



Department of Consumer & Business Services

Insurance Division — 2

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**Network Adequacy
Annual Summary**

Network adequacy annual summary for 2003.

Due on June 30 for previous calendar year.

An insurer offering managed health insurance or preferred provider organization (PPO) insurance shall file an annual summary of the scope and adequacy of the provider network and of its ongoing monitoring that all covered services are reasonably accessible to enrollees. ORS 743.817, OAR 836-053-1190.

1. Company name: Aetna Life Insurance Company Filing date: 6/28/04
2. Company address: 151 Farmington Ave, RE4K Halloran
City, state, ZIP: Hartford, CT 06156
3. Company Web site: www.aetna.com
4. Name, e-mail address, and phone number of the person completing this form:
Inda Chow; chowi@aetna.com; 925-543-9562
5. Name, title, and department of manager responsible for oversight, communication, and monitoring of network adequacy:
Phil Haas, Executive Director, Northwest Markets; Network Management
6. Phone number, address, or Web site at which enrollees can express concerns regarding network adequacy:
Numerous toll-free/1800 numbers are available. Each member's ID card lists the applicable phone number and address. Web site: www.aetna.com
7. URL of provider directory for enrollees: From aetna.com, select DocFind (http://www.aetna.com/docfind/DocFind?this_page=enter_welcome.jsp&site_id=docfind&langpref=en)
How often is this Web page updated? Three times per week
8. Does the provider directory indicate which providers speak languages other than English?
 No Yes Specify languages available besides English: _____
Publication title, date and page, or URL: _____
9. Does the company mail a provider directory to enrollees upon request?
 No Yes Phone number for enrollee request of directory: see response to #6
10. How often does the company inform enrollees of changes to the provider network by the following means?
Newsletter, mailer, or insert: as necessary Phone call: _____ E-mail message: _____
Other; specify means and frequency: Enrollees of terminated Primary Care Physicians are notified via letter. All provider changes are updated on the web site three times per week.
11. Total number of enrollee communications of any kind that the company has received during the year expressing

difficulty in obtaining an appointment with a provider: Zero (0)



12. Minimum number of hours/days/weeks that providers must make preventive care available:

N/A per **Aetna standards require that Providers must be able to schedule a Preventive Care appt within 2-4 weeks.** Is this a company requirement or goal?

13. Minimum number of hours/days/weeks that providers must make available routine primary care available:

N/A per **Aetna standards require that Providers must be able to schedule a Routine Primary Care appt within 2-4 weeks.** Is this a company requirement or goal?

14. Minimum number of hours/days/weeks that providers must make available urgent care available:

N/A per **Aetna standards require that Providers must be able to schedule an Urgent Care appt within 24 hours.** Is this a company requirement or goal?

15. For each region or geographic area of the state that your company serves, note the days and hours that urgent care is available outside regular business hours (Monday-Friday, 8 a.m.-5 p.m.):

Area 1: Clackamas, Multnomah, Washington, and Yamhill counties	Aetna requires contracted physicians to provide 24/7 coverage; in addition, contracted hospitals are required to provide 24/7 care.
Area 2: Benton, Lane, and Linn counties	Same as Area 1
Area 3: Marion and Polk counties	Same as Area 1
Area 4: Deschutes, Klamath, and Lake counties	Same as Area 1
Area 5: Clatsop, Columbia, Coos, Curry, Lincoln, and Tillamook counties	Same as Area 1
Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco, and Wheeler counties.....	Same as Area 1
Area 7: Douglas, Jackson, and Josephine counties.....	Same as Area 1

16. How often does the company conduct a formal review of network adequacy?

- Never Monthly Quarterly Annually Other: _____

17. Specify how the company uses information from formal reviews to improve client access to providers:

Zip codes that do not have sufficient providers are evaluated for recruitment opportunities, and physicians are added if possible.

The company will not actively market its products and services in specific areas where access and availability standards are not met.

18. Which company officials receive regular reports on network adequacy?

- None Senior management Board of directors Other: **Network Management Managers**

19. Does the company keep information on which physicians are accepting new patients?

- No Yes How often is this information updated?

- Daily Weekly Monthly Quarterly Annually Other: **as received; website is updated 3 times/week**

20. Describe how enrollees can find out which physicians are accepting patients:

This information is available on Aetna.com, DocFind path. Alternatively, enrollees can call Member Services and ask for this information.