

April 2018

Dear Health Care Professional,

Aetna Better Health of Louisiana 2018 Value Based Pay-for-Quality Program

We recognize your importance in providing quality care for our Medicaid members. In recognition of that role, Aetna Better Health of Louisiana is continuing the primary care services Pay-for-Quality (P4Q) Program in 2018. All participating network Primary Care Providers (defined at the organizational TIN level) with a panel size of at least 50 members are eligible to participate as long as they maintain an open panel (accept new Aetna Better Health of Louisiana members) during 2018 and who are not already participating in a Patient Centered Medical Home or Shared Savings arrangement with us. **All eligible providers have the opportunity to earn financial incentives in this program.**

The Aetna Better Health of Louisiana P4Q program will support your members and our quality care initiatives by:

- Promoting care that results in a healthier population by improving quality and outcomes.
- Enriching care delivery consistency and adherence to evidence based standards of care.
- Promoting a continuous quality improvement orientation.
- Promoting care coordination between providers and the health plan, resulting in greater member engagement.

How Does the Program Work?

- The program measurement year is the calendar year for dates of service January 1 – December 31, 2018.
- **This program is an all “upside” program.** No penalties are imposed on providers for unsuccessful performance among the quality measures.
- There are 6 HEDIS measures selected and for each measure, a minimum performance target goal of the HEDIS 50th Percentile must be achieved.

- Each metric will be calculated and rewarded individually. To determine your annual program performance and associated financial award.
- Providers will be rewarded for each HEDIS metric related service that meets or exceeds the established target goal. Financial incentive payments are expected to be paid by the summer of 2019.
- Performance in this program may be used to determine provider eligibility for additional incentive opportunities.

When Will I Be Paid?

- At the end of the calendar year, 90 days is allowed for a claims lag period.
- After the 90 day claims lag period, each measure will be calculated individually.
- If an amount of reward is due, a check will be hand delivered to your office by your Network Relations Consultant within 210 days following the conclusion of the measurement year.

Measures of Focus and Targets

The HEDIS measures of focus and performance targets are noted below.

Measure	Target
Ambulatory Care-Emergency Department Visits*	< 62.76
Adolescent Well Care	50.12%
CDC-Comprehensive Diabetes Care HbA1c control < 8.0	48.87%
Follow-up ADHD Continuation and Maintenance Phase	55.90%
Weight Assessment Counseling for Nutrition for Children and Adolescents	68.05%
Weight Assessment Counseling for Physical Activity for Children and Adolescents	59.26%

*Note: A lower score is better.

A coding guide will be provided to you by your Aetna Better Health of Louisiana network relations consultant and/or by the quality specialists during our medical record onsite HEDIS audit. The coding guide will help you quickly identify the diagnostic and procedural codes that must be added to the claim for you to receive credit for rendered services.

What kind of reports will I receive?

To assist you, you will receive two types of reports:

1. A VBS Quality report that includes both individual and provider group performance against the Quality measures and targets will be provided and refreshed on a monthly basis. These profiles highlight any gaps in care and the actions required to successfully achieve the program targets. An itemized list of all members for whom the quality measures apply is also included to assist you with outreach.
2. A cumulative year-end report that will be used to calculate financial rewards will be distributed at the conclusion of the 2018 measurement year. This report will highlight performance for the entire program.

The VBS Quality report will be made available to all providers through the Aetna Better Health of Louisiana Web Portal and you will receive consultation on performance from your network relations consultant. We encourage you to log onto this portal frequently to review your performance and identify opportunities in achieving the quality care initiatives for your patients.

Questions?

We thank you again for the care you provide to our members. For more information about this program or the Aetna Medicaid Web portal, please contact your provider relations liaison (chart below) or our Aetna Better Health of Louisiana Provider Relations line by calling **1-855-242-0802**, and **selecting option 2** then **option 6**.

Sincerely,



Madhavi Rajulapalli, M.D.
Chief Medical Officer
Aetna Better Health of Louisiana