

Understanding Aexcel[®]

What the blue star means for you



Doctors who meet
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 high 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 industry-accepted practices for clinical performance
- Have met our efficiency standards

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

It covers 12 medical specialties:

- Cardiology – heart and circulatory health
- Cardiothoracic Surgery – heart surgery, including coronary artery bypass and valve procedures
- Gastroenterology – diseases of the digestive system and liver, including ulcers, colitis, intestinal irritation and inflammation, Crohn's disease, and colorectal cancer
- General Surgery – procedures such as appendectomies, hernia repairs, breast surgeries, and colorectal surgeries
- Neurology – disorders of the nervous system such as pain syndromes, movement disorders, multiple sclerosis, and seizures
- Neurosurgery – surgery performed on the brain, spinal cord, and nerves
- Obstetrics and Gynecology – childbirth and women's health
- Orthopedics – disorders of muscles, bones, and joints
- Otolaryngology/ENT– ailments related to ears, nose, and throat
- Plastic Surgery – surgery to restore form and function to injured or diseased body parts
- Urology – health of the male and female urinary tract and the male reproductive organs
- Vascular Surgery – surgery to correct problems in arteries and veins



Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies. Aexcel plans are provided or administered by Aetna Life Insurance Company (Aetna).

Doctors who don't meet these standards are still part of our broader network of specialist doctors. Also, Aexcel designation does not change the amount physicians get paid for the care they provide.

How we evaluate

Remember that Aexcel designation is only a guide to choosing a doctor. You should consult with your treating doctors before selecting a specialist for your care. Designations have the risk of error and should not be the only basis for selecting a doctor.

We begin by identifying doctors and groups within our network of health care providers who have managed at least 20 Aetna cases in their specialties for members over the past three years.

Only specialists who have done so are considered for Aexcel. We review:

- Clinical performance
- Efficiency

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 measures, which most doctors already follow as part of their normal medical practice, are based on guidelines from national associations respected by doctors, including:

- *National Quality Forum (NQF)*
- *National Committee for Quality Assurance (NCQA)*
- *AQA Alliance*
- *American Medical Association*
- *American Board of Medical Specialties*
- *American Osteopathic Association*
- *American Heart Association*

- *American College of Obstetricians and Gynecologists (ACOG)*
- *Agency for Health Research and Quality (AHRQ)*
- *Centers for Medicare & Medicaid Services (CMS)*
- *The Joint Commission (JCAHO)*

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.



Learn more about the standards

We use specific standards for different specialty areas when evaluating for Aexcel designation based on clinical performance.

Specialty category	Clinical performance standard	Recognized association*
Obstetrics and Gynecology	<p>Cervical cancer screening rate How often patients 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 patients cared for by an Ob/Gyn who should be getting mammograms are actually getting these tests</p> <p>Appropriate HIV testing for pregnant patients How often pregnant women cared for by an Ob/Gyn are being tested for HIV infection</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 Learn more: www.cms.hhs.gov</p> <p>HEDIS Learn more: http://web.ncqa.org/tabid/187/Default.aspx</p>
Cardiology	<p>Use of beta-blocker for members with history of heart attacks</p> <p>Use of ACE inhibitor (or ARB) in patients with chronic heart failure</p> <p>Use of cholesterol-lowering drugs (statins) for members with cardiac disease How often patients cared for by a cardiologist take medications that have been proven to effectively treat heart failure, prevent heart attacks in people with heart disease and treat high cholesterol in people with heart disease</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> <p>American College of Cardiology Learn more: www.acc.org</p>
<p>All specialty categories</p> <p>Cardiology, Cardio-Thoracic surgery, Gastroenterology, Obstetrics & Gynecology, Orthopedics, General Surgery, Urology, Otolaryngology (ENT), Neurosurgery, Neurology, Plastic Surgery, Vascular Surgery</p>	<p>Absence of an unexpected readmission to a hospital We measure the absence of unexpected readmissions to the hospital within 30 days after being discharged for physicians who are managing the first inpatient stay.</p> <p>Absence of an adverse event 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.</p>	<p>Surgeons. Learn more: www.sts.org</p> <p>The adverse event rate/index (number of complications or problems for hospitalized patients) is consistent with AHRQ (part of NIH; Agency for Health Research and Quality) quality indicators. CMS/Medicare use 30-day readmit rates as a marker for case review.</p> <p>Learn more: www.cms.hhs.gov www.ahrq.gov</p>

*All claims-based measures are endorsed by the National Quality Forum with the exception of rate of readmission and adverse events, which are approved by AHRQ and CMS.

New Aexcel clinical performance evaluation standards introduced for 2010

In early 2009 for the 2010 effective date, we will be expanding our clinical performance standards. **These changes are already in effect for Metro New York.**

Doctors need to have a certain minimum number of Aetna cases in order to be reviewed on the claim-based clinical quality measures. If a doctor does not meet the measures discussed above, the doctor may still meet our clinical performance standard if:

- At least 75% of specialists in a group are recognized by either Bridges to Excellence (BTE) or the National Committee for Quality Assurance (NCQA) in the areas of diabetes, cardiac/stroke or low back/spine, or
- At least 75% of specialists in a group have Board Certification in their Aexcel specialty. (Note: Board eligible status does not meet this requirement), or
- The doctor or group has earned BTE or NCQA Physician Office Link recognition or applies National Quality Forum-endorsed measures on using health information technology, or
- The doctor practices at an Aetna Institutes of Quality® (IOQ) facility, and his/her primary specialty is the specialty for which the facility is recognized for IOQ.

Efficiency

Those physicians, who successfully pass clinical performance criteria and have managed at least 20 Aetna cases in their specialties for members over the past three years, are further evaluated for efficiency. To evaluate efficiency we combine:

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

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.

Making sure that results are reliable

We match the care provided to a patient with the doctor who was most critical in delivering that care, a notion known as **attribution**.

For clinical measures, attribution is specific for each measure.

For efficiency measures, surgical episodes are attributed to the surgeon with the highest allowed charges. If the episode is non-surgical, the physician with the highest number of visits receives the attribution of the case.

Also we use **statistical significance** when reviewing performance evaluation results to increase the confidence of the evaluation decisions. A result is described as statistically significant when it can be proven that the odds of obtaining it only by chance is relatively low.

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 for which the services were paid



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.

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 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 efficiency of a group. Over time, doctor groups change — doctors leave or retire and new ones join the group.

Other factors, such as 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 reexamine 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

Full description of Aexcel

For a complete description including performance measures, evaluation process and details regarding evaluation methodology, such as data sources, statistical significance and other technical information, refer to the Aexcel Methodology guide. It's available online on Aetna.com. Click on "I Want To." Under "Additional Resources" select "Plans and Products," and then on the top tool bar choose "Health" then "Medical."

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 this ★ symbol next to their name.

Tell us what you think about Aexcel

We value your input. Please provide us with your feedback about Aexcel by completing a brief survey. You may do so by visiting the Aexcel "Learn More" page in DocFind or the Aexcel page on Aetna.com

Using price and quality transparency tools

Additional information is available on **Aetna Navigator®**, your secure member website. Just log in 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.



Aexcel information is intended only as a guide. There are many ways to evaluate doctor practices. You should talk with your doctor 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 the doctor does not provide quality services
 - > We might not have enough information to evaluate
 - > This doctor might be appealing current Aexcel status

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 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 claim 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 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.

NCQA background

NCQA is an independent not-for-profit organization that accredits and evaluates a wide range of health care organizations and recognizes physicians in key clinical areas. Its mission is to improve the quality of health care.

NCQA serves as an independent examiner for Aetna, reviewing how the Aexcel program meets criteria required by the State of New York. The report is available on the NCQA website at <http://nyrxreport.ncqa.org>.

Complaints and appeals

You have the right to a review of your benefit 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 can:

- Call Member Services using the phone number on your ID card
- 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 Aetna Navigator. Log on to www.aetnavigators.com, click on "Requests & Changes" and select the "Forms" option.

Your request should include:

- 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

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.*

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.

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

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