

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 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 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 benefits and health insurance plans are offered, underwritten or administered by: Aetna Health Inc., Aetna Health of California Inc., Aetna Health of the Carolinas Inc., Aetna Health of Illinois Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In MD, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156.

How we evaluate

We begin by identifying doctors and groups within our network of health care providers who have managed at least 20 cases in their specialties for Aetna 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 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. As a result, we find that 96 percent of those evaluated for Aexcel meet the clinical performance measures.¹

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

¹Aetna Health Analytics report, January 2008.

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

- *American Medical 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)*
- *The National Committee for Quality Assurance (NCQA)*
- *Ambulatory Care Quality Alliance (AQA)*
- *National Quality Forum (NQF)*



Learn more about the standards.

We use specific standards for different specialty areas when evaluating for the Aexcel network.

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>American Heart Association Learn more: www.americanheart.org/</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>
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 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>
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 patient is discharged Measurement used to determine when a patient is unexpectedly readmitted to the hospital within 30 days after being discharged from the hospital</p> <p>Number of complications or problems for hospitalized patients Measurement used to determine when a complication or problem occurs</p>	<p>The adverse event rate/index (number of complications or problems for hospitalized patients) is consistent with AHRQ quality indicators. AHRQ is part of the National Institutes for Health.</p> <p>Learn more: www.ahrq.gov</p> <p>CMS uses 30-day readmits as a marker for case review.</p> <p>Learn more: www.cms.hhs.gov/</p>

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



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 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.

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 that 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 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:

- 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.*

*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 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 benefits and health insurance plans contain exclusions and limitations. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Aetna Rx Home Delivery refers to Aetna Rx Home Delivery, LLC, a licensed pharmacy subsidiary of Aetna Inc. that operates through mail order. 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: HMO/OK COC-4 09/02, HMO/OK GA-2 11/01, HMO OK POS RIDER 08/07, GR23 and/or GR-29/GR-29N.