



Aetna Value-Based Continuum

Value Continuum Overview

A leader in value-based care (VBC)

160+

Years of health
plans and risk
management
experience

1,641

Value-based care
contracts in place

7.16M

Members tied to
VBC providers

39K

Plan sponsors tied
to VBC
arrangements

60.2%

Of our medical
spend is run
through VBC
contracts

75%

Of spending
committed to VBC
models by 2020

Our approach to value-based reimbursement

**We meet providers where they are in their journey
to build sustainable collaborations.**

Identify

best fit, based on triple aim performance and practice composition (mix of primary care, specialty and facilities)

Implement

shifting portions of reimbursement from fee-for-service to fee-for-value, with a focus on improving the quality, experience and cost of care for patients

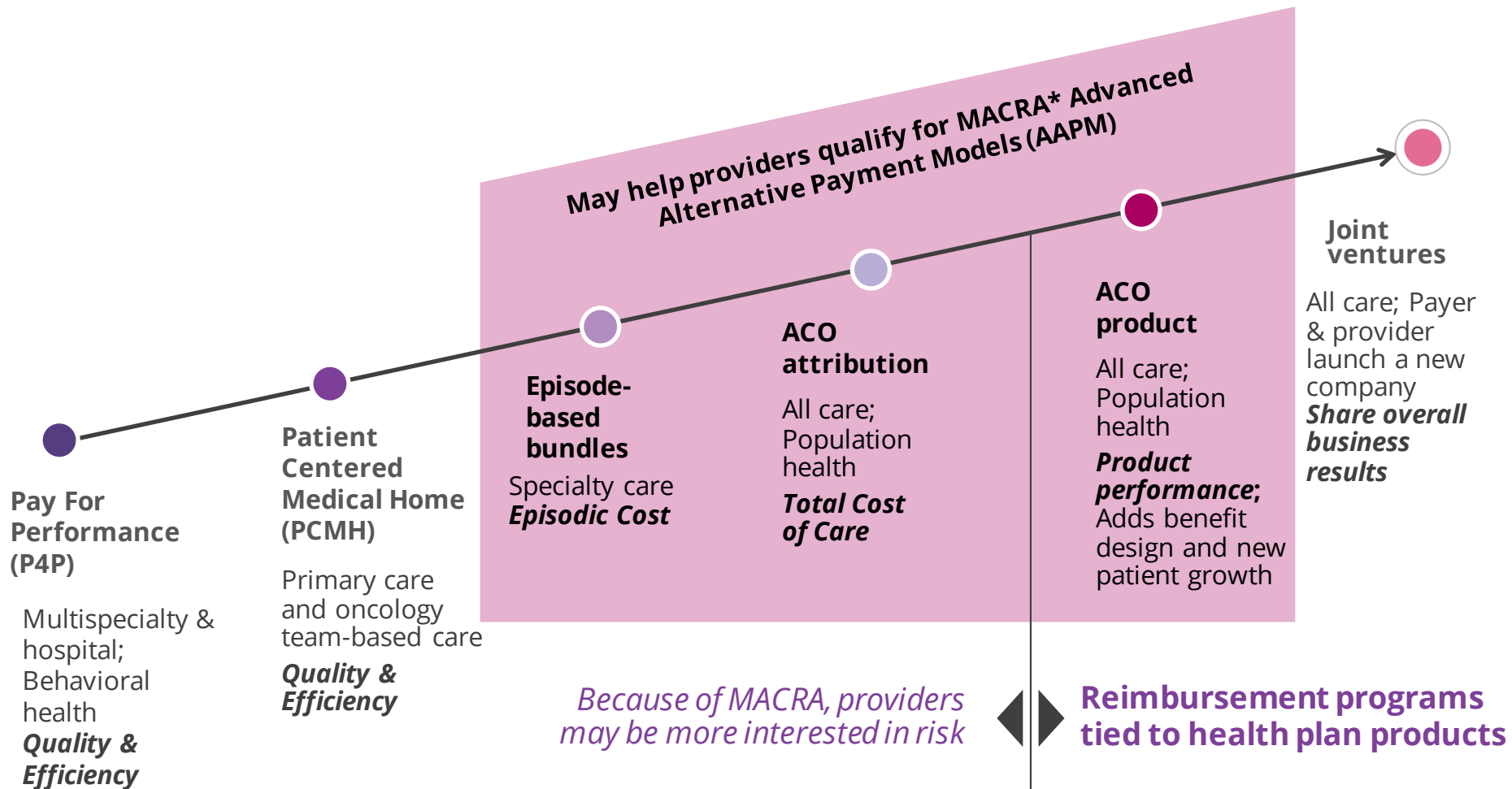
Execute

collaboration that combines Aetna population health expertise, data and reporting, with provider's care delivery assets and patient relationships

Progress

to more sophisticated value-based contract models that reward providers for delivering efficient, effective care – *including participation in narrow network products for high performers*

A continuum of options: Each level introduces broader focus; higher risk/reward




*Medicare Access and CHIP Reauthorization Act.: In 2019, MACRA replaces Medicare's fee-for-service reimbursement with value-based physician reimbursement, motivating providers to seek out VBC arrangements that meet certain criteria required for higher payment to physicians.

Comparison of value-based models

| Reimbursement models | | | | Reimbursement with health plan products | |
|---|--|--|---|--|---|
| Pay-For-Performance (P4P) | Patient Centered Medical home (PCMH) | Bundled payment | Accountable Care Organization (ACO) attribution | ACO product | Joint venture |
| A first step into value-based contracting: Payment shifted from Fee-For-Service (FFS) to incentives for meeting quality goals | Primary care model: <ol style="list-style-type: none"> 1. Coordinate care for patients, using team-based care and the EHR 2. Enhance care with Aetna care management programs | Specialty care model: <ol style="list-style-type: none"> 1. Coordinate care 2. Eliminate waste 3. Align to evidence-based best practices across practitioners and sites, and over a period of time | Population health model manages all care for attributed members: <ol style="list-style-type: none"> 1. Team-based care 2. The EHR 3. Enhanced collaboration with Aetna care management programs | Population health model with participation in a health plan: <ol style="list-style-type: none"> 1. Shared savings and risk for managing medical costs, quality 2. Opportunity to attract new patients | Payer-provider partnership to launch a health insurance company: <ol style="list-style-type: none"> 1. Share in earnings and risk 2. Employ increased capabilities and expertise |
| Financial opportunity | Shift portion of payment from FFS to incentives for improvement quality measures | ACP payments and incentives for quality and efficiency improvements | Reduce episode costs , share savings and risk for reducing complications and waste, and improve quality | Shift portion of reimbursement from FFS to ACP payments and incentives for quality and total cost of care improvements, with risk for poor performance | Share in health plan savings and risk , with best-in-market per member per month (PMPM) medical costs and quality measure improvements |
| Applicability | Primary care, cardiology, orthopedics, ob-gyn, multispecialty practices and hospitals | Primary care medical home practices | Orthopedics, cardiology, maternity, multispecialty practices, post-acute providers, and hospital systems | Health systems/ integrated delivery systems (IDS), clinically integrated networks (CINs) and large primary care systems | Health systems/IDS, CINs |

Support levels



Aetna Provider & Member Value-based Penetration in Delaware

**70.2% Total VBC
Market Spend**

**24.8% Change from
Prior Year**

PCMH Direct

Members – 6,023
Providers – 89

PCMH Recognition

Members – 8,020
Providers – 65

Membership

83,810 Aetna Members (2,191 plan sponsors)
Included in VBC arrangements representing
53.2% of total Delaware membership

Providers

2,898 Providers participating in Aetna VBC
arrangements representing 71% of the total
Aetna Network of Providers in Delaware

AIM HMO

Custom HMO model designed exclusively for
State of Delaware GHIP Aetna HMO members.
This innovative HMO model is supported by
Carelink CareNow. Carelink supports all
member engagement and population health
activities to improve the health of the
members they serve.

Aetna's AIM HMO includes financial risk
directly associated with reducing costs, while
improving quality and overall member health.

Physician (P4P)

Members – 28,155
Providers – 1,025

Hospital (P4P)

Members – 10,959
Providers – 1,076

Medicare Collaboration

Members – 6,461
Providers – 643

Provider information and support

- **Raw data files posted to secure site – monthly and 24-month history , if applicable**
 - Medical claims, pharmacy claims, enrollment, laboratory test results
- **Care management reporting**
 - Daily census – inpatient, ER, CM/DM, etc.
 - Member level detail on quality metrics
- **Monthly reporting package**
 - Refreshed monthly and cumulative throughout the measurement period.
 - Efficiency metrics: performance against targets, tracking of each metric by month, detailed views on all metrics
 - Financial tracking: pmpm's by type of service (medical cost category), by month and by system (spend within and outside of ACO)
 - Member details: ER frequent fliers, Inpatient outlier cases, high cost members, high risk members
 - Support to review materials, provide drilldowns and additional views and to help identify actionable medical cost opportunities
- **Interim reconciliations** – quarterly view of financial performance
- **Joint operating committees** – review, assess, plan improvements

Collaborating for success: Pennsylvania & Delaware value-based contracts

- Delaware Valley ACO
- PMA Medical Specialists
- Clinical Care Associates of the University of Pennsylvania Health System
- Advanced Comprehensive Care Organization
- PinnacleHealth ACO
- Gateway Medical Associates
- Community Care Collaborative
- Temple University (Temple Physicians Inc. and Temple University Physicians)
- Grand View Healthcare Partnership
- St. Luke's Health Network
- Quality Health Alliance
- Lehigh Valley ACO
- CHOP
- Mercy Accountable Care
- Aledade Accountable Care Delaware
- Christiana Care Health System
- Nemours Alfred I. duPont Hospital for Children
- Bayhealth Medical Center
- Beebe Physician Network

Reaching members
where and how
they live

Improving health
care quality and
affordability



Thank
you