

National Committee for Quality Assurance (NCQA)

NCQA accreditation offers an objective determination of an MCO's overall quality.

HEDIS results help to identify areas of improvement.

Our Credentialing Verification Unit received certification for 10 out of 10 elements reviewed.

NCQA is an independent organization that evaluates the quality and service provided by managed care organizations (MCOs). Employers and government officials recognize NCQA as the country's leading independent reviewer of MCOs.

While customers may be comfortable evaluating costs and benefits, they may not be so comfortable evaluating quality. NCQA accreditation offers customers an objective determination of an MCO's overall quality.

Review Process

NCQA uses a team of independent physicians and managed care experts to evaluate MCOs against more than 60 quality-related standards. A national oversight committee reviews the team's findings, and an accreditation level is assigned based on how an MCO measures up against these standards, which fall into five categories: access and services, qualified providers, staying healthy, getting better and living with illness.

Requirements

NCQA's exacting standards require MCOs to:

- Establish policies that address member access to care.
- Assess and address key health concerns of members.
- Show evidence that quality improvement efforts have improved members' health.
- Evaluate members' satisfaction, members' complaints, medical record-keeping practices and the office facility of the participating physicians.
- Communicate clearly members' rights and responsibilities.
- Use a formal grievance procedure that promptly addresses members' complaints.
- Use established policies and procedures to evaluate coverage of new medical technologies.

Accreditation Levels

NCQA's review determinations include: *Excellent*, *Commendable*, *Accredited*, *Provisional* and *Denial*. An *Excellent* rating is given to those plans that demonstrate levels of service and clinical quality that meet or exceed NCQA's rigorous requirements for consumer protection and quality improvement. Plans earning this accreditation level must also achieve Health Plan Employer Data and Information Set (HEDIS®) results that are in the highest range of national or regional performance. A *Commendable* rating signifies that a plan operates continuous quality improvement programs and meets NCQA's rigorous standards. The other designations encourage an organization to identify opportunities for quality improvement.

NCQA's Accreditation of New Health Plans Program is based on a core set of standards from the *Standards for the Accreditation of Managed Care Organizations*. These standards apply to health benefits plans that are less than two years old and distinguish this program from NCQA's Accreditation of MCOs program.

For Aetna U.S. Healthcare, 20 plans have achieved NCQA Accreditation. Eighteen have received Commendable accreditation and one has received Accredited status. One Aetna U.S. Healthcare plan has received New Health Plan Accreditation¹ — further testimony to our ongoing focus on quality and member satisfaction.



HEDIS is a registered trademark of the National Committee for Quality Assurance.

¹Accreditation statistics from NCQA's Accreditation List (as of 7/99).

Certification of Credentialing Verification Units

As part of the review process, NCOA evaluates how well the MCO conducts provider credentialing. A Credentialing Verification Unit (CVU) is evaluated on ten elements that assess its management of the credentialing operation and the process it uses to continuously improve its services. Certification is good for two years.

Aetna U.S. Healthcare's CVU received certification for ten out of the ten elements reviewed.

Performance Measurement and HEDIS

NCOA vigorously advocates performance measurement to encourage health benefits plan companies to continually identify ways to improve their quality of benefits and service. To promote such initiatives, NCOA has devised a set of standardized performance measures that are used by many MCOs.

These measures are contained within HEDIS, which gauges performance in such areas as:

- Effectiveness of care measures such as: childhood and adolescent immunizations, advising smokers to quit, flu shots for older adults, breast and cervical cancer screening, eye exams for people with diabetes.
- Access/availability of care measures such as: adult and children's access to preventive/ambulatory health services, initiation of prenatal care, annual dental visits.
- Health plan stability measures such as: disenrollment, practitioner turnover, total membership.

- Use of service measures such as: frequency of ongoing prenatal care, well-child visits in the first 15 months of life.
- Member satisfaction as measured through an intensive mail survey process.

HEDIS measures are intended to guide MCOs to collect, apply and analyze performance data in a consistent way. This enables customers to feel more confident about the integrity of data reported and to compare performance among plans.

Ongoing Commitment to Quality

Aetna U.S. Healthcare continues to use HEDIS results to identify areas of potential improvement. For example, based on HEDIS measurements, we determined that more diabetic members should get a diabetic retinal eye exam to prevent blindness caused by the disease. To achieve this goal, reminders are sent to diabetic members and their primary care physicians. The reminders have resulted in an increase in the number of members who receive these exams.

Voluntary Process

Participation by MCOs in an NCOA review is voluntary. However, some states and employers may require evaluation by an outside panel of experts. Because Aetna U.S. Healthcare advocates continuous quality improvement in all our health benefits plans, we welcome NCOA review of our mature plans and use the findings to improve our programs that enhance members' health and well-being.

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