



AETNA BETTER HEALTH®
d/b/a Aetna Better Health of Louisiana
Policy

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Department:	Quality Management	Policy Number:	8200.12
Subsection:		Effective Date:	02/01/2015
Applies to:	■ Medicaid Health Plans		

PURPOSE:

This policy defines the Aetna Better Health program that offers member incentives to engage members in self-care and encourage efficient use of health care services.

STATEMENT OF OBJECTIVE:

The objectives of the Aetna Better Health member incentive program are to promote:

- Healthy behaviors and encouragement for members to take ownership of their health care by seeking early preventive care in appropriate settings
- Adoption of healthier personal habits including, but not limited to, abstaining from tobacco use, avoiding behaviors that lead to obesity, self-management of chronic conditions, etc.
- Enhanced engagement and greater health literacy among members
- Appropriate use of emergency room services

DEFINITIONS:

Incentive	The Healthy Louisiana Program, which includes rewards in connection with participation in activities that focus on promoting improved health, preventing injuries and illness, and promoting efficient use of health care resources.
Member	A person insured or otherwise provided coverage by a health insurance organization.
U.S. Preventive Services Task Force	Created in 1984, the U.S. Preventive Services Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

LEGAL/CONTRACT REFERENCE:

- **2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK, Section 2.4.5**



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FOCUS/DISPOSITION:

The Aetna Better Health Quality Management department is responsible for education, oversight, and tracking of member incentive information. Quality Management confirms distribution of an incentive once a member qualifies for an award.

The Aetna Better Health Medical Management, Community Development and Member Services departments are responsible for educating members on the availability of member incentives. Quality Management, Medical Management and Community Development are responsible for tracking the volume of applicable member incentives.

Scope

The member incentives:

- Are in connection with participation in the entire health-related service or activity and are not offered for completion of less than all required components of the eligible service or activity
- Are directly related to a/an Aetna Better Health quality initiative
- Are intended to positively impact member behavior
- Do not exceed the value of the health-related service or activity
- Are measurable
- Are not used in conjunction with Aetna Better Health's marketing activities
- Are not offered in the form of cash or monetary rebates, and are not eligible for redemption in any way for alcohol, tobacco products, firearms, or ammunition
- No CVS branded gift cards are to be used under any circumstances.
- Comply with all relevant fraud and abuse laws, including, when applicable, the anti-kickback statute and civil money penalty prohibiting inducements to members
- **VABs are not subject to Appeal and State Fair Hearing rights. A denial of these benefits shall not be considered an Adverse Benefit Determination for purposes of Member Grievances and Appeals. The Contractor shall send the Member a notification letter if a VAB is not approved.**

The member incentive program is in the format provided by the state agency and is subject to the state agency's final review and approval. The outreach or education related to proposed member incentives is approved by the state agency through the established marketing process. Marketing



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activities are not utilized in a way that could construe them as incentives to join Aetna Better Health.

Reward and incentive programs:

- Include all eligible members regardless of race, national origin, English proficiency, gender, disability, chronic disease, frailty, health status or other impairments
- Include eligible members residing in or receiving services in an institutional setting and who need a modified approach to enable effective participation
- Are designed so that all eligible members are able to earn rewards

All eligible members are informed of and allowed the opportunity to participate in the member incentive program.

Aetna Better Health monitors the member incentive program to confirm that the program has met the health plan's quality initiative and to evaluate on an ongoing basis the effectiveness of the member incentive program based on the program submitted to and approved by the state agency as applicable.

Value Added Benefits

As permitted under 42 CFR §438.3(e)(1), Aetna Better Health offers Value-Added Benefits (VAB) which are not Medicaid Covered Services or prohibited services. Deletions or reductions to the VAB(s) may be proposed on an annual basis and will be submitted to LDH for approval at least six (6) months in advance of the effective date of Enrollment resulting from the Enrollment period.

Annually, for the VAB(s) proposed in the ABHLA's Request for Proposals (RFP) response, and as needed, ABHLA will:

- **Indicate the per member per month (PMPM) actuarial value of the VAB(s), individually and in aggregate, based on Enrollment projections for the plan, accompanied by a statement from the preparing/consulting actuary who is a member of the American Academy of Actuaries certifying the accuracy of information; and**



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- Include a statement of commitment to provide the VAB(s) for the year.¹

ABHLA's active VABs include:

<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
<u>Adult Dental</u>	<u>Up to \$1000/year toward dental care, including preventative care (exams, bitewing x-rays, and cleanings) limited to twice per year and bitewing x-rays, fillings, restorative services, and extractions once per year.</u>	<u>Enrollees aged 21+ who do not have other dental benefits</u>	<u>\$1000/year towards Exams, Cleanings(2x/year); Filings, Extractions (1x/year)</u>
<u>Adult Vision</u>	<u>A routine annual exam and \$150 annually toward corrective eyewear includes frames, lenses for glasses and contact lenses</u>	<u>Members aged 21+</u>	<u>\$150/year</u>
<u>Aetna Better Care™ Program</u> <u>Provides a physical and digital reloadable card that holds all rewards dollars a member earns. Redeemable at a number of online and community stores for supplies that promote wellness and healthy living.</u>	<u>Well Child Visit: \$15 for completion of 8 well child visits within the first 30 months of life (6 well child visits at 15 months; 2 additional visits between 15 months plus one day and 30 months)</u>	<u>Members ages 0-30 months</u>	<u>One-time incentive; first 6 visits must be completed on or before the 15-month birthday; two or more visits must be completed between the child's 15-month birthday plus 1 day and the 30-month birthday</u>
	<u>Child & Adolescent Well Care Visit: \$20 gift card for completion of an annual child or adolescent well-child visit</u>	<u>Members ages 3-21</u>	<u>Members must have at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.</u>
	<u>High Blood Pressure Medication Adherence: \$10 for a high blood pressure medication refill</u>	<u>Members aged 21+</u>	<u>Limit two gift cards per calendar year (every six months)</u>
	<u>ADHD Medication Adherence: \$10 incentive for members who attend their medical</u>	<u>Members ages 6-12</u>	<u>Limit two gift cards per calendar year (1 month after new medication</u>

¹ 2023 LOUISIANA MEDICAID MANAGED CARE ORGANIZATION STATEMENT OF WORK, Section 2.4.5



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<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
	<u>appointment(s) and fill/refill their ADHD medication.</u>		<u>start date and then every 3 months thereafter)</u>
	<u>Antipsychotic Medication Adherence: \$10 for an antipsychotic medication refill</u>	<u>Members ages 18+</u>	<u>Limit two gift cards per calendar year (every six months)</u>
	<u>Flu Shot Incentive: \$5 for receiving annual flu shot</u>	<u>Members aged 2+</u>	<u>Limit one gift card per calendar year</u>
	<u>Breast Cancer Screening: \$15 for completing breast cancer screening</u>	<u>Members 50 - 74 years of age</u>	<u>Limit one gift card per calendar year</u>
	<u>Diabetes Control: \$20 for members who receive a blood sugar test with an HbA1c result less than 8%</u>	<u>Members aged 21+ with diabetes</u>	<u>Limit one gift card per calendar year</u>
	<u>Health Needs Assessment: \$10 for completion of a Health Needs Assessment within 90 days of enrollment</u>	<u>All Members</u>	<u>One-time incentive</u>
	<u>Cervical Cancer Screening: \$15 for completing a cervical cancer screening</u>	<u>Women 21-64</u>	<u>Limit one gift card per calendar year</u>
	<u>Colorectal Cancer Screening: \$15 for completing a colon cancer screening</u>	<u>Members ages 45+</u>	<u>Limit one gift card per calendar year</u>
<u>Afterschool Programs</u>	<u>\$50 credit toward afterschool program. Credit can be used to pay for afterschool programming at participating school, including but not limited to: Boys and Girls Club, 4-H, Boy Scouts and Girl Scouts or Big Buddy</u>	<u>Enrollees 5 – 16 years of age</u>	<u>\$50 per enrollee per year</u>
<u>Alternatives to Opioids</u>	<u>Alternative pain management options for adults with a chronic pain diagnosis. Covers \$500/year for members ages 16+ with a chronic pain diagnosis toward the following services: Acupuncture, Yoga, Dry Needling and Massage Therapy and up to three</u>	<u>Members aged 16+ with a chronic pain diagnosis</u>	<u>\$500 per member per year / 3 chiropractic visits. Enrollees aged 16-20 can receive the annual \$500 allowance for the alternative therapies, vet not the extra chiropractic services which are a</u>



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<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
	<u>chiropractic visits per year (21+).</u>		<u>standard benefit for enrollees under 21.</u>
<u>Asthma Home Benefit</u>	<u>Home assessment for members diagnosed with asthma that includes a comprehensive program of assessment and monitoring, medication, patient education, and control of factors that contribute to the severity of asthma. Includes an in-person asthma home assessment and an Asthma kit which includes a peak flow meter, a spacer, and tools to reduce asthma triggers in the home, including allergy-free standard pillowcases, mattress covers, educational information, and a customized bag to hold the contents.</u>	<u>Members with an asthma diagnosis who are also in case management</u>	<u>Once per household per year</u>
<u>Blood Pressure Monitor (Digital)</u>	<u>Blood pressure that can be purchased online, over the telephone or at select CVS Locations</u>	<u>All members</u>	<u>One per household per year</u>
<u>Calming Comfort Collection</u>	<u>\$50 per year worth of supplies to help calm the impact of trauma. Items include a sound machine, aroma therapy, light therapy products, and weighted pillows/blankets</u>	<u>Members with high adverse childhood experiences (ACEs) score as identified on the ACE assessment or an anxiety diagnosis</u>	<u>\$50 worth of calming supplies per year</u>
<u>Career & Life Skills Training and HiSET Support</u>	<u>Complimentary job skills training platform where members can discover new career paths, earn credentials and certifications, and highlight skills to local employers. Additionally, High School Equivalency Test</u>	<u>Members 16+</u>	<u>Members taking the HiSET must not already have a secondary education credential; members must not be engaged in another education program;</u>



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<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
	<u>preparation and certifications are available. After passing the HiSET online prep course, member will receive a voucher to pay for the HiSET exam fee.</u>		<u>members aged 16-18 need to be withdrawn from Louisiana's K-12 system, provide an approved age waiver and have parental consent. They need authorization by a Work Ready U literacy program and have a passing score on the half-length HSE practice test; members 19+ do not need to take and pass the HiSET practice test to qualify for testing, but members 16-18 must qualify to be able to take the HiSET.</u>
<u>Enhanced Transportation</u>	<u>Transportation services for activities such as job interviews, job training, trips to grocery stores or food banks, faith-based events, and accessing community support services not otherwise covered as well as all applicable value-added services offered.</u>	<u>Members 18+ with P-linkage</u>	<u>10 round trips (20 one-way trips up to 60 miles total per round trip); limited to 25 miles per trip. Expanded capacity vehicles can accommodate up to 3 people and one car seat (subject to availability). The benefit will be available by required level of service (ambulatory, wheelchair van, bariatric, etc.)</u>
<u>Medically Tailored Home Delivered Meals</u>	<u>Two meals per day for up to 14 days post discharge for post-acute care</u>	<u>Members in the SSI population post-acute discharge</u>	<u>Up to 14 days post-discharge</u>
<u>My Maternity Companions</u>	<u>Access to screenings, assessments, nutritional counseling, birth education and referrals to</u>	<u>Pregnant members, new moms, and</u>	<u>3 virtual prenatal visits; birth and after-birth classes, 3 virtual post-</u>



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<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
	<u>parental support programs</u>	<u>newborns</u>	<u>natal visits, follow-up visits as needed; up to 3 nutritional counseling sessions</u>
<u>My Maternity Matters</u>	<u>Pregnancy Test: Accessible via OTC Benefit</u>	<u>All members ages 15-49</u>	<u>See OTC Benefit limitations</u>
	<u>Notification of Pregnancy (NOP) & Initial Prenatal Visits: \$25 for submitting a completed NOP in the first trimester of pregnancy and completing the first prenatal visit.</u>	<u>Pregnant members</u>	<u>One incentive per pregnancy</u>
	<u>Subsequent Prenatal Visits: \$10 for each visit (after completing first visit) during pregnancy up to 10 visits</u>	<u>Pregnant members</u>	<u>\$100 max per pregnancy</u>
	<u>Postpartum Visit: New mothers can earn \$25 after completion of one postpartum appointment within 7 to 84 days after giving birth.</u>	<u>New moms</u>	<u>Once incentive per pregnancy, visit must occur no more than 84 days after giving birth</u>
	<u>New Mom Welcome Kit: Kit will include a diaper bag, pack of diapers and other baby related items, as well as pregnancy materials regarding baby care and health pregnancy resources that promotes the safety, health and well-being for babies and mothers</u>	<u>Pregnant women</u>	<u>One kit per pregnancy</u>
	<u>Baby Bundle: Case of baby diapers (200) will be supplied for newborn follow up after live birth</u>	<u>Newborns enrolled</u>	<u>Limit one per year</u>
	<u>Childcare Financial Support: Up to \$100/quarter for high-risk pregnant women to pay for child care so they can attend their prenatal/post-natal visits</u>	<u>High risk pregnant members</u>	<u>\$100/quarter</u>
	<u>1st Dental Visit: \$10 incentive for</u>	<u>Pregnant</u>	<u>One per pregnancy</u>



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<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
	<u>attending 1st dental visit during pregnancy</u>	<u>members age 18+</u>	
	<u>2nd Dental Visit: \$10 incentive for attending 2nd dental visit during pregnancy</u>	<u>Pregnant members age 18+</u>	<u>One per pregnancy</u>
<u>Newborn Circumcision</u>	<u>Cost of a circumcision</u>	<u>Newborn males</u>	<u>The circumcision will be performed prior to hospital discharge. If the procedure must be performed after 30 days (for example, the newborn male is born premature), a prior authorization is required.</u>
<u>Over-the-Counter (OTC) Medications/Pharmacy Benefit</u>	<u>\$25 monthly benefit per household for OTC vitamins and household and health products. Products that can be purchased online, over the telephone or at select CVS Locations</u>	<u>All members</u>	<u>\$25 per household per month; member must have a prescription for the benefit</u>
<u>PIVOT Tobacco Cessation Program</u>	<u>6-month tobacco cessation program that includes equipment, app-based curriculum, and one-on-one support from a certified tobacco cessation coach. Equipment includes an FDA-cleared Pivot Breath Sensor. Mobile app includes in-app activities, a certified tobacco cessation coach, and a robust online support community with fellow Pivot participants. Program also includes access to free, clinically proven nicotine replacement therapies.</u>	<u>Members 18+ who smoke, vape, or use e-cigarettes</u>	<u>Members under age 18 require parental consent</u>
<u>Pyx (Social Isolation)</u>	<u>Program includes access to the app that provides 24/7 self-management and support. Members also have direct access</u>	<u>Members aged 18+</u>	<u>N/A</u>



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<u>Value Added Benefit</u>	<u>Incentive Description</u>	<u>Eligibility Criteria</u>	<u>Limits & Restrictions</u>
	<u>to a Pyx Health staff who are trained to help support members one-on-one when they screen lonely, depressed, anxious or indicate any social determinant of health need. Pyx Health works directly with members to assist them in connecting to community-based resources, their provider or their health plan to overcome wellness and lifestyle obstacles affecting their health.</u>		
<u>Respite Care for Individuals Experiencing Homelessness</u>	<u>Short-term room and board with wraparound health and social care services including post-acute medical care, social needs assessment, referral, and counseling, and facilitated enrollment for further public benefits or assistance as eligible (e.g. nutrition assistance), for an average length of stay of 14-30 days, but with care duration adjusted to address individual enrollee needs. Enrollees will receive care coordination and case management services, health education, medication management, and chronic disease management support, and Aetna housing specialist support to assist the enrollee with transition to stable housing, including but not limited to permanent supportive housing, as well as connection to community health workers and/or peer navigators or counselors for additional health and social supports.</u>	<u>Enrollees experiencing homelessness age 18+, who were homeless prior to hospitalization and are scheduled for discharge from a local acute medical hospital, and who have post-acute medical needs.</u>	<u>Limited to 30 days of housing, respite and wraparound services. Enrollees seeking additional housing will be referred by Case Manager. Enrollees must be able to perform activities of daily living and be able to live in a group setting and must not be in active addiction or substance use disorder (SUD). Mental illness cannot be the primary diagnosis. Examples of medical needs include but are not limited to being immunocompromised, needing recuperative care following a medical or surgical procedure, having contracted a contagious disease, and needing isolation from others.</u>
<u>Safe Home Program</u>	<u>In-home risk assessment to</u>	<u>Members ages</u>	<u>One eligible member per</u>



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	<u>identify infestations, mold, utility interruptions, improper sewage drainage and treatment, and potential evictions. Once needs are identified, ABHLA will connect the member with remediation resources, including \$1000/year to cover the cost of said services, including legal services, to ensure needs are met. Members will have access to experienced attorneys to proactively handle legal matters involving evictions, leases, or disputes with a residential landlord. Members will have unlimited access to telephone advice, demand letters, office consultations, and document review.</u>	<u>18+ who are tenants</u>	<u>household; Up to 2 in-home assessments per year; There are no monetary limitations to the legal services which include: legal representation in eviction defense or disputes with a residential landlord; security deposit assistance, small claims action assistance; consultation and document preparation</u>
<u>Sickle Cell Benefit</u>	<u>Post-Discharge PCP/Hematologist Follow-Up: \$25 gift card for members who schedule and attend an appointment with either a PCP or hematologist following initial post-discharge appointment</u>	<u>Members diagnosed with sickle cell anemia</u>	<u>One gift card per year</u>
	<u>Subsequent PCP/Hematologist Visit: \$5 Gift card for members who schedule and attend subsequent appointments with either a PCP or hematologist following initial post-discharge appointment.</u>		<u>Up to 5 incentives per year</u>
	<u>Sickle Cell Disease Related Medication Fill: \$10 Gift card for members who fill a prescription for a sickle cell-related medication.</u>		<u>Up to 2 incentives per year; does not include pain medications</u>



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OPERATING PROTOCOL:

Systems

- Community Development, Member Services, Medical Management and Quality Management business operating systems

Measurements

- Defined measurements for each process improvement study, including, at a minimum, the number of members participating
- Number of incentives awarded per program

Reporting

- Aetna Better Health reports the status and results of member incentive programs to the state agency and CMS as requested

INTER-/INTRA-DEPENDENCIES:

Internal

- Community Development
- Medical Management
- Member Services
- Quality Management

External

- Members
- Practitioners, providers and vendors
- Regulatory bodies



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