Anthem

Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

2021 Indiana Behavioral Health Provider Incentive Program

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Providers who are contracted with Anthem Blue Cross and Blue Shield to serve Hoosier Healthwise, Healthy Indiana Plan and Hoosier Care Connect through an accountable care organization (ACO), participating medical group (PMG) or Independent Physician Association (IPA) are to follow guidelines and practices of the group. This includes but is not limited to authorization, covered benefits and services, and claims submittal. If you have questions, please contact your group administrator or your Anthem network representative.

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Anthem Blue Cross and Blue Shield's (Anthem's) innovative Provider Incentive Program Portfolio is founded on improving quality outcomes and consistency of care across the entire delivery system. Focusing on these founding concepts, the Indiana Behavioral Health Provider Incentive Program (BHPIP) has two Key Performance Indicators and offers incentives to eligible Behavioral Health (BH) Providers.

BHPIP consists of the following two Key Performance Indicators:

- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependency (FUA)
- Follow-Up After Hospitalization for Mental Illness (FUH)

Program Definitions

Performance Period (PP): the three-month period during which provider group performance, related to BHPIP Performance Indicators, is measured and upon which the incentive payment is based; the PP is January 2021 through December 2021

Good Standing: an enrolled provider group is deemed to be in Good Standing when the provider's Professional Provider Agreement is in full force and effect and 1) neither party has notified the other of its intent to terminate the agreement with or without cause, 2) the provider is not in breach of the agreement, 3) the provider (or any participating provider under the agreement) has not been suspended or restricted in the performance of such agreement for any reason, 4) the provider does not have any outstanding obligation under a Corrective Action Plan (CAP) that has not been timely met to the reasonable satisfaction of Anthem, and 5) the provider has not failed or refused to refund any outstanding overpayment to Anthem following notice and opportunity to cure; Good Standing must be maintained throughout measurement period and continue to payout date.

HEDIS®: the Healthcare Effectiveness Data and Information Set (HEDIS) is a widely used set of health care performance measures in the United States; HEDIS measures are developed and owned by NCQA

NCQA: National Committee for Quality Assurance

NCQA QC: National Committee for Quality Assurance Quality Compass®

Program Specifications

Eligibility Requirements:

- Throughout the entire PP, the provider group must be in good standing and remain a contracted Anthem provider group with all lines of business including Hoosier Care Connect, Healthy Indiana Plan and Hoosier Healthwise.
    - An exception to this requirement will be granted to those providers whose practice type is not applicable to one of the lines of business. For example, an enrolled Pediatric Provider would not need to be actively contracted to serve the Healthy Indiana Plan population.
- The provider group must be an actively participating physician group, serving the Hoosier Healthwise, Healthy Indiana Plan and/or Hoosier Care Connect population during the entire PP and on the corresponding scheduled payout date for the earned incentive in order to be eligible for payment.
- The provider group must establish and maintain a secure file transfer protocol with Anthem in order to receive patient referrals.

Key Performance Indicator Descriptions:

- **Follow-Up After Emergency Department Visit for Alcohol and Other Drug Use or Dependence (FUA)**

The FUA HEDIS measure is defined as members 13 years of age and older who had an emergency department visit with a principal diagnosis of selected alcohol or other drug (AOD) abuse or dependence and who had a follow-up visit for AOD within seven days of discharge.

Enrolled provider groups will be incentivized for the percentage of referred members that complete a HEDIS approved follow-up visit for AOD abuse or dependence within seven days of discharge of an emergency department visit with a diagnosis of selected AOD abuse or dependence. The incentive will be awarded based on the following percentile breakdown:

- 50% to 74% NCQA QC Percentile: $20 per visit per member
- 75% to 89% NCQA QC Percentile: $25 per visit per member
- 90%+: $40 NCQA QC Percentile per visit per member

Follow-Up After Hospitalization for Mental Illness (FUH)

The FUH HEDIS measure is defined as members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had a visit with a mental health practitioner within seven days of discharge.

Enrolled provider groups will be incentivized for the percentage of referred members that complete a HEDIS approved follow-up visit with a mental health practitioner within seven days of discharge from being hospitalized for treatment of selected mental health disorders. The incentive will be awarded based on the following percentile breakdown:

- 50% to 74% NCQA QC percentile: $10 per visit per member
- 75% to 89% NCQA QC percentile: $12 per visit per member
- 90%+NCQA QC percentile: $15 per visit per member

Reporting

Anthem will supply providers with reports as described below:

- Interim reports will be generated periodically throughout the PP and made available to providers.
- Year-end performance reports will be generated five months after the end of the PP to allow for claims run-out and report production time.
- Anthem strives to produce the most accurate and timely reports possible. In the event that any errors are identified in a report, information will be reviewed and restated if applicable. As a condition of participation in the Program, you accept the limitations that are inherent in our systems, data processing and time constraints. For example, if data is incomplete due to the need to reprocess a set of claims, reports will be processed using the information available at the time the reports are generated and will only be restated if determined by Anthem to be administratively feasible within technical processing schedule constraints.

Payment

Payment will be made to providers on an annual basis following release of NCQA HEDIS Quality Compass® in order to determine the final percentiles for the PP. This is anticipated in September 2022.

Any inquiries regarding the incentive payment must be submitted within 90 days of receiving payment.

Program Modifications and Terms

Anthem reviews program components on an annual basis and updates the program as necessary to ensure that industrywide, evidence-based information is used to measure and incentivize providers. Anthem reserves the right to modify or amend the program at any time at its discretion.

Anthem may terminate, modify or amend the program at any time. If Anthem terminates the program, incentive will be calculated as if the date of termination were the end of the PP.