

Program component description	Quality performance measure criteria	Payment criteria	Payment date	General notes
<b>Adults' Access to Preventive/ Ambulatory Health Services (AAP)</b>	<ol style="list-style-type: none"> <li>Members ages 20 and older as of December 31 of the measurement year.</li> <li>Must have had at least one ambulatory or preventive care visit during the measurement year.</li> </ol>	<p><b>1) Practice score:</b> The practice score is calculated as the ratio of members who received the services as evidenced by claim and/or encounter information (numerator) to those members in the practice panel who were eligible to receive these services (denominator).</p> <p><b>Note: Each measure requires a minimum of five members who meet the HEDIS eligibility requirements detailed next to measure.</b></p> <p><b>2) Practice score calculation:</b> Results will be calculated for each Quality measure for each practice and then compared to the established targets in each payment cycle. Refer to the QEP manual for cycle targets.</p> <p>The practice percentile ranking is determined by comparing the practice score to all practices of the same specialty type.</p> <p><b>3) Incentive payment:</b> The incentive is paid on a per member per month (PMPM) basis and varies based on the practice panel status and on meeting established target rates. Refer to the QEP manual for details.</p>	Paid quarterly	<p>The quality performance measures are consistent with HEDIS® technical specifications and predicated on AmeriHealth Caritas Delaware's Preventive Health guidelines. The service must be performed during the applicable measurement year(s) and requires submission of an accurate and complete encounter or claim.</p> <p><b>Billing tips:</b></p> <p><b>Adolescent Well-Care Visit</b></p> <ul style="list-style-type: none"> <li>CPT Codes 99381– 99385, 99391– 99395, 99461</li> <li>CPT Codes 99393 – 99395</li> </ul> <p><b>HbA1c</b></p> <ul style="list-style-type: none"> <li>CPT Cat II Codes 3044F, 3046F, 3051F, 3052F</li> </ul> <p>Other CPTII codes are eligible for reimbursement. Refer to the QEP manual for a complete list.</p>
<b>Antidepressant Medication Management (AMM)</b>	<ol style="list-style-type: none"> <li>Members age 18 years and older as of April 30 of the measurement year.</li> <li>Must have had a diagnosis of major depression and remained on an antidepressant medication for at least 180 days (six months).</li> </ol>			
<b>Effective Continuation Phase Treatment</b>	<ol style="list-style-type: none"> <li>Members ages 5 to 11 and 12 to 18 as of December 31 of the measurement year.</li> <li>Identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year.</li> </ol>			
<b>Asthma Medication Ratio (AMR)</b>	<ol style="list-style-type: none"> <li>Members ages 5 to 11 and 12 to 18 as of December 31 of the measurement year.</li> <li>Identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 50% or greater during the measurement year.</li> </ol>			
<b>Breast Cancer Screening (BCS)</b>	<ol style="list-style-type: none"> <li>Women ages 50 to 74 as of December 31 of the measurement year.</li> <li>The percentage of women ages 52 to 74 who had a mammogram to screen for breast cancer from October 1, 2019, through December 31, 2021.</li> </ol>			
<b>Cervical Cancer Screening (CCS)</b>	<ol style="list-style-type: none"> <li>Women ages 21 to 64 years as of December 31 of the measurement year.</li> <li>The percentage of women ages 24 to 64 who were screened for cervical cancer using either of the following criteria:  Women ages 21 to 64 who had cervical cytology performed in 2019 through 2021.  Women 30 to 64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.</li> </ol>			
<b>Child and Adolescent Well-Care Visits (WCV)</b>	<ol style="list-style-type: none"> <li>Members ages 3 to 21 as of December 31 of the measurement year.</li> <li>Must have had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year.</li> </ol>			
<b>Comprehensive Diabetes Care (CDC) HbA1c Control &lt; 8.0%</b>	<ol style="list-style-type: none"> <li>Diabetic members ages 18 to 75 continuously enrolled for the measurement year.</li> <li>Must have had an HbA1c test performed during the applicable measurement year and the HbA1c is &lt; 8.0%.</li> </ol>			
<b>Controlling High Blood Pressure (CBP)</b>	<ol style="list-style-type: none"> <li>Members ages 18 to 85 as of December 31 of the measurement year.</li> <li>Must have had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (&lt;140/90) during the measurement year.</li> </ol>			
<b>30-Day Hospital Readmission Rate (DMMA Measure)</b>	<ol style="list-style-type: none"> <li>Members ages 18 to 64 as of the date of discharge.</li> <li>The number of acute inpatient stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.</li> </ol>			

**Questions?**

Contact your provider Account Executive if you have questions about the QEP.