**Access to care**

<table>
<thead>
<tr>
<th>Quality Measure</th>
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</tr>
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</table>
| AAP - Adults’ Access to Preventive/Ambulatory Health Services | Adults who had ambulatory or preventive care visits in the past three years:  
  - Ages 20 - 44  
  - Ages 45 - 64  
  - Ages 65 and older | 92%  
  95%  
  98% |
| CAP - Children’s Access to Primary Care Providers | Children who had an ambulatory or preventive care visit in 2015:  
  - Ages 12 months - 24 months  
  - Ages 25 months - 6 years  
  Children who had an ambulatory or preventive care visit in the past two years:  
  - Ages 7 - 11 years  
  - Ages 12 - 19 years | 98%  
  90%  
  88%  
  85% |

**Prevention and screening**

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<tr>
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<tbody>
<tr>
<td>ABA - Adult BMI Assessment</td>
<td>Members ages 18 - 74 who had an outpatient visit and had their BMI documented during 2014 or 2015.</td>
<td>63%</td>
</tr>
</tbody>
</table>
| WCC - Weight Assessment, Counseling for Nutrition & Physical Activity for Children/Adolescents | Children ages 3 - 17 who had an outpatient visit with a PCP or Ob/Gyn and who had evidence of the following during 2015:  
  - BMI percentile documentation  
  - Counseling for nutrition  
  - Counseling for physical activity | 45%  
  44%  
  38% |
| CIS - Childhood Immunizations | Two-year-olds receiving the appropriate immunizations:  
  - Four DTaPs between ages of 42 days and 2 years  
  - Three IPV’s between ages of 42 days and 2 years  
  - Three Hib’s between ages of 42 days and 2 years  
  - Three Hep B’s by age 2  
  - One MMR by age 2  
  - One VZV by age 2  
  - Four Pneumococcal vaccines by age 2  
  - Combination of all vaccines except Pneumococcal vaccine by age 2  | 76%  
  81%  
  82%  
  81%  
  88%  
  91%  
  90%  
  73%  
  61%  
  58% |
| BCS - Breast Cancer Screening                         | Women ages 50 - 74 who had one or more mammograms any time on or between October 1 two years prior to the measurement year and December 31 of the measurement year. | 65% |
| CCS - Cervical Cancer Screening                       | Women ages 21 - 64 who were screened for cervical cancer using either of the following criteria:  
  - age 21 - 64 who had a Pap test during the past three years OR age 30 - 64 who had a Pap test/HPV test during the past five years. | 70% |
| CHL - Chlamydia Screening in Women                    | Women ages 16 - 24 who were sexually active and had at least one test for chlamydia during 2015. | 43% |
| COL - Colorectal Cancer Screening                     | Adults ages 51 - 75 who had an appropriate screening for colorectal cancer. | 55% |

**Cardiovascular conditions**

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<tr>
<td>PPC - Prenatal Care</td>
<td>Women who received prenatal care in the first trimester, or within 42 days of enrollment.</td>
<td>77%</td>
</tr>
<tr>
<td>PPC - Postpartum Care</td>
<td>Women who had a postpartum visit three to eight weeks after delivery.</td>
<td>59%</td>
</tr>
<tr>
<td>CWP - Appropriate Testing for Children with Pharyngitis</td>
<td>Children ages 2 - 18 who were tested for strep, diagnosed with pharyngitis and received a prescription for antibiotics.</td>
<td>83%</td>
</tr>
<tr>
<td>URI - Appropriate Treatment for Children with Upper Respiratory Infection (URI)</td>
<td>Children ages 3 months - 18 years who were diagnosed with an URI and were not given an antibiotic until at least 3 days after diagnosis.</td>
<td>85%</td>
</tr>
<tr>
<td>AMR - Asthma Medication Ratio</td>
<td>Members ages 5 - 85 who were diagnosed with persistent asthma and had a ratio of controller medications greater than 50% of the total asthma medications.</td>
<td>71%</td>
</tr>
<tr>
<td>SPR - Use of Spirometry Testing in the Assessment and Diagnosis of COPD</td>
<td>Members ages 40 years and older and newly diagnosed with chronic obstructive pulmonary disease (COPD) who received appropriate spirometry testing to confirm their diagnosis.</td>
<td>45%</td>
</tr>
</tbody>
</table>

**Diabetes**

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<tbody>
<tr>
<td>CDC - Eye Exams for Diabetics</td>
<td>Diabetics ages 18 - 75 who had a retinal eye exam in 2014 or 2015.</td>
<td>48%</td>
</tr>
<tr>
<td>CDC - Hemoglobin A1c Testing for Diabetics</td>
<td>Diabetics ages 18 - 75 who had a Hemoglobin A1c test during 2015.</td>
<td>90%</td>
</tr>
<tr>
<td>CDC - Hemoglobin A1c Control</td>
<td>Diabetics ages 18 - 75 whose Hemoglobin A1c was out of control (&gt;9.0) or were not screened in 2015. (A lower rate is ideal.)</td>
<td>36%</td>
</tr>
<tr>
<td>CDC - Nephropathy Monitoring for Diabetics</td>
<td>Diabetics ages 18 - 75 who had medical attention for nephropathy during 2015.</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Behavioral health**

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</table>
| AMM - Antidepressant Medication Management           | Assessing medication management for depression during different phases of treatment for members ages 18 and older who were diagnosed with depression. | NA  
  65%  
  52% |
| Effective Acute Phase:                                | Members who remained on antidepressant medication during the entire 12-week period following diagnosis of depression. | NA  
  65%  
  52% |
| Effective Continuation Phase:                        | Members who remained on antidepressant medication for at least six months following diagnosis of depression. | NA  
  65%  
  52% |
| ADD - Follow-Up Care for Children Prescribed ADHD Medication | Assessing follow-up care for children ages 6 - 12 who have been newly prescribed ADHD medication. | NA  
  65%  
  52% |
Initiation Phase: Members who had at least one follow-up visit within 30 days of receiving the initial prescription. 36%

Continuation & Maintenance Phase: Members who remained on the medication for at least 210 days and had at least 2 follow-up visits within 9 months of receiving the initial prescription. NA

FUH - Follow-Up After Hospitalization for Mental Illness Members ages 6 and older who had an ambulatory follow-up visit within 7 days of hospitalization for the treatment of mental health disorder. 32%

Member satisfaction

| How would you rate your health plan? | Represents the percentage of members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of "Completely Satisfied," "Very Satisfied," and "Somewhat Satisfied." | 58% |
| How would you rate your personal doctor? | Represents the percentage of members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of "Completely Satisfied," "Very Satisfied," and "Somewhat Satisfied." | 83% |
| How would you rate your specialist? | Represents the percentage of members who chose number 8-10 on the original scale of 0-10, where the 0 is the lowest rating and 10 is the highest. NCQA considers 8-10 to be equivalent to ratings of "Completely Satisfied," "Very Satisfied," and "Somewhat Satisfied." | 83% |

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About the HEDIS* 2016 Measures (Reporting year 2015)

HEDIS (Healthcare Effectiveness Data and Information Set) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA). HEDIS gives purchasers, physicians and consumers standardized information. It's used to evaluate and compare how well health plans promote the health and well-being of their members. Aetna has led the way promoting quality measurement and improvement in healthcare. We are proud to have been among the first plans to publish HEDIS data. We're pleased to present our current results.

Access to care

We know that having access to health care professionals and services is important to our members. Regular checkups help promote good health and prevent diseases. And, when members can readily get special services, such as behavioral health, they can get the treatment they need and will likely see better results.

Prevention and screening

Regularly scheduled vaccines or shots and medical tests can help prevent illnesses or spot diseases early. That's why, through our Member Health Education Program, we remind members every year to get tested for conditions such as breast, cervical and colorectal cancers. We also send parents and guardians reminders to have their children get regular shots. And, we believe some members should get flu and pneumonia shots so we send reminders to those groups, too.

Maternity care

Giving babies a healthy start is the goal of Aetna’s Beginning Right® program. The program gives expectant mothers who are eligible health services, case management and education. A team of doctors who are experts in several fields relating to maternity care designed the program.

Treatment of respiratory and cardiovascular conditions and diabetes

We want to help members better deal with their long-term conditions, like asthma, diabetes, heart problems and low back pain. We do this in a variety of ways, including through education, case management, home health care and coordinating health care services.

We also want to help the doctors in our network understand how well their patients with these conditions respond to treatment. It's an important measurement of care. Doctors use these performance reports on asthma, diabetes and heart disease to know how well their patients are doing compared to other patients with these conditions.

Behavioral health

Depression leads to more days of disability than conditions such as heart disease, high blood pressure, diabetes and low back pain. We work with our network doctors to ensure that their patients take their medications properly and get follow-up care. These steps are key to better managing mental illness. We also report on the percentage of members who have received treatment for mental illness and continue with appropriate follow-up care.

Member satisfaction
Member satisfaction scores say a lot about how well a health plan and its doctors are meeting the needs and expectations of their customers.

*HEDIS is a registered trademark of the National Committee for Quality Assurance.*