

Lead the way



Your guide to Aexcel[®]

For designations effective January 1, 2025



We're helping build a better health care system ...

... one that is more transparent to you and to your patients. That's why we recognize you for efficient and effective practice with our Aexcel designation.

As we transform from traditional fee-for-service models to practice value-based models, clinical quality and efficiency measures will be critical to increasing your patient base and revenue.



As one of the oldest and largest health insurers in America, we're helping transform the health care system in this country.

Aexcel originated from discussions with large employer groups challenged by rising health care costs. Patients, in turn, were becoming increasingly demanding consumers of health care. They wanted access to information about physicians to help make informed health care decisions before seeking care from a physician.

Aexcel is part of our performance network strategy and our overall health care transparency efforts.

It's a designation for specialists who:

- Are part of our broader network of participating providers
- Have met specific clinical performance and efficiency criteria

Physicians who aren't Aexcel designated are still in our network. Aexcel designation has no bearing on their contract or payment.

We remind our members that Aexcel designation is only a guide to choosing a doctor. They should consult with their treating physicians before selecting specialty physicians for their care. Designations have the risk of error and shouldn't be the sole basis for selecting a physician.

Keeping you informed

Since the Aexcel program began in 2004, our goal has been to work with physicians, employers and members. We provide information — such as this guide — to physicians who are new to the program or want to be considered for Aexcel designation. We also regularly review the program with specialty societies and other medical groups.

Tell us how we're doing

We encourage you to give us feedback and suggestions for improving Aexcel. Just visit our "Aexcel Feedback" page. Here's how you get there:

1. Visit our public website at **aetna.com**.
2. Go to "Providers," hover on "Products & programs," and select "Patient care programs & quality assurance."
3. Scroll down and click through "Aetna's Aexcel® performance network."
4. Click on "Aexcel Feedback" at the bottom of the page.

Sharing results with you to improve care

We have lots of data to share, and some of it really points out where practice improvements can be made.

One of the ways we communicate this information is through discussions with you and your colleagues. We also use these discussions to gather your input about potential improvements to the program.

You can also get more information on Aexcel evaluation on our secure provider website at **aetna.com**. Here's how:

1. Log in.
2. Under "Workflows for this plan," select "Support Center," then "Doing Business with Us," and then "Aexcel Designation."

Or you can call us at **1-888-MDAetna (1-888-632-3862) (TTY: 711)**.

Aexcel designation and its use in other networks

As employers are placing more of the financial responsibility for health care on their employees, they are looking for affordable, quality options that help them better control their costs.

To meet this demand, we offer other networks that include Aexcel-designated physicians. These networks tier physicians — including those designated for Aexcel — based on hospital affiliation, quality and cost efficiency, or other similar criteria.

We offer Aexcel in the following markets:

Arizona	Jacksonville, FL	Indianapolis, IN	Las Vegas, NV	Austin, TX
Central Valley, CA	Orlando, FL	Louisville, KY	Metro New York	Dallas, TX
Los Angeles, CA	South Florida	Massachusetts	Oklahoma City, OK	El Paso, TX
Northern CA	Tampa, FL	Detroit, MI	Tulsa, OK	Houston, TX
San Diego, CA	Atlanta, GA	New Jersey		San Antonio, TX
Colorado	Chicago, IL			Seattle, WA
Connecticut				

How we review physicians

We perform our Aexcel evaluation at the physician group or tax identification number level, rather than at the individual physician level. This approach offers more robust data for evaluation. We outline in this guide the measurement criteria used to determine physician Aexcel designations effective January 1, 2025.

Our evaluation process includes a balance of clinical performance and efficiency measures. We identify those specialists and groups that managed at least 20 Aetna® episodes of care (EOCs) over the last 3 years. A reasonable volume of Aetna members is necessary to credibly measure performance.

Aexcel markets

Aexcel is in markets where:

- There's sufficient customer interest
- The existing Aetna network is large enough to maintain appropriate physician access for our members with the establishment of a specialist performance network
- Variation in efficiency across specialists is distinguishable, and establishing a performance network results in benefits to our customers
- There's enough claims experience to have credible analysis of specialists

Aexcel physician specialty categories

Why did we focus on specialty care?

- Specialty care is more episodic than primary care.
- Specialty care drives most of the advances in treatment, procedures, pharmaceuticals and diagnostic imaging, as well as the cost increases that accompany these advances.
- Specialty categories chosen as part of Aexcel represent about 70 percent of specialty costs and about 50 percent of Aetna's total medical costs.*

Aexcel specialty categories

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

The Aexcel designation process includes evaluation of four key criteria:

- Volume
- Clinical performance
- Efficiency
- Network adequacy

A physician/group must meet at least one of the clinical performance criteria outlined here to be further evaluated for Aexcel on the basis of efficiency. One of our medical directors is available to discuss our findings with the physician.

Every physician has the chance to give us more information for reconsideration. For example, a physician can let us know if they are pursuing, or have completed, a Practice Improvement Module (PIM) activity.

*Based on Aetna claims analysis.

Clinical performance review

A physician needs to fulfill at least one of the following clinical performance criteria to be considered for Aexcel designation on the basis of efficiency:

- Aetna claims-based measures with minimum member/event volume threshold
- Recognition by the National Committee for Quality Assurance (NCQA)
- Completion of a PIM activity
- Participation in Merit-based Incentive Payment System (MIPS)
- Participation in a value-based contract with Aetna — which includes quality measures with incentives to improve or reach targets
- Alignment with Aetna's Institutes of Quality® facilities

Clinical performance criteria in detail

Claims-based measures with minimum volume threshold

Using claims information, we review whether the physician met the claims-based clinical performance standards established by professional organizations. Some of these standards pertain to all Aexcel specialties. Other standards are specialty specific.

The physician or group must have at least 10 cases in any given measure, or 30 cases across all measures, to be evaluated. The denominator can represent unique members or events, depending on the measure. In some measures, such as breast cancer screening, the denominator is members. In some measures, such as inpatient adverse event rate, the denominator is each admission, and a member can have multiple admissions.

Recognition by NCQA

At least 50 percent of specialists in the group are recognized by NCQA recognition programs.

NCQA recognition programs include:

- Diabetes
- Heart/stroke
- Patient-centered medical home (PCMH)
- Patient-centered specialty practice (PCSP)

Aexcel designation basics



PIM activity*

At least 50 percent of specialists in the group have completed a medical specialty board practice-based improvement module — along with Maintenance of Certification (MOC) — within the previous two years (not prior to September 1, 2020). If a physician's board doesn't identify PIM as part of its board-specific MOC, a physician may still be able to qualify by completing part 4 MOC requirements within their specialty. MOC part 4 activity is a practice improvement program specifically designated by the appropriate board.

Participation in the MIPS

Participation in the MIPS, either through a registry or directly by at least 50 percent of the eligible specialists in your practice or an attestation at the physician group level.

Participation in a value-based contract with us

Participation in a value-based contract with us before September 1, 2022. Value-based contracts include quality measures with incentives to improve or reach targets.

Alignment with our Institutes of Quality

At least 75 percent of specialists in the group keep an active medical staff appointment at an Aetna Institutes of Quality facility, and their primary specialty is the specialty for which the facility is recognized for Institutes of Quality. Institutes of Quality is a designation for facilities that have shown quality care based on measures of clinical performance and efficiency.

Efficiency evaluation

For physicians who pass the clinical performance criteria, a measure of the efficiency of their care is developed and compared to that of their peers. We use the Symmetry® Episode Treatment Groups® (ETG®) methodology to measure a physician's efficiency.

This methodology is based on EOCs, which are one of the current industry standards for measuring efficiency. EOC methodology focuses on all of the costs (inpatient, outpatient, professional, office, lab, pharmacy and ancillary) required to care for a patient's underlying medical condition.

For statistical validity, physicians must have a minimum of 20 Aetna member EOCs over a 3-year period to be evaluated for efficiency. An index rating is created based on actual cost for the episode compared with the expected cost of the episode. The expected cost is the average adjusted cost of an episode managed by the peer group. The expected average cost is risk adjusted as described in the following section.

Episodes are then attributed to physicians based on who was responsible for the majority of the care. For example, surgical episodes are attributed to the surgeon with the highest allowed charges. For nonsurgical episodes, the episode is attributed to the physician with the highest number of office visits.

*Compliance with this standard is either based on information in our provider data system or the physician's/group's self-reported information.

We chose 20 as a minimum threshold based on a comparison of results using random samples of various thresholds, including 10, 20, 30, 50 and 100. We found that the results for groups with at least 20 episodes were reasonably similar to the results for groups at the higher thresholds. And using 20 episodes as a minimum makes the program more inclusive.

Physicians don't pass the efficiency standard if their results either didn't meet the minimum 20-episode threshold or if they didn't meet the minimum standard at a statistically significant level. All other physicians pass the efficiency standard. The statistical significance is performed at the 90 percent confidence level.

Risk adjustment

Some physicians may care for more patients with chronic or complex conditions in a given time period than their peers do. As a result, we review physicians by comparing their services for patients with similar conditions. We apply risk-adjustment factors to account for differences in the use of health care resources among individuals. Use of health care resources can differ among patients because of age, gender, chronic disease risk, pharmacy benefit and insurance product type.

Also, we compare all the resources used to treat a physician's patients to those of other physicians in the same specialty and geographic location. If a physician is a part of a group practice, we review the entire group. In this case, performance measurement results of other physicians in the group practice will affect each physician's evaluation.

Maintaining sufficient access to specialists

Once the selections are complete, we may need to supplement the performance designation with more physicians to keep sufficient access to specialists. Using Symmetry EOCs, we'll add doctors to the Aexcel designation whose efficiency index, and statistical significance around that index, are the closest to the mean and the most statistically significant. However, only physicians who have passed the clinical performance evaluation are eligible.

*A blue star next to a physician's name indicates Aexcel designation in our provider search tool. A small gray Aexcel icon next to a physician's name indicates Aexcel designation on our Aetna Health app.

Reevaluating physicians for Aexcel designation

We rereview a physician's performance at least every two years. As a result, a physician's Aexcel designation status could change from one period to the next. Physicians who previously didn't get Aexcel designation may now meet the criteria. Similarly, physicians who are currently designated may lose their designation because they didn't meet the clinical performance and/or efficiency standards. This could be due to a physician's individual performance. It could also mean the overall performance of the physician's peers in their market, whom the physician is measured against, has improved.

Regardless of whether a physician receives Aexcel designation, they remain a participating physician in our broader network.

We realize that physicians, members and employers alike are affected by changes to the makeup of our networks. To reduce these concerns, we consider member and physician disruption when creating the Aexcel designation for physician access.

How our members find Aexcel specialists in provider directories

Members can easily find Aexcel-designated physicians in our online provider search tool or through the Aetna HealthSM app.*

For more detail on each physician, members can log in to their member website and choose "Find Care." There, members can see the volume, clinical performance and efficiency standards we used to determine the physician's Aexcel status. The detail on each physician shows which of those performance standards the physician met.

Important information about our data

As Aexcel continues to grow, we look for opportunities to further enhance our methodology and review process based on new clinical evidence; feedback from physicians, members and employers; and emerging industry trends.

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

- **The clinical quality claims-based measures and efficiency information are based on our data only.** Using combined claims data from multiple payers (other insurance companies and self-insured and government plans) may give a more complete picture of physician performance but isn't yet available. We support industry-wide data collection initiatives. When credible combined data becomes available, we'll consider using it in our reviews.
- **The claims data used to evaluate physicians doesn't include all procedures, lab or pharmacy data.** It only includes those for which we have received claims. Physicians may perform health care services, but not share all the information with us. Also, because of the way claims are submitted and/or processed, health care service details may not always be available in the claims data we use. Therefore, we strongly encourage physicians to reach out to us with other data they might have in medical charts that aren't available to us.
- **Inclusion of pharmacy data is limited to those members who have Aetna pharmacy benefits.**
- **Some physicians may treat patients with more than one health issue or with more complex conditions.** Therefore, we apply risk-adjustment factors to review physicians to take these considerations into account. While we use an industry-recognized model, a perfect mechanism that accounts for all variations in a patient population doesn't exist. We believe quality and efficiency profiles are meaningful. But this information represents a partial evaluation of clinical quality and efficiency, and we encourage our members to consider all relevant factors when choosing a physician.

About our data sources

We use a number of data sources in our measures. Besides the external sources previously listed, we also use a number of internal sources. These include administrative medical and pharmacy claims, member eligibility data and provider information.

Claims-based measures evaluation process overview

Step 1

We begin with a view of all Aetna network physicians in a geographic market who practice in the selected specialty (for example, all cardiologists in the Aetna network in Atlanta).

Physicians are ordered according to an overall index score. Index metrics are based on established evidence-based measures of clinical performance.

Each metric is case-mix adjusted and must have at least 10 eligible cases across one measure or 30 cases across all measures to be scored. Only scored metrics are included in the index score; metrics are weighted according to the number of eligible cases.

Step 2

We identify physicians with the lowest index scores. Physicians whose measured outcomes fall below the 5th percentile of the peer group are reviewed further (steps 3 – 5) and may be excluded from consideration for Aexcel designation, unless other clinical criteria are met.

Step 3

We apply a statistical significance formula (95 percent confidence limits) to the lowest group, removing any cases with insufficient statistical significance and reducing the group that may be excluded from Aexcel designation.

Step 4

An Aetna medical director reviews the metric detail reports of the physicians remaining in the lowest group using available clinical data. Some cases have logical clinical explanations and are eliminated from the index score, allowing additional physicians to be considered for Aexcel designation.

Step 5

Detailed clinical performance data for each metric, including the claims-based measures, is shared with the physicians who do not meet any of the clinical performance options available. An Aetna medical director is available to discuss this data. Every physician has the opportunity to provide more information for reconsideration.

The reconsideration process

We want physicians to be confident that we make our decisions using a complete set of evidence and data. We also encourage physicians to actively participate in the evaluation process.

We notify all Aexcel-eligible physicians of their evaluation results. A reconsideration process is available for those who seek corrections or changes to their designation. Physicians can also ask for information.

Our notification letter explains that if physicians have more information they'd like us to consider, including that contained in medical charts, they have 30 calendar days to initiate a request for further review. All requests for reconsideration must be sent to us in writing or by email.

A team of our representatives (including medical directors and members of our Network Management and Analytics staff) participates in the review of physician requests for reconsideration.

After reviewing the additional information the physician provides, we make a final determination on their Aexcel designation status. This occurs within 45 calendar days from the stamped date of receipt of the reconsideration request from the physician. We notify physicians of our final determination.

Other information may support our records

There may be several situations in which physicians have information that supports our data. These include:

Clinical performance

- More information is needed to substantiate PIM activity.
- The physician didn't have a meaningful role in the management of the case. (Case attributed to the wrong physician.)
Example: Case managed by a covering physician.
- The medical record includes more information showing that the clinical events in the case had a different clinical significance than apparent in the claims record. (Interpretation of claims record differs substantially from interpretation of medical record.)
Example: A readmission within 30 days was actually planned at the time of discharge of the index case.
- An event didn't actually happen. (Coding error.)
Example: A hospital codes an acute myocardial infarction after a surgical procedure when the member didn't have an acute myocardial infarction.
- There are other unusual circumstances.

Efficiency

- The physician/group didn't have a meaningful role in the management of the episode.
Example: Episode predominantly managed by a different physician/group.
- The physician is attributed to the wrong physician group.
Example: Physician associated with another group.
- The specialty designation was wrong.
Example: Physician designated as a general surgeon rather than correctly designated as a plastic surgeon.
- Claims information was either missing or wrong.

Updates to Aexcel methodology

Focus	2018	2020	2023	2025
Volume				
Volume criteria to be met	No changes	No changes	No changes	No changes
Efficiency				
Efficiency measurement is based on episodes of care	No changes	No changes	No changes	No changes
Determining whether physicians meet the minimum efficiency standard	No changes	No changes	No changes	No changes
Efficiency case-mix adjustment	No changes	No changes	No changes	No changes
Application of ETG	No changes	No changes	No changes	No changes
Clinical performance				
Clinical performance measures	Use of technology measure changed to Meaningful Use 1 or 2 or participation in the Physician Quality Reporting System (PQRS). Value-based contract participation with Aetna added.	Clinical performance criteria updated to reflect retirement of PQRS and replacement with MIPS.	No changes	Clinical performance criteria updated to reflect retirement of BTE program.
Other				
Reconsideration process	No changes	No changes	No changes	No changes
Physician reports	No changes	No changes	No changes	No changes

*HEDIS — Healthcare Effectiveness Data and Information Set.

More information about the program

A physician's designation could change at any time if they move to another group practice. In this case, the physician's designation would reflect that of the new physician group until the next Aexcel review cycle. If a physician's designation changes, we'll tell them before updating our member website. Physicians should promptly tell us about a change in their group affiliation so we can update their profile accordingly.

About our oversight monitor

NCQA is an independent, not-for-profit organization that accredits and evaluates a wide range of health care organizations and recognizes physicians in key clinical areas. Its mission is to improve the quality of health care. NCQA serves as an independent ratings examiner for us, reviewing how our Aexcel program meets criteria required by physician measurement programs.

The results of the latest NCQA review show our full compliance with the requirements related to physician measurement programs. The report is available on the NCQA website at nyrxreport.ncqa.org. It compares reviewed health plans in New York State on how they comply with provisions of an agreement made with the New York Attorney General.

Member complaints

If your patients have a complaint about Aexcel, please direct them to register their complaint with us.

Or they may register a complaint to NCQA at customersupport@ncqa.org.

Or to:

NCQA Customer Support
1100 13th Street NW, Third Floor
Washington, DC 20005

Advance notice of evaluation results and reconsideration process

Texas physicians are required to receive written notice of their evaluation results at least 45 days before Aetna publishes their Aexcel designations. They may request a reconsideration of their Aexcel designation. The physician can choose between a teleconference meeting and an in-person meeting. It can be held at a mutually agreed upon time — or during normal business hours, Monday through Friday, 8 a.m. to 5 p.m. CT.

Aexcel designation is only a guide to choosing a physician. Members should confer with their existing physicians and the specialists they're selecting before making a decision. Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies.

