Aetna Better Health® of Michigan
28588 Northwestern Hwy, Suite 380B
Southfield, MI 48034
1-866-316-3784

Revised Provider Bulletin No 217

AETNA BETTER HEALTH® OF MICHIGAN

TO: Providers
FROM: Provider Experience Team
DATE: December 21, 2023
SUBJECT: ABH 2024 Value-Based Pay-for-Quality Program

Dear Valued Provider:

Aetna Better Health of Michigan, Inc.
2024 Value-Based Pay-for-Quality Program

On behalf of Aetna Better Health of Michigan (ABH MI), I want to thank you for continuing to be a valued partner and providing our members quality health care services. In recognition of that role and our ongoing effort to drive value-based health care with quality outcomes, ABH MI is continuing its primary care services Pay-for-Quality (P4Q) Program for 2024. This program rewards PCPs for achieving or exceeding a level of performance on selected HEDIS and quality measures during the measurement period of January 1, 2024 through December 31, 2024.

The P4Q program supports your patients and our quality care initiatives by:

- Promoting care that services the whole person resulting in healthier populations by improving quality and outcomes.
- Enriching care delivery consistency and adherence to evidence based standards of care to promote health equity.
- Promoting care coordination between providers and the health plan, resulting in greater member, family, and community engagement.

A noticeable update for 2024 to better address serving our members as a whole person, ABH MI has included reimbursement for Z-code adoption aimed to promote health equity through Social

Aetna Better Health® of Michigan
28588 Northwestern Hwy, Suite 380B
Southfield, MI 48034
1-866-316-3784

Determinates of Health identification. ABH MI has also added incentive opportunities for preventive and diagnostic dental services promoting the expansion of quality care to our members.

Attached is documentation outlining our 2024 P4Q Program. As a courtesy, you will automatically be enrolled into the Program for 2024 if you meet program requirements. If in the event you are participating in another VBS program with ABH MI during the same reporting period, some restrictions may apply.

Should you have any questions concerning this program, please contact your Network Relations Consultant at (866) 316-3784 or MIABHProviderNetworkMgt@AETNA.com

Thank you for your valued partnership with Aetna Better Health of Michigan.

Respectfully,

Jacqueline R. Simmons, MD, MS, MPH, CPE
Chief Medical Officer

Attachment: 2024 Pay-For-Quality (P4Q) Program

2024 PAY-FOR-QUALITY (P4Q) PROGRAM

Standardized, market-based programs where performance can be accurately tracked on a monthly basis.	
Provider Eligibility	No fewer than 150+ Aetna Medicaid members per practice (average over the performance period)
	Must have "open" panel
Performance Measurement	Selected measures – Up to 5 of 14 HEDIS® measures based upon the 5 measures most relevant to Provider's member panel and two (2) separate dental measures.
	Applicable measure must have at least ten (10) members in the denominator to be eligible for payment
	Two targets are set based on the 2023 National Medicaid HEDIS® 50th and 75th percentiles or Plan custom targets where 2023 National Medicaid HEDIS® benchmarks were not available
Payment Model	Annual payment if quality targets identified achieved
	$5 PMPM is the maximum payout. Each selected measure has a maximum payout $1 PMPM
	A PCP Practice is either rewarded $0.50 PMPM for their entire assigned Aetna Better Health Medicaid membership panel for each eligible measure for which they meet or exceed target 1 (T1) or a $1.00 PMPM incentive for each eligible measure that meets or exceeds target 2 (T2)
Data & Reporting	Standardized, centralized, actionable monthly group report available to providers through Availity (www.availity.com)
	Reports include gaps in care
	The first performance report will be available in March 2024
Management Process	Provider performance reviews as needed.
	Annual determination of provider readiness to move to more advanced APM

ANNUAL P4Q QUALITY MEASURES

Measure	Description	T1	T2
Adults Access to Preventive/Ambulatory Health Services (AAP): Members Age 20-44	The percentage of members 20-44 years of age who had an ambulatory or preventive care visit.	69.69	74.69
Adults Access to Preventive/Ambulatory Health Services (AAP): Members Age 45-64	The percentage of members 45-64 years of age who had an ambulatory or preventive care visit.	80.18	84.08
Breast Cancer Screening (BCS)	The percentage of women 50-74 years of age in the measurement year who had a mammogram to screen for breast cancer from October 1 two years prior to the measurement year through December 31 of the measurement year.	52.20	58.35
Blood Pressure Control for Patients with Diabetes (BPD)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.	63.99	70.07
Controlling High Blood Pressure (CBP)	The percentage of members 18-85 of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.	61.31	67.27
Cervical Cancer Screening (CCS)	The percentage of women 21-64 years of age who were screened for cervical cancer.	57.11	61.80
Lead Screening in Children (LSC)	The percentage of children turning 2 years of age in the measurement year who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	62.79	70.07

Measure	Description	T1	T2
Childhood Immunization Status (CIS): Combo 3	The percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP), 3 polio (IPV), 1 measles, mumps and rubella (MRR), 3 haemophilus influenza type B (HiB), 3 hepatitis B (Hep B), 1 chicken pox (VZV), 4 pneumococcal conjugate (PCV) by their second birthday.	63.99	68.86
Eye Exam for Patients with Diabetes: (EED)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam in the measurement year.	52.31	59.37
HbA1c Control for Patients with Diabetes: (HBD) (<8.0%)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c was less than 8.0%.	52.31	57.18
Kidney Health Evaluation for Patients with Diabetes (KED): Total	The percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) *and* a urine albumin creatinine ration (uACR), during the measurement year.	33.52	41.49
Weight Assessment, Counseling for Nutrition, Physical Activity for Children/Adolescents (WCC)	The percentage of members 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had BMI percentile documentation, counseling for nutrition, and counseling for physical activity during the measurement year.	67.76	77.37
Child & Adolescent Well-Care Visits (WCV): Total	The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	48.07	55.08
Well Child Visits in the First 30 Months of Life (W30): First 15 months, 6+ visits	The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.	58.38	63.34
Diagnostic Dental Service	The percentage of members between the ages of 19-64 who had a least one Diagnostic Dental Service (D0100-D0999) during the measurement year.	30.0	36.0
Prevenative Dental Service	The percentage of members between the ages of 19-64 who had a least one Preventive Dental Service (D1000-D1999) during the measurement year.	17.0	24.0

Annual Pay-for-Quality incentive payments will be paid based upon administrative data with 90 days run-out to ensure data completion. Expected payout will be June 2025.

QUARTERLY P4Q QUALITY MEASURES

In addition to the reimbursement described above, Provider shall be eligible for additional incentive reimbursement for the services as described in the chart directly below ("Eligible Services") that meet the corresponding measure for a member. Payment will be made on a quarterly basis for Eligible Services rendered.

Service	Measure	Incentive Basis	Rate
Breast Cancer Screening (BCS)	The percentage of women 50-74 years of age in the measurement year who had a mammogram to screen for breast cancer from October 1 two years prior to the measurement year through December 31 of the measurement year.	Provider will be paid for each HEDIS® eligible member that has received at least one (1) mammogram during the measurement year. Payment is limited to one (1) per year.	$50.00

Service	Measure	Incentive Basis	Rate
Cervical Cancer Screening (CCS)	Woman ages 21-64 years of age who were screened for cervical cancer.	Provider will be paid for each HEDIS® eligible member that received one (1) Cervical Cancer Screening per measurement year. Payment is limited to one (1) per year.	$25.00
Childhood Immunization Status (CIS): Combo 3	The percentage of children 2 years of age who had 4 diphtheria, tetanus and acellular pertussis (DTaP), 3 polio (IPV), 1 measles, mumps and rubella (MRR), 3 haemophilus influenza type B (HiB), 3 hepatitis B (Hep B), 1 chicken pox (VZV), 4 pneumococcal conjugate (PCV) by their second birthday.	Provider will be paid for each HEDIS® eligible member who completes a series or receives all Combo 3 immunizations by their 2nd birthday.	$25 per completion of each series in Combo 3, $100 bonus for completion of Combo 3
Immunization for Adolescents (IMA): Combo 2	The percentage of adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.	Provider will be paid for each HEDIS® eligible member that received both Combo 2 immunizations between their 11th and 13th birthday.	$50.00
Eye Exam for Patients with Diabetes: (EED)	The percentage of members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam in the measurement year.	Provider will be paid for each HEDIS® eligible diabetic member that has received a dilated eye exam during the measurement year. Payment is limited to one (1) per year.	$25.00
HbA1c Control for Patients with Diabetes: (HBD) <8.0%)	The percentage of members 18-75 years of age with diabetes (type 1 and 2) whose hemoglobin A1c was less than 8.0%	Provider will be paid for each HEDIS® eligible diabetic member that receives HbA1c test results of <8.0% per measurement year. Payment is limited to one (1) per year.	$25.00
Lead Screening in Children (LSC)	The percentage of children turning 2 years of age in the measurement year who had one or more capillary or venous lead blood tests for lead poisoning by their second birthday.	Provider will be paid for each HEDIS® eligible Member that receives one (1) blood lead screening prior to their 2nd birthday.	$25.00
Prenatal and Postpartum Care (PPC): Postpartum Care	The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 to 84 days after delivery.	OB/GYN's, Midwives and Family Practitioners can earn an incentive for Postpartum care examinations performed in accordance with HEDIS® guidelines.	$100.00
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	The percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that received a prenatal care visit in the first trimester or within 42 days of enrollment in the organization.	OB/GYN's, Midwives and Family Practitioners can earn an incentive for Antepartum care examinations performed in accordance with HEDIS® guidelines.	$100.00

Service	Measure		Incentive Basis	Rate
Diagnostic and Preventive Dental Services	Members that received either a Diagnostic (D0100-D0999) or Preventive (D01000-D01999) Dental Service.		Provider will be paid per member receiving a diagnostic or preventive dental service during the measurement year. Payment is limited to one (1) diagnostic and preventive service per year.	$10.00
Care Management/ Care Coordination Services	**Code**	**Description**	Provider will be paid for each eligible Care Management/Care Coordination Service appropriately rendered and billed during the measurement period.	$25.00
	G9001	Comprehensive Assessment		
	G9002	In-Person CM/CC Encounter		
	G9007	Care Team Conferences		
	G9008	Provider Oversight		
	98966, 98967, 98968	Telephone CM/CC Services		
	98961, 98962	Education/Training for Patient Self-Management		
	99495, 99496	Care Transitions		
	S0257	End of Life Counseling		
	G0511	Chronic Care Management for FQHCs		
	G0512	Psychiatric Collaborative Care Model for FQHCs		
	99497, 99498	Advanced Care Planning		
	99487	Complex Chronic Care Management		
	99490	Chronic Care Management Services		

All P4Q Quarterly incentives earned for Eligible Services will be calculated and paid quarterly. Incentives will be paid in accordance with the following schedule:

Claim Service Date	Incentive Payment Date
January 1 to March 31, 2024	July, 2024
April 1 to June 30, 2024	October, 2024
July 1 to September 30, 2024	January, 2025
October 1 to December 31, 2024	June, 2025

After Hours – Provider shall be eligible for additional incentive reimbursement for the Eligible Services, described in the chart directly below. Services will be paid at the rate below, based on billed claims.

Service	Measure	Incentive Basis	Rate
After Hours (99050, 99051)	Services provided in the office at times other than regularly scheduled office hours must be billed with appropriate E & M Code to be paid.	Provider will be paid for services provided in the office Monday through Friday after 5:00 p.m. and on weekends.	$25.00

SDoH Z-Code Incentive

Provider shall be eligible for additional incentive reimbursement for eligible z-codes, described in the chart directly below. Services will be paid at the rate below, based on billed claims.

Code	Description	Incentive Basis	Rate
Z55	Problems related to education and literacy	Provider will be paid per member identified as having an applicable Z-code diagnosis during the measurement year. Payment is limited to (1) payment per member per PCP during the measurement period.	$10.00
Z56	Problems related to employment and unemployment		
Z59	Problems related to housing and economic circumstances		
Z60	Problems related to social environment		
Z62	Problems related to upbringing		