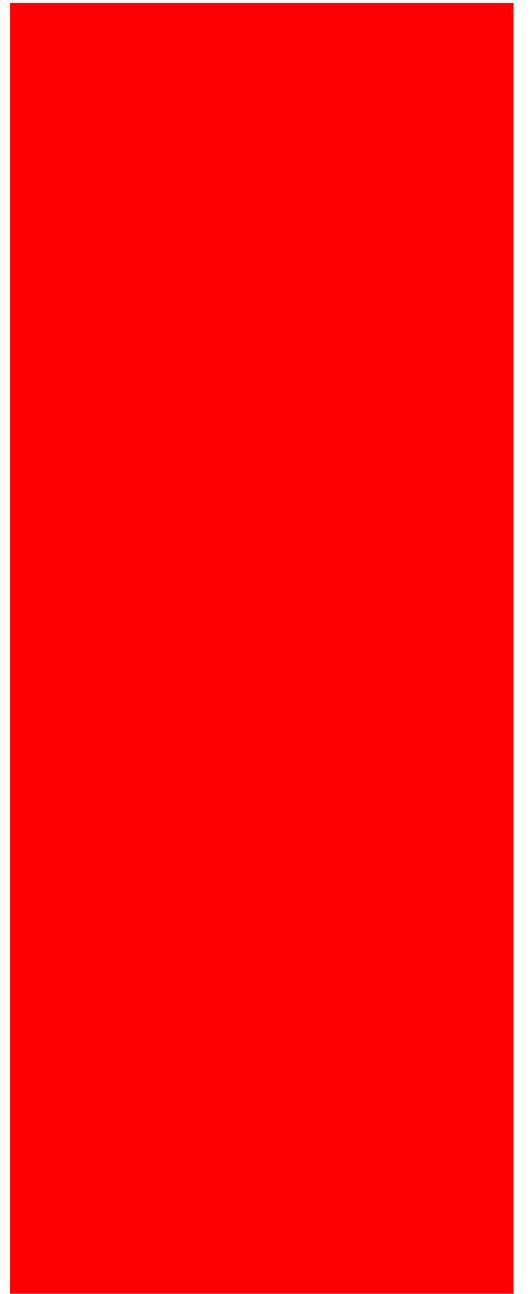


135 SECTION S – ADDED
VALUE TO LOUISIANA

136 S.1



Section S: Added Value to Louisiana Providers and CCN Members

S.1 The “value added” from Provider Incentive Payments and Enhanced Payments (above the Medicaid rate floor) will be considered in the evaluation of Proposals. Responses to this section (which can be considered Proprietary) will be evaluated based solely on the quantified payment amounts reported herein, based on projected utilization for 75,000 members, and within the guidelines of the CCN program. Any health benefits or cost savings associated with any quality or incentive program shall not be included in this response and will not be considered in the evaluation of this factor.

Pursuant to State Rules, the default payments between CCNs and providers are Louisiana Medicaid’ rates and the CCN must contract at no less than Medicaid rate in effect on the date of service; for example the Medicaid physician fee schedule or Medicaid hospital per diem amounts or FQHC/RHC PPS amounts.

Complete RFP Appendix OO to identify circumstances where you propose to vary from the floor reimbursement mechanism.

- For increased provider payments to be considered in the evaluation, they must represent an increase in the minimum payment rates for all providers associated with the CCN’s operating policies and not negotiated rates for a subset of the providers. As an example, if the CCN’s physician payment policy is to pay Medicare rates, and possibly negotiate payments above that rate on a case-by-case basis, then the difference between the published Medicaid rate and the Medicare rate would be the quantifiable variance to be reported in this section; if the Medicaid rate was the base rate and anything above that rate subject to negotiation, then such amounts would not qualify for inclusion herein.**
- If you propose to contract with any providers using methodologies or rates that differ from the applicable Medicaid fee schedules, include such arrangements. By provider type, describe the proposed payment methodologies/rates and quantify the projected per member per month benefit.**
- The quantified incentives and enhanced payments reported should only represent the value exceeding the minimum Medicaid payment equivalent. If any proposals are not explicitly above the Medicaid rates, include a detailed calculation documenting how the minimum Medicaid equivalent was considered in the determination of the incentive/enhanced amount. For example, if the CCN proposes to pay physicians at the Medicare fee schedule during calendar year 2012, the amount reported in the attached would be determined as the projected difference between payments at the Medicare fee schedule and the Medicaid fee schedule, documenting the projected value using the Medicaid fees. Further, if capitation or alternative payments are proposed, the equivalent value of Medicaid fee payments based on projected utilization would be removed in the determination of the enhanced value.**

- Do not include payments for services where Federal or State requirements are currently scheduled to increase payments at a future date. In such circumstances, maintenance of effort will be expected of the CCN. For example, some Medicaid primary care rates are projected to increase to Medicare rates in January of 2013, and the variance between the two types of rates would not qualify as an enhanced/incentive payment after January 1, 2013.
- During the evaluation of the proposals, preferences will be given to plans based upon the cumulative amount of quantified provider benefit associated with the following:
 - higher payment rates than the required Medicaid default rate (fee for service or per diem or PPS or sub-capitated/other alternative rate);
 - bonus payments above the required Medicaid default rate;
 - pay for performance incentive payments above the required Medicaid default rate; and
 - other payment arrangements above the required Medicaid “floor” rate.
- Payments for case management services may be included if paid to unrelated practitioners, e.g., physicians, clinics, etc.
- For bonus pools or Pay For Performance (P4P) programs, describe the eligible categories of provider, the basis for paying the applicable bonus pools and the proposed terms and conditions in the template. You may attach additional information, as appropriate
- Indicate if any bonus pool is to be held in escrow, and if so who will be the escrow agent.
- If any part of the proposed bonus pool is to be funded by withhold from subcontracted provider payments, confirm that the initial provider payment net of withhold would not be less than the Medicaid rate.
- The completed template and all additional documentation and calculations shall be accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.

Aetna Better Health[®] has extensive experience implementing physician incentive plans within our Medicaid programs in other states and will bring this experience to Louisiana. We will employ a variety of strategies that align enhanced revenue opportunities with accountable, quality-driven care, in accordance with the Department of Health and Hospitals (DHH) and Aetna Better Health quality objectives. We will reward providers who reduce inappropriate utilization, improve quality of care and improve health outcomes through our Pay-for-Performance (P4P) and gain sharing programs. We will also support and reward providers for achieving National Committee on Quality Assurance (NCQA) Physician Practice Connections[®]-Patient-Centered Medical Home (PPC[®]-PCMH) recognition or Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Primary Care Home (PCH) accreditation.

In accordance with Louisiana rules, Aetna Better Health's default payment to providers will be no less than 100% of the Louisiana Medicaid rates in effect on the date of service. Aetna Better Health will enhance these payments through P4P, gain sharing and our PCMH compensation programs which are described below. Please see Appendix Y, which identifies where we propose to vary from this default reimbursement and the valued added to providers from our provider incentive plans.

Incentive Programs

Aetna Better Health plans to offer a P4P opportunity for all network primary care providers and a specific gain sharing arrangement for certain PCP groups. Both incentive programs will provide enhanced payments above the Medicaid default rate. Our initial efforts will begin by building relationships with large provider groups to collaborate on common goals of achieving high quality, efficient and effective care. Our P4P and gain sharing programs will be based on achievement of certain quality metrics and goals, where the basis of payment may be based on Per Member Per Month (PMPM) payments and/or the sharing of monies accumulated into a bonus pool. Aetna Better Health will also reward providers on a PMPM basis for achieving PCMH recognition and advancing through NCQA's three levels or in accordance with Joint Commissions, PCH program (as of this writing, the Joint Commission criteria have yet to be finalized). Providers will receive higher PMPM amounts as they reach higher levels of recognition.

Our incentive programs are described in detail below, including services furnished by providers, categories of providers eligible for participation, the basis for paying the applicable bonus pools and the proposed terms and conditions.

Services Furnished by Physicians

Providers covered by our provider incentive plans will administer various services. In addition to providing covered services, providers may perform various medical management services such as utilization management, quality management and credentialing. Aetna Better Health will collaborate with providers in these activities and assist by supplying tools and technology to support these efforts. We will work with providers through joint operating committees or other mutually acceptable forums to review processes, make decisions, identify trends and recommend areas for improvement.

Providers Eligible for Pay-for-Performance and PCMH Care Coordination PMPM

Aetna Better Health will require the provider to have a minimum number of Aetna Better Health members in their panel in order to be eligible for participation in our gain sharing and P4P programs. For purposes of our incentive programs, each primary care provider must have a minimum panel size of 100 members. Primary care providers including family practice physicians, internal medicine physicians, pediatricians, OB/GYN physicians and family nurse practitioners will have the ability to participate in the pay-for-performance program which will be tied to metrics specific for their area of practice. In addition, these providers may choose to pursue PCMH status provided they are able to meet either the NCQA or Joint Commission PCMH criteria.

Basis and Overview for Paying Incentives

Aetna Better Health has various methodologies for paying P4P, gain sharing, and PCMH incentives. In general, our proposed terms and conditions including basis for payment will be as follows for each type of incentive:

P4P: Aetna Better Health will set quality goals annually based on measures required by DHH and Aetna Better Health's QAPI plan, with expectations of incremental performance improvements each year. Aetna Better Health will establish specific quality goals that will be tied to pre-selected quality metrics. We will then determine a benchmark level of performance for each metric, communicate with providers and measure actual performance against the benchmark. Upon achieving the desired goal, we will pay providers on either a PMPM basis, where we set payment at a certain PMPM amount for each quality goal met, or develop a bonus pool where we will distribute money to providers who achieve the targeted performance levels on certain quality goals. Providers who score below the baseline will be ineligible to receive P4P payments while those who score in excess of the target will be able to receive the enhanced payments. P4P dollars will be paid out of an account in accordance with the health plan's accounting practices.

Aetna Better Health will set goals annually, but may measure performance and could make payouts throughout the year to allow for more real-time and frequent payments to providers. Given that providers may not submit claims immediately after services are rendered, we will allow for a period of claims run out to three months before calculating performance and making payments, thus producing more accurate results. We may also require an annual reconciliation with the provider group to settle any take backs or additional payment that may be required when comparing annual performance to the quarterly payouts. Further, some measures, such as HEDIS^{®1}, require a full year of performance by a provider before a quality measurement can accurately be determined. After this determination has been made and all claims lag is accounted for, a provider payment can then be rendered.

Gain Sharing: Aetna Better Health will consider gain sharing arrangements with some of the larger provider systems in Louisiana. For these groups, Aetna Better Health will establish a bonus pool funded by the difference between the total risk adjusted PMPM payments that Aetna Better Health receives from DHH minus the total PMPM spend for Aetna Better Health members assigned to the provider group. Providers will be eligible to receive a percent of the bonus pool and the amount of the payments will be based on the actual savings achieved. Aetna Better Health may structure gain sharing arrangements to include upside potential only, where providers only share in savings achieved and have no risk when PMPM spend exceeds the PMPM that Aetna Better Health receives from DHH. Aetna Better Health may also structure gain sharing programs where providers receive upside potential for a certain period of time and then convert to a shared risk arrangement. Aetna Better Health will work with each provider group to determine the arrangement that will best achieve goals of quality-driven care while providing tools, reports and clinical support to increase comfort with managing the population.

PCMH: Aetna Better Health will encourage providers to achieve PCMH recognition under either the NCQA or Joint Commission programs. We recognize that the process of becoming a PCMH

¹ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

is time and resource intensive and are committed to working with providers to expand and develop the PCMH model. Aetna Better Health will utilize various financial and non-monetary incentives to support and sustain the PCMH transformation. During the planning process, we will guide providers to use NCQA and Joint Commission tools to verify providers have access to key program components as they make decisions about the best way to transform their practice. Our compensation structure rewards providers for achieving higher levels of PCMH recognition by providing a PMPM payment consistent with the PCMH program to which they are aligned. In our other Medicaid health plans, we have used a Care Coordination PMPM to support key PCMH activities such as care coordination activities, individual member engagement and education and other activities related to ensuring quality care quality and outcomes are being pursued and achieved by the provider.

In addition to the P4P opportunity and the Care Coordination payment, Aetna Better Health is committed to examining federal and state grants or resources available from NCQA, Joint Commission or other PCMH-transformation specialists. We desire to work with PCMH-committed practices to find ways to support their efforts by serving as a collaborative partner to optimize care and services for our members. Additional payment methodologies will be taken under consideration by Aetna Better Health as more experience is gained in the market and as trends and impact to care become more apparent under the collective PCMH model.

Aetna Better Health Tools

For all of our provider incentive plans, Aetna Better Health will provide detailed reports and tools to providers to assist in effectively managing the Aetna Better Health population. Reports include data regarding categories of expense, predictive modeling, risk stratification focused on inpatient and emergency department utilization, gaps in care, and supporting the provider's electronic medical records with data analytics and reporting through Aetna Better Health's technology. We will also distribute provider profiles that detail the provider's performance across quality measures against established benchmarks. These tools will assist providers in coordinating quality-driven care for our members and provide them key information that will assist in their capability to attain maximum incentives.

Payments Held in Escrow and Withholds

Aetna Better Health's gain sharing programs will neither hold bonus payments in escrow nor fund P4P or gain sharing pools with provider withholds.

Statement from Actuary

Please see Appendix Y which includes the completed template showing how reimbursement varies from the floor of 100% of Medicaid (Appendix OO from the State). The appendix is accompanied with a statement from the preparing actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.

Case Management Payments

Aetna Better Health will not offer case management payments as part of our P4P or gain sharing incentive plans.

Example: P4P and Gain Sharing Program with Ochsner Health Systems

One program which we are proposing to Ochsner Health System (Ochsner), a large health system in Louisiana, demonstrates our support of "value-based purchasing". We are pursuing an

agreement with Ochsner that defines the details of the pay for quality outcomes and gain sharing programs over several years. Aetna Better Health and Ochsner are in discussions on negotiating a contract whose terms are similar to the ones described in the paragraphs below. Aetna Better Health intends to pursue similar contractual arrangements with other large health systems for value-based purchasing which allows physicians and hospitals to be paid for their efforts in quality improvement and outcomes.

In the contract with Aetna Better Health, the health system would agree that in order to be eligible for pay for performance and gain sharing, it must maintain a minimum number of Aetna Better Health Medicaid members within the health system's primary care practices.

Basis for Pay for Performance and Gain Sharing

Aetna Better Health and the health system will jointly form a clinical advisory committee. This committee will agree on five quality goals for Year 1 using the State's Performance Measures as the basis of selection. Aetna Better Health will make payments to eligible providers on a Per Member Per Month (PMPM) basis calculated by comparing actual performance relative to established benchmarks. The dollar amount per each quality goal will be negotiated with each health system. The clinical advisory committee will determine both the benchmarks and the amount to be paid per quality goal. The pay for performance plan will be evaluated annually and will span several years.

Regarding gain sharing incentives for the health system, Aetna Better Health will share with the health system dollars saved as a result of exceeding the budgeted medical PMPM paid on the members paneled to the health system's primary care physicians. The health system will determine how the dollars are to be disbursed within the physician groups. Aetna Better Health believes it is the health system's responsibility to determine how the multi-specialty physicians will be included in any bonus payments made to the health system.

The plan is to begin paying bonus beginning Year 1 and the percentage of savings achieved will increase each year. The increase in savings corresponds to the increase in responsibilities which will be assumed by the health system's personnel each year. The plan is that the health system will share in upside savings during the third year. It is yet to be determined if the health system will want to be paid a professional capitation beginning Year 3 or be paid FFS with both upside and downside risk by Year 4. Aetna believes we have a responsibility to provide the tools, data, reports and psychosocial support systems to manage the Medicaid population. As the goal is to provide the health system an opportunity to be paid for managing various populations, it is our goal that together we will make decisions which will support the diversity of the populations. Examples could be high risk clinics for those most chronically ill, hospitalists, telemedicine with primary physicians and specialist connected more timely, or embedded case managers in specific offices as determined by member data analysis.

Proposed Terms and Conditions

P4P: Aetna Better Health will set quality goals annually based on measures required by DHH and Aetna Better Health initiatives, with expectations of incremental performance improvements each year. We will establish a certain number of quality goals, determine a benchmark level of performance for each, communicate with providers and measure actual performance against the benchmark. As agreed with the health system, we will make P4P payments to eligible providers

on a PMPM basis calculated by comparing actual performance relative to established benchmarks. For other provider groups participating in our P4P program, we may make payments available on a PMPM basis, bonus pool arrangement, or alternative structure.

Aetna Better Health will set goals annually, but measure performance and make payouts throughout the year. Aetna Better Health may require a start up period where we exclude data for the first three months and/or base the first measurement on the six month period following the first three months. We will allow for a period of claims run out and make payments thereafter. We will also require an annual reconciliation with the provider group to reconcile any take backs or additional payment that may be required when comparing annual performance to the quarterly payouts.

For example, the proposed term sheet that Aetna Better Health has developed provides for P4P beginning in Year 1. The first three months of experience will be excluded from the measures, as this will be considered start up/set-up time. The first measurement will be for the six month period following the first three months. We will then allow for three months of run out, with the proposed first payment to the provider occurring at the beginning of Year 2. Aetna Better Health will then measure performance on a quarterly basis with a three month claims run out. The following table provides an example of this payment schedule for illustration purposes:

Program Begins 1/1/12	
Measurement Period	Pay Out
April 1, 2012 - September 30, 2012	January 1, 2013
October 1, 2012 - December 31, 2012	April 1, 2013
January 1, 2013 - March 31, 2013	July 1, 2013
April 1, 2013 - June 30, 2013	October 1, 2013

Since goals will be set annually, but payouts to occur throughout the year, Aetna Better Health and the provider will conduct an annual reconciliation to determine take backs or additional payments.

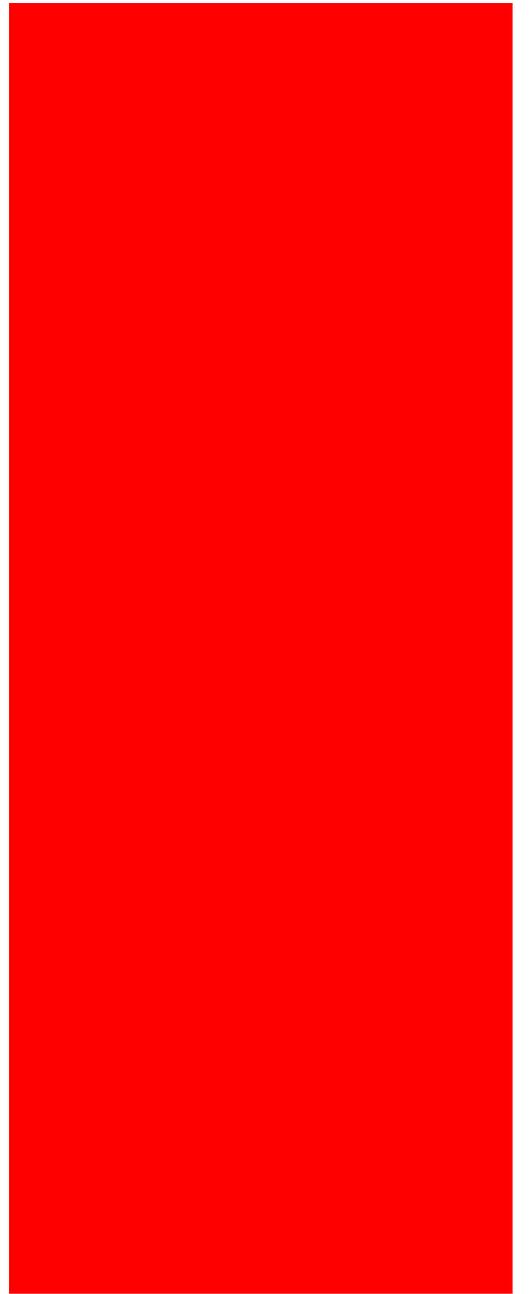
Gain Sharing: Aetna Better Health will calculate savings derived from total risk adjusted PMPM payments that Aetna Better Health receives from DHH minus the total PMPM spend for Aetna Better Health members assigned to primary care practices. Providers will be eligible for a percentage of the savings achieved. Aetna Better Health may structure gain sharing arrangements to include upside potential only, where providers only share in savings achieved and have no risk when PMPM spend exceeds the PMPM that Aetna Better Health receives from DHH. Aetna Better Health may also structure gain sharing programs where providers receive upside potential for a certain period of time and then convert to a shared risk arrangement. For example, for the first year of the gain sharing program in the proposed term sheet that Aetna Better Health has prepared, the PCPs share 30% of any savings achieved. If no savings are achieved or there is a deficit, the PCPs receive no gain sharing payments and do not share deficits. However, in subsequent years of the gain sharing program, the PCPs share in both savings and deficits. During these subsequent years, the provider’s portion of savings achieved

increases from 30% to 75% while the provider also assumes 25% downside risk for the same population if actual spend exceeds the PMPM received from DHH.

Payments Held in Escrow and Withholds

Aetna Better Health's gain sharing program with the health system will neither holds bonus payments in escrow nor funds P4P or gain sharing pools with provider withholds. We anticipate this same structure for provider incentive plans that we implement with other large provider groups.

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S.2 Provide a listing, description, and conditions under which you will offer additional health benefits: 1) not included in the Louisiana Medicaid State Plan or 2) beyond the amount, duration and scope in the Louisiana Medicaid State Plan to members.

- **For each expanded benefit proposed:**
 - **Define and describe the expanded benefit;**
 - **Identify the category or group of Members eligible to receive the expanded service if it is a type of service that is not appropriate for all Members;**
 - **Note any limitations or restrictions that apply to the expanded benefit**
 - **Identify the types of providers responsible for providing the expanded benefit, including any limitations on Provider capacity if applicable.**
 - **Propose how and when Providers and Members will be notified about the availability of such expanded benefits;**
 - **Describe how a Member may obtain or access the Value-added Service;**
- **Include a statement that you will provide the expanded benefits for the entire thirty six (36) month term of the initial contract.**
- **Describe if, and how, you will identify the expanded benefit in administrative data (encounter Data).**

Indicate the PMPM actuarial value of expanded benefits assuming enrollment of 75,000 members, accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of the information.

Aetna Better Health[®] These value added services were not determined arbitrarily, but were the result of a focused review of the specific data for Louisiana's Medicaid population, and developed to target some of the most endemic aspects of the Louisiana Medicaid population (such as obesity, for example) so that the overall health of Louisiana's Medicaid population can be improved. In short, Aetna Better Health targeted its dollars available for value added services to where we thought it could have the most benefit.

The value added services we offer below are based on Louisiana-specific health status ratings, areas for improved outcomes and improved access. The additional benefits we propose have proven to have impact and serve as powerful tools leading to positive behavior change. We strive to invest in meaningful and impactful programs that will support wellness and encourage members to seek preventive care and pursue healthy lifestyles.

Value added services are designed to be seamless to the member and provider while decreasing healthcare system fragmentation. Aetna Better Health value added services are provided at no additional cost to the Department of Health and Hospitals (DHH) and we will not pass on the cost of value added services to our providers.

DESCRIPTION OF ADDITIONAL HEALTH BENEFITS

Below is a description of the additional benefits that Aetna Better Health will offer to our members.

- Weight Management Program
- Enhanced Text Messaging Program for Pregnant Members
- Text Messaging Program for Members with Diabetes
- Diabetes Plate Program
- Project Echo Telemedicine
- Telemonitoring
- Walk-in Retail Clinics
- Asthma Initiative for African American and Hispanic Members

Weight Management Program: This value added program focuses on wellness and preventive care, providing members with the education, tools and support needed to assist them in achieving and maintaining a healthy weight. The programs offer counseling on a variety of weight-related topics, including nutrition, to assist members in developing healthier eating and exercise habits.

Value Added Service: Weight Management Program	
Description	Aetna Better Health will offer a three month weight management program to include three visits and weekly phone calls with a nutritionist/dietician. The nutritionist/dietician will review the member's food diary and exercise log and assist members in achieving and maintaining a healthy weight. Nutritionist/dieticians will teach members about healthy food choices, the value of exercise and the importance of portion control in achieving a healthy weight and active lifestyle.
Eligible Members	Aetna Better Health non-pregnant members ages 12 and older
Limitations or Restrictions	Precertification required; non-pregnant members only; members must be 12 years of age and older and must have a Body Mass Index greater than the 85 th percentile.
Types of Providers	Aetna Better Health network providers
Notifications to Members/Providers	We will educate members and providers about our weight management program through written and oral communications. Materials are translated or available in all prevalent non-English languages or in alternate formats as prescribed by the contract.
How to Access Value Added Service	Members can receive information and a referral from their PCP or request assistance from their Aetna Better Health case manager.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	Aetna Better Health will receive claims from providers
PMPM Actuarial Value	\$0.35 PMPM, assuming 75,000 members

Enhanced Text Messaging for Pregnant Members: Provides health information through free text messages sent to our pregnant members.

Value Added Service: Enhanced Text Messaging for Pregnant Members	
Description	<p>In addition to Text4Babies, Aetna Better Health will use text messaging as part of our member communication strategy to help our pregnant members get the care they need to deliver healthy babies.</p> <p>For example, we send text messages to pregnant members to increase prenatal and postpartum visit compliance, and in turn, improve pregnancy and birth outcomes. The program reminds pregnant women of their prenatal and postpartum appointments. Once enrolled, pregnant members receive a variety of text messages that deliver educational information and appointment reminders to their cell phones. This program also contains a special feature to aid in appointment compliance. If a member misses her OB appointment, the provider can trigger a non-compliance text message that immediately is sent to the member informing her that she missed her appointment and requesting that she call to reschedule. This additional health benefit:</p> <ul style="list-style-type: none"> ● Educates the member about the baby's growth and development during each trimester, as well as safety tips and testing that the members should ask the provider about while pregnant. ● Provides reminders for upcoming appointments ● Provides a reminder after the baby is born to schedule a post partum visit ● Promotes provider ability to notify members of missed appointments via text messaging ● Includes messages that are available in both English and Spanish <p>Aetna Better Health is currently gathering data regarding outcomes from the Perinatal Appointment Compliance Tool (PACT) program, and early indications are that it has been helpful in improving the quality of prenatal care. As a result, we launched a new phase of the program called PACT Plus, which is a well child compliance program for mothers enrolled in PACT to learn more about their child's growth from birth to age six. PACT Plus provides the same type of messaging geared at improving compliance with well child visit recommendations.</p>
Eligible Members	Aetna Better Health pregnant members.
Limitations or Restrictions	Members must have a cell phone and agree to participate in the text message program.
Types of Providers	Aetna Better Health network providers
Notifications to Members/Providers	<p>Upon enrollment into Aetna Better Health, we will educate providers about our text messaging programs through written and oral communications.</p> <p>Pregnant members will also be notified of the program and its availability through written materials sent to these members, materials in provider offices and outreach through case managers. Materials are translated or available in all prevalent non-English languages or in alternate formats as prescribed by the contract.</p>

Value Added Service: Enhanced Text Messaging for Pregnant Members	
How to Access Value Added Service	Members can contact Aetna Better Health directly through the toll-free number, request assistance from our Member Services Department, receive information from their PCP or care coordinator. Members can be enrolled into text messaging programs by care management personnel.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	We do not receive claims for this service and will not have encounter data to provide. We will provide appointment compliance outcomes.
PMPM Actuarial Value	\$0.04 PMPM, assuming 75,000 members

Text Messaging for Members with Diabetes: Provides health information through free text messages sent to members with diabetes.

Value Added Service: Text Messaging for Members with Diabetes	
Description	<p>Aetna Better Health uses text messaging as part of our member communication strategy to help members manage their diabetes.</p> <p>For example, we send text messages as a means to discreetly, efficiently reach members with diabetes. Since 2006, we have used text messaging to send three types of messages to participating members with diabetes: 1) reminder messages about the need for their HbA1c testing, 2) messages congratulating members for obtaining tests, and 3) health tips on diet and exercise.</p> <p>Aetna Better Health found that these messages enhanced compliance with evidence-based clinical guidelines, contribute to improved health outcomes, lower healthcare costs and improve quality of life for our members.</p> <p>Aetna Better Health will implement this text messaging program for diabetic members in Louisiana. In addition, based on our program's success, we will expand our text messaging program to include reminders for other prevention and wellness activities and chronic disease care management purposes.</p>
Eligible Members	Aetna Better Health members diagnosed with diabetes.
Limitations or Restrictions	Members must have a cell phone and agree to participate in the program.
Types of Providers	Aetna Better Health network providers
Notifications to Members/Providers	<p>Upon enrollment into Aetna Better Health, we will educate providers about our text messaging programs through written and oral communications.</p> <p>Diabetic members will also be notified of the program and its availability through written materials sent to these members, materials in provider offices and outreach through care and disease managers. Materials are translated or available in all prevalent non-English languages or in alternate formats as prescribed by the contract.</p>

Value Added Service: Text Messaging for Members with Diabetes	
How to Access Value Added Service	Members can contact Aetna Better Health directly through the toll-free number, request assistance from our Member Services Department, receive information from their PCP or care coordinator. Members can be enrolled into text messaging programs by disease and care management personnel.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	We do not receive claims for this service and will not have encounter data to provide. We will provide appointment compliance outcomes.
PMPM Actuarial Value	\$0.12 PMPM, assuming 75,000 members

Diabetes Plate Program: Teaches members with diabetes what and how much they should eat.

Value Added Service: Diabetes Plate Program (The Plate Method)	
Description	Meal planning is important for people with diabetes. The Plate Method placemat teaches members to plan breakfast, lunch and dinner. The method illustrates portion control and encourages members to make healthy food choices. How to use the Plate Method: <ul style="list-style-type: none"> • Match plate up with the guide on the placemat. • The placemat shows the members how to measure the food on their plates, what types of food to eat and matches the serving size.
Eligible Members	Aetna Better Health members diagnosed with diabetes.
Limitations or Restrictions	Members must be diagnosed with diabetes and be 13 or older.
Types of Providers	Aetna Better Health network providers
Notifications to Members/Providers	Diabetic members will be notified of the program and provided information through written materials sent to these members, materials and outreach through care and disease managers. Materials are available in all English and Spanish.
How to Access Value Added Service	Members with diabetes can contact Aetna Better Health directly through the toll-free number, request assistance from our Member Services Department or from the case manager.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	We do not receive claims for this service and will not have encounter data to provide. We will provide appointment compliance outcomes.
PMPM Actuarial Value	\$0.02 PMPM

Project ECHO (Extension for Community Healthcare Outcomes): Provides access to specialty care services to underserved populations within the state. The Project uses advanced technology to transfer knowledge to a local provider team.

Value Added Service: Project ECHO Telemedicine	
Description	<p>Project ECHO provides a new nationally and internationally awarded model for delivering timely access to specialty care for underserved and rural populations in the state. Using advanced video-conferencing technology, academic medical centers (AMCs) conduct periodic didactic lectures and teaching rounds at which multiple local PCPs present cases to a multidisciplinary team of specialists. The specialty team provides care co-management based on the latest medical evidence executed by the local provider team as led by the PCP. This benefits members by providing access to specialty care without the need to travel long distances to receive services.</p> <p>Project ECHO was initially developed by the University of New Mexico to help meet the complex care management needs of patients with Hepatitis C in rural communities and correctional facilities. Local providers in this rural state did not have the knowledge to accurately diagnose the condition, select among complex treatment choices, properly monitor progress and make mid-course adjustments. The program has succeeded in developing “Knowledge Networks” that transfer specialist knowledge to otherwise underserved areas of the state.</p> <p>Project ECHO has overcome the significant barriers of having to wait weeks or months to obtain physical access to specialists and long distance transport to the academic medical center. Originally unanticipated, the program has yielded the additional benefit of more effective execution of treatment plans in the local community where additional medical, social and community supports are available. Additionally the Project has led to increased satisfaction among consulting primary care providers and has led to measurable improvements in the confidence in treating these complex conditions.</p> <p>The Project has been expanded to apply the same model of knowledge transfer to a variety of complex medical conditions including asthma, mental illness, substance abuse, chronic pain, diabetes, cardiovascular disease, high-risk pregnancy, HIV/AIDS, rheumatology and obesity.</p> <p>Aetna Better Health will deploy Project ECHO in Louisiana by:</p> <ul style="list-style-type: none"> ● Partnering with Project ECHO personnel at the University of New Mexico in a consultative relationship ● Continuing initial discussions we’ve had with the LSU Medical School and Tulane Medical School to introduce Project ECHO and outline program deployment roadmaps ● Facilitating assistance from Project ECHO personnel in replicating service offerings at the AMC(s) ● Training manuals, program descriptions and policies ● Construction of multi-disciplinary teams of Louisiana specialists <p>The Louisiana AMC will use the existing Project ECHO technological infrastructure in New Mexico during early stages and later deploy its own infrastructure as the program</p>

Value Added Service: Project ECHO Telemedicine	
	<p>matures and capacity needs increase. Project ECHO personnel will assist in the enlistment and training of interested local PCPs, and will work with Aetna Better Health to enlist and train local field-based case managers to help execute individual patient treatment plans.</p> <p>Aetna Better Health will provide reimbursement to support the program (i.e. AMC set up costs, reimbursement to specialists for consultations, reimbursement to local PCPs for presenting cases via Project ECHO).</p> <p>The benefits of Project ECHO include:</p> <ul style="list-style-type: none"> ● Improved quality through reduced unnecessary variation in care ● Improved access to care for rural and underserved patient populations with reduced disparities of care ● Workforce training and force multiplier effects ● Improving professional satisfaction and retention ● Supporting the PCMH Model ● Cost-effective care – avoid excessive testing and travel ● Prevent costs of untreated diseases, e.g. liver transplants for untreated Hepatitis C cases ● Integration of Public Health into treatment paradigms
Eligible Members	Eligible members will be determined based on clinical diagnosis selected by primary care physicians and specialist and evaluation of aggregate population analysis.
Limitations or Restrictions	None
Types of Providers	PCPs and specialists involved with the selected condition
Notifications to Members/Providers	Upon enrollment into Aetna Better Health, we will educate providers about Project ECHO through written and oral communications. Members will also be notified of the program and its availability. Materials are translated or available in all prevalent non-English languages or in alternate formats as prescribed by the contract.
How to Access Value Added Service	Members can receive information and a referral from their PCP or request assistance from their Aetna Better Health disease management or case manager.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	Aetna Better Health will receive claims from academic medical centers for specialty services and local PCPs for presenting cases
PMPM Actuarial Value	\$0.22 PMPM, assuming 75,000 members

Telemonitoring: Provides technology that enhances monitoring of patients with certain disease conditions and facilitates communication with the local provider and care management team.

Value Added Service: Telemonitoring	
Description	<p>Telemonitoring provides for timely monitoring and communication of patient clinical status. This promotes more timely identification of early warning signs of clinical deterioration, allowing providers to construct and execute targeted interventions to reduce the risk of avoidable medical encounters.</p> <p>Telemonitoring capability, combined with self-management educational messaging and outreach by plan case managers, improves timeliness of clinical intervention in coordination with PCPs and other attending healthcare providers. Discussions with LSU have taken place whereby Aetna Better Health Medicaid recipients whose providers are part of their delivery systems will use their existing infrastructure for telemonitoring services.</p> <p>Telemonitoring technology comprises remote monitoring of certain biological signals including blood pressure, pulse, blood oxygenation, weight and blood glucose levels. Signals are transmitted to a monitoring facility where they are then reviewed against desired parameters established in conjunction with clinicians responsible for patient management. When readings are out of desired parameters then appropriate interaction with patients and their clinicians is initiated to remediate the problem timely. Interactions can include telephonic contact and messaging to the patient through the monitoring device itself. Telemonitoring technology also includes remote monitoring of adherence to prescribed regimens of medication. This allows for timely outreach if a patient does not take medication or takes it incorrectly which allows us to help rectify the problem before clinical deterioration takes place.</p> <p>Outbound communications must be directed to both local providers and local plan care management personnel. Local providers make the decisions regarding necessary interventions and communicate that directly to the patient in coordination with the local plan care management personnel.</p> <p>Example of Telemonitoring</p> <p>Aetna Better Health has experienced successful outcomes using telemonitoring in our Medicaid plan in Delaware (Delaware Physicians Care, referred to as DPCI). DPCI conducted an analysis of patients with heart failure (HF) during 2008 which showed that patients with HF patients experienced multiple inpatient stays and emergency room encounters. As a result, DPCI developed a relationship with Christiana Care Visiting Nurse Association to determine if early and ongoing intervention using telehealth in patients with HF would reduce hospitalization and emergency room encounters, and conducted a pilot study to provide in-home telemonitoring to patients with HF. The plan included identification of patients who would benefit most from the intervention and standardized telephonic visit modules for patient education.</p> <p>DPCI patients with HF living in the community were provided a telemonitoring device in the home as an adjunct to infrequent nursing visits for skilled assessment. Patients received training on how to transmit vital signs, pulse oximetry and weight</p>

Value Added Service: Telemonitoring	
	measurement. In addition, the patient was instructed to answer “yes / no” to individualized questions regarding symptoms. Data was transmitted via telephone line to a central monitoring station and evaluated daily by the nurse. Results show that the program resulted in favorable outcomes.
Eligible Members	Members with specific disease states, including but not limited to: <ul style="list-style-type: none"> • Asthma – Pulse Oxygen, Blood Pressure and Medication Reminder if necessary • Diabetes – Glucose Meter, Blood Pressure, Medication Reminder if necessary • Congestive Heart Failure – Scale, Blood Pressure and if necessary – Pulse Oxygen and Medication reminder • Depression – Medication Reminder • High Risk Pregnancy/Pre-eclampsia – Scale, Blood Pressure
Limitations or Restrictions	Aetna Better Health members with specific disease states
Types of Providers	Aetna Better Health network PCPs, specialists, nurse practitioners and physician assistants
Notifications to Members/Providers	Mailings to members with specific disease states listed above and case/disease management outreach. We will educate providers about our telemonitoring program through written and oral communications.
How to Access Value Added Service	Members can receive information and a referral from their PCP or request assistance from their Aetna Better Health disease management or case management case manager. Members who have been provided with a telemonitoring device in the home will receive training on how to transmit vital signs, pulse oximetry and weight measurement.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	Aetna Better Health will receive claims from network providers.
PMPM Actuarial Value	\$0.07 PMPM, assuming 75,000 members



Walk-In Retail Clinics: Provides alternative methods for increasing access to care in both rural and urban areas.

Value Added Service: Walk-In Retail Clinics	
Description	<p>Walk-in retail clinics are clinics staffed by nurse practitioners with a supervisory relationship with a physician which offer additional settings for members to access primary care in both rural and urban areas across the state.</p> <p>Aetna Better Health works with retail clinics to verify that medical records are transferred to the member's PCP/PCMH to enable continuity of care and clinical information is shared with the PCMH such that the clinics are, in effect, virtual extensions of that PCMH.</p> <p>Aetna Better Health has signed Letters of Intent with Take Care Clinics available in Walgreens stores and is pursuing agreements with additional providers to further enhance access to care.</p>
Eligible Members	All Aetna Better Health members will have access to walk-in retail clinics.
Limitations or Restrictions	All Aetna Better Health members will have access to walk-in retail clinics. Members with certain disease states will be eligible to receive telemedicine services that will be available through retail clinics
Types of Providers	Nurse Practitioners
Notifications to Members/Providers	Upon enrollment into Aetna Better Health, we will educate members about the location of in-network Walk-In Retail Clinics by listing them in our Provider Network which is provided to all members in written form and posted on our website.
How to Access Value Added Service	Members can contact Aetna Better Health directly through the toll-free number, request assistance from our Member Services Department, receive information from their PCP or care coordinator, or directly receive services from the walk-in clinic.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	Aetna Better Health will receive claims from walk-in clinics and nurse practitioners.
PMPM Actuarial Value	No additional costs

Asthma Initiative for African American and Hispanic Members

Value Added Service: Initiative strengthens mission to achieve racial and ethnic equality in health care	
Description	<p>Aetna Better Health has engaged in a pilot to address emergency room use by minority members with asthma. This initiative combines culturally appropriate activities, such as age-appropriate member education materials, nurse outreach by telephone, optional home assessments and physician engagement.</p> <p>Aetna Better Health will offer this asthma intervention initiative to our Coordinated Care Network (CCN) members who will receive culturally appropriate educational materials. These “health literate” resources will be written in plain language so that they are easy to understand.</p> <p>The educational materials are customized by age group. They are broken down into three groups: children, teens and adults. This multifaceted approach gives members practical information about asthma and explains ways to best manage their chronic condition.</p> <p>The program aims to increase the use of patients’ asthma controller medications, as well as increase members’ visits to their primary care physicians and asthma specialists. It also aims to strengthen the link between members and their PCMH. Through this program we’ll seek to reduce avoidable, asthma-related emergency rooms visits and in-patient hospital admissions.</p>
Eligible Members	Aetna Better Health African American and Hispanic members
Limitations or Restrictions	Members must be diagnosed with chronic asthma.
Types of Providers	Aetna Better Health network providers
Notifications to Members/Providers	Materials are translated or available in all prevalent non-English languages or in alternate formats as prescribed by the contract.
How to Access Value Added Service	Members can receive information and a referral from their PCP or request assistance from their Aetna Better Health case manager.
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	Aetna Better Health will receive claims from providers
PMPM Actuarial Value	No additional cost – included in Disease Management Program.

In addition to the strictly benefit-oriented value adds discussed above, Aetna Better Health proposes to offer additional value adds to the State of Louisiana which will certainly add value to the Medicaid program beyond that which currently exists, even if not a technical healthcare benefit capable of actuarial valuation. For example:

Workforce Development: Aetna Better Health proposes a workforce development program called ABLE (Aetna Building Louisiana Employment). The program strives to reduce the number of individuals on case assistance while providing long-term stability in the workforce through training and experience.

Aetna Better Health has implemented a workforce development program in our Pennsylvania plan called the Contractor Partnership Program (CPP). We work collaboratively with the Pennsylvania Department of Public Welfare to create jobs for TANF recipients receiving cash assistance. Aetna Better Health used a contractor as the third party vendor to recruit, train and manage CPP personnel. We made a \$5.6 million dollar commitment over five years to include salaries, benefits, merits and bonuses, as well as dollars for community outreach. Typical positions filled include Member Service Representative, Prior Authorization Representative, Care Coordinator, Credentialing Coordinator and Receptionist

The CPP program has been highly successful with many advantages, such as creating a loyal work force that brings value to the state by reducing the number of individuals on cash assistance and providing long-term stability in the workforce.

Value Added Service: Workforce Development	
Description	<p>ABLE is a workforce development program created by Aetna Better Health to bring value for the state of Louisiana and Medicaid recipients by reducing the number of individuals on case assistance while providing long-term stability in the workforce through training and experience.</p> <p>Aetna Better Health will leverage our CCN program start-up and ongoing job creation opportunities to create jobs for all TANF recipients receiving cash assistance. We will work with a third party vendor to assist us in recruiting eligible individuals for the ABLE through communications with workforce development agencies including:</p> <ul style="list-style-type: none"> ● Parish assistance offices and work development programs ● Louisiana Workforce Commission ● Community Action and Support Agencies ● Department of Labor ● Department of Health and Hospitals ● Community and/or Technical College Systems <p>Aetna Better Health will interview, assess and hire TANF recipients receiving cash assistance who apply for the following positions with the following hiring goals:</p> <ul style="list-style-type: none"> ● Member Services Representatives (1 ABLE for every 3 department positions) ● Receptionist ● Prior Authorization Representative (1 ABLE for every 4 department positions) <p>Aetna Better Health will provide workforce and job-specific training throughout their first 60 to 90 days and ongoing as needed to include:</p> <ul style="list-style-type: none"> ● Use of technology and Aetna Better Health tools ● Soft skills - how to work with difficult customers, ask probing questions and how to have good phone etiquette ● Business conduct and integrity ● Effective business writing ● Business etiquette (which would include proper attire)

Value Added Service: Workforce Development	
	<p>Aetna Better Health will pay ABLE personnel a minimum of \$30,000 in addition to an annual bonus and the opportunity to earn merit pay increases if performance expectations are met.</p> <ul style="list-style-type: none"> ● Aetna Better Health's ABLE commitment: ● We will strive to create a diverse work force and inclusive team environment ● Hire, train, educate and work to retain ABLE personnel ● Report on program success to DHH ● Encouraging advancement (i.e. lateral to learn new skills sets or upward for promotion) ● Providing training to build professional and life skills.
Eligible Members	Geared toward all TANF recipients receiving state assistance
Limitations or Restrictions	N/A
Types of Providers	N/A
Notifications to Members/Providers	Aetna Better Health will educate potential workforce development candidates through the Louisiana Department of Workforce Development and the Department of Health and Hospitals upon receipt of each agency's respective approval.
How to Access VAS	<p>Aetna Better Health will work with a third party vendor to assist us in recruiting eligible individuals for the ABLE. Our vendor will work and communicate with various workforce development agencies including:</p> <ul style="list-style-type: none"> ● Parish assistance offices and work development programs ● Louisiana Workforce Commission ● Community Action and Support Agencies ● Department of Labor ● Department of Health and Hospitals ● Community and/or Technical College Systems
Length of Time	Aetna Better Health will provide this value added service for the entire term of the contract with DHH.
Administrative Data	We do not receive claims for this service and will not have encounter data to provide
PMPM Actuarial Value	No additional cost

Actuarial Statement Regarding PMPM Actuarial Values:

I, Bela Patel Fernandez, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I have calculated the above PMPM values using the requested average monthly membership (75,000) and costs that are consistent with our projected administrative budget.