2024 VBS Quality Incentive Program- Oakland

Physician Network Services

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Agenda

Introductions

Pay-for-Quality Incentive Program
- Program Highlights
- Program Criteria

OPNS VBS Contract Overview
- Quality Measures
- Overall performance

HEDIS Priority Measures, Resources & Tools

Questions?

Pay-for-Quality (P4Q) Incentive Program

2024 Pay-for-Quality (P4Q) Program Highlights

For details, see the 2024 P4Q Program guide

Vaccines for Children (VFC)

Pediatric Providers enrolled in VFC are eligible for an annual PMPM incentive

Z-Codes

Supporting SDoH

Z-code billing reimbursement is available for specific z-codes supporting SDoH barrier identification

Care Management & Care Coordination

Select CM/CC codes are eligible for reimbursement through the quarterly program

Dental Measures

Preventative and Diagnostic

Providers can earn incentives both quarterly and annually for members getting preventative and diagnostic dental appointments.

HEDIS Measures

Annual program consists of 14 target-based measures and quarterly program has nine measures

2024 Pay-for-Quality (P4Q) Annual Program Criteria

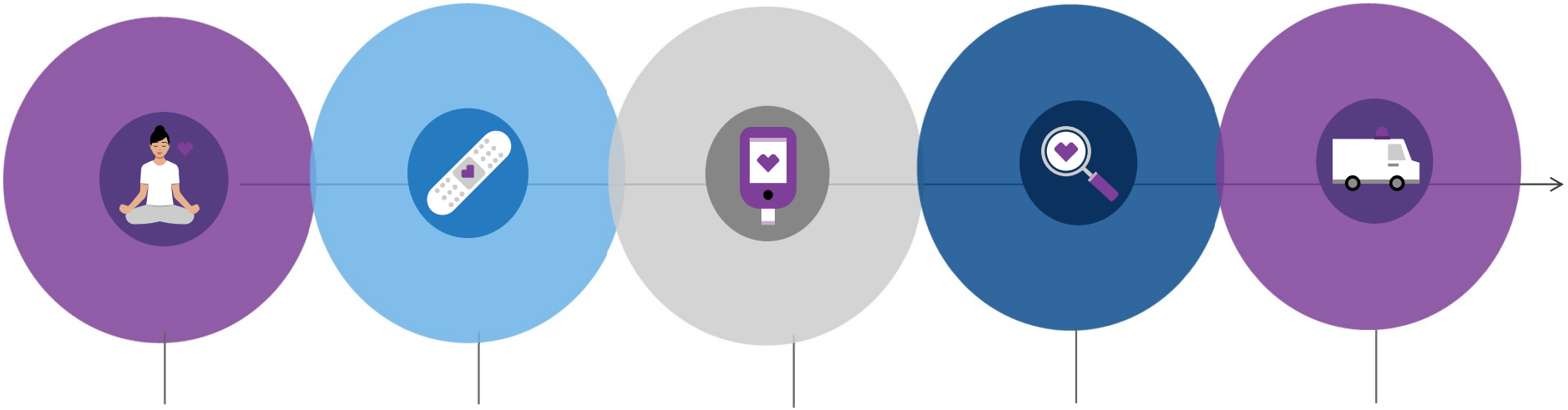
For details, see the 2024 P4Q Program guide

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 2 separate dental measures outside of the 5 HEDIS® measures
	Applicable measure must have at least 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)

OPNS VBS Contract Overview

OPNS VBS Contract Quality Measures



AAP
Adults Access to Preventative and Ambulatory Health: Age 20-44

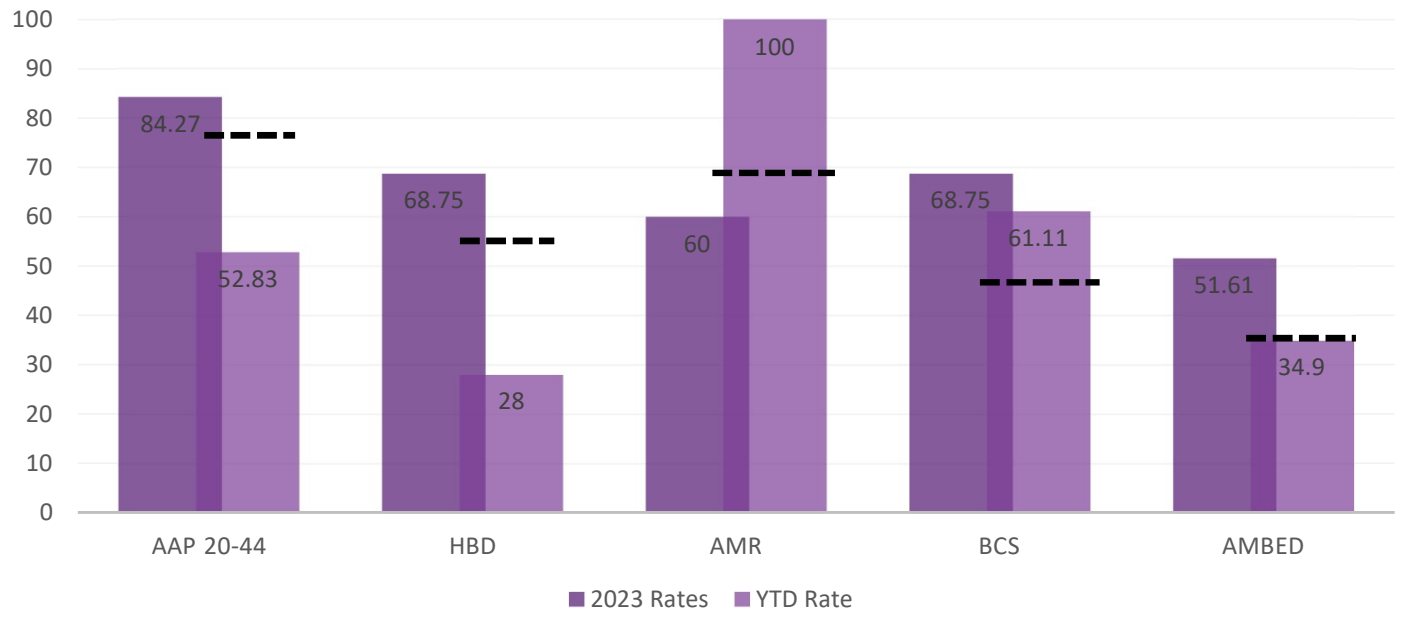
HBD
Hemoglobin A1c Control for Patients with Diabetes

AMB
Asthma Med Ratio: Age 5-55 >50%

BCS
Breast Cancer Screening

AMB ED
Ambulatory Care: Emergency Department Visits

VBS Contract Quality Measure Rates



Source: ABH VBS Quality Reports

HEDIS Priority Measures, Resources & Tools

Aetna Better Health Priority HEDIS Measures

Blood Pressure Control for Patients with Diabetes (BPD)

Members 18–75 — **COMMERCIAL | MEDICARE | MEDICAID**

Measure definition

Members with a diagnosis of type 1 or type 2 diabetes whose blood pressure is adequately controlled (<140/90 mm Hg) during the measurement year.

Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected

Commonly used claim codes*

Systolic B/P:

- **3075F:** 130-139 mm Hg
- **3074F:** >130 mm Hg
- **3077F:** ≥ 140 mm Hg

Diastolic B/P:

- **3079F:** < than 90 (80-89 mm Hg)
- **3078F:** < than 80 mm Hg
- **3080F:** ≥ 90 mm Hg

Exclusions:

- Acute inpatient: **99221, 99222, 99223, 99231, 99232**
- Frailty encounter: **99504, 99509**
- Encounter for palliative care: **Z51.5**

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your HEDIS plan representative.

Childhood Immunization Status (CIS)

Children who turn 2 years of age during measurement year — **COMMERCIAL | MEDICAID**

Measure definition

- Members who had the following vaccines by their second birthday:
- 4 diphtheria, tetanus and acellular pertussis (DTaP)
- 3 polio (IPV)
- 3 hepatitis B (Hep B)
- 1 measles, mumps and rubella (MMR)
- 3 haemophilus influenza type B (HIB)
- 1 chicken pox (VZV)
- 4 pneumococcal conjugates (PCV)
- 1 hepatitis A (Hep A)
- 2 or 3 rotaviruses (RV)
- 2 influenza vaccines (Flu)

For documented history of illness or anaphylaxis, there must be a note indicating date of event, which must have occurred by the member's second birthday.

Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected

Commonly used claim codes*

- Anaphylactic reaction due to vaccination, initial encounter: T8052XA
- Anaphylactic reaction due to vaccination, subsequent encounter: T80.52XD
- Human immunodeficiency virus [HIV]: B20 ICD10CM
- Post tetanus vaccination encephalitis: 192710009 SNOMED

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your HEDIS plan representative.

Kidney Health Evaluation for Patients with Diabetes (KED)

Members ages 18–85 — **COMMERCIAL | MEDICAID**

Measure definition

Members with diabetes (type 1 or type 2) who received a kidney health evaluation including **both** of the following during measurement year (MY):

- Estimated glomerular filtration rate (eGFR) **and**
- Urine albumin-creatinine ratio (uACR)

Both a quantitative urine albumin test **and** a urine creatinine test with service dates **four days or less apart**

Medical record requirements

- Member legal name and date of birth
- Provider/practice identifier
- Provider Business Group (PBG) name and number
- Date of service (DOS)
- Applicable lab/test results and date collected

Commonly used claim codes*

- eGFR: **80047**
  and
- Quantitative urine albumin and urine creatinine lab test: **82043, 82570**

Exclusions

- ESRD: **N18.6**
- Dialysis: **39.95**

Medical record submission methods may not be applicable to all plan types. For more details, you can reach out to your HEDIS plan representative.

HEDIS Closure Tips

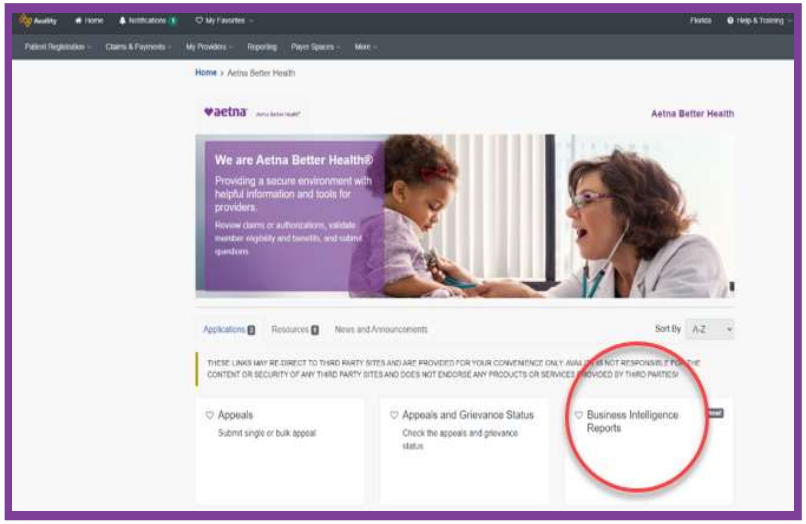
For additional gap closure tips, see Aetna's 2024 HEDIS Reference Tool

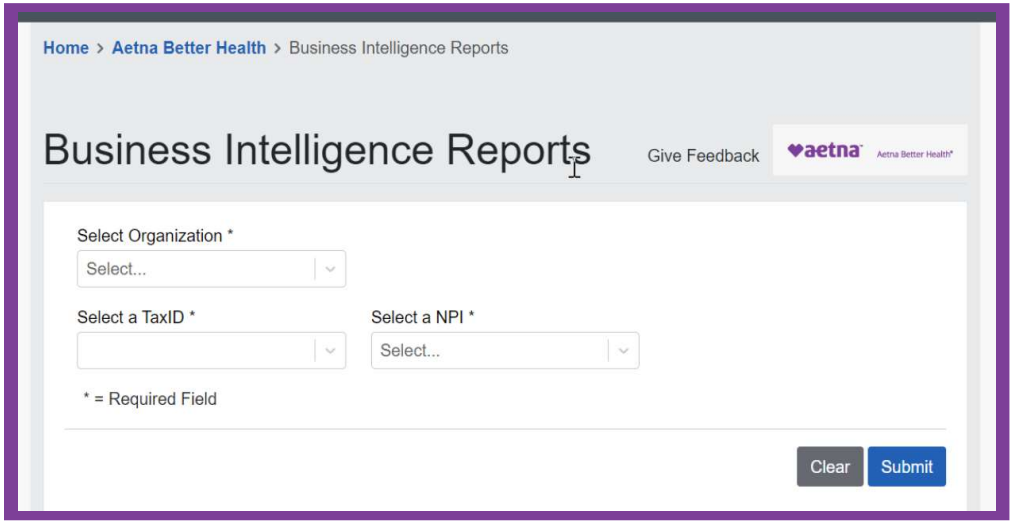
HEDIS Measure	Measure Definition	Measure Requirements	Commonly Used Codes*
AAP – Adults' Access to Preventive/ Ambulatory Health Services • 20 years of age and older	Members who had an ambulatory or preventive care visit The organization reports three separate percentages for each product line • *Medicare and Medicaid* members during the measurement year who had an ambulatory or preventive care visit • *Commercial* members during the measurement year or two years prior had an ambulatory or preventive care visit	**Requirements:** Date of service required and appropriate code **Service date range:** • *Medicaid* and *Medicare* – measurement year • *Commercial* – measurement year and the two years prior to the measurement year **Required exclusions:** • Members in hospice or using hospice services during the measurement year • Members who have died during the measurement year	Claims data only: Any one of the following: Ambulatory visits: 99401 Other ambulatory visits: 99402 Telephone visit: 99442 E-visits/virtual: 99422

Gap Closure Tools

- **Availity**
  - Online Provider Portal
  - Availity landing page: https://www.availity.com/
  - Several VBS reports to specify outreach efforts:
    - Inpatient Census Report
    - P4Q Annual Performance Reports
    - Contract Summary Report
    - Panel Report
    - Emergency Department Utilization Reports
    - RX Utilization report

Accessing VBS Reports on Availity





HEDIS Completion Tips

Ask what type of follow-up reminders are preferred; text, email, call.

Review previous year open gaps and start outreaches in first quarter.

Review rosters frequently to identify members that might be inaccurately assigned

Encourage telehealth when appropriate for any open GIC

Ensure correct coding is taking place; including exclusions.

Set flags in patient records with open GIC to be addressed at next appointment

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Thank you
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