2013 Performance Bonus Program for Hoosier Healthwise and
Healthy Indiana Plan Services

Dear Provider:

Thank you for providing quality health care services to our members enrolled in the Hoosier Healthwise program and/or Healthy Indiana Plan (HIP). Because you are a valued Anthem provider, we want to recognize you for your commitment, dedication and service to our members. This brochure describes our 2013 Performance Bonus Program. Through this program, physicians contracted with Anthem who provide services to our Hoosier Healthwise and/or HIP members, and demonstrate exemplary performance in pursuit of Medicaid clinical objectives, may qualify for financial incentives.

Here’s how the bonus program works: Anthem will evaluate physicians in the designated specialties according to three performance categories. The performance review period will run from January 1, 2013, through December 31, 2013. The bonus pool amount is determined by the state based on Anthem’s performance on certain Healthcare Effectiveness Data and Information Set (HEDIS®) and utilization measures. Your potential reward will be based on membership and performance during the review period.

Please read this brochure carefully for program details and the scoring criteria to help you maximize your potential earnings. If you have any questions, call us at 1-866-795-5440.

The bonus program is one of several ways we show our appreciation for your efforts. We look forward to our continued relationship aimed at improving the health of your patients, our members.

Sincerely,

Robert McDaniel
Indiana Medicaid CEO

Kimberly A. Roop, MD
Medical Director
Indiana 2013 Performance Bonus Program for Hoosier Healthwise and Healthy Indiana Plan Services
Indiana 2013 Performance Bonus Program for Hoosier Healthwise and HIP Services

We look to you to provide high-quality care to our members. In turn, through the performance bonus program, we are able to reward contracted physicians who deliver a consistently high level of service to our members, as demonstrated by HEDIS results on quality measures. The Indiana Office of Medical Policy and Planning (OMPP) has designated these measures as priority clinical areas for improvement.

The Indiana 2013 Performance Bonus Program for Hoosier Healthwise and HIP services gives contracted physicians in primary care and other defined specialties associated with OMPP's clinical priorities, the chance to receive enhanced compensation when they meet three pre-established performance objectives during the review period, from January 1, 2013, to December 31, 2013.

Following the scope of Indiana OMPP’s clinical objectives for 2013, contracted physicians eligible for Anthem’s performance bonus program include:

- Physicians enrolled as primary medical providers (PMPs) with at least 150 assigned Anthem members enrolled in the Hoosier Healthwise program and/or 50 assigned Anthem members enrolled in HIP during the last month of the review period.
- Physicians seeing Hoosier Healthwise members who have performed 30 or more deliveries in the performance year. We will score specialists who do not have assigned membership only on the perinatal measures.
- A physician must be an active participating Anthem provider, serving Hoosier Healthwise and/or HIP members, on the scheduled 2014 payout date to be eligible for the additional compensation.
- A physician must not have undergone an Anthem medical or special claims review resulting in noncompliance during the review period.

We will determine eligibility at the end of the review period. The bonus pool will be determined by OMPP in 2014 based on Anthem’s performance on certain HEDIS and utilization measures.

The following table outlines the 2013 Hoosier Healthwise and HIP Performance Bonus Program criteria and qualifying thresholds, the points associated with those thresholds and the scoring criteria. Keep in mind that your potential compensation will be based on your level of performance on all criteria for your specialty.*

* The Performance Bonus Program is not a contract and does not constitute an amendment to your Anthem Blue Cross and Blue Shield Professional Provider Agreement or the Medicaid Participation amendment. Anthem reserves the right to alter the program parameters and/or awards at any time or to eliminate the program in its entirety. Anthem reserves the right to adjust the indicators and targets to reflect trends in utilization and membership. Participation in the program does not guarantee increased compensation.
<table>
<thead>
<tr>
<th>Performance objectives</th>
<th>Points earned</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage of members seen</strong></td>
<td></td>
</tr>
<tr>
<td>50% to 100%</td>
<td>10</td>
</tr>
<tr>
<td>&lt; 50%</td>
<td>0</td>
</tr>
<tr>
<td><strong>Number of emergency room (ER) visits</strong></td>
<td></td>
</tr>
<tr>
<td>Top quartile of providers</td>
<td>20</td>
</tr>
<tr>
<td>Top half of providers</td>
<td>10</td>
</tr>
<tr>
<td>Bottom half of providers</td>
<td>0</td>
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</tbody>
</table>

**Clinical measures**

- Cervical cancer screening
- Asthma: for long-term control
- Diabetes: HbA1c test
- Diabetes: annual LDL test
- Well-child visits: 3-6 years of age, one or more visits
- Well-adolescent visits: 12-21 years of age, one or more visits
- Prenatal: visit in first trimester or within 42 days of enrollment
- Postpartum: visit on or between 21-56 days after delivery
- ADHD: follow-up care for children prescribed ADHD medication, initiation phase (6-12 years of age)

| ≥ 75%                                                      | 70            |
| 50% to 74%                                                 | 40            |
| 40% to 49%                                                 | 30            |
| 0% to 39%                                                  | 0             |

**Total maximum points** 100

*Please note the above information is subject to change.*

HEDIS® is a registered trademark of the National Committee for Quality Assurance.
**Methodology**

Percentage of members seen at least once within 90 days of enrollment with PMP (Note: Members who qualify for measurement must be assigned to the PMP for 90 days or more.)

A PMP's number of ER visits per 1,000 members assigned to that PMP, per year, ranked against PMPs in the same specialty. If your Anthem members have fewer than 550 ER visits/1,000 members, your total bonus award will be increased by 10%. The ER may not be the best place for members to receive routine or nonemergency care, and we encourage care in the office or other appropriate settings.

Physicians will be assessed on their percentile ranking within their specialty based on members assigned to them. Each member who satisfies criteria (age, enrollment and diagnosis) will have a score calculated for the measures on the left. HEDIS member files will be combined with member provider history to assign members to appropriate physicians. A member, and that member's preventive/clinical score, is attributed to a physician if the member has been assigned to the physician for at least six months. The six-month assignment does not apply to prenatal and postpartum measures, which can be less than six months. Each of the individual measures represents an opportunity to provide preventive care. The total number of preventive services divided by the total opportunities is the overall composite score.