Quality improvement strategy
Our strategy is to approach quality measurement and improvement from a comprehensive member-centric focus, woven into everything we do. Our clinical programs and initiatives are designed to enhance the quality of care delivered to our members and to better inform members through reliance on clinical data and industry-accepted, evidence-based guidelines. We are committed to supporting transparency by providing participating physicians and members with credible clinical information and tools to make informed decisions.

Quality Management program goals
Our Quality Management (QM) program goals include the following:
- Promote the principles and spirit of continuous quality improvement (CQI)
- Measure, monitor and improve performance in key aspects of quality and safety of clinical care, including behavioral health, and quality of service for all of our constituents
- Address racial and ethnic disparities in health care that could negatively impact quality health care
- Implement a standardized and comprehensive QM program that addresses and is responsive to the health needs of our population across the continuum of care
- Develop a comprehensive, meaningful and soundly executed QM strategy
- Facilitate communication and integration among key functional areas relative to implementing a sound and effective QM program
- Operate the QM program in compliance with and responsive to applicable requirements of plan sponsors, federal and state regulators, and appropriate accrediting bodies
- Increase the knowledge/skill base of staff across all functional areas
- Maintain effective, efficient and comprehensive provider/practitioner selection and retention processes through credentialing and recredentialing activities

Quality Management process
We use CQI techniques and tools to improve the quality and safety of clinical care and service delivered to members. Quality improvement is implemented through a cross-functional team approach, as evidenced by multidisciplinary committees. We use reports to monitor, communicate and compare key quality indicators. In addition, we develop relationships with various professional entities and provider organizations and may include feedback on structure and implementation of their QM program activities or work collaboratively on quality improvement projects.

Quality Management program scope
The scope and content of the QM program are designed to continuously monitor, evaluate and improve the quality and safety of clinical care and service provided to enrollees. Specifically, the QM program includes, but is not limited to:
- Review and evaluate preventive and behavioral health services; ambulatory, inpatient, primary and specialty care; high-volume and high-risk services; and continuity and coordination of care
- Develop, implement and monitor patient safety initiatives, and preventive and clinical practice guidelines
- Monitor health and disease management programs
- Achieve and maintain regulatory and accreditation compliance
- Evaluate accessibility and availability of network practitioners and providers
- Establish standards for and auditing of medical and behavioral health treatment record documentation
- Monitor for over and underutilization of services
- Perform credentialing and recredentialing activities
- Oversee of health plan delegated activities
- Evaluate of member and practitioner satisfaction
- Support initiatives to address racial and ethnic disparities in health care
- Follow these guidelines in the development of provider performance programs: standardization and sound methodology; transparency; collaboration; and taking action on quality and cost, or quality only, but never cost data alone

**Quality Management program outcomes**

Each year, we evaluate the QM program and progress toward meeting our goals. Here are some significant achievements for 2009.

- We collected data on industry standard clinical measures called Healthcare Effectiveness Data and Information Set (HEDIS®). Results are submitted to the National Committee for Quality Assurance (NCQA) Quality Compass® for public reporting and accountability. Performance goals are established, measures are prioritized and improvement plans are implemented for selected measures each year. As a result, performance has improved on many measures over time.

- We also collected data on health plan and provider satisfaction and experience of care through the Consumer Assessment of Health Plans Survey (CAHPS®). The Aetna Member Satisfaction Council addressed CAHPS® improvement opportunities. Most recent initiatives included:
  - Redesigned Aetna.com
  - Developed payment estimators and plan benefits tools
  - Refreshed of the Aetna secure member website
  - Re-engineered member communications

- We analyzed the effectiveness of and participation of members in the Aetna case management and disease management programs. We increased participation of Medicare members in the disease management program.

- We enhanced our Patient Safety Program in several ways, including the following:
  - We updated our Hospital Comparison Tool to include the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS®) information, seven new CMS quality measures and two new Leapfrog data points (hospital-acquired infections and common acute conditions).
  - We implemented policies and procedures for identification, follow-up, coverage and payment related to events that occur in the hospital that are potentially avoidable, unexpected and result in harm to patients.

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1 HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

2 Quality Compass® is a registered trademark of NCQA.

3 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).
We worked on the details of our Provider Performance Programs to improve the organization, implementation and documentation necessary for us to meet our transparency and reasonable process commitments.

**Aetna Behavioral Health Quality Management program outcomes**

We evaluate the QM program annually to monitor progress against goals. Here are significant events for fourth quarter 2008 to third quarter 2009:

- Improved Member Satisfaction Survey scores for the second year in a row with all scores above goal
- Exceeded Provider Satisfaction Survey goal
- Met or exceeded telephone service measures goal
- Surpassed Aetna Behavioral Health staff audit results for denials, appeals and Customer Service measures.
- Increases in the Follow-Up after Hospitalization 7- and 30-day 2009 HEDIS measures for HMO and PPO product lines, with the 7-day measure increasing by approximately 10 points.
- Members enrolled in Clinical Specialty Programs (Alcohol Disease Management, Depression Disease Management, Anxiety Disease Management, Medical Psychiatric Case Management) showed significant improvements in work-life health and functioning.
- Created a Claim Advocate Team to help members with escalated calls related to claims

**Accreditation**

We are committed to accreditation by the National Committee for Quality Assurance (NCQA) as one means of demonstrating a commitment to continuous quality improvement, meeting customer expectations, and establishing a competitive advantage among health plans. Our PPO health plans and most of our HMO health plans are accredited by NCQA. Aetna Behavioral Health HMO products are accredited by NCQA. Aetna Behavioral Health PPO products are accredited by URAC.

A complete listing of health plans and their NCQA accreditation status can be found on the NCQA website, [http://www.ncqa.org/tabid/142/Default.aspx](http://www.ncqa.org/tabid/142/Default.aspx). To refine your search, we suggest you search these areas:

- Managed Behavioral Healthcare Organizations – for behavioral health accreditation
- Credentials Verification Organizations – for credentialing certification
- Managed Care Organizations – for HMO and PPO health plan accreditation
- Recognition Directory – for physicians recognized by NCQA in the areas of heart/stroke care, diabetes care, back pain and systematic processes

URAC accreditation information is located on the URAC website, [www.urac.org](http://www.urac.org). We suggest you search for the following:

- Credentials Verification Organizations – for credentialing accreditation
- Health Utilization Management – for Aetna PPO Behavioral Health accreditation
- Drug Therapy Management and Pharmacy Benefit Management – for pharmacy accreditations

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