



Stargazing

**Learn what the Aexcel[®] specialist
performance network means for you**





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 our doctors using specific standards. If they meet these standards, we give them the Aexcel designation.

An Aexcel indicator identifies doctors who have earned the Aexcel designation. These are doctors you might want to consider for specialty care.

Everything you want to know about the Aexcel network

How do I find an Aexcel doctor?*

Simply log in to your secure member website at **aetna.com** and use the online provider directory. Then look for the Aexcel indicator next to the doctor's name.

You can also find designated doctors in your printed Aetna directory. They have an asterisk next to their name.

What if a specialist does not have an Aexcel indicator?

Don't worry, this doesn't mean the doctor doesn't provide quality services. It could just be that:

- The doctor's specialty isn't one of the 12 specialty categories
- We don't have enough information available to evaluate that particular doctor
- The doctor could be appealing their Aexcel status

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.

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

This can happen. We check specialists' performance every two years. That means new doctors may join the Aexcel network while others may no longer qualify. But these specialists still remain in the broader Aetna network.

Depending on your health plan, you may still be covered for care from these doctors. Just remember, you may pay more out of pocket. Be sure to check your plan documents to make sure you understand how you are affected.

Want to check on your doctor's status? It's easy. Just log in at **aetna.com** and use the provider directory.

Keep in mind, this is only a guide. Make sure to talk with your primary care doctor and the specialist you're considering before deciding.

*Aexcel providers are available in the following areas:

Arizona	Metro DC (DC, MD, VA)	Kansas City, KS	Metro New York	Austin, TX
Central Valley, CA	Jacksonville, FL	Louisville, KY	Cincinnati, OH	Dallas, TX
Los Angeles, CA	Orlando, FL	Maine	Cleveland, OH	El Paso, TX
Northern California	South Florida	Massachusetts	Columbus, OH	Houston, TX
San Diego, CA	Tampa, FL	Detroit, MI	Toledo, OH	San Antonio, TX
Colorado	Atlanta, GA	Kansas City, MO	Oklahoma City, OK	Richmond, VA
Connecticut	Chicago, IL	New Jersey	Tulsa, OK	Seattle, WA
Delaware	Indianapolis, IN	Las Vegas, NV		

How Aetna evaluates doctors for Aexcel designation

We consider three factors:

- Volume
- Clinical performance
- Efficiency

We look at all doctors in our network. 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? 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 their patients have to go back in the hospital
- How often serious problems develop while in the hospital

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're 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 helps evaluate all doctors on a level playing field — by comparing their services for patients with similar conditions.



Doctors and groups must meet standards in at least one of five clinical performance categories

Clinical performance categories	Standards	Recognized by
Certification by external entity	At least 50% of doctors in a group have: <div> <div>BTE recognition in:</div> <div>OR</div> <div>NCQA recognition in:</div> <div> <div>Asthma</div> <div>Cardiac care</div> <div>Cardiology practice</div> <div>Coronary artery disease</div> <div>Congestive heart failure</div> <div>Diabetes</div> <div>Hypertension</div> <div>Physician office systems</div> </div> <div> <div>Diabetes</div> <div>Heart/stroke</div> <div>Patient-centered medical home (PCMH)</div> <div>Patient-centered specialty practice (PCSP)</div> <div>Physician practice connections (PPG-PCMH)</div> </div> </div>	BTE bridgestoexcellence.org NCQA ncqa.org
Performance-based improvement module	At least 50% of doctors in a group have completed a performance improvement module (PIM) (generally as part of maintenance of certification [MOC]) within the previous two years. If a doctor's board does not identify a PIM as part of maintaining board certification, a doctor may still qualify by completing MOC Part 4 within their specialty. MOC Part 4 is a practice improvement program specifically designated by the appropriate board.	ABMS abms.org AOA osteopathic.org
Meaningful Use 1, Meaningful Use 2 or PQRS	Can attest to the 2017 Meaningful Use 1 or 2 guidelines as required by the CMS EHR Incentive Program or can attest to participation in the Merit-based Incentive Payment System (MIPS).	MU: cms.gov/Regulations-and-Guidance/Legislation/EHR-IncentivePrograms/index.html MIPS: https://qpp.cms.gov/mips/overview
Participation in a value-based contract (VBC) with Aetna	Value-based contracts include quality measures with incentives to improve or reach targets.	Value-based contracts are a new way insurers contract with providers to promote quality improvement and efficiency.
Alignment with Aetna Institutes of Quality® facilities	An individual doctor maintains an active medical staff appointment at an Institutes of Quality facility, and their specialty is the specialty for which that Institutes of Quality facility is recognized. Passing this criterion will not apply to a group practice unless at least 75% of the doctors are identified as Institutes of Quality doctors at one of Aetna's bariatric, cardiac or orthopedic Institutes of Quality facilities.	Aetna Institutes of Quality aetna.com/health-care-professionals/patient-care-programs/aetna-institutes.html
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 such as NQF, except readmission rate and adverse events, which are Aetna-developed measures. For more information, visit aetna.com and search for "Aexcel."

CCHIT = Certification Commission for Healthcare Information Technology
ABMS = American Board of Medical Specialties
AOA = American Osteopathic Association
NCQA = National Committee for Quality Assurance

NQF = National Quality Forum
MU = Meaningful use
MIPS = Merit-based Incentive Payment System
VBC = Value-based contract

Other evaluation factors

We compare the 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.

But 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 such as:

- Agency for Healthcare Research and Quality
- American Board of Medical Specialties
- American Congress of Obstetricians and Gynecologists
- American Medical Association
- American Osteopathic Association
- Centers for Medicare & Medicaid Services
- National Committee for Quality Assurance
- National Quality Forum

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 services or pharmacy services.** Therefore, we strongly encourage doctors to provide us with additional data they might have in their 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 can't be sure 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) statement or the Member Complaint and Appeal form

A Member Complaint and Appeal form is available through your secure member website. Log in at **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'll 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'll 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. Be sure to 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 the Employee Retirement Income Security Act of 1974 (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're an Aetna member in New York, you can also register a complaint about Aexcel with the NCQA.

NCQA serves as an independent ratings examiner that reviews how Aetna's Aexcel program both meets criteria required by the State of New York and aligns with the 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:

- Email **customersupport@ncqa.org**
- Write to NCQA Customer Support, 1100 13th St. NW, Third Floor, 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 aetna.com.
- Select “Find a Doctor” and search for a medical specialist.
- Look for the Aexcel indicator 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 aetna.com.

