

## Changes to the 2012 Aexcel® program

As part of our annual review and as a result of feedback we received from doctors, members and employers, we made changes to our Aexcel program:

- Enhanced current clinical performance criteria by
  - Replacing the board certification measure with [performance improvement module \(PIM\) activity / MOC part 4 activity](#) in combination with maintenance of certification.
  - [Expanding the current claims based](#) measures.
  - [Adjusting the volume](#) criteria associated with claims-based measures.
  - Expanding the Use of Technology measure to include the use of CCHIT endorsed [ePrescribing](#).
  - Including additional [BTE/NCQA Recognition Programs](#).
  - Including additional programs to align with Aetna's expansion of [Institutes of Quality® \(IOQ\)](#)
- Narrowed the [efficiency criteria](#) and adjusted the process to meet network adequacy. In addition, we upgraded to version 7.5 of Symmetry Health Data Systems' software and its Episode Treatment Groups® (ETGs®).
- Offering [alternative networks](#) that will include a subset of Aexcel eligible specialists, by narrowing the networks further based upon selected hospital utilization and/or efficient resource utilization.

As a reminder, physicians need to meet only one of the clinical performance measures (e.g., Use of Technology, IOQ participation, NCQA/BTE Recognition Programs, PIMs activity/ part 4 MOC activity and/or claims-based measures) to be evaluated for efficiency and considered for Aexcel designation.

### **Performance Improvement Module (PIMs) Activity in Combination with Maintenance of Certification**

Board certification is no longer a clinical performance measure. Instead, we accept PIMs activity requiring at least 50% of doctors in a group to have completed a medical specialty board performance-based improvement module (generally in combination with maintenance of certification). PIM activities must have been completed within the previous two years and on or after 09/01/2008. If a physician's Board does not identify PIMs as part of their board specific maintenance of certification, a physician may still be able to qualify by completing part 4 MOC requirements within his/her specialty. MOC Part 4 activity is a practice improvement program specifically designated by the appropriate board.

**Note:** Process Improvement Module compliance or part 4 MOC compliance is either based on information in Aetna's provider data system or doctor/physician group's self-reported information.

### **Adjusting the Volume Criteria**

As in previous years, the doctor or group must have at least 10 cases in any given measure to be evaluated for claims-based measures. The volume criteria now also permit doctors or groups to be evaluated if there are 30 cases across all claims-based measures. The cases can represent unique patients or events, depending on the measure. 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 a member can have multiple events.

### **Use of Technology - ePrescribing**

We currently accept Certification Commission for Health Information Technology (CCHIT)-endorsed electronic medical record and expanded this measure to also include ePrescribing. We require at least 50% of doctors in the group to be electronically prescribing with a CCHIT-endorsed software.

- Measured by data set provided to Aetna by national vendors
- Self reported by submitting attestation form

**Note:** ePrescribing compliance is either based on information in Aetna's provider data system or doctor/physician group's self-reported information.

### **BTE/ NCQA Recognition Programs Expansion**

We included additional National Committee for Quality Assurance (NCQA) and Bridges to Excellence (BTE) recognition programs as new clinical performance evaluation criteria for Aexcel. They include:

- Hypertension
- Asthma
- Chronic Obstructive Pulmonary Disease
- Patient Centered Medical Home, and

- Congestive Heart Failure
- Coronary Artery Disease

We require at least 50% of doctors in the group to have either NCQA or BTE recognition in one of these programs to pass this criterion.

### **Programs in Alignment to Aetna's Institutes of Quality® (IOQ) Expanded**

Aetna's IOQ program expanded beyond bariatric surgery facilities to include orthopedic facilities. For Aexcel consideration we require doctors to maintain an active medical staff appointment at an Aetna Institutes of Quality (IOQ) facility and their primary specialty to be the specialty for which the facility is recognized for IOQ. IOQ is a designation for facilities that have demonstrated quality care based on measures of clinical performance, access and efficiency. Passing this criterion does not apply to a group practice unless at least 75% of doctors in the group are identified as IOQ physicians with admitting privileges to one of the IOQ facilities. Click [here](#) for additional information about Aetna's IOQ program.

### **Narrowing the efficiency criteria and adjusting the process to meet network adequacy**

Doctors who have met clinical performance criteria and, are efficient and statistically so, became Aexcel designated. We use statistical significance when reviewing efficiency to increase the confidence of the performance evaluation decisions. A result is described as statistically significant when it can be demonstrated that the probability of getting this result by chance only is relatively low. The Aexcel network was further broadened to meet access needs of our members. In addition to upgrading the Symmetry Health Data Systems' software and its Episode ETGs to version 7.5, we added back doctors whose efficiency index and statistical significance around that index were the closest to the mean and the most statistically significant. It was done only until the network size was one where members had adequate access to specialists within an Aexcel market.

### **Offering Alternative Networks**

We are exploring variations of narrow networks. One option includes a sub-set of Aetna participating doctors, like Aexcel-designated specialists, who are identified based on a combination of clinical performance evaluation, efficiency measures and their utilization of a narrow network of certain hospitals. This network may include all of the Aexcel specialties and also extend to include additional specialties and possibly primary care physicians. Another option may include the above described hospital affiliation and a stricter use of evaluation criteria to produce an even narrower network of physicians.

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### Expanding Claims Based Measures

Name	Explanation	Recognized Association	Specialties
ACE Inhibitor/Angiotensin Receptor (ARB) use in Members with Heart Failure	<b>Use of ACE inhibitor or ARB for patients with heart failure</b> -- How often patients cared for by a cardiologist take medications that have been proven to effectively treat heart failure	AMA PCPI <a href="http://www.ama-assn.org/ama/pub/category/2946.html">www.ama-assn.org/ama/pub/category/2946.html</a> NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology
Annual Monitoring for Patients on Persistent ACE Inhibitors/Angiotensin Receptor Blocker (ACE/ARB)	<b>Annual monitoring of ACE inhibitor or ARB</b> – Patients on ACE inhibitor or ARB who had at least one serum potassium monitoring test and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	Cardiology
Annual Monitoring for Patients on Persistent Digoxin	<b>Annual monitoring of digoxin</b> – Patients on digoxin who had at least one serum potassium monitoring test and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	Cardiology
Annual Monitoring for Patients on Persistent Diuretics	<b>Annual monitoring of diuretics</b> – Patients on a diuretic who had at least one serum potassium monitoring test and either a serum creatinine or a blood urea nitrogen therapeutic monitoring test	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	Cardiology
Annual Monitoring for Patients on Persistent Anticonvulsants (roll up)	<b>Annual monitoring of anticonvulsant therapy.</b> Patients on anticonvulsants who had at least one drug serum concentration level monitoring test	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	Neurosurgery, Neurology
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	<b>Appropriate Treatment for Children with a diagnosis of Upper Respiratory infection (URI).</b> Patients between the ages of 3 months and 18 years of age who were <i>inappropriately</i> treated with an antibiotic for a diagnosis of Upper Respiratory Infection.	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	Otolaryngology
Lipid Lowering Drug Therapy for Prevention of Ischemic Heart Disease.	<b>Use of cholesterol-lowering medications (statin) for patients with CAD</b> -- How often patients cared for by a cardiologist take medications that have been proven to effectively treat high cholesterol in people with heart disease	AMA PCPI <a href="http://www.ama-assn.org/ama/pub/category/2946.html">www.ama-assn.org/ama/pub/category/2946.html</a> NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, OB/GYN
Beta Blocker Therapy- Prior Myocardial Infarction	<b>Use of beta blocker for patients with history of heart attacks</b> -- How often patients cared for by a cardiologist take medications that have been proven to prevent heart attacks in people with heart disease	AMA PCPI <a href="http://www.ama-assn.org/ama/pub/category/2946.html">www.ama-assn.org/ama/pub/category/2946.html</a> NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, OB/GYN

Name	Explanation	Recognized Association	Specialties
Diabetes Annual Hemoglobin A1c Screening	<p><b>Testing for appropriate HbgA1C levels in the diabetic population.</b>                      Patients between the ages of 18 and 75 years with type 1 or type 2 diabetes who had screening and monitoring for HbgA1C as recommended by the American Diabetes Association.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, Gastroenterology, OB/GYN</p>
Diabetes Annual Lipid Screening	<p><b>Testing for appropriate Lipid levels in the diabetic population.</b>                      Patients between the ages of 18 and 75 years with type 1 or type 2 diabetes who had screening and monitoring for Lipid Levels as recommended by the American Diabetes Association.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, Gastroenterology, OB/GYN</p>
Diabetes Medical Attention for Nephropathy	<p><b>Diabetes - Medical Attention for Nephropathy</b> - Patients between the ages of 18 and 75 years with type 1 or type 2 diabetes who had Medical Attention for Nephropathy as recommended by the American Diabetes Association.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, Gastroenterology, OB/GYN</p>
Diabetes Annual Retinal Eye Exam	<p><b>Testing for appropriate Retinal Eye exams in the diabetic population.</b>                      Patients between the ages of 18 and 75 years with type 1 or type 2 diabetes who had a Retinal exam performed as recommended by the American Diabetes Association.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, OB/GYN</p>
IVD: Complete Lipid Profile and LDL Control < 100	<p><b>IVD: Complete Lipid Profile and LDL Control &lt;100</b> - Patients between the ages of 18 and 75 years who were discharged from an acute care setting after an Acute Myocardial Infarction, Coronary Artery Bypass Graft (CABG) or Percutaneous Transluminal Coronary Angioplasty (PTCA) and had an LDL-C lab level result &lt;100.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, OB/GYN</p>
Diabetes Annual Lipid Control < 100	<p><b>Testing for appropriate Lipid (LDL-C) levels &lt;100 in the diabetic population.</b>                      Patients between the ages of 18 and 75 years with type 1 or type 2 diabetes who had screening and monitoring for LDL-C levels &lt;100.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, Gastroenterology, OB/GYN</p>
Diabetic Hemoglobin A1c Management	<p><b>Testing for HbgA1C levels &gt;9% in the diabetic population.</b>                      Patients between the ages of 18 and 75 years with type 1 or type 2 diabetes who had HbgA1C results &gt;9%.</p>	<p>NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>                      NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a></p>	<p>Cardiology, Gastroenterology, OB/GYN</p>

Name	Explanation	Recognized Association	Specialties
Breast Cancer Surveillance	<b>Breast CA-CA Surveillance</b> - The percentage of female patients with a history of breast cancer at any time in the past, who had a Mammogram, Ultrasound, PET Scan or MRI in the measurement period.	AHM NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	General Surgery, OB/GYN
Prostate Cancer Surveillance	<b>Prostate CA – CA Surveillance</b> - The percentage of males with a history of prostate cancer that have had their PSA monitored in the past 12 months.	AHM NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Urology
Follow-Up Colonoscopy After Initial Diagnosis and Treatment of Colorectal Cancer.	<b>Follow-Up after Initial Diagnosis &amp; Treatment of Colorectal CA: Colonoscopy</b> - Patients who have been newly diagnosed and resected for colorectal cancer who have received a follow-up colonoscopy/sigmoidoscopy within 15 months of resection.	Health Benchmarks NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Gastroenterology, General Surgery, OB/GYN
Migraine- Adults with Frequent Use of Acute Medications that also Received Prophylactic Medications	<b>Adult(s) with Frequent Use of Acute Medications that also Received Prophylactic Medications</b> - The percentage of patients, 18 years and older, identified with migraines, who frequently take acute (abortive) medications and are also taking a prophylactic medication for migraine control.	Ingenix NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Neurology, OB/GYN
Post MI: ACE Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy	<b>Use of ACE inhibitor or ARB for patients with coronary artery disease (CAD) and diabetes</b> -- How often patients cared for by a cardiologist take medications that have been proven to effectively treat those with CAD and diabetes	AMA PCPI <a href="http://www.ama-assn.org/ama/pub/category/2946.html">www.ama-assn.org/ama/pub/category/2946.html</a> NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, OB/GYN
Hypertension- Serum Creatinine in the Past 12 Months	<b>Hypertension patients with a serum creatinine in the last 12 months</b> - The percentage of patients 18 years of age and older with hypertension (HTN) who had a serum creatinine test anytime during the 12 month assessment period.	Ingenix NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, OB/GYN
Chronic Kidney Disease – Lipid Profile Monitoring	<b>Chronic Kidney Disease – Lipid Profile Monitoring</b> - The percentage of patients age 18 and over with chronic kidney disease that have been screened for dyslipidemia with a lipid profile.	AHM NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, Gastroenterology, OB/GYN
Chronic Kidney Disease with LDL Greater than or Equal to 130 – Use of Lipid Lowering Agent	<b>Chronic Kidney Disease with LDL Greater than or equal to 130 – consider adding a lipid lowering agent</b> - The percentage of patients age 18 and over with chronic kidney disease with LDL greater than or equal to 130 and received a lipid lowering agent.	AHM NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, Gastroenterology, OB/GYN

Name	Explanation	Recognized Association	Specialties
Diabetes with LDL Greater than 100 – Use of a Lipid Lowering Agent	<b>Diabetes with LDL greater than 100 – Use of a lipid lowering agent</b> - The percentage of diabetic patients who are either 41 - 75 years of age OR 18-40 years of age with Diabetes and Hypertension, with an LDL level greater than 100 mg/dL and a current fill for a lipid lowering agent.	AHM NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Cardiology, Gastroenterology, OB/GYN
Appropriate Work Up Prior To Endometrial Ablation Procedure	<b>Appropriate Work Up Prior To Endometrial Ablation Procedure</b> - The percentage of female patients who had an endometrial ablation procedure in the 12 month period prior to an endometrial biopsy.	Health Benchmarks NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	OB/GYN
Inpatient Adverse Event Rate	<b>Absence of an adverse event</b> – Measurement used to determine the absence of an adverse event during an inpatient hospital stay. Complications can occur during a hospitalization that could be avoided. We look for an absence of complications or adverse events during inpatient stays being managed by a physician	The adverse event rate/index (number of complications or problems for hospitalized patients) is Aetna Internally Built	Cardiology, Cardiothoracic Surgery, Otolaryngology, General Surgery, Vascular Surgery, Neurosurgery, Neurology, Plastic Surgery, OB/GYN, Orthopedic Surgery, Urology
Outpatient Procedure Adverse Event Rate	<b>Absence of an adverse event related to an outpatient procedure(s)</b> . The rate is defined as the proportion of procedures where an undesirable (adverse) event occurs within 30 days following the procedure.	The adverse event rate/index (number of complications or problems within 30 days of an outpatient procedure) is Aetna Internally Built	General Surgery, Otolaryngology, Gastroenterology, Obstetrics/Gynecology, Orthopedics, Plastic Surgery, Urology, Ophthalmology
Breast Cancer Screening	<b>Breast cancer screening rate</b> – How often patients between the ages of 40 and 69 years, cared for by an Ob/Gyn, who should be getting mammograms are actually getting this test	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> AQA <a href="http://www.aqaalliance.org/">www.aqaalliance.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a> CMS <a href="http://www.cms.hhs.gov/">www.cms.hhs.gov/</a> AMA <a href="http://www.ama-assn.org/">www.ama-assn.org/</a>	OB/GYN
Cervical Cancer Screening	<b>Cervical cancer screening rate</b> – How often patients between the ages of 24 and 64 years, cared for by an Ob/Gyn, who should be getting a cervical PAP test are actually getting this test.	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> AQA <a href="http://www.aqaalliance.org/">www.aqaalliance.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	OB/GYN
Osteoporosis Management in Members Who Had a Fracture	<b>Osteoporosis management following fracture</b> – Patients 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	AMA PCPI <a href="http://www.ama-assn.org/ama/pub/category/2946.html">www.ama-assn.org/ama/pub/category/2946.html</a> NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Orthopedic Surgery

Name	Explanation	Recognized Association	Specialties
Hospital 30- day Readmit Rate	<b>Absence of an unexpected readmission to a hospital</b> – Measurement used to determine the absence of a patient being unexpectedly readmitted to the hospital within 30 days after being discharged from the hospital. There are complications that occur that would require a patient to be readmitted to a facility after discharge from a hospital. We measure the absence of those readmissions for physicians who are managing the first inpatient stay.	The readmission rate (rate of unanticipated hospital readmissions within 30 days of discharge) is Aetna Internally Built	Cardiology, Cardiothoracic Surgery, Otolaryngology, General Surgery, Vascular Surgery, Neurosurgery, Neurology, Plastic Surgery, OB/GYN, Orthopedic Surgery, Urology
Tympanostomy Tube Hearing Test	<b>Tympanostomy Tube Hearing Test</b> - The percentage of patients the ages of 2 years and 12 years who had a hearing test in the 6 month time period before tympanostomy tube(s) were inserted.	Resolution Health NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Otolaryngology
Use of Appropriate Medications for People with Asthma Ages 5 - 56 years old (composite measure)	<b>Use of Appropriate medication in asthma</b> -This measure evaluates members 5 to 56 years of age who have been identified as having persistent asthma and who were appropriately prescribed medication during the 24 month assessment period	NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a> NCQA <a href="http://web.ncqa.org/">web.ncqa.org/</a>	Otolaryngology
Warfarin- INR Monitoring	<b>Warfarin - INR Monitoring</b> -The percentage of members taking warfarin who had PT/INR (prothrombin time (PT) test/International normalized ratio) anytime in the measurement period.	AHM NQF <a href="http://www.qualityforum.org/">www.qualityforum.org/</a>	Neurology, Vascular Surgery, Cardiology, Cardiothoracic Surgery, Gastroenterology, General Surgery, Neurosurgery, OB/GYN