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United States Senate

COMMITTEE ON COMMERCE, SCIENCE,
AND TRANSPORTATION

WASHINGTON, DC 20510-6125

WEB SITE: <http://commerce.senate.gov>

ELLEN DONESKI, STAFF DIRECTOR

ANN BEGEMAN, ACTING REPUBLICAN STAFF DIRECTOR

April 16, 2010

Ronald A. Williams
Chairman and Chief Executive Officer
Aetna, Inc.
151 Farmington Avenue
Hartford, CT 06156

Dear Mr. Williams:

Last month, the News Journal of Wilmington, Delaware, published reports about several health insurance companies' policies towards covering "stress tests" for patients showing symptoms of heart disease. I am writing to request more information about your company's policies towards paying for these tests.

According to the News Journal, over the past several months, several Delaware health insurers, including Aetna, have repeatedly denied requests from both primary care physicians and cardiologists to pay for cardiac stress tests that the doctors have determined are medically necessary. According to the doctors quoted in the reports, when they have recommended stress tests for patients experiencing chest pain and other symptoms of coronary heart disease, the tests have been determined to be not medically necessary, and coverage has been denied. These doctors claim that a third-party claims administration company called MedSolutions has been hired by these insurers to manage this "pre-approval" process. The Delaware Insurance Commissioner recently announced that her department has opened an investigation into Aetna and three other insurers for these "pre-approval" practices.

In addition, the News Journal reports that, starting in mid-May, Aetna "plans to require pre-approvals to cover some heart catheterization procedures – which are highly accurate, diagnostic procedures of last resort." This announcement has raised serious concerns among Delaware cardiologists and the American College of Cardiology.

Because I am concerned by the allegations that your company is denying medically necessary care to your premium-paying customers, I request the following information and documents related to Aetna's Delaware operations, unless otherwise specified:

1. Describe Aetna's process for considering requests for prior approval for diagnostic heart tests, including cardiac stress tests and cardiac catheterization procedures. For the purpose of this and the following questions, "Aetna" shall mean Aetna Inc., its affiliates and subsidiaries and all of their officers, employees, and agents. Your description should include:

- a. A description of Aetna's processes for determining whether a diagnostic heart test is medically necessary, including information about any guidelines used by Aetna in making such a determination;
 - b. Identification of the individual or individuals responsible for determining whether a diagnostic heart test is medically necessary, including the title and professional credentials of each such person;
 - c. A description of how Aetna's determination is communicated to your policyholders and their physicians;
 - d. A description of what rights to appeal your policyholders have if Aetna determines that a diagnostic heart test is not medically necessary;
 - e. A description of how Aetna communicates with your policyholders and their physicians about the right to appeal; and
 - f. If the answer to any portion of this question is different in any of the states or regions in which Aetna offers health insurance, please explain and describe the differences.
2. The number of requests for prior approval of diagnostic heart tests that were received by Aetna in each of the past 5 years.
 3. The number of requests for prior approval of diagnostic heart tests that were approved by Aetna in each of the past 5 years.
 4. The number of requests for prior approval of diagnostic heart tests that were denied by Aetna in each of the past 5 years.
 5. For each instance in which Aetna denied a request for prior approval of a diagnostic heart test in each of the past 5 years, provide the following information:
 - a. Any written or oral explanation Aetna gave to the policyholder and/or physician for denial of the test, including any explanations of benefits provided;
 - b. Any specific guidelines or employee manuals Aetna used to determine the medical necessity of the diagnostic heart test;
 - c. The name(s), title(s), and professional credentials of the individual or individuals responsible for denying the request for prior approval of the diagnostic heart test;
 - d. The name(s), title(s), and professional credentials of the individual or individuals responsible for determining that the diagnostic heart test was not medically necessary;
 - e. The amount Aetna would have had to pay for the diagnostic heart test if it had approved the procedures; and
 - f. Copies of the policies under which each of these denials were made, including any explanations of prior approval review, policyholder agreements, certificates of coverage, consumer materials, or other policyholder documents.

6. The number of requests or claims for prior approval of diagnostic heart tests that were denied by Aetna and subsequently appealed by policyholders or physicians on their behalf in each of the past 5 years, and the result of those appeals.

7. Please provide the following information regarding Aetna's relationship with MedSolutions and any other company that provides Aetna with claim review services relating to diagnostic heart tests:
 - a. The name, address and other contact information for each such company;
 - b. A description of each company's role in the prior approval process for diagnostic heart tests, and how Aetna monitors each company to which it has given authority to review requests for prior approval;
 - c. The name(s), title(s), and professional credentials of the individual or individuals at each company responsible for determining that the diagnostic heart tests are not medically necessary;
 - d. A description of each company's financial arrangement with Aetna;
 - e. A copy of the contracts between Aetna and each company;
 - f. Any mention in policyholder materials of each company and its role in the prior approval review process;
 - g. The number of prior approval requests regarding diagnostic heart tests handled by each company for Aetna in the past 5 years, including a breakdown of the number of requests approved, denied, appealed and the results of any such appeals; and
 - h. The number of prior approval requests regarding any medical procedure handled by MedSolutions for Aetna in the past 5 years, including a breakdown of the number of requests denied and approved.

8. For every other state or territory in which Coventry offers health insurance, provide the name, address, and contact information for any company that provides Coventry with claim review services relating to diagnostic heart tests.

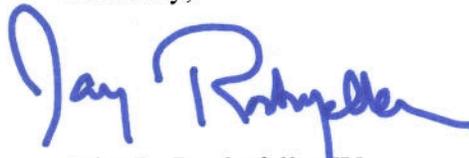
Please provide the requested information and documents by Friday, May 7, 2010.

To address privacy concerns associated with medical information, you may redact individual names and other specific information that would reveal the identity of the policyholders. Please confer with Committee staff regarding any such redactions prior to producing material to the Committee.

The Committee is conducting this investigation under the authority of Senate Rules XXV and XXVI. An attachment to this letter provides additional information about how to respond to the Committee's request. If you have any questions, please contact John Williams or Anna Crane with the Committee staff at (202) 224-1300.

Letter to Mr. Williams
April 16, 2010
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Sincerely,

A handwritten signature in blue ink that reads "John D. Rockefeller IV". The signature is fluid and cursive, with the first name "John" being the most prominent.

John D. Rockefeller IV
Chairman

Enclosure

cc: Kay Bailey Hutchison
Ranking Member