

Comparison of Efficiency and Quality Programs by Managed Care Companies

	Aetna	BCBS	CIGNA	Humana	United Healthcare
Info current as of:	9/19/2017	9/19/2017	9/19/2017	9/19/2017	9/19/2017
Name	Aexcel	BlueCompare BlueCompare Designation Program Description	Cigna Care Cigna Care Designation Methodologies	Quality Improvement Program <ul style="list-style-type: none"> • 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). 	UnitedHealth Premium Program UnitedHealth Premium Program Methodology
Sold As a Network Product	Sub-Network to PPO	Separate product. Contract terms/fees provided under BlueChoice PPO & BlueOptions	Sub-Network to PPO	N/A	No
P4P	None	None to date	None	N/A	<ul style="list-style-type: none"> • Component of the Practice Rewards Program
Designation for Network Member	Recognized in online DocFind@directory by a blue star.	When members search for providers in the PPO network, search results include a symbol/ designation next to the physician's name.	Cigna Online Provider Directory includes multiple levels of quality and cost recognition symbols: <ul style="list-style-type: none"> • NCQA recognized • Individual or Group Board Certified • Evidence Based Medicine (EBM) • ABIM-PIM • Cost & Efficiency • Cigna Care Designated 	Humana Online Provider Directory: <ul style="list-style-type: none"> - Individual or Group Board Certified - NCQA Recognized 	UH Online Provider Directory Designations: <ul style="list-style-type: none"> • Premium Care Physician • Quality Care Physician • Quality Not Evaluated • Does Not Meet Quality
Primary Care	No (but part of the network)	Yes	FM, IM, PD	N/A	FM, IM, OBG, PD
Specialties	CD, CTS, GE, GS, N, NS, OBG, OR, OTO, PS, U, VS	AI, CDN-I, CDI, END, FP, GM, IM, NEP, OBG, PAI, PPD, PE, PD, CRS, GE, GER, PDA, PUD, RHU, U	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
Board Certification	At least 75% of specialists in a group must be board certified in their Aexcel specialty.	No	Yes	N/A	Yes
Minimum # of Patients	Quality: 10 cases per measure or 30 cases across measures Cost: 20 episodes of care over 3 years.	30 episodes of care	Minimum 30 episodes of care.	N/A	Quality: 5 patients and 20 measures Cost Efficiency: 10 patients or 10 medical/surgical cases
Minimum Time in Network	2 Years	2 years	30 treatment episodes during the review period	N/A	N/A
Time Period Evaluated	3 Years	2 years	1/1/2014 - 12/31/2015	N/A	1/1/2013 - 4/31/2016

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Quality Criteria	<p>Must meet one of the criteria:</p> <ul style="list-style-type: none"> 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 Certification by External Entity: At least 50% of specialists in a group have NCQA or BTE recognition 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 Use of Technology: At least 50% of specialists in group have BTE Physicians Office Systems or NCQA Physician Practice Connections recognition OR are certified by the CCHIT 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 	Evidence Based Measures (e.g. NCQA, NQF, AQA) or Bridges to Excellence (Cardiac or Diabetes)	<ul style="list-style-type: none"> Care predominantly provided by board certified physicians. CAC physicians can also qualify by achieving a TMC Performance Index ≤ 1.03 AND EBM Quality Index of ≥ 0.99 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. Care predominantly (> 80%) provided by board certified physicians Cigna designated quality measures (101 measures) 	<p>*See Provider Medicare Quality Rewards Program for Performance-Based Incentives:</p> <p>https://www.humana.com/provider/support/clinical/quality-resources/medicare-rewards-program</p>	<ul style="list-style-type: none"> Specialty board certification required Quality evaluation based on UH designated measures from claims data whenever possible. If insufficient data, NCQA, BTE, and ABIM-PIM can be used instead. Data is adjusted based on region, specialty, case-mix, and risk/severity.
Cost Criteria	Episodes of care using 3 years of complete episodes non-outlier data (episode start dates 07/01/2009-06/30/2012)	Two incurred years of outlier-trimmed claims data	<ul style="list-style-type: none"> Minimum of 30 episodes with at least 10 like episodes in the market peer group. Episodes are case mix and severity adjusted. 	N/A	<ul style="list-style-type: none"> Population/Episode Cost Measurement. Data is adjusted based on region, specialty, and risk/severity. (Pharmacy cost not included)
Getting the Assessment Results	<p>Request in writing to: Aetna Network Management Three Sugar Creek, Suite 300 Sugar Land, TX 77478 Fax: 860-754-54654</p>	<p>Request in Writing to: 1800 West Loop South, Suite 600 Houston, TX 77027-3279 800-637-0171, press 3 P) 713-663-1149</p>	N/A	<p>For Rewards Programs:</p> <ul style="list-style-type: none"> Go to Humana.com/providers Click on "Register" Follow the on screen instructions. 	<ul style="list-style-type: none"> Go to www.unitedhealthcareonline.com. Click on UnitedHealth Premium. Click on Premium Assessment Results. Log in required..
Appeal Process & Time Period	<p>Request in writing to: Aetna Network Management Three Sugar Creek, Suite 300 Sugar Land, TX 77478 Fax: 860-754-5465</p> <p>Resolve within 45 days if request received within 30 calendar days of original notification.</p>	<p>Review Process</p> <p>Request in Writing to: 1800 West Loop South, Suite 600 Houston, TX 77027-3279 800-637-0171, press 3 713-663-1149</p> <p>Usually 15-30 business days.</p>	<ul style="list-style-type: none"> Email: PhysicianEvaluationInformationRequest@cigna.com. Fax: 1.866.488.5506 Approximately 30-45 days 	<ul style="list-style-type: none"> Follow the instruction above to monitor your progress throughout the year. To opt out call 1-800-626-2741 	<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"> Go to www.unitedhealthcareonline.com. Click on UnitedHealth Premium. Click on Premium Reconsideration. Log in required.
EMR Incentive	None	None to date	None	N/A	None