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What the blue star
means for you

A guide to the Aexcel[®] specialist performance network

www.aetna.com





Aexcel is our designation for high-performing doctors and doctor groups in 12 medical specialty areas:

Cardiology
Cardiothoracic surgery
Gastroenterology
General surgery
Neurology
Neurosurgery
Obstetrics and gynecology
Orthopedics
Otolaryngology/ENT
Plastic surgery
Urology
Vascular surgery

Aexcel is a title for specialty doctors who:

- Are part of the Aetna network of health care professionals
- Have met added standards for volume, clinical performance and efficiency

We evaluate these doctors using specific standards. Based on the results, we include them in the Aexcel specialist performance network. We give them the Aexcel designation.

The blue star identifies doctors who have earned the Aexcel designation. These are doctors you might want to consider for specialty care.

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

Answers to frequently asked questions

How do I find an Aexcel doctor?

Log in to your secure member website at www.aetna.com and use the online DocFind® directory. Look for the blue star ★ next to the doctor's name.

Your printed Aetna directory also identifies Aexcel-designated doctors. They have an asterisk next to their names.

What if a specialist does not have a blue star?

This does not mean the doctor does not provide quality services. It could be that:

- We do not have enough information available to evaluate a particular doctor.
- The doctor could be appealing his or her Aexcel status.
- The doctor's specialty is not one of the 12 specialty categories.

Am I required to use Aexcel-designated doctors?

It depends on your health plan. You might have to use doctors in the Aexcel network to pay the least out of pocket.

For some plans with an Aexcel network, health care received from non-designated specialists may be paid at the out-of-network benefits level. Even if the non-designated specialist is in the broader Aetna network. And in some cases, the care from non-designated specialists might not be covered at all.

In other health plans with an Aexcel network, you may be allowed to visit non-designated specialists. But your out-of-pocket costs will be higher than if you saw an Aexcel-designated doctor in that same specialty.

You'll want to check your plan documents to see how your plan pays for specialty care.

Are there enough doctors in this network?

Sometimes we find that the Aexcel network is not broad enough in certain geographic areas. In these cases, we work hard to find, evaluate and add specialists to make sure there are enough to choose from. But, we do not add doctors who may have been excluded earlier, unless they meet our high-performance standards.

What if the doctor I'm seeing loses Aexcel status while treating me?

This can happen. We check specialists' performance every two years. As a result, new doctors may join the Aexcel network while others may no longer qualify. However, these specialists still remain in the broader Aetna 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 documents to make sure you understand how you are affected.

Want to check on your doctor's status? It's easy. Log in at www.aetna.com and use DocFind.

Aexcel information is only a guide. Talk with your primary care doctor and the specialist you are considering before making a decision.

How Aetna evaluates doctors for Aexcel designation

We consider three factors:

- Volume
- Clinical performance
- Efficiency standards

We look at all doctors in our network — in the 12 specialties mentioned on page 2. Doctors who do not meet the first two sets of measures (volume and clinical performance) are not evaluated for the final step. This means they do not qualify for the Aexcel designation and network.

Volume

We identify doctors who have managed at least 20 episodes of care for our members over the past 3 years. What's an episode of care? Well, it can be a hip implant or months of chemotherapy. It can also be treatment for a chronic eye infection or foot surgery.

Clinical performance

Second, we look at clinical performance. We use five categories of measures. (See the table on page 5 for more information.) Doctors must meet standards in one of the five categories.

One of the categories is claims-based measures. Using member claims data, we look at:

- How often do their patients have to go back in the hospital
- How often do serious problems develop while in the hospital
- What licenses and certificates do they have
- What kind of advanced technology do they use

Efficiency

The third and final factor we look at is efficiency.

To do so, we examine:

- What these doctors charge for services
- How many and what types of services they perform

Looking at total costs

We consider all costs — not just costs for doctor visits. Our review also includes inpatient, outpatient, diagnostic, laboratory and pharmacy claims.

Adjusting for risk

There are some doctors who care for more patients with chronic or complex conditions in a given time period. To make sure we are comparing apples to apples, we use risk-adjustment factors. Like age, gender, chronic disease risk, insurance product type and year the services were paid.

This way, we are able to evaluate all doctors on a level playing field — by comparing their services for patients with similar conditions.

Aexcel information only a guide

There are many ways to evaluate doctor practices. You should talk with your primary care doctor and the specialist you are considering before making a decision.

Please note that ratings have a chance for error. And Aexcel designation is not a guarantee of service quality or treatment outcome. Therefore, they should not be the only reason for choosing a specialty doctor.

Doctors and groups must meet standards in at least 1 of 5 clinical performance categories

Clinical performance categories	Standards	Recognized by
Use of technology	At least 50% of doctors in a group: <ul style="list-style-type: none"> • Have BTE or NCQA Physician Office Link recognition -OR- • Are certified by the CCHIT (example: use electronic medical records and/or e-prescribing) 	BTE www.bridgestoexcellence.org
Alignment with Aetna Institutes of Quality® (IOQ)	An individual doctor maintains an active medical staff appointment at an Aetna IOQ facility, and his/her specialty is the specialty for which that IOQ facility is recognized. 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, cardiac or orthopedic IOQ facilities.	Aetna IOQ www.aetna.com/healthcare-professionals/quality-measurement/institutes.html
Certification by external entity	At least 50% of doctors in a group have BTE or NCQA recognition in: <ul style="list-style-type: none"> • Asthma • Cardiac/stroke • Chronic obstructive pulmonary disease • Congestive heart failure • Coronary artery disease • Diabetes care • Hypertension • Low back/spine • Medical home 	BTE www.bridgestoexcellence.org NCQA www.ncqa.org
Performance-based improvement module	At least 50% of doctors in a group have completed a performance-based improvement (PBI) activity (generally as part of maintenance of certification (MOC)) within the previous 2 years (not prior to 9/1/2010). If a doctor's board does not identify a PBI as part of maintaining board certification, a doctor may still qualify by completing MOC Part 4 within his/her specialty. MOC Part 4 is a practice improvement program specifically designated by the appropriate board.	ABMS www.abms.org AOA www.osteopathic.org
Claims-based measures	Doctors must have at least 10 Aetna cases in any of these given measures or at least 30 Aetna cases across all measures: <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 	Most claims-based measures are endorsed by an external agency including NQF, except readmission rate and adverse events, which are Aetna-developed measures. For more information visit www.aetna.com and do a search for "Aexcel."

BTE = Bridges to Excellence
NCQA = National Committee for Quality Assurance
CCHIT = Certification Commission for Healthcare Information Technology

ABMS = American Board of Medical Specialties
AOA = American Osteopathic Association
NQF = National Quality Forum

Other evaluation factors

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 can affect 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.

Measurable and trustworthy standards

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

- Agency for Healthcare Research and Quality
- Ambulatory Care Quality Alliance
- American Board of Medical Specialties
- American Congress of Obstetricians and Gynecologists
- American Heart Association
- American Osteopathic Association
- Centers for Medicare & Medicaid Services
- National Committee for Quality Assurance
- National Quality Forum
- Society of Thoracic Surgeons

Data limitations

While we are committed to using the best available information, there are certain data limitations:

- **The claims-based clinical quality and efficiency information is based on our member data only.**

Combined claims data from a number of payers (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.

- **The claims data used to evaluate doctors does not include all procedures, lab or pharmacy services. It includes only those for which we have claims data.**

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.** 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 cannot be evaluated 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 3 years. If they do not, we will not consider them. We cannot be confident that the results will be accurate with anything less than that.



For questions and concerns

Member Services is a phone call away

You can talk to one of our customer service representatives during regular business hours.

The toll-free number is on your Aetna ID card.

How to file a complaint or appeal

You can register a complaint with us about Aexcel. You also have the right to ask for a review if you have questions or do not agree with a benefits determination.

You or your authorized representative should:

- Call Member Services
- 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 through your secure member website. Log in at **www.aetna.com**. Select “Find a Form” on the left. Look for the link to the Member Complaint and Appeal form.

Your request should include:

- Your name, member ID, address and date of birth
- The name of the plan sponsor (the employer that offers the group health plan to you and your family)
- Any comments, documents, records and other information you think should be considered, whether or not they were submitted with the initial claim

You may also review documents relating to your claim

You need to communicate these requests (verbally or in writing) within:

- 180 days after you receive the EOB
- OR
- A longer period, as specified in your plan brochure or Summary of Benefits

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.
- You have the right to file a second request for review if you do not agree with the determination. Please review your plan documents or contact your plan administrator for more information on 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 we used in our determination, at no charge, if you or your authorized representative requests it.*

In the state of New York

If you are an Aetna member in New York, you can also register a complaint about Aexcel with the NCQA.

NCQA serves as an independent ratings examiner, 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.

In addition to registering your complaint with Aetna, you can send your complaint to NCQA.

You can:

- E-mail **customersupport@ncqa.org**
- Write to NCQA Customer Support, 1100 13th St., NW, Suite 1000, Washington, DC 20005

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

Want to find a doctor? How about an Aexcel-designated doctor?

Log in to your secure member website at www.aetna.com.

- Select “Find a Doctor, Pharmacy or Facility” and search for a medical specialist.
- Look for the blue star to find an Aexcel-designated specialist. Click on the doctor’s name to get information about that doctor’s clinical quality and efficiency.

Want to see costs for tests, procedures, doctor visits or surgeries?

Log in and check out the Member Payment Estimator tool. You can:

- Compare network and out-of-network costs.
- Get an estimate of what you would owe before you go.

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 consult 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.** Health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. 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.