To be considered for designation in the Aetna Institutes of Quality (IOQ) Bariatric Surgery network (the network), a facility must submit a current year request for information (RFI). We'll review the facility’s answers to the RFI, and we’ll also review other data, including our own. We evaluate continued participation when the network is refreshed every three years — all facilities must reapply.

We may select a facility to participate in the network if it meets certain measures of:
- Clinical quality
- Contract requirements
- Cost efficiency
- Access for bariatric surgery services

**Designation process**

The current 3-year review cycle is 2022-2024. A new 3-year review cycle will start in 2025.

The quality review process takes place in Year 1 between January and May. No quality review data is accepted or reviewed after this time period. Final designations are done in the fourth quarter, which closes the review process until the start of the next 3-year review cycle. Designation is valid for three years and is dependent upon ongoing compliance with program requirements. Questions can be emailed to AetnaBariatricIOQ-National@Aetna.com

1. We invite the facility to complete and submit an RFI. The RFI applies only to adult patients age 18 and over.
2. We review the facility’s response to determine clinical eligibility. If the facility does not meet all applicable criteria, the facility is not eligible for designation. We evaluate no further.
3. If the facility meets all applicable clinical quality criteria, we determine if the facility meets our contract, cost efficiency, and network access criteria. If the facility meets all these requirements, we’ll designate the facility into the network.
4. We’ll let the facility know if it’s designated into the network.
5. We’ll list the designated facility in our Provider Search online provider directory.

**Program requirements**

To be considered for designation, both inpatient facilities and freestanding ambulatory surgery centers (ASC) must meet all applicable program requirements listed below.

**Business requirements**

1. Both inpatient facilities and ASCs must be credentialed by Aetna, and they must participate in Aetna’s provider network for all benefit plans and products available in their geographic area.
2. All the inpatient facility’s or ASC’s bariatric surgeons must be credentialed by Aetna, and they must participate in Aetna’s provider network for all benefit plans and products available in the facility’s geographic area.
3. Inpatient facilities must be accredited as a Comprehensive Center and ASCs must be accredited as an Ambulatory Surgery Center by the American College of Surgeon’s Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program.

**Patient care requirements**

4. The ASC’s and inpatient facility’s transfer agreement(s), as applicable, must include transferring Aetna members to an Aetna-participating inpatient facility within 50 miles of the facility.
Volume requirements

5. The inpatient facility or ASC must have at least one bariatric surgeon who has performed at least 100 bariatric surgeries in the most recent rolling 24 months. These procedures may have been performed in multiple facilities.

6. The inpatient facility must have performed at least 125 total bariatric surgeries in the most recent rolling 12 months.

7. The ASC must have performed at least 75 total bariatric surgeries in the most recent rolling 12 months.

Outcomes requirements

8. In the most recently available rolling 12 months, the inpatient facility’s or ASC’s mortality rate within 30 days of bariatric surgery must be less than or equal to 1 (one) percent.

9. In the most recently available rolling 12 months, the inpatient facility’s or ASC’s re-operation rate within 30 days of bariatric surgery must be less than or equal to 5 (five) percent.

10. In the most recently available rolling 12 months, the inpatient facility’s or ASC’s major complication rate within 30 days of the initial bariatric surgery must be less than or equal to 8 (eight) percent.

11. In the most recently available rolling 12 months, the inpatient facility’s or ASC’s revision of bariatric surgeries within 30 days of the initial bariatric surgery must be less than or equal to five percent.

12. In the most recently available rolling 12 months, the inpatient facility’s or ASC’s all-cause re-admission rate within 30 days of the initial bariatric surgery must be less than or equal to ten percent.

References:


Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna).

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