



Department of Consumer & Business Services

Insurance Division — 2

P.O. Box 14480
Salem, Oregon 97309-0405
Phone: (503) 947-7268
Fax: (503) 378-4351
350 Winter St. NE, Rm. 440, Salem, Oregon
www.insurance.oregon.gov

Utilization Review
Annual Summary

Utilization review annual summary for 2007.

Due on **June 30** for previous calendar year.

All health benefit insurers that provide utilization review or have utilization review provided on their behalf shall file an annual summary describing all utilization-review policies and utilization-review monitoring activities, including delegated functions. ORS 743.807, OAR 836-053-1130

1. Company name: Aetna Life Insurance Company Filing date: 6/25/08
2. Company address: 151 Farmington Avenue
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:
Reina Galanes; GalanesR@aetna.com; 510-522-6432
5. Name, title, and department of manager responsible for oversight of utilization review:
Dr. Milton D. Schwarz, Regional Medical Director, Health Care Delivery West

For the following information, enter the URL or the name of the publication in which it appears:

6. Time frame for making utilization review decisions:

<p>Coverage decisions are made within applicable Department of Labor (DoL/ERISA), National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS), and state mandated time frames whether activities are delegated or not. Aetna Behavioral Health coverage decisions are additionally subject to URAC accreditation requirements.</p> <p>Urgent Concurrent - 24 to 72 hours</p> <p>Urgent Precertification - 72 hours</p> <p>Routine (non-urgent) Precertification - 15 calendar days</p> <p>Retrospective - 30 calendar days</p>	<p>Actual (average):</p> <p>0-24 hours - 86.92%</p> <p>25-48 hours - 4.69%</p> <p>49-72 hours - 2.21%</p> <p>>72 hours - 6.18%</p>
---	---

URL or the publication title, date, and page:
2008 Aetna Health Connections Utilization Management Program Description, page 16
504-01 Timeliness Standards for Coverage Decisions and Notification Policy, Attachments A & B, October 2007

7. Specify minimum qualifications for those who make first-level utilization-review decisions:

Nurses, social workers, pharmacists, counselors and therapists who perform clinical reviews as part of the benefit determination process or who participate in the medical management process (e.g., Case Management or Disease Management) must hold a current and valid professional license and, as required by the position, certification in their professional field.

URL or the publication title, date, and page: **MO 1000-01 Aetna Clinical Personnel License Requirements Policy, page 2, January 2008**

8. Specify minimum qualifications for those who make second-level utilization-review decisions:

All physicians, chiropractors, psychiatrists, clinical psychologists and dentists (DDS and DMD), participating in the benefit determination process must undergo Aetna's credentialing and recertification process, which includes verification of professional license and board certification

URL or the publication title, date, and page: **MO 1000-01 Aetna Clinical Personnel License Requirements Policy, page 2, January 2008**

9. Do providers participate in making utilization-review decisions?

No Yes At which level(s)?

Peer-to-peer review is defined as the process through which a treating practitioner requests to discuss a denial of coverage determination with the Aetna Medical Director who issued the determination. The peer-to-peer review process is not an additional level of review or an appeal but rather a focused discussion initiated by the treating practitioner that occurs after the issuance of a coverage denial determination.

506-01 Peer to Peer Policy, page 2, October 2007

URL or the publication title, date, and page: **2008 Aetna Health Connections Utilization Management Program Description, page 32**

10. Indicate the sources of clinical information the company researches for utilization-review decisions:

Aetna licensed clinical staff use evidence-based clinical guidelines from nationally recognized authorities in conjunction with the terms of the member's benefit plan to guide Utilization Management decisions involving precertification, concurrent review, discharge planning, and retrospective review. Aetna staff consult guidelines from the following sources: Milliman Care Guidelines (Seattle, WA: Milliman USA); Aetna Clinical Policy Bulletins (CPB); the Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCD), and Local Coverage Determinations (LCD); other Aetna recognized criteria; and applicable state and federal guidelines. Aetna's Oral and Maxillofacial Surgery (OMS) Unit uses the American Association of Oral and Maxillofacial Surgeons (AAOMS) Parameters and Pathways 2000: Clinical Practice Guidelines for Oral and Maxillofacial Surgery (ParPath 01) version 3.0 to guide Utilization Management decisions for oral and maxillofacial surgery services.

Aetna's CPBs are based on evidence in peer-reviewed published medical literature, technology assessments and structured evidence reviews, evidence-based consensus statements, expert opinions of health care providers, and evidence-based guidelines from nationally recognized professional health care organizations and government public health agencies.

Aetna Pharmacy Clinical Policy Bulletins (PCPB) are used to guide coverage determinations of the experimental/investigational status and medical necessity of outpatient prescription medications for Aetna pharmacy benefit plans. Aetna PCPBs also provide criteria to be considered in decisions involving coverage of drugs subject to step-therapy or precertification requirements, and coverage exceptions for drugs included on Aetna's Formulary Exclusion List. Coverage criteria are developed based on nationally recognized evidence-based guidelines, accepted drug compendia, and evidence in nationally recognized peer-reviewed published medical literature. A literature search is performed to document clinical medical evidence from a number of sources.

Aetna's behavioral health staff utilizes Aetna's Level of Care Assessment Tool (LOCAT), the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition – Revised (ASAM PPC-2R) (Chevy Chase, MD: American Society of Addiction Medicine) and, Aetna's Mixed Services Guidelines in making coverage decisions about the medically necessary level of care for behavioral health services.



11. List company's steps in developing utilization-review criteria:

Both new and revised Clinical Policy Bulletins drafts undergo a comprehensive review process. This includes review by Aetna's Clinical Policy Council and external practicing clinicians, and approval by Aetna's CMO or his/her designee. The goals of the CPBs are to make significant new advances available to members as soon as appropriate, and to prevent unproved, ineffective and obsolete technologies from receiving coverage. For each medical technology selected for evaluation, the Clinical Policy Unit conducts a comprehensive search of the peer-reviewed published medical literature indexed in the National Library of Medicine PubMed Database, assesses the regulatory status of the technology, reviews relevant evidence-based clinical practice guidelines and related documents indexed in the Agency for Healthcare Research and Quality (AHRQ) National Guideline Clearinghouse Database, and reviews relevant technology assessments indexed in the National Library of Medicine's Health Services/Technology Assessment Text (HSTAT) Database. In addition, the opinions of relevant experts may be obtained when necessary. Approved new, revised, and updated CPBs become effective when published on Aetna's CPB websites.

Aetna Pharmacy Clinical Policy Bulletins are developed in consultation with physicians specializing in a particular field of practice. The P&T Committee is responsible for approving PCPBs, precertification and step-therapy criteria. The PCPBs and criteria are re-reviewed periodically, as new clinical information becomes available, and at least once annually.

2008 Aetna Health Connections Utilization Management Program Description, pages 13-15

URL or the publication title, date, and page: **Aetna's CPB - <http://www.aetna.com/cpb/index.html>
Aetna's Pharmacy Clinical Policy Bulletins - <http://www.aetna.com/products/rx/pcpb.html>**

12. What action or event causes utilization-review criteria to be revised?

Upon request, Aetna's Clinical Policy Unit evaluates and renders an opinion on the experimental and investigational status and medical necessity of a medical technology that is considered for coverage under Aetna medical benefit plans. Requests usually come from Aetna's clinical staff (medical or pharmacy directors or other clinical staff) in the context of preauthorization, precertification, or retrospective claim review. In some instances, an assessment may be conducted at the request of other business areas of Aetna (e.g., Aetna's Special Investigations Unit, Legal Department, Aetna Senior Management), from Aetna's Regional Quality Advisory Committees (QACs), from medical technology vendors (e.g. pharmaceutical or medical device manufacturers), or from participating Aetna healthcare providers. In addition, the Clinical Policy Unit may initiate an assessment at its own initiative, based on new information about a medical technology that is material to its experimental and investigational status and medical necessity.

URL or the publication title, date, and page: **Process for Review and Approval of Aetna Clinical Policy Bulletins (CPBs), page 2, January 2007**

13. How does the company inform enrollees about changes in utilization-review criteria?

Certificate of coverage updates and Aetna's external website

URL or the publication title, date, and page: **www.aetna.com**

14. How does the company inform providers about changes in utilization-review criteria?

Provider Newsletter-OfficeLinks & on the Health Care Professional Aetna external website. A What's New section is posted with the CPBs and a Modified This Month section is posted with the

PCPBs.

URL or the publication title, date, and page: <https://www.aetna.com/provider/>

15. Is there a procedure for monitoring in-house utilization-review criteria?

No Yes Specify:

Aetna's Utilization Management criteria are reviewed annually for recommendations by Aetna's regional QACs, and for behavioral health clinical criteria, by the Aetna BH QAC. Criteria are reviewed by the regional QOCs and the Aetna BH QOC for adoption.

URL or the publication title, date, and page: **2008 Aetna Health Connections Utilization Management Program Description, pages 14**

16. Does the company delegate any utilization-review activities to outside resources?

No Yes Specify:

URL or the publication title, date, and page: _____

17. Are there procedures for monitoring utilization-review activities delegated to outside resources?

No Yes Specify:

Aetna may delegate Utilization Management responsibilities to entities that are certified by the National Committee for Quality Assurance (NCQA) or to entities that demonstrate capability to Aetna's satisfaction. All entities considered for Utilization Management delegation are evaluated pre-contractually for their Utilization Management capability. Aetna remains responsible for oversight of all delegated activities, whether they are fully or partially delegated. Aetna has developed a structured oversight process, in accordance with the relevant standards of NCQA, other accrediting organizations, and the Centers for Medicare & Medicaid Services (CMS), which include initial, periodic, and interim reviews and reports to evaluate programs of entities which have requested delegation and to which Aetna has delegated Utilization Management activities. When Utilization Management is delegated, Aetna remains responsible to verify that the Delegated Entity functions are performed in accordance with Aetna's standards, as well as applicable laws and regulations.

URL or the publication title, date, and page: **2008 Aetna Health Connections Utilization Management Program Description, pages 42**