

Understanding Aexcel[®]

What the blue star means for you

Doctors who meet certain standards for clinical performance and efficiency



We want you to know[®]



Our performance network includes Aexcel-designated doctors in 12 specialty areas

What is the blue star ★ next to the doctor's name in the DocFind® online directory? It identifies those who are "Aexcel designated."

That's good news!

Aexcel-designated doctors are some of the best performers, in terms of clinical performance and efficiency, in their specialty areas. And when you visit an Aexcel doctor, you may save out-of-pocket costs and may not need referrals.

What Aexcel really means

Aexcel is a title for specialty doctors who:

- are part of the Aetna network of health care providers
- have met certain standards for clinical — or medical — performance and efficiency

We evaluate doctors using specific standards. Based on the results, we include them in a performance network.

It covers 12 medical specialties:

Cardiology

Cardiothoracic surgery

Gastroenterology

General surgery

Neurology

Neurosurgery

Obstetrics and Gynecology

Orthopedics

Otolaryngology/ENT

Plastic surgery

Urology

Vascular surgery

Doctors who don't meet these standards are still part of our broader network of specialist doctors.



Health insurance plans are underwritten or administered by Aetna Life Insurance Company (Aetna).

How we evaluate

We begin our evaluation by identifying doctors and groups within our network in the 12 specialty areas mentioned before.

Physicians must have a minimum volume of episodes of care and pass clinical performance criteria to be considered for Aexcel designation.

All physicians are included in the clinical performance evaluation using 5 categories of measures. One of these categories is claim-based measures. A physician must have at least 10 Aetna cases for each applicable measure to be evaluated.

For evaluation of efficiency, we identify specialists/groups currently participating in Aetna's network who have managed at least 20 episodes of care for Aetna members over the past 3 years.

Clinical performance

Using member claims information, we look at:

- hospital readmission rates after 30 days
- rates of health complications during hospital care
- other treatments, by specialty, shown to improve outcomes

The standards are based on guidelines from national associations respected by doctors. Therefore, most doctors already follow them as part of their normal medical practice.

And, doctors in our network have already gone through extensive credentialing before joining.

Doctors who don't meet these standards are not evaluated for the next step: efficiency.

Our evaluation standards are measurable and trustworthy. In fact, they are recognized by leading medical associations:

- *National Quality Forum (NQF)*
- *Ambulatory Care Quality Alliance (ACAQ),*
- *American Board of Medical Specialties*
- *American Osteopathic Association*
- *The National Committee for Quality Assurance (NCQA)*
- *American Heart Association*
- *American College of Obstetricians and Gynecologists (ACOG)*
- *Agency for Health research and Quality (AHRQ)*
- *Society of Thoracic Surgeons Centers for Medicare & Medicaid Services (CMS)*

Efficiency

Efficiency is the second area we evaluate. To do so, we combine:

- the cost for services
- the number and type of services performed

In our experience, efficient doctors tend to recommend appropriate testing and treatments for members.

Doctors who use health care resources efficiently should not be labeled as "low quality."

In fact, observations suggest that these doctors may use some of the most advanced and costly procedures, prescription drugs, diagnostic imaging and technologies. However, they do so in a cost-effective manner.

This helps them:

- provide high quality outcomes, even for complex cases
- avoid complications
- manage total medical costs

Looking at total costs

We consider all costs when evaluating efficiency — not just costs for doctor visits.

Our review also includes: inpatient, outpatient, diagnostic, laboratory and pharmacy claims.

Comparing apples to apples

We also use risk adjustment factors to account for differences in the use of health care resources by different types of people. This lets us evaluate doctors who care for members with a greater need for medical treatment.

These factors include:

- age
- gender
- chronic disease risk
- insurance product type
- year the services were paid for



Learn more about the standards

We use standards that are recognized by leading associations in the industry. Doctors may meet clinical quality evaluation standards based on one of the five criteria categories below:

Group must meet at least 1 of the Clinical Performance criteria outlined below				
Use of Technology	Alignment with Aetna Institutes of Quality® (IOQ)	Certification by External Entity	Board Certification	Claim-Based Measures
<ul style="list-style-type: none"> At least 75% of specialists in a group have BTE or NCQA Physician Office Link recognition, or Use of NQF-endorsed healthcare technology measures (example: electronic medical records) 	An affiliated physician with Aetna's IOQ facilities with the primary specialty recognized for the IOQ	At least 75% of specialists in a group have NCQA or BTE recognition in <ul style="list-style-type: none"> Diabetes Care Cardiac/ Stroke Low Back/Spine 	At least 75% of specialists in a group must be board certified in their Aexcel specialty. <ul style="list-style-type: none"> Board eligible physicians do not meet requirements. 	Must have at least 10 cases in any given measure <ul style="list-style-type: none"> Hospital readmission rates after 30 days Rates of health complications during hospital care Other treatments, by specialty, shown to improve outcomes
NQF website at www.qualityforum.org/projects/ongoing/hit/ BTE website at www.bridgestoexcellence.org	IOQ website at http://www.aetna.com/provider/medical/resource_med/business_med/institutes.html	NCQA website at www.ncqa.org/ BTE website at www.bridgestoexcellence.org	ABMS website at www.abms.org/ AOA website at www.osteopathic.org/	All claims-based measures are endorsed by NQF with the exception of rate of readmission and adverse events which are approved by AHRQ and CMS.

BTE (Bridges to Excellence) ; NCQA (National Committee for Quality Assurance); NQF (National Quality Forum)



An example[†]

Let's look at Marie and Linda as an example of how risk adjustment works.

Marie is a 40-year-old woman with no chronic diseases. Linda, also 40 years old, has high blood pressure and diabetes.

Marie[†] will probably have a mammogram and a well visit to her primary care doctor each year.

Linda[†] is also likely to have a mammogram. But she might see her endocrinologist, who helps manage her diabetes. And she might also see a cardiologist for her high blood pressure. Further, since she has diabetes, she should have blood work done at least twice a year to check her blood sugar levels. And she should visit the eye doctor and foot doctor, as recommended by the American Diabetes Association.

Linda clearly requires more health care resources than Marie uses in a given year.

There are some doctors who care for more patients like Linda — who have chronic or complex conditions — in a given time period.

We evaluate all doctors by comparing their services for patients with similar conditions.

[†]These examples are for illustrative purposes only and do not necessarily reflect experiences of actual members.

Claim-based clinical performance measures

We use specific standards for different specialty areas when evaluating for the Aexcel network. For claim-based measures the doctor or group must have at least 10 cases in any given measure to be evaluated. In some measures, such as breast cancer screening, cases are members. In some measures, such as adverse event rate, a case is each event, and one member can have multiple events.

Specialty category	Clinical performance standard	Recognized association
Obstetrics and Gynecology	<p>Cervical cancer screening rate How often members cared for by an Ob/Gyn who should be getting Pap smears are actually getting these tests</p> <p>Breast cancer screening rate How often members cared for by an Ob/Gyn who should be getting mammograms are actually getting these tests</p>	<p>ACOG Learn more: www.acog.org</p> <p>AQA Learn more: www.aqaalliance.org</p> <p>NCQA Learn more: web.ncqa.org</p> <p>CMS CMS uses 30-day readmits as a marker for case review. Learn more: www.cms.hhs.gov</p>
Cardiology	<p>Use of beta-blocker for members with history of heart attacks</p> <p>Use of ACE inhibitor (or ARB) in members with chronic heart failure</p> <p>Use of ACE inhibitor (or ARB) in members with coronary artery disease (CAD) and diabetes</p> <p>Use of cholesterol-lowering drugs (statins) for members with cardiac disease How often members cared for by a cardiologist take medications that have been proven to effectively treat heart failure, members with CAD and diabetes, prevent heart attacks in people with heart disease, and treat high cholesterol in people with heart disease</p> <p>Annual monitoring of digoxin, diuretics, ACE inhibitor or ARB Members on any of these medications who had at least one serum potassium monitoring test and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test</p>	<p>American College of Cardiology Learn more: www.acc.org</p> <p>American Heart Association Learn more: www.americanheart.org</p> <p>CMS Learn more: www.cms.hhs.gov</p> <p>JCAHO Learn more: www.jointcommission.org</p> <p>AQA Learn more: www.aqaalliance.org</p> <p>NCQA Learn more: http://web.ncqa.org</p>
Orthopedics	<p>Osteoporosis management following fracture Members age 50 years and older with a fracture of the hip, spine or distal radius who had a central DXA measurement ordered or performed, or pharmacologic therapy prescribed</p>	<p>American Medical Association PCPI Learn more: www.ama-assn.org/ama/pub/category/2946.html</p> <p>NCQA Learn more: http://web.ncqa.org/</p>
Neurology	<p>Annual monitoring of anticonvulsant therapy Members on anticonvulsants who had at least one drug serum concentration level monitoring test</p>	<p>CMS uses 30-day readmits as a marker for case review. Learn more: http://www.cms.hhs.gov</p>
All specialty categories Cardiology, Cardio-Thoracic surgery, Gastroenterology, Obstetrics & Gynecology, Orthopedics, General surgery, Urology, Otolaryngology (ENT), Neurosurgery, Neurology, Plastic surgery, Vascular surgery	<p>Expected rate of readmission to the hospital once a member is discharged Measurement used to determine when a member is unexpectedly readmitted to the hospital within 30 days after being discharged from the hospital</p> <p>Number of complications or problems for hospitalized members Measurement used to determine when a complication or problem occurs</p>	<p>The adverse event rate/index (number of complications or problems for hospitalized members) is consistent with AHRQ quality indicators. AHRQ is part of the National Institutes for Health. Learn more: www.ahrq.gov</p> <p>CMS uses 30-day readmits as a marker for case review. Learn more: www.cms.hhs.gov</p>

Aexcel information is intended only as a guide. There are many ways to evaluate doctor practices. You should talk with your doctor and a specialist you are selecting before making a decision.

Please note that all ratings have a chance for error. Therefore, they should not be the only reason for choosing a specialty doctor.

- Talk with your doctor about health care decisions.
- Use clinical quality and efficiency information as one factor in a decision.
- Know that Aexcel designation is not a guarantee of service quality or treatment outcome.
- If a specialty doctor is not designated for Aexcel:
 - > it does not mean that the doctor does not provide quality services
 - > we might not have enough information to evaluate
 - > this doctor might be appealing current Aexcel status

Looking at other factors

In addition, we compare all resources a doctor uses in treating a member with those of other doctors in the same specialty and geographic area.

If a doctor is a part of a group, we evaluate the whole group. In this case, performance measurement results of other doctors in the group have an impact on each individual doctor's evaluation.

However, there is no single standard that indicates the best clinical performance or cost efficiency of a group. Over time, doctor groups change — doctors leave or retire and new ones join the group.

Other factors, like new medical technologies and prescription drugs, can also affect performance measurement.

Other considerations for our Performance Network

Meeting members needs

Sometimes, we find that our Performance Network is not broad enough to meet member needs in a geographic area.

We might add specialty doctors to this network so members have satisfactory access in that location.

However, we do not add doctors who were excluded earlier if they did not meet the clinical performance standards.

Changing designation status

We re-examine doctor performance at least every two years. As a result, we may add doctors to our performance network.

And, we may find some currently designated specialty doctors no longer meet Aexcel criteria. They will, however, remain in our broader network.

Depending on your health plan, you may still be covered for care from these doctors. However, you may pay more out of pocket. Please check your plan benefits documents to make sure you understand how you are affected.

Visit our website

Finding Aexcel specialists

You can easily find Aexcel specialty doctors in DocFind. Just go to www.aetna.com and click on "Find a Doctor."

You may see this ★ symbol and/or dates next to some names. This lets you know if those doctors are Aexcel designated. It also notes when their designation begins or ends.

You can look in your printed Aetna directory to find doctors with this designation. Aexcel-designated doctors have an asterisk next to their name.

Using price and quality transparency tools

More price and clinical quality information is available on the Aetna Navigator® secure member website. Just log on and click on the provider detail.

You'll find two tabs:

- "View Rates for Aetna Members"
- "View Clinical Quality and Efficiency"

You can get specific price, clinical quality and efficiency information, by doctor. And you can assess overall value of medical services before you make an appointment.

Important information you should know

We always look for opportunities to improve our evaluation methods.

Reviewing new medical research, feedback from members, providers and employers, and industry trends helps us make improvements.

However, while we are committed to using the best available information, there are certain **data limitations**:

- **The claim-based clinical quality and efficiency information is based on our member data only.**

Combined claim data from a number of payors (such as insurance companies, and self-insured and government plans) might provide a more complete picture of doctor performance. However, it is not yet available.

We support industry-wide data collection efforts. When combined data becomes available, we will consider using it in our evaluations.

- **The claim data used to evaluate specialty doctors does not include all procedures, or lab or pharmacy services. It includes only those for which we have claim data.**

Doctors may not provide us with information on all the health care services they perform. Also, because of the way claims are submitted by doctors and/or processed by Aetna, health care service details may not always be available in the claim data we use.

Therefore, we strongly encourage doctors to provide us with additional data they might have in medical charts that is not available to us through claims data.

- **There is no perfect way to account for all differences in the care members need.**

During our review process, we consider that some doctors may treat members with more than one health issue or complex conditions. While we use industry-accepted practices to account for these differences, there is no perfect solution.

- **Many doctors and doctor groups cannot be evaluated for Aexcel designation because they don't provide care for an adequate number of Aetna members.**

A doctor or group must have at least 20 Aetna encounters over a three-year period. If they do not, we will not evaluate them because we cannot be confident that the results will be accurate.

Complaints and appeals

You have the right to a review of your benefit determination if you have questions or do not agree with the initial determination. You also are entitled to register a complaint with us about Aexcel.

To obtain a review or register a complaint, you or your authorized representative should:

- call Member Services using the phone number on your ID card, or
- send a request in writing to the Appeals Resolution Team address shown on your Explanation of Benefits (EOB) or the Member Complaint and Appeal form

A Member Complaint and Appeal Form is available on DocFind and Navigator. Go to www.aetna.com, click on "Requests & Changes" and select the "Forms" option.

Your request should include:

- if you are in a group plan, name of the plan sponsor (such as your employer)
- your name, member ID, address and date of birth
- any comments, documents, records and other information you would like to have considered, whether or not they were submitted with the initial claim

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization that uses standards, clinical performance measures and member experience to evaluate the quality of health plans. NCQA serves as an independent ratings examiner for Aetna Inc., reviewing how Aetna's Aexcel program meets criteria required by the State of New York and national principles of the Patient Charter established by the Consumer-Purchaser Disclosure Project. If a New York member has a complaint about Aetna's Aexcel in addition to registering that complaint with Aetna by contacting our Member Services Department using the telephone number displayed on the member ID card, or submitting a request in writing to the Appeals Resolution Team address shown on your Explanation of Benefits (EOB) or the Member Complaint and Appeal form, you may also register your complaint with NCQA by sending it in writing to customersupport@ncqa.org or to NCQA Customer Support, 1100 13th Street, NW, Suite 1000, Washington, DC, 20005.

You may also review documents relating to your claim. You need to communicate, mail or deliver verbal or written requests for review of the documents. This must be done within:

- 180 days after you receive the explanation of benefit, or
- a longer period that may be specified in

your plan brochure or Summary Plan Description.

If your plan provides for a single appeal: we will send you notice of the final determination within 60 days of receiving your request, unless otherwise required by state law.

If your plan provides for two appeals, we will send you notice of a determination within 30 days of receiving your request, unless otherwise required by state law.

If you do not agree with the determination, you have the right to file a second request for review. Please review your plan documents or contact your plan administrator to determine the appeals process available to you.

If you do not agree with the final determination on review, you have the right to bring a civil suit under Section 502(a) of ERISA, if applicable. We will provide a copy of the specific rule, guideline or protocol used in the adverse benefit determination, at no charge, if you or your authorized representative request.*

*This applies to all ERISA plans that are fully insured or self-insured

This material is for information only and is not an offer or invitation to contract. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services.

Aexcel designation is only a guide to choosing a physician. Members should confer with their existing physicians and specialists that they are selecting before making a decision. Designations have the risk of error and should not be the sole basis for selecting a doctor.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Health insurance plans contain exclusions and limitations. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Policy forms issued in OK include: GR23 and/or GR-29/GR-29N, Comprehensive PPO-GR-11741 (5/04); Limited-GR-11741-LME (5/04) and Dental-11826 Ed 9/04.