

What the blue star means for you



Doctors who meet certain standards for clinical performance and efficiency

Our performance network includes Aexcel-designated doctors in 12 specialty areas

What is the blue star ★ in the DocFind® online directory? It identifies those doctors 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:

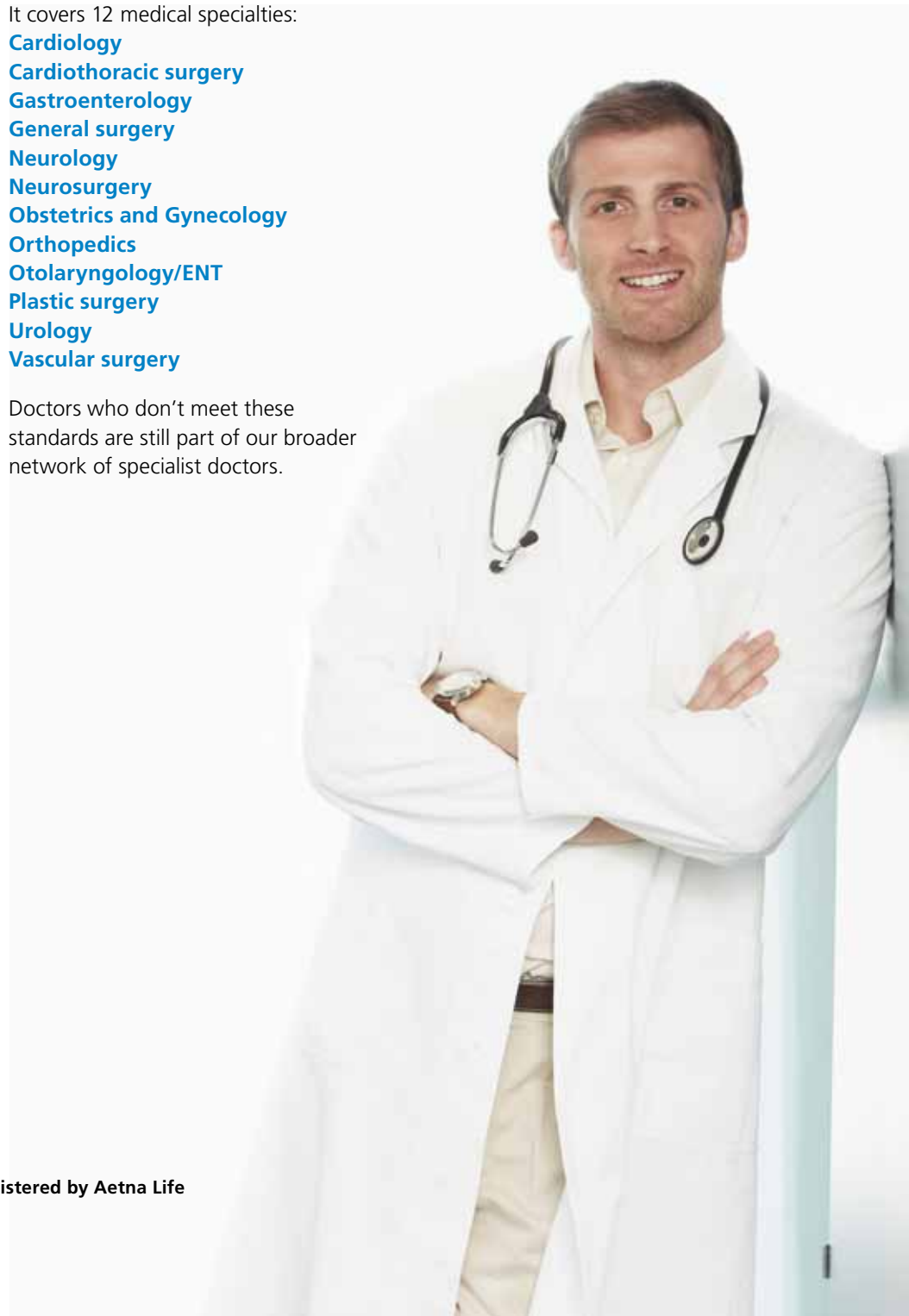
- Are part of the Aetna network of health care providers
- Have met certain standards for volume, clinical — or medical — performance and efficiency

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 insurance plans are underwritten or administered by Aetna Life Insurance Company (Aetna).



How we evaluate

We begin our evaluation by identifying doctors and groups within our network in the 12 specialty areas mentioned before.

Doctors must have a minimum volume of episodes of care for Aetna members and pass clinical performance criteria to be considered for Aexcel designation.

All doctors are included in the clinical performance evaluation using 5 categories of measures. One of these categories is claim-based measures. A doctor must have at least 10 Aetna cases for each applicable measure or at least 30 Aetna cases across all measures to be evaluated. 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 one member can have multiple events.

For evaluation of efficiency, we identify doctors/groups currently participating in Aetna's network who have managed at least 20 episodes of care for Aetna members over the past 3 years.

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

We also look at the doctors' use of health care technology, external recognition and activities related to maintaining their medical board certification specific to the doctors' Aexcel specialty.

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.

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

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

- National Quality Forum (NQF)
- Ambulatory Care Quality Alliance (AQA)
- American Board of Medical Specialties
- American Osteopathic Association
- The National Committee for Quality Assurance (NCQA)
- American Heart Association
- American College of Obstetricians and Gynecologists (ACOG)
- Agency for Health Research and Quality (AHRQ)
- Society of Thoracic Surgeons Centers for Medicare & Medicaid Services (CMS)

Efficiency

Efficiency is the second area we evaluate.

To do so, 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.

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.





Learn more about the standards

We use standards that are recognized by leading associations in the industry. Doctors may meet clinical quality evaluation standards based on one of the five criteria categories below:

| Group must meet at least 1 of the Clinical Performance criteria outlined below | | | | |
|--|---|--|---|--|
| Use of technology | Alignment with Aetna Institutes of Quality® (IOQ) | Certification by external entity | Performance-based improvement module | Claim-based measures |
| <ul style="list-style-type: none"> At least 50% of doctors in a group have BTE or NCQA Physician Office Link recognition, or Certified by the Certification Commission for Health Information Technology (CCHIT) (example: electronic medical records or ePrescribing) | <p>If an individual doctor maintains an active medical staff appointment at an Aetna IOQ and his/her specialty is the specialty for which the facility is recognized for IOQ.</p> <p>Passing this criterion will not apply to a group practice unless at least 75% of the doctors are identified as IOQ doctors at one of Aetna's bariatric or orthopedic IOQ facilities.</p> | <p>At least 50% of doctors in a group have NCQA or BTE recognition in:</p> <ul style="list-style-type: none"> Diabetes care Cardiac/stroke Low back/spine Hypertension Chronic obstructive pulmonary disease Congestive heart failure Asthma Medical home Coronary artery disease | <p>At least 50% of doctors in a group have completed a performance-based improvement activity (generally in conjunction with maintenance of board certification) within the previous two years (not prior to 09/01/2008). If a doctor's Board does not identify PIMs as part of their board specific maintenance of certification, a doctor may still 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.</p> | <p>Must have at least 10 cases in any given measure or at least 30 cases across all measures</p> <ul style="list-style-type: none"> Hospital readmission rates after 30 days Rates of health complications during hospital care Other treatments, by specialty, shown to improve outcomes |
| BTE website at www.bridgestoexcellence.org | IOQ website at www.aetna.com/provider/medical/resource_med/business_med/institutes.html | NCQA website at www.ncqa.org BTE website at www.bridgestoexcellence.org | ABMS website at www.abms.org AOA website at www.osteopathic.org | All claims-based measures are endorsed by NQF with the exception of rate of readmission and adverse events which are approved by AHRQ and CMS. For more information visit www.aetna.com and do a search for "Aexcel." |

Aexcel information is intended only as a guide. There are many ways to evaluate doctor practices. You should talk with your primary care doctor and a specialist you are selecting 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

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.

Know your benefits plan

Your health plan may require you to use Aexcel-designated doctors for maximum savings.

This means that any care you receive from non-designated doctors in 12 Aexcel specialties may be paid at the out-of-network benefit level or may not be covered at all.

In other health plans you may be allowed to visit non-designated specialists in 12 Aexcel specialties. But your out-of-pocket expenses will be higher than if you saw an Aexcel-designated doctor in that same specialty. Check your health plan for more information.

Visit our website

Finding Aexcel doctors

You can easily find Aexcel designated 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. The dates are only there for a period of time between September and end of December to highlight 2012 Aexcel status and applicable status changes.

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 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.



Members also have access to Member Payment Estimator (MPE) to understand costs for both in- and out-of-network services before they seek care. MPE provides members with personalized, real-time estimates based upon their individual health plan. The blue star helps members identify doctors who are Aexcel designated.

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 claim-based 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 benefits 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:

- If you are in a group plan, 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

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization that uses standards, clinical performance measures and member experience to evaluate the quality of health plans. NCQA serves as an independent ratings examiner for Aetna Inc., reviewing how Aetna's Aexcel program meets criteria required by the State of New York and national principles of the Patient Charter established by the Consumer-Purchaser Disclosure Project. If a New York member has a complaint about Aetna's Aexcel in addition to registering that complaint with Aetna as explained in the previous section, 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.

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 of Benefits 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 and specialists that they are selecting 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 insurance plans contain exclusions and limitations. 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: GR23 and/or GR-29/GR-29N, Comprehensive PPO-GR-11741 (5/04); Limited-GR-11741-LME (5/04) and Dental-11826 Ed 9/04.

