

Quality Program for commercial alternative payment models

Effective January 1, 2026

Value-based care rewards providers who deliver high-quality patient care and meet specific quality performance measures.

Our Quality Program for commercial alternative payment models (APMs) applies to the Commercial Total Care Program and Accountable Health Network (AHN) agreements.

Quality Program administration

- Six standard measures with two alternate measures and three reporting-only measures
- Measures will be locked at the beginning of the Accounting Period
 - Alternates may be selected by Asuris if a Healthcare Effectiveness Data and Information Set (HEDIS®) specification has changed or is not predicted to meet minimum denominator threshold.
- Each scored measure is worth 1, 2 or 3 points based on HEDIS percentile achieved:
 - 1 point for meeting the 50th percentile
 - 2 points for meeting the 75th percentile
 - 3 points for meeting the 90th percentile
- Providers can earn a maximum of 18 points; included on page 2 is an example of how points are awarded if there are only 4 or 5 total quality measures for a specific provider due to not meeting minimum denominator threshold.
- Attribution for the Quality Program will be final as of the September membership report.

August 2025



Amount of Earned Surplus

Unless described otherwise in your Total Care Program agreement with Asuris, the amount of the program fund surplus that a Provider may earn under the Quality Program depends on the percentage of points for quality measures earned as follows:

Table 1: Amount of Earned Surplus

Range of % of points earned	% of Program Fund Surplus
80-100%	50%
65-79%	45%
50-64%	40%
40-49%	35%
30-39%	30%
20-29%	25%
0-19%	0%

The amount of Total Care Program/ Accountable Health Earned Surplus for Commercial AHN agreements may also include an enrolled member component in accordance with the applicable agreement.

Our Quality Program for commercial alternative payment models applies to our Commercial Total Care Program and Accountable Health Network (AHN) agreements.

Example

The following example shows how points are awarded for % of Program Fund Surplus if there are only 4 or 5 total quality measures for a Provider due to not meeting the minimum denominator threshold for a measure(s).

Total Measures in Program

	Points Earned	6 Measures	5 Measures	4 Measures
Max Points	18	100%		
	17	94%		
	16	89%		
	15	83%	100%	
	14	78%	93%	
	13	72%	87%	
	12	67%	80%	100%
	11	61%	73%	92%
	10	56%	67%	83%
	9	50%	60%	75%
	8	44%	53%	67%
	7	39%	47%	58%
	6	33%	40%	50%
	5	28%	33%	42%
	4	22%	27%	33%
	3	17%	20%	25%
	2	11%	13%	17%
	1	6%	7%	8%
Min Points	0	0%	0%	0%

Provider Reporting Insights & Analytics (PRIA) engagement bonus

Providers that demonstrate consistent engagement with Provider Reporting Insights & Analytics (PRIA) during the 2026 program year shall be eligible for an additional bonus as follows:

- **Eligibility Requirements:** Providers must log into PRIA a minimum of two times per calendar month for all twelve months of the 2026 program year (January through December 2026) .
- **Bonus Amount:** Eligible Providers shall receive one additional point added to their total Points Earned as shown in the quality measures table, with total points capped at the maximum of eighteen points. The adjusted Points Earned total shall then determine the Provider's Program Fund Surplus percentage according to the "Amount of Earned Surplus" table above.
- **Verification:** Asuris shall track and verify PRIA login activity through system records. Records of login information activity are available upon request.
- **All-or-Nothing Provision:** This bonus is awarded on an all-or-nothing basis. Providers that fail to meet the minimum login requirement for any single month during the 2026 program year shall forfeit eligibility for the entire PRIA Engagement Bonus.

Example

Provider Performance:

- 6 measures
- **Points Earned:** 14 points
- **Meets PRIA requirement:** Logged in minimum 2 times every month in 2026

Calculation:

Without PRIA Bonus:

- **Percentage of Points Earned:** 78%
- **Percentage of Program Fund Surplus:** 45%

With PRIA Bonus:

- **Base Points Earned:** 14 points
- **PRIA Engagement Bonus:** +1 point = 15 points
- **Percentage of Points Earned:** 83%
- **Percentage of Program Fund Surplus:** 50% (moves up one tier)

2026 Quality Program measures

Target Performance for Healthcare Effectiveness Data and Information Set (HEDIS) quality measures will be based on the National Committee for Quality Assurance (NCQA) Quality Compass National Commercial (PPO/EPO) percentiles. Measure compliance is determined using the Measurement Year that aligns with the Accounting Period. Quality Measurement information listed below is based on HEDIS MY 2025. We may adjust guidelines in accordance with NCQA changes to measure specifications that are published during the measurement year. Measurement will be as closely aligned to NCQA technical specifications as reasonable. Asuris will determine the measurement methodology at its sole discretion

2026 Quality Measures

HEDIS code	Measure	Description
BCS	Breast Cancer Screening	The percentage of eligible women who had a mammogram to screen for breast cancer.
CBP	Controlling High Blood Pressure	The percentage of eligible members who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.
COL	Colorectal Cancer Screening	The percentage of eligible members who had appropriate screening for colorectal cancer.
GSD	Glycemic Status Assessment for Patients with Diabetes	The percentage of eligible members with diabetes (types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) met target levels during the measurement year.
EED	Eye Exam for Patients with Diabetes	The percentage of eligible members with diabetes (types 1 and 2) who had a retinal eye exam.
	*Member Satisfaction Survey	The Member Survey will be scored based on the available responses to questions associated with Quality Measures answered by Members rating their care and experience with Provider.

*Targets will be set for these measures by Asuris, not HEDIS percentile benchmarks.

Alternate Measures

HEDIS code	Measure	Description
PCR	*Plan All-Cause Readmissions	Rate of acute inpatient stays during measurement year that were followed by an unplanned acute readmission for any diagnosis within the specified timeframe for eligible members.
SPC	Statin Therapy for Patients With Cardiovascular Disease	Members who remained on a high-intensity or moderate-intensity statin medication meeting adherence thresholds during the treatment period

Reporting-Only Measures

HEDIS code	Measure	Description
FUA	Follow-Up After Emergency Department Visit for Substance Use	The percentage of emergency department (ED) visits among eligible members with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within the specified timeframe after the visit.
FUH	Follow-Up After Hospitalization for Mental Illness	The percentage of discharges for eligible members who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within the specified timeframe after the visit.
FUM	Follow-Up After Emergency Department Visit for Mental Illness	The percentage of emergency department (ED) visits for eligible members with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within the specified timeframe after the visit.

2026 Quality Measures for pediatric agreements

HEDIS code	Measure	Description
CIS	Childhood Immunization Status: Combination 10	The percentage of children at the specified age who had the required immunizations by their target milestone.
IMA	Immunization for Adolescents: Combination 2	The percentage of adolescents at the specified age who had the required immunizations by their target milestone
CHL	Chlamydia Screening	The percentage of eligible members who were recommended for routine chlamydia screening, were identified as sexually active and had at least one test for chlamydia during the measurement year.
WCV	Child and Adolescent Well-Care Visits	The percentage of eligible members who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.
W30	Well Child Visits in the First 15 Months of Life	The percentage of eligible members who had the required number of well-child visits with a PCP during the specified timeframe.
	*Member Satisfaction Survey	The Member Survey will be scored based on the available responses to questions associated with Quality Measures answered by Members rating their care and experience with Provider.

*Targets will be set for these measures by Asuris, not HEDIS percentile benchmarks.

Alternate Measures

HEDIS code	Measure	Description
URI	Appropriate Treatment for Upper Respiratory Infection	The percentage of episodes for eligible members with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event.
AMR	Asthma Medication Ratio	The percentage of eligible members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications meeting the specified threshold during the measurement year.

Reporting-Only Measures

HEDIS code	Measure	Description
FUA	Follow-Up After Emergency Department Visit for Substance Use	The percentage of emergency department (ED) visits among eligible members with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up within the specified timeframe after the visit.
FUH	Follow-Up After Hospitalization for Mental Illness	The percentage of discharges for eligible members who were hospitalized for a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within the specified timeframe after the visit.
FUM	Follow-Up After Emergency Department Visit for Mental Illness	The percentage of emergency department (ED) visits for eligible members with a principal diagnosis of mental illness, or any diagnosis of intentional self-harm, and had a mental health follow-up service within the specified timeframe after the visit.

Commercial Total Care Program Alternative Minimum Payment

This only applies to a Provider participating in a Commercial Total Care Program with a Total Care Program effective date prior to January 1, 2024, or as applicable to your agreement.

The Provider will be eligible to receive the greater of program earned surplus or an alternative minimum payment as defined in their agreement. The Alternative Minimum Payment is dependent on the percentage of points earned under the Quality Program.

If Provider Actual Expense Per Member Per Month (PMPM) is at least 7.5% lower cost than Benchmark Actual Expense PMPM in the year prior to the Accounting Period, then Provider will be eligible to receive the greater of Total Care Program Earned Surplus or Alternative Minimum Payment. Alternative Minimum Payment is dependent on the percentage of points earned under the Quality Program as indicated in Table 2 below.

Table 2: Alternative Minimum Payment

Range of % of points earned	7.5% more Cost Effective PMPM	10.0% more Cost Effective PMPM
80%—100%	\$4.00%	\$8.00
65%—79%	\$3.60	\$7.20
50%—64%	\$3.20	\$6.40
40%—49%	\$2.80	\$5.60
30%—39%	\$2.40	\$4.80
20%—29%	\$2.00	\$4.00
0%—19%		

Calculating Alternative Minimum Payment

Note: All sample calculations are intended for example purposes only and do not constitute Provider's expected Alternative Minimum Payment results.

The following illustrates the Alternative Minimum Payment for three sample scenarios.

Example 1

- Provider prior year Actual Expense PMPM is \$350.
- Benchmark prior year Actual Expense PMPM is \$375.
- Prior Year cost status is measured as $1 - [\$350 / \$375] = 6.7\%$.

Outcome: Provider was not at least 7.5% lower cost than the Benchmark in prior year. Accounting Period Settlement is equal to the Total Care Program Earned Surplus.

Example 2

- Provider prior year Actual Expense PMPM is \$345.
- Benchmark prior year Actual Expense PMPM is \$375.
- Prior Year cost status is measured as $1 - [\$345 / \$375] = 8.0\%$.

Provider earned 50% of Quality Program points in the current Accounting Period. According to Table 2: Alternative Minimum Payment, Provider is eligible for \$3.20 PMPM Alternative Minimum Payment in current Accounting Period.

Current Accounting Period Attributed Member Months is equal to 24,000.

Current Accounting Period Alternative Minimum Payment = $\$3.20 * 24,000 = \$76,800$.

Provider Current Accounting Period Total Care Program Earned Surplus = \$100,000.

Accounting Period Settlement = max (\$76,800 and \$100,000) = \$100,000.

Example 3

- Provider prior year Actual Expense PMPM is \$335.
- Benchmark prior year Actual Expense PMPM is \$375.
- Prior Year cost status is measured as $1 - [\$335 / \$375] = 10.7\%$.

Provider earned 66% of Quality Program points in the current Accounting Period. According to Table 2: Alternative Minimum Payment, Provider is eligible for \$7.20 PMPM Alternative Minimum Payment in current Accounting Period.

Current Accounting Period Attributed Member Months is equal to 24,000.

Current Accounting Period Alternative Minimum Payment = $\$7.20 * 24,000 = \$172,800$.

Provider Current Accounting Period Total Care Program Earned Surplus = \$100,000.

Accounting Period Settlement = $\max(\$172,800 \text{ and } \$100,000) = \$172,800$.