 18 Months and Younger	34
Well Child Visit 3 to 6 Years	164
Well Child Visit 7 to 11 Years	198
Grand Total	**1520**

Case Study of Population Health Data

Members > 21 with Missing or Overdue Services

ACEI/ARB Therapy (CAD)	3
ACEI/ARB Therapy (HF)	1
Adolescent Well Care	30
Adults Access to Care	390
Annual Dental Visit 2 to 21 Years	31
Anticoagulant Therapy (HF)	3
Antiplatelet Therapy (CAD)	21
Beta Blocker Prior MI (CAD)	3
Blood Glucose Monitoring	178
Breast Cancer Screen	140
CARE FOR OLDER ADULTS ADVANCE CARE PLANNING	7
CARE FOR OLDER ADULTS FUNCTIONAL STATUS ASSESSMENT	3
CARE FOR OLDER ADULTS MEDICATION REVIEW	7
CARE FOR OLDER ADULTS PAIN ASSESSMENT	7
Cervical Cancer Screen	624
Chlamydia Screen in Women	31
Colorectal Cancer Screen	428
Controller: Controller and Rescue Ratio	11
Diabetes Eye Exam	135
Diabetes HbA1c Test	57
Diabetes Microalbumin Test	22

Event Cholesterol Test (CAD)	11
Glaucoma Screening in Older Adults	5
Hepatitis A Vaccination Series	129
Hepatitis B Vaccination Series	105
Hydroxyurea Therapy	12
LDL Lowering Drug Therapy (CAD)	23
Lipid Test (CDC) - for Diabetes	62
Lipid Test (CMC) - for Coronary Artery Disease	19
LVF Assessment (HF)	31
Past-due Refill: Inhaled Corticosteroid	18
Past-due Refill: Oral Antidiabetic - Biguanide	17
Past-due Refill: Oral Antidiabetic - Sulfonylurea	6
Past-due Refill: Oral Antidiabetic - Thiazolidinedione	1
Past-due Refill: Renin Inhibitor	58
Past-due Refill: Statin	35
Pneumococcal Vaccination 2 Part Series - 23 Valent Pneumococcal	812
Pneumococcal Vaccination 2 Part Series - Prevnar 13	868

More than
30 YEARS
of making
care the **heart**
of our **work.**