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Understanding methodology for the 2027 Aetna Smart Compare® program

Introduction

Aetna Smart Compare analyzes physician organizations using Commercial claims data, so we can provide members with actionable information about quality and effective (efficient) physicians in their plan networks. To ensure designated providers meet standards of quality, we use a clinical quality gate before we evaluate effectiveness.

Our members will see "quality and effective care" in our digital search tools when a practice is designated in Aetna Smart Compare. We communicate designated providers to members in our proactive member outreach efforts and when members contact customer service. We may also use the results of this program to select providers for our performance networks like Aetna Premier Care Network (APCN). In our Informed Choice product, some plan sponsors offer preferred copayments to members that use Aetna Smart Compare.

In California and Texas, Aetna Smart Compare designations for commercial plans are only for self-insured members. Members excluded from the program will not see designations on their Aetna® member website or mobile app.

This methodology describes common elements of our designations. You can also find a reference guide for some of our most common variables by visiting **aetna.com/smartcompare**. In 2027, these specialties, procedures, and business lines are designated by Aetna Smart Compare under the following programs.

Programs available in 2027

Program	Specialties	Version
Allergy & Immunology	Allergists, Immunologists	2027
Behavioral Health	Psychiatrists, Psychologists, and other talk therapists	2027
Cardiology	General Cardiologists (non-surgical)	2027
Cardiothoracic Surgery	Cardiothoracic Surgeons	2027
Dermatology	Dermatologists	2027
Endocrinology	Endocrinologists	2027
Gastroenterology	Gastroenterologists	2027

General Surgery	Surgeons	2027
Medical Oncology	Medical Oncologists	2027
Nephrology	Nephrologists	2027
Neurology	Neurologists	2027
Neurosurgery	Neurosurgeons	2027
Obstetrics and Gynecology	Obstetricians and Gynecologists, as well as associated midwives, physicians' assistants and nurse practitioners	2027
Orthopedics	Orthopedists	2027
Otolaryngology	Otolaryngologist	2027
Plastic Surgery	General Surgeons, Plastic Surgeons	2027
PCP	Internal Medicine, General Pediatrics, and Family Medicine physicians, as well as associated physicians' assistants and nurse practitioners	2027
Pulmonary Medicine	Pulmonologists	2027
Rheumatology	Rheumatologists	2027
Urology	Urologists	2027
Vascular Surgery	All surgeons performing surgeries related to vasculature	2027

Designation and categories of measure

Each program in Aetna Smart Compare has a quality gate to ensure we measure cost-effectiveness for physicians that meet quality standards. Most groups we measure will pass the quality gate, which examines specialties for outliers who are underperforming to remove them from further measurement.

The category of measurement (designation program) may have one or more subcategories, and those may have many more individual measures. For instance, all effectiveness designations use episodes of care, of which there are hundreds in the primary care physician (PCP) program.

Categories and subcategory outcomes

Quality gate earned	Your physician performance meets our benchmarks. This outcome indicates you passed the quality gate, and you were evaluated for effectiveness (“Designation earned” if you meet effectiveness standards.)
Quality gate not earned	Your physician performance is below our benchmarks. This outcome indicates you did not pass the quality gate, and you are not evaluated for effectiveness.
Effectiveness earned	Your physician performance is better than our benchmarks, and this result is statistically significant in our models.
Performance criteria not met	Your physician performance is below our benchmarks, and this result is statistically significant in our models.
Performance not statistically significant	Your physician performance is not statistically significant in our models.
Subcategory earned	Your physicians' performance is better than our benchmark for a specific subcategory, and this result is statistically significant in our models.
Designation earned for performance	You are designated in Aetna Smart Compare for meeting quality and effectiveness metrics. Members will see the "quality & effective care" badge in our portals.
Designation earned for access	You are designated in Aetna Smart Compare to meet access standards for our members. Members will see the "quality & effective care" badge in our portals.
Designation not earned	You are not designated in Aetna Smart Compare.
Not evaluated	Your physicians did not pass the quality gate, so they are not evaluated for effectiveness. You are not designated in Aetna Smart Compare.
Volume insufficient	You did not see the amount of Aetna members our models require for evaluation. You are not designated in Aetna Smart Compare.

Program thresholds

Each specialty program designation in Aetna Smart Compare has volume criteria to ensure statistical significance. If applicable, the subcategories in each designation often have volume criterion too. Where a physician practice does not meet volume thresholds, it is not eligible for the program, designation or subcategories of the designation. For some program designations, we also exclude high-cost claimants.

Minimum episode volume thresholds

Specialty program	Episode count
Allergy & Immunology	5
Behavioral Health	5
Cardiology	5
Cardiothoracic Surgery	5
Dermatology	5
Endocrinology	5
Gastroenterology	5
General Surgery	5
Medical Oncology	–
Nephrology	5

Neurology	5
Neurosurgery	5
Ob/gyn: Gynecology	10
Ob/gyn: Obstetrics	5
Orthopedics	5
Otolaryngology	5
Plastic Surgery	5
PCP: Adults	20
PCP: Pediatrics	20
Pulmonology	5
Rheumatology	5
Urology	5
Vascular Surgery	5

Pediatric physicians

Aetna Smart Compare does not measure pediatric subspecialties for most specialty programs, so we exclude provider episodes where most conditions are managed for members younger than 18 years of age. We also exclude episodes for all members younger than 18.

For most programs we exclude pediatric physicians from programs using machine learning and statistical techniques to identify physicians that primarily treat children and teenagers. The following programs are exceptions, where we do measure pediatric practice: Allergy & Immunology, Behavioral Health, Medical oncology, Otolaryngology and PCP.

To identify pediatric physicians (or practitioners), we split providers into two groups: providers with strong pediatric indicators (Group A) and all other providers (Group B). Strong pediatric indicators are defined as follows (Group A):

- Providers in the practice have a primary specialty code with a pediatric keyword (e.g. “pediatric,” “adolescent,” etc.), and
- 100% of their claims are related to pediatric specialty codes

For physicians (or practitioners) clustered or grouped in Group B, we identify pediatric physicians as those who have:
- An average member age equal to 19 or less, and
- Where the percentage of these members is 90 percent or greater, and
- The attributed member count is equal to or greater than the 25th percentile of the total members in this practice.

For each physician (or practitioner) in each practice type (Groups A and B), we build a k-means clustering or grouping model using these features:

- Provider level average member age
- Provider level percentage of young members whose age <= 19
- Boolean index which represents whether a provider’s primary specialty code is related to pediatric or not
- Provider level percentage of claims related with pediatric specialty category code
- Boolean index which represents whether a provider’s name contains Peds related key words

For physicians (or practitioners) in Group A, all providers clustered using these conditions are considered pediatricians. To account for providers with very small member volumes, we apply the threshold member count greater than or equal to the 25th percentile. Providers with member counts less than the 25th percentile are not considered pediatricians to avoid low volume misidentifications.

Results of 2027 pediatric provider identification (exclusions)

Specialty program	Total physicians	Total pediatricians removed	Pediatric percentage
Allergy & Immunology	-	-	-
Behavioral Health	-	-	-
Cardiology	31,166	170	0.55%
CT Surgery	4,807	37	0.77%
Dermatology	15,386	122	0.79%
Endocrinology	8,412	968	11.51%
Gastroenterology	18,313	1,264	6.90%
General Surgery	30,827	403	1.31%
Medical oncology	-	-	-
Nephrology	10,499	48	0.46%
Neurology	24,032	1,703	7.09%
Neurosurgery	6,070	140	2.31%
OBGYN	40,347	61	0.15%
Orthopedics	26,671	709	2.66%
Otolaryngology (ENT)	-	-	-
PCP	-	-	-
Plastic Surgery	5,120	134	2.62%
Pulmonology	13,294	99	0.74%
Rheumatology	5,626	25	0.44%
Urology	10,680	408	3.82%
Vascular Surgery	5,196	4	0.08%

Claims years

For all effectiveness and quality measures we use most of our Commercial claims from 2024 and 2025. You can see which Commercial products we exclude in the reference guide at **www.aetna.com/smartcompare**.

Attribution for most quality measures and episodes of care

We use our own attribution logic for most measures.

- If an episode contains a surgical procedure and it is also a major surgery as defined by Aetna, the episode is attributed to the physician who performed that procedure.
- If there are two major surgeries, then the episode is attributed to the physician with the greatest allowed amounts.
  - If there is not a major surgery in the episode, but a minor surgery is found, the episode is attributed to the physician who performed the minor surgery.
  - If there are two minor surgeries, the episode is attributed to the physician with the greatest allowed amounts.

- If there is no surgery present, the episode is attributed to the physician with the highest number of visits based on management records as defined by Symmetry.
  - For physicians tied for highest number of visits, the episode is attributed to the physician with the most direct treatment provided.
  - If there is still more than one physician with the same number of visits and treatments, the episode is attributed to the physician with the highest allowed amount.

In addition to this attribution logic, we often use *involved episodes* in many of our programs. See sections 6-16 to learn more about involved episodes.

Attribution for surgical episodes of care

We attribute one responsible surgeon for each episode of care, using these rules:

- If an episode has a surgical procedure as defined by Symmetry and is also a major surgery as defined by Aetna, we attribute the episode to the physician who performed that procedure.
- If there are two major surgeries, we attribute the episode to the physician with the most allowed amounts.
- If there is a minor surgery (not a major surgery) in the episode, we attribute the episode to the physician who performed the minor surgery.
- If there are two minor surgeries, we attribute the episode to the physician with the most allowed amounts.
- If there is no surgery present, we attribute the episode to the physician with the highest number of visits based on management records as defined by Symmetry.
- If there is still more than one physician with the same number of visits and treatments, we attribute the episode to the physician with the highest allowed amount.

Quality gate

Aetna Smart Compare designation program applies a quality gate to ensure consistent evaluation. Where a physician practice does not meet quality gate volume thresholds, it is not eligible for the program, designation or subcategories of the designation.

Quality volume thresholds used in the program are listed in the table below. These volume thresholds ensure that each provider group evaluated has treated enough patients for comparative purposes, while allowing for adequate provider group coverage.

Quality volume thresholds in Aetna Smart Compare 2027

Specialty program	Minimum denominator per measure	Minimum measure count per practice
Allergy & Immunology	3	1
Behavioral Health	2	2
Cardiology	3	2
Cardiothoracic Surgery	3	2
Dermatology	3	2
Endocrinology	3	2
Gastroenterology	3	2
General Surgery	3	2
Medical Oncology	-	1
Nephrology	3	2

Neurology	3	2
Neurosurgery	3	2
OBGYN	3	2
Orthopedics	3	2
Otolaryngology	3	2
Plastic Surgery	3	2
PCP	3	2
Pulmonology	2	2
Rheumatology	3	2
Urology	3	2
Vascular Surgery	3	2

Clinical quality: outlier detection model and measures adjustment

We adjust clinical quality measures with a risk-adjusted and/or physician practice size-adjusted transformation. We transform our quality measures by calculating the physician practice level average risk score for the measure population and physician practice size score, we accomplish this as follows:

- We average risk for members in the denominator of the measure.
- We capture TIN size by the number of associated Aetna members.
- We create a risk factor for some groups that lowers extreme risk toward average risk curves.
- We create an adjusted rate by dividing the actual rate by the average risk adjustment per measure per TIN. If applicable, the risk factor will be added to the risk adjustment formula.
- We scale the adjusted rate using the minimum and maximum adjusted rate per measure for all groups measured from 0 to 1.
- The isolation forest model uses this data to determine outliers.
- Additional checks are performed to remove any false positives detected by the model.
- In addition, volume adjusted statistical evaluation (weighted z-scores of adjusted measure scores) is performed to identify any additional outliers (>2 standard deviations from mean scores).

Isolation forest, a tree-based outlier detection model that evaluates the likeliness of a data point to be unlike others by calculating the number of steps needed for isolating a data point, was selected as the base model to identify outlier practices compared to peers. Similar data points (inliers) travel deeper into the tree-based model based on their likeliness to the normal population, while anomalies (or outliers) get separated early on. Risk/size adjusted clinical quality measures are used as features for this Isolation Forest. The outlier population has a statistically significant difference with a confidence interval of 95% in quality measure scores in most of their measures compared to the inlier population. After inlier and outlier populations are determined, we perform additional statistical analysis to ensure we are capturing performance correctly:

Practices identified as outliers from the model are labeled “quality gate not earned” and are removed from further evaluation of effectiveness. All other practices are deemed “quality gate earned” and move into the effectiveness evaluation.

Clinical Quality measures

The clinical quality gate uses a variety of measures. Most of the measures we use are from Healthcare Effectiveness Data and Information Set (HEDIS). Below is a summary of the measured types available in this guide. We summarize

HEDIS and surgical measures below, while measures specific to specialty programs are defined under each specialty program's section below.

We use these measure types in Aetna Smart Compare:

- Surgical measures modeled on CMS Merit-Based Incentive Payment System (MIPS) measures[1]
  - Surgical Site Infection (SSI)
  - Surgical Site Complication (RSCR)
- Healthcare Effectiveness Data and Information Set (HEDIS) measures[2]
- Care Considerations® measures from ActiveHealth Management
  - These measures can be found in their respective specialty programs at the end of this guide.
- Other measures informed by national medical societies
  - These measures can be found in their respective specialty programs at the end of this guide.

Surgical measures

In programs that focus on surgical episodes (Orthopedics, General surgery, etc.), we consistently use two measures modeled from CMS Merit-Based Incentive Payment System (MIPS) measures. We summarize these measures below.

Surgical measures in Aetna Smart Compare (2027)

Measure name	Measure description
Surgical Site Infection	The percentage of members 18 years or older who have an infection within 30 days of a major surgical procedure. We exclude cases with trauma, transplants, fasciotomy, multiple major surgical procedures in the same 30-day timeframe, and any member where the infection was present upon admission.
Surgical Site Complication	The percentage of members 18 years or older who have a complication within 30 days of a major surgical procedure. We exclude cases with trauma, transplants, fasciotomy, multiple major surgical procedures in the same 30-day timeframe, and any member where the complication was present upon admission.

HEDIS

The National Committee for Quality Assurance (NCQA) creates HEDIS measures. We use these to evaluate the quality of preventive care, the outcomes of curative care, and the management of chronic conditions. We code our HEDIS measures using NCQA's HEDIS specifications to align with industry accepted standards.

HEDIS measures in Aetna Smart Compare (2027)

HEDIS measures	Program	Populations
Advance Care Planning (ACP)	PCP, Pulmonary Medicine	Adult
Appropriate testing for pharyngitis (CWP)	PCP	Adult, Pediatrics
Appropriate treatment for upper respiratory infection (URI)	PCP, Pulmonary Medicine	Adult, Pediatrics

[1] https://qpp.cms.gov/mips/explore-measures?tab=qualityMeasures&py=2026
[2] They are available for purchase at store.ncqa.org/index.php

Asthma Medication Ratio (AMR)	PCP, Pulmonary Medicine, Allergy & Immunology	Adult, Pediatrics
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	PCP, Pulmonary Medicine	Adult, Pediatrics
Blood Pressure Control for Patients with Diabetes (BPD)	PCP, Endocrinology, Cardiology, Neurology, Nephrology, Vascular Surgery	Adult, Pediatrics
Breast cancer screening (BCS-E)	PCP, Ob/gyn	Adult
Cardiac rehabilitation: Engagement 1 (CRE)	PCP, Cardiology	Adult
Cardiac rehabilitation: Engagement 2 (CRE)	PCP, Cardiology	Adult
Cardiac rehabilitation: Achievement (CRE)	PCP, Cardiology	Adult
Cardiac rehabilitation: Initiation (CRE)	PCP, Cardiology	Adult
Cervical cancer screening (CCS-E)	PCP, Ob/gyn	Adult
Child and adolescent well-care visits (WCV)	PCP	Pediatrics
Childhood Immunization Status (CIS-E)	PCP	Pediatrics
Chlamydia screening in women (CHL)	PCP, Ob/gyn	Adult, Pediatrics
Colorectal cancer screening (COL-E)	PCP, Gastroenterology	Adult
Controlling high blood pressure (CBP)	Cardiology, Endocrinology, Neurology, Vascular Surgery	Adult
Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (WCC)	PCP	Pediatrics
Eye Exam for Patients With Diabetes (EED)	PCP, Endocrinology, Neurology	Adult
Glycemic Status Assessment for Patients With Diabetes: <8.0% (GSD)	Endocrinology	Adult
Glycemic Status Assessment for Patients With Diabetes: >9.0% (GSD)	PCP, Endocrinology	Adult

Immunizations for Adolescents (IMA)	PCP	Pediatrics
Kidney health evaluation for patients with diabetes (KED)	PCP, Endocrinology, Nephrology	Adult
Non-Recommended PSA-Based Screening in Older Men	PCP	Adult
Osteoporosis Screening in Older Women (OSW)	PCP, Rheumatology	Adult
Persistence of beta-blocker treatment after a heart attack (PBH)	PCP, Cardiology	Adult
Pharmacotherapy management of COPD Exacerbation: Bronchodilators (PCE)	PCP, Pulmonary medicine	Adult
Pharmacotherapy Management of COPD Exacerbation: Systemic Corticosteroids (PCE)	PCP, Pulmonary medicine	Adult
Postpartum care (PPC)	Ob/gyn	Adult
Statin therapy for patients with cardiovascular disease: received statin care (SPC)	PCP, Cardiology, Nephrology, Vascular Surgery	Adult
Statin therapy for patients with cardiovascular disease: statin adherence 80% (SPC)	PCP, Cardiology, Nephrology, Vascular Surgery	Adult
Statin therapy for patients with diabetes: received statin therapy (SPD)	Endocrinology, PCP, Cardiology, Nephrology, Vascular Surgery	Adult
Statin therapy for patients with diabetes: statin adherence 80% (SPD)	PCP, Endo, Cardiology, Nephrology, Vascular Surgery	Adult
Timeliness of Prenatal Care (PPC)	Ob/gyn	Adult
Well-child visits in the first 30 months of life (W30)	PCP	Pediatrics

NCQA recognition alternative

In our PCP program, we value the recognition by NCQA's Patient-Centered Medical Home (PCMH) Recognition program[3]. For those groups where 75 percent of the practice's primary care physicians and practitioners are recognized by NCQA PCMH and 75 percent of Aetna members are seen by those primary care physicians and practitioners, we use the NCQA PCMH recognition as an enhancement for those practices not meeting the quality measures of the PCP program.

The program addresses several PCMH concepts:

- Team-based care and practice organizations help structure a practice's leadership, care team responsibilities and how the practice partners with patients, families and caregivers.
- Knowing and managing your patients sets standards for data collection, medication reconciliation, evidence-based clinical decision support and other activities.
- Patient-centered access and continuity: guides practices to provide patients with convenient access to clinical advice and help ensure continuity of care.
- Care management and support help clinicians set up care management protocols to identify patients who need more closely managed care.
- Care coordination and care transitions ensures that primary and specialty care clinicians are effectively sharing information and managing patient referrals to minimize cost, confusion and inappropriate care.
- Performance measurement and quality improvement: to help practices develop ways to measure performance, set goals and develop activities that will improve performance.

Under these concepts the program contains different criteria and total measures. When we observe practices meeting the threshold, we evaluate "quality gate earned," where a PCP practice does not otherwise pass the standard quality gate.

Effectiveness designation: episodes of care

Introduction to episodes of care

Programs in Aetna Smart Compare contain various subcategories. For unique subcategories, please see our designation guides at Aetna.com/smartcompare. This section provides an overview of the episodes of care subcategory, common to all programs.

"Episode of care" methodology analyzes medical cost and utilization. An episode of care for a member represents diagnostic and treatment services over time for a specific health condition. All relevant costs and utilization of services for the specific condition are part of a single grouping for analysis. An episode of care spans services from the onset of symptoms until treatment is complete. For chronic conditions, the episode lasts one year.

Episode treatment groups (ETG)

We use Optum Symmetry® Episode Treatment Groups® (ETG®) software version 13.0, an illness classification system, to build episodes of care. ETG technology is a kind of "grouper" software. The software accepts health care claims (service line detail) and returns the ETG value, along with other patient details. The software combines all relevant doctor, hospital, pharmacy and ancillary testing claims data together.

An ETG ends when there is no treatment of the condition for a specific number of days. This interval is the "clean period." For example, ETG 438300 (acute bronchitis) has a 30-day clean period. We consider any claims for this diagnosis within a 30-day period a recurrence of the same condition. When an episode starts with this ETG, all clinically consistent claims activity for the acute bronchitis group is added to this episode until the point where 30 days pass without any corresponding clinically consistent treatment. If we receive a claim for this condition after 30 days, a new episode starts.

[3] ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/

We only use complete episodes in the evaluations of Aetna Smart Compare. Complete episodes are those that meet the clean periods before and after the measure, or episodes where a chronic condition lasts 365 days. (We look at multi-year conditions in episodes no greater than one year). There is a claims lag of three months in the episodes of care measurement.

Risk adjustment: Case-mix-adjusted expected allowed amounts, and episode severity

There are many variables that impact the use of health care resources such as the severity of illness, patient age, and comorbid conditions. To account for these variations in resource use, a case-mix adjusted "expected allowed amount" is created for each member assigned an ETG that is attributed to a physician group. This case-mix-adjusted "expected allowed amount" is compared to the actual allowed amount for that episode of care to create episodic efficiency index. There can be variation in efficiency indexes for practices with low attribution numbers. To avoid attributing random variation to a practice pattern, the statistical significance of a provider group's efficiency score is evaluated at $P \leq 0.10$.

Episode severity describes the intensity of a member's condition. When determining an episode's severity, Optum Symmetry® considers the relevant complication and comorbidity factors, indicating a sicker member who may require more extensive treatment for a related condition. The result is a severity score and severity level for episodes. Typically, the higher the severity score, the more costly the condition.

When comparing the allowed cost to the expected cost of an episode, the expected cost reflects the case-mix-adjusted value for episodes. We also apply outlier logic at the case-mix category level. For case-mix categories, episodes of care are outliers if that episode is outside of two median absolute deviations away from the median in that case-mix category. We exclude these outliers from analysis.

Below we refer to all case-mix adjusted allowed amounts as "expected" allowed amounts.

Machine learning and practice adjustment

We use machine learning models featuring the variables into risk-adjust case mix (see the table below). These models allow us to compare similar episodes, outputting risk adjustments expressed in our expected allowed amounts.

Machine learning variables for expected allowed amounts

Expected variables	All specialties (exceptions adjacent)	Exceptions
Age	Exclude pediatric providers, or where we make exceptions, account for member age within case-mix model, where adults are greater than 18 years old.	Otolaryngology, Allergy & Immunology, Behavioral Health, PCP (split by age)
Bilateral Flag	Episode level binary flag to indicate the presence of bilateral procedures to account for higher costs and adjust model	None, but applicable only to relevant surgical specialties
Core Based Statistical Area (CBSA)	United States Census CBSA (e.g. Philadelphia-Camden-Wilmington = 37980; Springfield, IL = 44100)	
ETG code	ETG Codes	
Episode days	Length of an episode in days	

Episode volume minimum	200 or more episodes per ETG to generate expected values	
ERG risk score	Optum Symmetry® Episode Risk Groups® (ERG®)	
Gender	Female or male	
ICD10 group codes	Frequency of ICD10 groups codes in an episode	
Pharmacy usage	With or without an Aetna pharmacy plan	
Severity level	As indicated on the episode based on Optum Symmetry® (severity increases from 0 to 4)	
Social Determinants of Health (SDoH)	Variables that impact health care cost in a census tract area: income, poverty, diversity, disability, education, physical inactivity, marital status, public transportation (CDC and US Census)	
Practice type	Gynecologists or Obstetricians	Ob/gyn
Timing of entry into an episode	Percentage of allowed amount that occurs in the episode before the practice's first claim	
Urbanicity	Use provider location to create urban, rural, or suburban flag for model to separately evaluate	
Year of episodes 2027 program	2 years: January 1, 2024 – December 31, 2025	

We make an additional adjustment to actual allowed amounts to ensure we are capturing economic differences across hospital referral regions. We refer to this adjustment as an adjusted allowed amount.

In the table below, we describe the variables for adjustment by program

Practice adjustment variables

In 2027 the Aetna Smart Compare designation, we updated the adjustment methodology. Before comparison, each episode performance index is adjusted by practice features including episode count, average member risk, percentage of HMO members, percentage of high-deductible plans, multispecialty flag, and geographical mean performance index based on the core based statistical area (CBSA).

Below is an example of the data you might find in our reporting packages. We use practice adjustment variables to create the adjusted performance index (E in the table below). We use this index to create the practice's adjusted allowed amount per episode ($\frac{C}{D} = \boldsymbol{E}$; see the table below)

Practice performance example for episodes of care

A	B	C	D	E
ETG Description	**Actual Allowed Per Episode**	**Adjusted Allowed Per Episode**	**Expected Allowed Per Episode**	**Adjusted Performance Index**
Diabetes, with complication, with comorbidity, w/o surgery	$9,165.97	$9,485.87	$12,481.41	0.76
Rhinitis, allergic & non-allergic, w/o surgery	$131.88	$129.68	$127.14	1.02
Tonsillitis, adenoiditis or pharyngitis, w/o complication, w/o comorbidity, w/o surgery	$139.73	$137.46	$111.76	1.23

The practice's overall performance index (all ETGs) is calculated as the weighted average of E, where the expected allowed amounts in D weight E ($\frac{(E_2 \times D_2)+(E_3 \times D_3)\ldots}{D_2+ D_3+ \ldots}$).
To evaluate performance, we conduct a two-sample weighted Welch t-test for each practice. Each of the practice's episodes is compared against the national benchmark for its machine learning node; nodes are stratified by episode type (ETG) and member urbanicity. Each episode is weighted by its node's expected cost, which is the mean allowed amount of all non-outlier episodes nationally in that node. The same weight is applied to the practice and the benchmark.

For the first sample, we use the practice's adjusted performance index. This is the episode's observed-to-expected ratio after a weighted regression removes practice size, member risk, HMO, high-deductible plan mix, multispecialty status, and CBSA-level cost differences.

For the second sample, we use the national average adjusted performance index of the node each episode falls in.

To control the false discovery rate across all practices evaluated, we apply Benjamini-Hochberg correction to the resulting p-values. Both weighted samples are compared in the t-test:
- If the test has a corrected p-value greater than 0.10, the practice results are not statistically significant, and the practice outcome will be "performance not statistically significant."
- If the practice's adjusted performance index is statistically significant and less than the average adjusted performance index, the practice will receive the outcome "designation earned for performance."
- If the practice adjusted performance index is statistically significant and greater than the average adjusted performance index, the practice outcome will be "criteria not met."

Effectiveness: other subcategories

We use subcategories under the effectiveness designation. Effectiveness evaluation is performed for episodes in each subcategory and combined with a summary level designation result. Summary results are created using a weighted average which allows for the right populations to be represented in a physician group's designation result. For Effectiveness - Episodes of care, a weighted allowed amount is used to combine subcategories into summary designation results.

For OB/GYN program, if a physician group performs both obstetrics and gynecology procedures, a weighted allowed amount approach will correctly represent the dominant procedure type in the summary result for the group.

Similarly for the PCP program, a weighted allowed amount (episodes of care) summary allows for a proper representation of the populations seen by a physician group.

Effectiveness subcategories in Aetna Smart Compare (2027)

Programs	Effectiveness - Episodes of care
PCP	<18 years of age, and ≥18
OB/GYN	Gynecology, and Obstetrics

Access designation

Beginning in 2027, Aetna Smart Compare ensures access to members by improving population access, where there are dense urban and suburban populations. The program also ensures geographic access to the designation in geographies where there has been little to no access to Aetna Smart Compare.

Population Access

Above we outline how our models output evaluations of providers (see **Designation and categories of measure**). Many providers reach an outcome that is favorable, but not statistically reliable ("performance not statistically significant"). For providers who received "designation earned" in 2026, but "performance not statistically significant" for 2027, we will carry forward the 2026 designation only if they receive a t-test value less than 0 for 2027 (see **Practice adjustment variables**). This means physicians can continue to carry forward performance, creating more access and consistency for their patients.

Geographic Access

We now look at geographies where providers in Aetna Smart Compare are designated at a rate below the national average (e.g. 40%). Using this national average as a baseline, in locations where the rates are lower, we add highest performing physicians by tax identification number until the original baseline national average is reached. In some geographies, the national average is never reached or attempted, because there are too few providers to differentiate performance.

Allergy & Immunology

Our program for immunologists and allergists measures quality with two measures: one HEDIS measure, and one Care Consideration® measure from ActiveHealth Management, a CVS Health company. We measure both pediatric and adult populations for both measures (total of four measures).

For effectiveness, we measure a number of Episode Treatment Groups (ETG), which can be found in the reference guide at **www.aetna.com/smartcompare.**

For this program, we use the following HEDIS measure: Asthma Medication Ratio (AMR). You can find more about the HEDIS measures we use throughout Aetna Smart Compare by referencing the **Clinical Quality measures** section**.**

Below is a description of our Care Considerations® measure.

Care Considerations® measure in Allergy & Immunology

Measure Name	Measure Description
Asthma Related Emergency Visits or Hospitalization: consider adding an inhaled corticosteroid	The percentage of members 3 yrs or older with an asthma diagnosis and an emergency room visit for asthma in the last 12 months or hospitalization related to asthma in the last 6 months, who have been prescribed an inhaled corticosteroid

Behavioral Health

We measure quality with 2 Aetna measures and 11 HEDIS measures that address medication management and adherence, as well as follow-ups and treatment initiation. We also use 32 Care Considerations® measures from ActiveHealth Management, a CVS Health company. These measures focus on medication management, adherence, interactions, and other widely accepted treatment guidelines.

Episode Treatment Groups (ETG) for Behavioral Health can be found in the reference guide at **www.aetna.com/smartcompare**.

Aetna measures in Behavioral Health

Measure Name	Measure Description
Continuity of Care	Members that complete three or more follow-up sessions in 60 days with the same clinician
Course of Care Completed	Members who complete nine or more sessions with the same provider followed by a six-month period without any additional therapy visits

HEDIS measures in Behavioral Health

Measure Name	Population
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	Adults
Follow-Up After Emergency Department Visit for Mental Illness: 30-day follow-up (FUM)	Adults, Pediatrics
Follow-Up After Emergency Department Visit for Mental Illness: 7-day follow-up (FUM)	Adults, Pediatrics
Follow-Up After High-Intensity Care for Substance Use Disorder: 30-day follow-up (FUI)	Adults
Follow-Up After High-Intensity Care for Substance Use Disorder: 7-day follow-up (FUI)	Adults
Follow-Up After Hospitalization for Mental Illness: 30 day follow up (FUH)	Adults, Pediatrics
Follow-Up After Hospitalization for Mental Illness: 7 day follow up (FUH)	Adults, Pediatrics
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Engagement (IET)	Adults
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Initiation (IET)	Adults
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Pediatrics
Pharmacotherapy for Opioid Use Disorder (POD)	Adults

The Care Considerations® measures we use are triggered by different event dates, often pharmacy claims. These dates are available per member in our reporting packages. In the measure descriptions below, you often see

references to lookback periods (e.g. “past three months”). These lookback periods are measured from these event dates.

Care Considerations® measures in Behavior Health

Measure Name	Measure Description	Population
Atypical Antipsychotics: Consider Baseline Diabetes and Lipid Panel Screening	The percentage of members starting an atypical antipsychotic who also have a screening for diabetes and a lipid panel in the past 6 months.	Adults, Pediatrics
Atypical Antipsychotics: Consider Screening for Diabetes	The percentage of members taking an atypical antipsychotic who have a yearly screening for diabetes in the past 12 months.	Adults, Pediatrics
Avoid Benzodiazepines in Older Adults with Certain Conditions	The percentage of members that do not have pharmacy claim for a benzodiazepine in the past two months, and who have a diagnosis for fall, hip fracture, dementia or cognitive impairment.	Adults
Avoid Certain Antidepressants in Older Adults	The percentage of members 65 years and older who are not taking paroxetine or tricyclic antidepressants (TCAs).	Adults
Avoid Citalopram > 20mg in Older Adults	The percentage of members 60 or older who are not taking a citalopram dosage greater than 20mg.	Adults
Avoid Multiple CNS Active Drugs in Older Adults	The percentage of members 65 years old or greater who are not taking three or more central nervous system (CNS) active drugs for the past 6 months.	Adults
Bipolar Disorder: Consider Adding a Mood Stabilizer	The percentage of members with bipolar disorder taking a mood stabilizer.	Adults
Bipolar Disorder with a Recent Manic or Mixed Episode: Avoid Antidepressants	The percentage of members 18 or older with bipolar disorder who experience manic or mixed episodes in the last two months and who are not taking antidepressants in the past three months.	Adults
Bupropion: Contraindicated in Seizure Disorder	The percentage of members with diagnosis claims for seizure disorders who do not have a pharmacy claim for bupropion in the past three months.	Adults
Citalopram >20 mg: Avoid with CYP2C19 Inhibitors	The percentage members with pharmacy claims for citalopram dosage greater than 20mg and a CYP2C19 inhibitor in the past three months.	Adults, Pediatrics
Citalopram: Avoid in Certain Conditions	The percentage of members without citalopram pharmacy claims in the last three months, who have lab data indicating hypokalemia or hypomagnesemia or who have lab data in the last four months for bradycardia, uncompensated heart failure or recent myocardial infarction.	Adults, Pediatrics
Citalopram: Avoid with QT-Prolonging Drugs	The percentage of members without pharmacy claims in the last three months for both citalopram and drugs that prolong QT interval.	Adults, Pediatrics
Duloxetine or Milnacipran: Caution with Alcohol Use	The percentage of members with a diagnosis of alcohol dependence who are not taking duloxetine or milnacipran in the past four months.	Adults

Duloxetine or Milnacipran: Caution with Liver Disease	The percentage of members with a diagnosis of liver disease or elevated alanine transaminase (ALT) who are not taking duloxetine or milnacipran in the past three months.	Adults
Hyperglycemia: Caused or Exacerbated by Atypical Antipsychotics	Percentage of members in the last 2 months with glucose values >200 mg/dL or HbA1c >8.0 who no longer have pharmacy or procedure claim for atypical antipsychotic.	Adults
Lithium: Consider Kidney Function Monitoring	The percentage of members taking lithium who had kidney function monitoring in the past 15 months.	Adults, Pediatrics
Lithium: Consider Thyroid Function Monitoring	Percentage of members taking lithium who had thyroid function monitoring in the past 15 months.	Adults, Pediatrics
Long-Acting Benzodiazepines: Drug Interactions	The percentage of members who do not have pharmacy claims for a long-acting benzodiazepine and a strong CYP3A4 inhibitor in the past three months.	Adults
Lurasidone: Contraindicated with Enzyme Inducers	The percentage of members who do not have pharmacy claims for both lurasidone and a strong CYP3A4 inhibitor in the past three months.	Adults
Major Depression: Consider Treatment	The percentage of members who have had a diagnosis of depression in the past three months and a pharmacy claim for an antidepressant in the past six months.	Adults
MAOI: Avoid with SSRIs or SNRIs	The percentage of members who do not have pharmacy claims for both an MAOI/MAO-B and either an SSRI/SNRI in the past three months.	Adults
Medication Adherence: Antipsychotic	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for an antipsychotic over 12 months.	Adults
Medication Adherence: Bupropion	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for bupropion over 12 months.	Adults
Medication Adherence: Lithium	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for lithium over 12 months.	Adults
Medication Adherence: MAOIs	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for an MAOI over 12 months.	Adults
Medication Adherence: Mirtazapine	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for mirtazapine over 12 months.	Adults
Medication Adherence: SNRI	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for SNRI over 12 months.	Adults
Medication Adherence: SSRI	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for SSRI over 12 months.	Adults
Medication Adherence: TCAs	The percentage of members with a proportion of days covered (PDC) greater than or equal to 80% for tricyclic anti-depressants (TCAs) over 12 months.	Adults
Paliperidone: Avoid with QT Prolonging Drugs	The percentage of members without pharmacy claims in the last three months for both citalopram and drugs that prolong QT interval.	Adults, Pediatrics

Potential for Lithium Toxicity: Consider Lithium Level Monitoring	The percentage of members who have a pharmacy claim for lithium and a lab or procedure for testing lithium level in the last nine months.	Adults, Pediatrics
SSRI and NSAIDs: Potential to Increase GI Bleeding	The percentage of members who do not have pharmacy claims for both SSRI and NSAIDs in the past nine months.	Adults

Cardiology

In this program we evaluate fifteen (15) quality measures for the cardiology quality gate. The measures come from two (2) sources, HEDIS and AHRQ. We also measure many episodes for effectiveness.

Episode Treatment Groups (ETG) for Cardiology can be found in the reference guide at **www.aetna.com/smartcompare**.

You can find a full list of our HEDIS measures above in the **Clinical Quality measures** section.

We attribute AHRQ measures by identifying the cardiologist managing the inpatient stay.

Below is a list of quality measures included in the Cardiology program.

AHRQ Measures in Cardiology[4]
- Acute Myocardial Infarction (AMI) Mortality Rate (IQI 15)
- Heart Failure Mortality Rate (IQI 16)
- Iatrogenic Pneumothorax Rate (PSI 06)
- Percutaneous Coronary Intervention (PCI) Mortality Rate (IQI 30)

HEDIS Measures in Cardiology
- Blood Pressure Control for Patients With Diabetes
- Cardiac Rehabilitation: Initiation
- Cardiac Rehabilitation: Engagement 1
- Cardiac Rehabilitation: Engagement 2
- Cardiac Rehabilitation: Achievement
- Controlling High Blood Pressure
- Persistence of Beta-Blocker Treatment After a Heart Attack
- Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy
- Statin Therapy for Patients with Cardiovascular Disease: Statin Adherence 80%
- Statin Therapy for Patients With Diabetes: Received Statin Therapy
- Statin Therapy for Patients With Diabetes: Statin Adherence 80%

Cardiothoracic Surgery

In this program, we evaluate two (2) surgical quality measures for the cardiothoracic surgery quality gate. The measures come from Aetna. You can find out more about them in the **Clinical Quality measures** section. We also measure many episodes of care for effectiveness.

Episode Treatment Groups (ETG) for Cardiothoracic Surgery can be found in the reference guide at **www.aetna.com/smartcompare**.

[4] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

Dermatology

In this program, we evaluate eight (8) quality measures for the quality gate. We utilize six (6) **Care Considerations® measures from ActiveHealth Management** and two (2) internal quality measures. We also measure many episodes of care for effectiveness.

Episode Treatment Groups (ETG) for Dermatology can be found in the reference guide at **www.aetna.com/smartcompare**.

We evaluate two (2) surgical quality measures for the dermatology quality gate. The measures come from Aetna. You can find out more about them in the **Clinical Quality measures** section.

Care Considerations® measures in Dermatology

Measure Name	Measure Description
Biologic Agents - Consider Screening for Latent TB	The percentage of people taking a biologic agent and have had a screening for latent TB.
Immunosuppressive Agents - Consider Pneumococcal 23-Valent Vaccine	The percentage of people taking an immunosuppressive agent and have and the pneumococcal 23-valent vaccine.
Isotretinoin - Avoid Use With Tetracyclines	The percentage of people not taking isotretinoin and a tetracycline concomitantly.
Monoclonal Antibodies Drug Therapy - Consider Screening for Latent TB	The percentage of people on monoclonal antibodies drug therapy and have had a screening for latent TB.
Steroid Use - Consider Pneumococcal 23-Valent Vaccine	The percentage of people taking long-term steroids and have and the pneumococcal 23-valent vaccine.
TNF Inhibitors - Consider Screening for Latent TB	The percentage of people taking a TNF inhibitor and have had a screening for latent TB.

Endocrinology

In this program, we review eight (8) HEDIS measures for the endocrinology quality gate. We also measure many episodes of care for effectiveness.

Episode Treatment Groups (ETG) for Endocrinology can be found in the reference guide at **www.aetna.com/smartcompare**.

You can find a full list of our HEDIS measures above in the **Clinical Quality measures** section. Below is summary of the quality measures used to measure endocrinologists.

HEDIS Measures in Endocrinology

- Blood Pressure Control for Patients With Diabetes
- Controlling High Blood Pressure
- Eye Exam for Patients With Diabetes
- Glycemic Status Assessment for Patients With Diabetes: <8.0%
- Glycemic Status Assessment for Patients With Diabetes: >9.0%
- Kidney Health Evaluation for Patients With Diabetes
- Statin Therapy for Patients With Diabetes: Received Statin Therapy
- Statin Therapy for Patients With Diabetes: Statin Adherence 80%

Gastroenterology

In this program, we reviewed six (6) quality measures for the gastroenterology quality gate. One (1) measure comes from HEDIS and five measures (5) are developed in collaboration with the American Gastroenterological Association (AGA).

Episode Treatment Groups (ETG) for Gastroenterology can be found in the reference guide at **www.aetna.com/smartcompare**.

You can find a full list of our HEDIS measures above in the **Clinical Quality measures** section.

HEDIS Measures in Gastroenterology

- Colorectal Cancer Screening (COL_E)

Gastroenterology measures modeled after measures from the American Gastroenterological Association (AGA)

Measure name	Measure description
Inpatient Admission or ER Visit within 7 days of outpatient screening colonoscopy	Percentage of members experiencing inpatient admission or ER visit within 7 days of an outpatient colonoscopy, where procedure codes indicate admission or ER visit is indicative of a complication from outpatient colonoscopy.
Crohn's 90-day steroids on biologics	Percentage of members prescribed 90-day supplies of steroids who are starting biologics in the same measurement year.
H. Pylori testing after Peptic ulcer disease (PUD)	Percentage of members who have tested for H. pylori within 180 days of PUD diagnosis
H. Pylori testing without Peptic ulcer disease (PUD)	Percentage of members who repeat H. pylori test within 270 days of the first test that diagnosed H. pylori.
Inflammatory bowel disease (IBD) monitor for anemia.	Percentage of members diagnosed with IBD who have a test for complete blood cell count (CBC) or a hemoglobin (Hgb) and Hematocrit (Hct) test.

General Surgery

In the General surgery program, we evaluate surgery episodes of care treated by general surgeons in the effectiveness category.

Episode Treatment Groups (ETG) for Gastroenterology can be found in the reference guide at **www.aetna.com/smartcompare**.
We reviewed eight (8) measures in the quality gate. The measures come from two (2) sources, Aetna and AHRQ.

We evaluate two (2) surgical quality measures for the General surgery quality gate from Aetna. You can find out more about them in the **Clinical Quality measures** section.

AHRQ Measures in the General surgery program

- Postoperative acute kidney injury requiring dialysis rate (PSI 10)
- Postoperative hemorrhage or hematoma rate (PSI 09)
- Postoperative respiratory failure rate (PSI 11)
- Postoperative pulmonary embolism or deep vein thrombosis rate (PSI 12)
- Postoperative sepsis rate (PSI 13)
- Postoperative wound dehiscence rate (PSI 14)

Medical Oncology

In the Medical Oncology program oncologists must meet one of the three (3) measures for the quality evaluation. For the first time in 2027, our program includes the American Society of Clinical Oncology (ASCO) certification as a metric for oncologists to meet designation. Practices must have at least **seventy-five (75%)** of their physicians certified in either Quality Oncology Practice Initiative (QOPI) or "ASCO Certified." The three quality paths used in the oncology program are:

- Inlier performance in two (2) CMS measures:
  - Inpatient admission within 30 days after outpatient chemotherapy
  - Emergency room visit within 30 days after outpatient chemotherapy
- 75% approval rate in our oncology drug pre-certification programs
- 75% of the providers under the group's TIN have a certification from ASCO
  - QOPI Certification Program
  - ASCO Certified: Patient-Centered Cancer Care Standards

Nephrology

In this program we review sixteen (16) quality measures for the nephrology quality gate. The quality measures come from six (6) HEDIS measures, four (4) Care Considerations® measures from ActiveHealth Management (a CVS Health company), one (1) AHRQ measure, and five (5) CMS Dialysis facility measures. CMS Dialysis facility measures track rate of patient hospitalization, blood transfusion, proper waste removal, vascular access and bone mineral levels.

We measure many episodes of care for effectiveness as well. Episode Treatment Groups (ETG) for Nephrology can be found in the reference guide at **www.aetna.com/smartcompare**.

HEDIS measures in Nephrology

- Blood Pressure Control for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes
- Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy
- Statin Therapy for Patients with Cardiovascular Disease: Statin Adherence 80%
- Statin Therapy for Patients with Diabetes: Received Statin Therapy
- Statin Therapy for Patients with Diabetes: Statin Adherence 80%

AHRQ measures in the Nephrology program

- Heart Failure Mortality Rate (IQI 16)

CMS ESRD QIP Measures[5]

- Percentage of Patients with Hemoglobin <10g/DL (QDFCC) **6**
- Percentage of Patients Waitlisted (PPPW)
- Standardized Infection Rate (NHSN BSI)
- Standardized Readmission Ratio (SRR)
- Standardized Transfusion Ratio (STrR)

[5] https://www.cms.gov/medicare/quality/end-stage-renal-disease-esrd-quality-incentive-program/measuring-quality
[6] https://dialysisdata.org/content/dfccmethodology

Care Considerations® measures in Nephrology

Measure Name	Measure Description
Chronic Kidney Disease - Consider Anemia Monitoring	The percentage of members with chronic kidney disease who have had monitoring for anemia
Chronic Kidney Disease - Consider Screening for Mineral and Bone Disorders	The percentage of members with chronic kidney disease and have had a screening for mineral and bone disorders.
Erythropoiesis-Stimulating Agent - Consider TSAT and Ferritin Monitoring	The percentage of members with chronic kidney disease and taking erythropoiesis-stimulating agents and have had TSAT and ferritin monitoring in the past 6 months
Kidney Transplant - Consider Skin Cancer Screening	The percentage of members with a kidney transplant who have been screened for skin cancer.

Neurology

In this program, we reviewed eight (8) quality measures for the neurology quality gate. The quality measures come from four (4) sources: AHRQ (1), CMS (3) and HEDIS (2), Care Considerations® measures from ActiveHealth Management (2).

We also measure many episodes of care for effectiveness. Episode Treatment Groups (ETG) for Neurology can be found in the reference guide at **www.aetna.com/smartcompare**.

You can find a full list of our HEDIS measures above in the **Clinical Quality measures** section.

HEDIS measures in Neurology

- Blood Pressure Control for Patients with Diabetes
- Controlling High Blood Pressure

CMS Stroke measures are stewarded by The Joint Commission. You can find a general summary of the measures at **https://data.cms.gov/provider-data/topics/hospitals/timely-effective-care#stroke-care**. More detailed descriptions of the measures can be found at **https://ecqi.healthit.gov/**, using the CMS measure codes below. We identify managing providers in these hospital measures.

CMS Stroke measures in Neurology

- Anticoagulation Therapy for Atrial Fibrillation/Flutter (CMS 71)
- Antithrombotic Therapy by End of Hospital Day 2 (CMS 72)
- Discharged on Antithrombotic Therapy (CMS 104)

AHRQ measures in the Neurology program[7]

- Acute Stroke Mortality Rate (IQI 17)

[7] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

Care Considerations® measures in Neurology

Measure name	Measure description
Medication Adherence: Epilepsy	The percentage of members with seizures on epilepsy medication with a portion of days covered (PDC) equal to or greater than 80% for epilepsy medication in the past 12 months.
Recurrent Migraines: Consider Adding Prophylactic Medication	The percentage of members with recurrent migraines who are prescribed migraine prophylactic therapy

Neurosurgery

In this program, we evaluate quality measures from two (2) sources, Aetna and AHRQ. We also evaluate many episodes of care.

Episode Treatment Groups (ETG) for Neurological surgery can be found in the reference guide at **www.aetna.com/smartcompare**.

There are (2) surgical quality measures developed by us for the quality gate. You can find out more about them in the section **Clinical Quality measures**.

We also evaluate three (3) AHRQ measures, which you can find below.

AHRQ measures in Neurological surgery program[8]
- Postoperative hemorrhage or hematoma rate (PSI 09)
- Perioperative pulmonary embolism or deep vein thrombosis rate (PSI 12)
- Postoperative sepsis rate (PSI 13)

Obstetrics and Gynecology

The Ob/gyn program measures practices that focus on obstetrics and/or gynecology. Measures are split into either specialty, which serve as the subcategories in this program, where we include all physicians practicing as obstetricians and/or gynecologists. We also include midwife and nurse episodes sharing the same tax identification number (TIN) as the Ob/gyn.

Episode Treatment Groups (ETG) for this program can be found in the reference guide at **www.aetna.com/smartcompare**.

We evaluate eleven (9) quality measures for the quality gate. The quality measures come from two sources, AHRQ (4) and HEDIS (5).

You can find a full list of our HEDIS measures above in the **Clinical Quality measures** section.

HEDIS measures in the Ob/gyn program
- Breast cancer screening
- Cervical cancer screening
- Chlamydia screening in women
- Postpartum care
- Timeliness of prenatal care

[8] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

AHRQ measures in the Ob/gyn program[9]

- Primary Cesarean delivery rate, uncomplicated (IQI 33)
- Postoperative hemorrhage or hematoma rate (PSI 09)
- Obstetric trauma rate – vaginal delivery with instrument (PSI 18)
- Obstetric trauma rate – vaginal delivery without instrument (PSI 19)

High-cost claimants

We remove high-cost claimants (HCC) from the analysis. If a member has claim costs (total allowed amount) per year greater than the 99th percentile in either 2024 or 2025, the member is excluded from analysis (the entirety of the member's claims; not only the claims that meet the threshold). Below is the HCC threshold by claim year and population.

High-cost claimants in 2024-25

Population	Year	HCC threshold (99th percentile)
Adults	2024	$87,110
Adults	2025	$91,405

General Ob/gyn practice

Only general Ob/gyn practices are eligible for this designation. Physicians classified as general Ob/gyns are identified using a machine learning technique called clustering.

After we aggregate and weight provider data, we input this data into a density-based, hierarchical clustering algorithm. This algorithm is used to identify groupings of providers who have similar diagnosis and procedure group clusters based on similar scores (i.e., low distance from cluster averages). The following table shows the clusters identified by this algorithm. All providers appearing in "General Ob/gyn" were included in this program.

Clusters from machine learning analysis of Ob/gyn claims

Specialty Clusters	Reproductive endocrinology and infertility	Female pelvic medicine and reconstructive surgery	Maternal-fetal medicine	Gynecologic oncology	General Ob/gyn	All others
Total provider count	1,310 (3.3%)	1,690 (4.2%)	1,033 (2.6%)	2,920 (7.3%)	31,749 (79.8%)	1070 (2.7%)
Claim count (K)	186 (1.6%)	1551 (13.3%)	92 (0.8%)	1236 (10.6%)	8,296 (71%)	321 (2.8%)
Allowed Amount ($M)	45.0 (1.6%)	455.9 (16.3%)	30.2 (1.1%)	249.4 (8.9%)	1,966.5 (70.2%)	53.4 (1.9%)

[9] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

Orthopedic

In this program, we evaluate six (6) quality measures and many episodes of care.

Episode Treatment Groups (ETG) can be found in the reference guide at **www.aetna.com/smartcompare**.

There are two (2) surgical quality measures from Aetna for the quality gate in the Orthopedic program. You can find out more about them in the **Clinical Quality measures** section.
Below are the AHRQ measures included in this program.

AHRQ measures in the Orthopedic program[10]

- Postoperative hemorrhage or hematoma rate (PSI 09)
- Postoperative respiratory failure rate (PSI 11)
- Perioperative pulmonary embolism or deep vein thrombosis rate (PSI 12)
- Postoperative sepsis rate (PSI 13)

Otolaryngology

In this program, we evaluate three (3) quality measures for the otolaryngology quality gate. We also measure many episodes of care for effectiveness.

Episode Treatment Groups (ETG) for Otolaryngology can be found in the reference guide at **www.aetna.com/smartcompare**.

There are two (2) surgical quality measures from Aetna for the quality gate in the Otolaryngology program. You can find out more about them in the **Clinical Quality measures** section. We measure both adult and pediatric populations, so these measures can appear as a set of four (4) if you have experience with both populations.

Care Considerations® measures in the Otolaryngology program

Measure name	Measure description
Head and Neck Cancer: Consider Thyroid Function Monitoring	The percentage of members that have head or neck cancer who have received thyroid function monitoring in the past 15 months.

Plastic Surgery

In this program, we review six (6) quality measures for the plastic surgery quality gate. These measures come from two (2) sources: Aetna and AHRQ. We also measure many episodes of care for effectiveness.

Episode Treatment Groups (ETG) can be found in the reference guide at **www.aetna.com/smartcompare**.

There are two (2) surgical quality measures from Aetna for the quality gate in this program. You can find out more about them in the C**linical Quality measures** section.

Below are the four AHRQ measures we use.

[10] You can find AHRQ measures by visiting **https://qualityindicators.ahrq.gov/** and referencing the measure code in our guide (parentheses after the measures.)

AHRQ measures in the Plastic Surgery program[11]
- Postoperative Hemorrhage or Hematoma Rate (PSI 09)
- Postoperative Respiratory Failure Rate (PSI 11)
- Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)
- Postoperative Sepsis Rate (PSI 13)

Primary Care Physician (PCP)

The PCPs program evaluates episodes of care in its effectiveness category, and HEDIS measures in the clinical quality category. We measure family practice, internal medicine, and pediatric practices, including physicians' assistants and nurse practitioners managed by these physicians.

We only measure physicians' assistants and nurse practitioners where a managing PCP is listed as the rendering physician on claims.

To better understand our effectiveness measurements, Episode Treatment Groups (ETG) for the PCP program can be found in the reference guide at **www.aetna.com/smartcompare**.

Our PCP program includes are broad range of HEDIS measures. You can find a full list of our HEDIS measures above in the **Clinical Quality measures** section.

Populations and thresholds

To be included in the program, physician practices must see enough members for us to perform a statistically valid evaluation. We evaluate adult and pediatric populations separately. (Pediatric populations are less than 18 years of age.) We measure family practice and internal medicine physicians on each population, where the practice meets the minimum member criteria.

To measure episodes of care, we require no less than 20 adult valid inlier episodes and no less than 20 pediatric valid inlier episodes.

Here are the rules for attribution and member inclusion:

i. Valid members are members not attributed to any other practices during calendar year. They also have at least six months of medical benefit eligibility in calendar year. For quality measures, we include only members attributed to a primary care practice at the end of 2025.

ii. Attribution methodology uses our standard attribution logic, which considers both volume and recency of claims. We measure members receiving care from nurse practitioners and physician assistants managed by primary care practices.

Involved episodes

In addition to standard episodes, we add involved episodes for episodes of care measures in effectiveness. Here are the rules we use to identify involved episodes:

[11] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

1. The episode's responsible provider is not a PCP (or nurse practitioner, or physician assistant managed by a PCP), and
2. At least one of the episode's claims are serviced by PCP (or nurse practitioner, or physician assistant managed by a PCP), and
3. The PCP (or nurse practitioner or physician assistant) enters the episode before 10 percent of the episode's allowed amounts are spent.

High-cost claimants

High-cost claimants (HCC) are removed from the analysis. If a member has claim costs (total allowed amount) per year greater than the 99th percentile in either 2024 or 2025, we exclude them from analysis (the entirety of the member's claims, not only the claims that meet the threshold). Below is the HCC threshold by claim year and population.

High-cost claimants in 2024-25

Population	Year	HCC threshold (99th percentile)
Adults	2024	$87,110
Pediatrics	2024	$48,056
Adults	2025	$91,405
Pediatrics	2025	$52,725

Pulmonary Medicine

In the Pulmonary medicine program, we measure episodes of care in the diagnosis and treatment of the respiratory system in the effectiveness category.

We reviewed seven (7) quality measures for the pulmonary medicine quality gate. The quality measures come from two (2) sources, AHRQ (1) and HEDIS (6).

HEDIS Measures in the Pulmonary medicine program
- Advance care planning
- Appropriate treatment for upper respiratory infection
- Asthma medication ratio
- Avoidance of antibiotic treatment for acute bronchitis/bronchiolitis
- Pharmacotherapy Management of COPD exacerbation-systemic corticosteroids
- Pharmacotherapy Management of COPD exacerbation-bronchodilators

AHRQ Measures in Pulmonary medicine[12]
- Pneumonia mortality rate (IQI 20)

Physicians classified as general pulmonologist are identified using a machine learning technique called clustering. This technique involves inputting variables into clustering or grouping algorithms to find similarities in large datasets. Using January 2024 to December 2025 claims data, we apply this technique to all pulmonology claims.

[12] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

After we aggregate and weight provider data, we input this data into a density-based, hierarchical clustering algorithm. This algorithm is used to identify groupings of providers who have similar diagnosis and procedure group clusters based on similar scores (i.e., low distance from cluster averages). The following table shows the clusters identified by this algorithm.

Clusters from machine learning analysis of Pulmonary Medicine

Specialty Cluster sets	General (COPD)	Lung Transplant	General Pulmonology	General (Asthma)
	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Total provider count	20 (0.2%)	151 (1.3%)	11162 (97.5%)	17 (0.1%)
Claim count (K)	0.066 (~0%)	5.634 (0.5%)	1153.9 (99.5%)	0.112 (~0%)
Allowed Amount ($M)	0.008 (~0%)	1.434 (0.8%)	181.9 (99.2%)	0.013 (~0%)

Specialty Cluster sets	General (Asthma & Immunology)	Diabetes	Critical Care Pulmonology
	Cluster 5	Cluster 6	Cluster 7
Total provider count	30 (0.3%)	19 (0.2%)	24 (0.2%)
Claim count (K)	0.168 (~0%)	0.039 (~0%)	0.038 (~0%)
Allowed Amount ($M)	0.040 (~0%)	0.013 (~0%)	0.014 (~0%)

Rheumatology

We measure rheumatologists with five quality measures: one (1) HEDIS measure, three (3) Care Considerations® measures, and one measure developed by Aetna.

For effectiveness, we measure many Episode Treatment Groups (ETG), which can be found in the reference guide at **www.aetna.com/smartcompare**.

The HEDIS measure we use is Osteoporosis Screening in Older Women (OSW). You can find a list of all the HEDIS measures in **Clinical Quality measures** section**.**

Below are the three (3) Care Considerations® measures we use in the Rheumatology program. These measures are developed by ActiveHealth Management, a CVS Health company.

Care Considerations® measures in Rheumatology

Measure Name	Measure Description
Medication adherence: rheumatoid arthritis	The percentage of members with a diagnosis of rheumatoid arthritis who maintain a portion of days covered (PDC) of 80% for several drugs, including biologics, hydroxychloroquine, leflunomide, methotrexate, sulfasalazine and TNF inhibitors.
Rheumatoid arthritis: consider adding a DMARD	The percentage of members with a diagnosis of rheumatoid arthritis or members who use oral steroids, NSAIDs, or COX-2 inhibitors who also have pharmacy claims for a disease-modifying antirheumatic drug (DMARD).
Methotrexate: consider CBC creatinine and or LFT monitoring	The percentage of members on methotrexate who have a CBC, creatinine, or LFT lab or procedure over six months.

Below is the measure we created for rheumatologists.

Measure Name	Measure Description
Annual eye exam for members prescribed hydroxychloroquine	The percentage of members prescribed hydroxychloroquine who had an eye exam in the measurement year (2024-2025).

Urology

In this program, the quality measures come from two (2) sources, AHRQ and Aetna.

For effectiveness, we measure many episodes of care. Episode Treatment Groups (ETG) for this program can be found in the reference guide at **www.aetna.com/smartcompare**.

There are two (2) surgical quality measures from Aetna for the quality gate in the Urology program. You can find out more about them in the **Clinical Quality measures** section.

AHRQ Measures in the Urology program[13]

- Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)
- Postoperative Hemorrhage or Hematoma Rate (PSI 09)
- Postoperative Respiratory Failure Rate (PSI 11)
- Postoperative Sepsis Rate (PSI 13)
- Postoperative Wound Dehiscence Rate (PSI 14)

[13] You can find AHRQ measures by visiting https://qualityindicators.ahrq.gov/ and referencing the measure code in our guide (parentheses after the measures.)

Aetna measures in the Urology program

Measure name	Measure description
PSA within 4 months, post-prostatectomy	The percentage of members receiving a prostate-specific antigen (PSA) test within the 4 months following their prostatectomy (in the first 8 months of the measurement year)
Repeat procedure within 6 to 12 months of TURP or sub-total prostatectomy for BPH©	The percentage of members who receive a transurethral resection of the prostate (TURP) or a sub-total prostatectomy for benign prostatic hyperplasia (BPH) who undergo either procedure again, within 6 to 12 months of the original procedure.

Vascular Surgery

In this program, we reviewed fourteen (14) measures in the quality gate from AHRQ and HEDIS.

For effectiveness, we measure many episodes of care. Episode Treatment Groups (ETG) for this program can be found in the reference guide at **www.aetna.com/smartcompare**.

There are two (2) surgical quality measures developed by us for the quality gate. You can find out more about them in the **Clinical Quality measures** section.

AHRQ measures in the Vascular Surgery program
- Carotid Endarterectomy Mortality Rate (IQI 31)
- Postoperative Hemorrhage or Hematoma Rate (PSI 09)
- Postoperative Acute Kidney Injury Requiring Dialysis Rate (PSI 10)
- Postoperative Respiratory Failure Rate (PSI 11)
- Perioperative Pulmonary Embolism or Deep Vein Thrombosis Rate (PSI 12)
- Postoperative Sepsis Rate (PSI 13)

HEDIS measures in the Vascular surgery program
- Blood Pressure Control for Patients with Diabetes Controlling High Blood Pressure
- Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy
- Statin Therapy for Patients with Cardiovascular Disease: Statin Adherence 80%
- Statin Therapy for Patients with Diabetes: Received Statin Therapy
- Statin Therapy for Patients with Diabetes: Statin Adherence 80%
- Controlling High Blood Pressure