



PerformPlus[®] Maternity Episodic Cost

Improving quality care and health outcomes

2025

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AmeriHealth Caritas[®]

Ohio

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5525 Parkcenter Circle, Suite 100
Dublin, OH 43017

Dear Obstetrics Provider:

AmeriHealth Caritas Ohio is pleased to announce the continuation and expansion of our incentive program, the PerformPlus® Maternity Episodic Cost Program.

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. Health Equity
3. ePRAF Submission
4. Episodic Cost

AmeriHealth Caritas Ohio 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 Ohio.

If you have any questions, please contact your Provider Network Management account executive or Provider Services at **1-833-644-6001**.

Sincerely,

A handwritten signature in black ink that reads "Stacey Ishman".

Stacey Ishman, MD
Market Chief Medical Officer

A handwritten signature in black ink that reads "Kim Spath".

Kim Spath
Director, Provider Network Management

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Introduction

The program is a reimbursement system developed by AmeriHealth Caritas Ohio 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 quarterly, based on delivery episodes during the measurement period. See the following table for details.

Cycle	Quality measurement period	Runout to	Episode period	Payment date	Qualifying deliveries
1	10/8/2024 – 6/30/2025	6/30/2025	10/8/2024 – 1/7/2025	September 2025	20
2	10/8/2024 – 9/30/2025	9/30/2025	1/8/2025 – 4/7/2025	December 2025	30
3	10/8/2024 – 10/7/2025	12/31/2025	4/8/2025 – 7/7/2025	March 2026	30
4	10/8/2024 – 10/7/2025	3/31/2026	7/8/2025 – 10/7/2025	June 2026	30

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 300-day look back and no 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.

Quality Performance Measures

The Quality Performance Measures were selected based on national and state areas of focus and predicated on AmeriHealth Caritas Ohio'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.

PerformPlus Maternity Episodic Cost — Maternity Care Providers

Quality measures	
Timeliness of Prenatal Care	<p>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.</p> <p>Eligible members: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 60 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery</p>
Postpartum Care	<p>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.</p> <p>Eligible members: No specific age.</p> <p>Continuous enrollment: 43 days prior to delivery through 60 days after delivery.</p> <p>Allowable gap: No allowable gap during the continuous enrollment period.</p> <p>Anchor date: Date of delivery.</p>
Cervical Cancer Screening	<p>Measure description: The percentage of members 21 – 64 years of age who were recommended for routine cervical cancer screening and were screened for cervical cancer.</p> <p>Eligible members: Women ages 24 – 64 as of December 31 of the measurement year who meet enrollment criteria.</p> <p>Continuous enrollment: Measurement year.</p> <p>Allowable gap: No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (e.g., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled).</p> <p>Anchor date: December 31 of the measurement year.</p>
Percentage of Live Birth Weights Less Than 2,500 Grams	<p>Measure description: Percentage of live births that weighed less than 2,500 grams at birth during the measurement year.</p> <p>Eligible members: Resident live births in the state in the reporting period with Medicaid as the principal source of payment for the delivery.</p> <p>Continuous enrollment: N/A</p> <p>Allowable Gap: N/A</p> <p>Anchor date: Delivery date.</p>

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 Ohio members.

PerformPlus Maternity Episodic Cost — Maternity Care Providers

Target rates – cycles 1 – 4

Quality measures	Cycle 1	Cycle 2	Cycle 3	Cycle 4
Timeliness of Prenatal Care	88.30%	88.50%	89.25%	89.25%
Postpartum Care	65.65%	68.48%	76.82%	77.00%
Cervical Cancer Screening	52.70%	55.09%	59.60%	59.97%
Percentage of Live Birth Weights Less Than 2,500 Grams	≤ 9.20%	≤ 9.20%	≤ 9.20%	≤ 9.20%
Timeliness of Prenatal Care — African American Population	88.30%	88.50%	89.25%	89.25%
Postpartum Care — African American Population	65.65%	68.48%	76.82%	77.00%
Electronic Pregnancy Risk Assessment Form	80.00%	80.00%	80.00%	80.00%

Health Equity Component

OB/GYN providers who meet specified targets will be awarded an increase in their total earned quality payment with regard to the following measures for their African American population: prenatal care and postpartum care. OB/GYN providers who meet these specified targets will also be eligible for a larger share of their episodic component shared savings pool.

Episodic Cost Component

The episodic component of the program represents an actual versus risk-adjusted episodic cost analysis that determines an efficient use of services based on the population being served. This efficient use of services calculation is what establishes the shared savings pool that is then made available to the provider based on quality performance.

ePRAF Submission Component

The program incentivizes maternity care providers who achieve the established benchmark of 80% or more of their attributed members who received an Electronic Pregnancy Risk Assessment Form (ePRAF) during the reporting period.

Practice score calculation

Episodic Cost

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. 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, a margin is calculated by dividing the actual episode cost by the risk-adjusted episode cost. The difference between the practice's margin and 100% is used to calculate the efficiency factor, which is capped at 25%. For practices that have a margin below 100%, we calculate the shared savings pool by multiplying the margin by the provider's quarterly claims spend.

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 Postpartum Care, Timeliness of Prenatal and Postpartum Care for African Americans, Cervical Cancer Screenings, Percentage of Live Birth Weights Less Than 2,500 Grams, and ePRAF submissions (described on the previous page). 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). These quality scores are then compared to a target. Providers will receive quality payments for measures that surpass the target, and the number of targets hit also grants a greater portion of the shared savings pool for the episodic cost component.

ePRAF Submission

The program incentivizes maternity care providers who achieve the established benchmark of 80% or more of their attributed members who received an Electronic Pregnancy Risk Assessment Form (ePRAF) during the reporting period.

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.

Provider appeal of ranking determination

If a provider wishes to appeal their percentile ranking on any or all incentive components, this appeal must be made in writing.

The written appeal must be addressed to the Market Chief Medical Officer of the Plan and specify the basis for the appeal.

The appeal must be submitted within 60 days of receiving the overall ranking from the Plan.

The appeal will be forwarded to the Plan's Review Committee for review and determination.

If the Plan's Review Committee determines that a ranking correction is warranted, an adjustment will appear on the next payment cycle following committee approval.

Important notes and conditions

1. The program may be further revised, enhanced, or discontinued. AmeriHealth Caritas Ohio 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 Ohio 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.



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