

## Quality & Bonus Programs Offered by Managed Care Companies

	Aetna	BCBS	CIGNA	Humana	United Healthcare
<b>Info current as of:</b>	11/1/2019	11/1/2019	10/23/2018	10/23/2018	10/23/2018
<b>Name</b>	Quality Program: <a href="#">Aexcel</a>  Bonus Program: <a href="https://navinet.navimedix.com">https://navinet.navimedix.com</a> → “Aetna Support Center” → “Doing Business with Aetna” → “Bridges to Excellence”	<a href="#">BlueCompare</a> – decommissioned as of 12/31/18  <a href="#">Quality Improvement Program</a>  Bonus Program: <a href="#">Bridges to Excellence (BTE)</a>	<a href="#">Cigna Care</a>  <a href="#">Cigna Care Designation Methodologies</a>	<a href="#">Quality Improvement Program</a>  • Humana's quality improvement (QI) program includes clinical care, preventive care and member services.  • Health care providers may obtain a written QI program description by calling  • 1-800-4-HUMANA (1-800-448-6262).	<a href="#">UnitedHealth Premium Program</a>  <a href="#">UnitedHealth Premium Program Methodology</a>
<b>Sold As a Network Product</b>	Aexcel: Sub-Network to PPO  BTE: N/A	BTE: N/A	Sub-Network to PPO	N/A	No
<b>Designation for Network Member</b>	Aexcel: Recognized in online DocFind® directory by a blue star  BTE: Appear on DocFind® online directory with a notation		Cigna Online Provider Directory includes multiple levels of quality and cost recognition symbols: <ul style="list-style-type: none"><li>• NCQA recognized</li><li>• Individual or Group Board Certified</li><li>• Evidence Based Medicine (EBM)</li><li>• ABIM-PIM</li><li>• Cost &amp; Efficiency</li><li>• Cigna Care Designated</li></ul>	Humana Online Provider Directory: - Individual or Group Board Certified - NCQA Recognized	UH Online Provider Directory Designations: <ul style="list-style-type: none"><li>• Premium Care Physician</li><li>• Quality Care Physician</li><li>• Quality Not Evaluated</li><li>• Does Not Meet Quality</li></ul>
<b>Primary Care</b>	No (but part of the network)		FM, IM, PD	N/A	FM, IM, OBG, PD
<b>Specialties</b>	CD, CTS, GE, GS, N, NS, OBG, OR, OTO, PS, U, VS		AI, CD, TS, CRS, D, OTO, END, GE, GS, HO, NEP, N, NS, OBG, OPH, ORS, PUD, RHU, U	N/A	A, CD, ICE, IC, OTO, END, GS, CRS, NEP, N, NS, OPH, OFA, HSO, OSS, OSM, ORS, PUD, RHU, U
<b>Board Certification</b>	At least 75% of specialists in a group must be board certified in their Aexcel specialty.		Yes	N/A	Yes
<b>Minimum # of Patients</b>	<b>Quality:</b> 10 cases per measure or 30 cases across measures <b>Cost:</b> 20 episodes of care over 3 years.		Minimum 30 episodes of care.	N/A	<b>Quality:</b> 5 patients and 20 measures <b>Cost Efficiency:</b> 10 patients or 10 medical/surgical cases

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<b>Minimum Time in Network</b>	2 Years		30 treatment episodes during the review period	N/A	N/A
<b>Time Period Evaluated</b>	3 Years  * Rereview physician's performance at least every two years		1/1/2014 - 12/31/2015	N/A	1/1/2013 - 4/31/2016
<b>Quality Criteria</b>	<p><b>Must meet one of the criteria:</b></p> <ul style="list-style-type: none"> <li>• Aetna Claims-based Measures: must have at least 10 Aetna cases in any of the given measures or at least 30 Aetna cases across all measures</li> <li>• Certification by External Entity: At least 50% of specialists in a group have NCQA or BTE recognition</li> <li>• Alignment with Aetna Institutes of Quality® (IOQ): Doctor must maintain an active medical staff appointment at an Institutes of Quality facility for his/her specialty</li> <li>• An attestation to compliance with the 2015/2016 Meaningful Use 1 or 2 guidelines as required by the CMS EHR Incentive Program at the physician group level.</li> <li>• Participation in the PQRS by at least 50% of the eligible specialists in your practice or an attestation at the physician group level.</li> <li>• Performance-based Improvement Model: At least 50% of doctors in a group have completed a performance improvement module, or MOC Part 4 within the previous two years</li> <li>• Participation in a value-based contract with us before September 1, 2017.</li> </ul>		<ul style="list-style-type: none"> <li>• Care predominantly provided by board certified physicians.</li> <li>• CAC physicians can also qualify by achieving a TMC Performance Index <math>\leq 1.03</math> AND EBM Quality Index of <math>\geq 0.99</math></li> <li>• In order to receive the Cigna Care designation, a physician must qualify on the basis of both medical group specialty quality and cost-efficiency OR be ranked in the top 34% for quality or cost-efficiency of an eligible medical group specialty within his/her geographic market for cost-efficiency.</li> <li>• Care predominantly (&gt; 80%) provided by board certified physicians</li> <li>• Cigna designated quality measures (101 measures)</li> </ul>	<p>*See Provider Medicare Quality Rewards Program for Performance-Based Incentives:</p> <p><a href="https://www.humana.com/provider/support/clinical/quality-resources/medicare-rewards-program">https://www.humana.com/provider/support/clinical/quality-resources/medicare-rewards-program</a></p>	<ul style="list-style-type: none"> <li>• Specialty board certification required</li> <li>• Quality evaluation based on UH designated measures from claims data whenever possible.</li> <li>• If insufficient data, NCQA, BTE, and ABIM-PIM can be used instead.</li> <li>• Data is adjusted based on region, specialty, case-mix, and risk/severity.</li> </ul>
<b>Cost Criteria</b>	Episodes of care using 3 years of complete episodes non-outlier data		<ul style="list-style-type: none"> <li>• Minimum of 30 episodes with at least 10 like episodes in the market peer group.</li> <li>• Episodes are case mix and severity adjusted.</li> </ul>	N/A	<ul style="list-style-type: none"> <li>• Population/Episode Cost Measurement.</li> <li>• Data is adjusted based on region, specialty, and risk/severity. (Pharmacy cost not included)</li> </ul>

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<p><b>Getting the Assessment Results</b></p>	<p><b>Aetna.com</b> Log in, then select “Support Center” Under “Doing Business with Us,” select “Aexcel Designation Check.”  Or call at 1-888-632-3862</p>	<p>To receive a written summary of the Quality Improvement Program, which includes outcomes, please call the Quality Improvement Programs Department at 800-863-9798</p>	<p>N/A</p>	<p>For Rewards Programs:</p> <ul style="list-style-type: none"> <li>• Go to <a href="http://Humana.com/providers">Humana.com/providers</a></li> <li>• Click on “Register”</li> <li>• Follow the on screen instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• Go to <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a></li> <li>• Click on UnitedHealth Premium.</li> <li>• Click on Premium Assessment Results.</li> <li>• Log in required..</li> </ul>
<p><b>Appeal Process &amp; Time Period</b></p>	<p>Texas physicians are required to receive written notice of their evaluation results at least 45 days before Aetna publishes their Aexcel designations. They may request a reconsideration of their Aexcel designation. The physician can choose between a teleconference meeting and an in-person meeting. It can be held at a mutually agreed upon time — or during normal business hours, Monday through Friday, 8 a.m. to 5 p.m. CT.</p>		<ul style="list-style-type: none"> <li>• Email: <a href="mailto:PhysicianEvaluationInformationRequest@cigna.com">PhysicianEvaluationInformationRequest@cigna.com</a>,</li> <li>• Fax: 1.866.488.5506</li> <li>• Approximately 30-45 days</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the instruction above to monitor your progress throughout the year.</li> <li>• To opt out call 1-800-626-2741</li> </ul>	<p>Specific due dates are provided by email, mail or can be viewed on-line using the instruction below:</p> <ul style="list-style-type: none"> <li>• Go to <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a></li> <li>• Click on UnitedHealth Premium.</li> <li>• Click on Premium Reconsideration.</li> <li>• Log in required.</li> </ul>