

Physician Dialogue

FOR PROVIDERS IN THE CIGNA HEALTHCARE NETWORK



Prescription Drug List Update

The CIGNA HealthCare Pharmacy and Therapeutics (P&T) Committee meets four times a year to review the available data on the quality and effectiveness of drug therapies. It also develops and maintains the CIGNA HealthCare Prescription Drug List. Recent additions to the drug list include:

- Avandamet
- Colazal
- Concerta
- Patanol
- QVAR
- Ritalin LA
- Zaditor

See the insert in this issue of *Physician Dialogue* for the updated 2004 Prescription Drug List.

Our Quality Efforts Get Results

CIGNA HealthCare is committed to ongoing clinical quality improvement and to public reporting on our quality efforts through the Quality Compass® database published annually by the National Committee for Quality Assurance (NCQA). The Health Plan Employer Data and Information Set (HEDIS®) and Consumer Assessment of Health Plans (CAHPS®) survey results are both included in Quality Compass®.

through early detection and treatment. This year, CIGNA HealthCare showed continued steady improvement in key HEDIS® effectiveness of care (EOC) measures.

Preventive care. CIGNA HealthCare results demonstrate our commitment to helping members stay healthy. Nationally, we met or exceeded NCQA Quality Compass® national averages in eight of nine key EOC preventive care measures.

We saw especially noteworthy improvements in the rates of Adolescent Immunization, Anti-depressant Medication Management and Cholesterol Screening.

Disease management. We're also committed to helping members with chronic conditions live healthier lives. Our national averages exceeded the Quality Compass®

(continued on back cover)

National Effectiveness of Care Results

The services measured through HEDIS® help prevent illness and disability and can help save lives

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** CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality.

FALL 2003

Diabetes Physician Recognition Program	2
Claim Payment Policy Update	4
Helping Patients With Panic Disorder	6

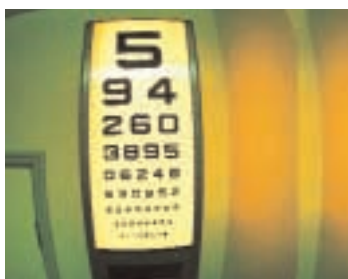
From CIGNA HealthCare

Help Patients With Diabetes Protect Their Vision

According to the American Diabetes Association (ADA), diabetic retinopathy may have no initial symptoms, but it can cause vision loss or blindness if left untreated. Retinopathy can be detected early, when it's easier to treat, if patients with diabetes have yearly dilated eye exams.

Early Detection Counts

The longer a patient has had diabetes, the greater his or her risk of developing retinopathy. According to the ADA, more than half of those with diabetes for at least 20 years have some degree of retinopathy. But the disease can also occur after someone has had diabetes for only a year or two.



Protective Measures

You can help your patients protect their vision. Educate them on keeping blood glucose under control. Promote smoking cessation and blood pressure control. And send them for an annual eye exam by an eye care professional. CIGNA HealthCare covers this expense as a medical benefit for members with diabetes. Ask your patients to bring a copy of the test results to their next visit, or ask them to have their eye care professional send you the test results.

Diabetes Recognition Program Highlights Physician Quality



According to the National Committee for Quality Assurance (NCQA), more than 150,000 people die of diabetes every year. Most of those deaths are related to the many complications of the disease, such as kidney failure, nerve damage and cardiovascular disease.

Quality care is an integral part of the complex nature of diabetes treatment. The American Diabetes Association (ADA) and the NCQA are co-sponsoring the Diabetes Physician Recognition Program to identify and recognize individual physicians and physician groups that provide excellent care to patients with diabetes.

Looking to the Top

The Diabetes Physician Recognition Program has two main goals:

- to improve the treatment given to all people with diabetes by spotlighting high-caliber physicians and physician groups
- to motivate other physicians and physician groups to document and improve their delivery of care for diabetes

So far, nearly 2,000 physicians nationwide have been recognized by the program. Physicians and physician groups who achieve recognition receive certain benefits:

- The physicians' achievements are posted on the NCQA and ADA Web sites.

- Physicians in the recognition program receive referrals of patients seeking care by the ADA's National Call Center.
- Physicians have the opportunity to compare their diabetes care to that of other physicians in their peer group.

How Care Is Measured

The program assesses key measures that have been carefully defined by a group of diabetes experts and tested for their relationship to improved care for adults and children with diabetes.

The metrics used are based on many factors, including the percentage of patients who receive specific tests and exams recommended by the ADA, including:

- annual Hb A_{1c} test
- nephropathy exam
- dilated eye exam
- lipid profile within the last two years
- comprehensive annual foot exam
- cholesterol
- blood pressure

Physicians can apply for the recognition by submitting practice data to the NCQA.

To learn more about the NCQA/ADA Diabetes Physician Recognition Program, please visit the NCQA Web site at www.ncqa.org/dprp or call 1.202.955.1721.

CIGNA Tel-Drug Nationwide Preferred Specialty Pharmacy

CIGNA HealthCare providers now have access to CIGNA Tel-Drug to order specialty medications* for their patients who are CIGNA HealthCare members.

As the preferred provider for specialty medications, CIGNA Tel-Drug offers quality member and physician service, experience in the specialty pharmacy market and access to a broad range of specialty drugs.

CIGNA Tel-Drug One Touch Program

The CIGNA Tel-Drug One Touch Program makes ordering specialty medications easy. When you call or fax your order, CIGNA Tel-Drug will:

- verify eligibility
- request any needed prior authorizations
- bill CIGNA HealthCare directly
- provide educational and clinical support to your patients
- coordinate shipping to the preferred location

CIGNA Tel-Drug will also arrange for home instruction for self-injections when needed.

CIGNA Tel-Drug Delivers

The specialty pharmacy program from CIGNA Tel-Drug also offers advantages for members.

Value and convenience. CIGNA Tel-Drug provides



most supplies to members, including syringes, needles, alcohol swabs and needle disposal containers, at no extra charge when requested.

Quality and confidentiality. Special packaging helps ensure quality and protect privacy.

Support and education. A licensed CIGNA Tel-Drug pharmacist is available to answer patients' questions 24 hours a day, seven days a week. Patients can also

**Note that insulin, immunizations and drugs administered intravenously are not offered through this program.*



access educational videos and booklets.

In addition, members can purchase specialty medications through CIGNA Tel-Drug at the in-network benefit level, making it a cost-effective choice.

If you have questions about the specialty medications program or would like to access the program, please call CIGNA Tel-Drug at 1.800.351.3606.

Streamlining the Credentialing Process

CIGNA HealthCare participates in the Council for Affordable Quality Healthcare (CAQH) Universal Credentialing DataSource initiative.* This initiative allows physicians and other providers to submit a single credentialing application to the CAQH for participating health plans. Providers submit their application through a secure electronic system at no cost to them. Participating health plans verify credentials and make independent credentialing decisions.

You may already have a registration kit with your CAQH Provider ID number. If you know your CAQH Provider ID, access the system by clicking <https://caqh.geoaccess.com/oas/>. If not, request a kit by calling 1.888.599.1771.

Or call Provider Services.

Here is how the process works:

- You submit a credentialing application through the CAQH online application system or by fax along with information on which participating health plans are authorized to receive your data.
- If any of your information is missing, you'll get an automated message.
- You must sign the application and attest that it's complete and accurate.
- Once the application is complete, health plans you've authorized may access your data.
- Once a quarter, you'll get a message asking you to update your informa-

tion. You just need to confirm that it is still complete and accurate.

- Your updates are immediately available to authorized health plans.
- Recredentialing is quite simple; participating health plans request your current data from the CAQH Universal Credentialing DataSource. You don't need to do anything else.

For more information about CAQH and the online credentialing process, or to view an online demonstration, go to www.caqh.org. You can also call the CAQH Help Desk between 7 a.m. and 7 p.m. Central Time at 1.888.599.1771.

**CAQH online credentialing is not available in all locations, but rollout is expected to be completed by the end of 2003.*

From CIGNA HealthCare

Open Access Plus to Kick Off in 2004

Many CIGNA HealthCare members will soon have the option of joining the Open Access Plus plan. Your office will start seeing these members in January 2004.

What Is Open Access Plus?

Open Access Plus is an innovative new plan that highlights the value of a Primary Care Physician (PCP) but does not require a referral from the PCP for visits to in-network specialists.

What Does It Mean for Members?

While a referral is not required for members to see an in-network specialist, standard Open Access Plus plans include copayment differentials that encourage members to maintain the PCP relationship, such as lower copayments for PCP visits than for specialty care provider visits. In addition, member education materials emphasize the importance of the



PCP relationship in the health facilitation process and encourage members to select and use their PCP.

Members will have the option to use an out-of-network provider. But

the standard Open Access Plus plan design also includes financial incentives to use an in-network provider through a 20-percent-or-greater benefit differential between in- and out-of-network care.

How Will You Recognize Open Access Plus Members?

Open Access Plus members can be identified by the words "Open Access Plus" and "No Referral Required" printed on the upper right side of the member's CIGNA HealthCare ID card. The PCP's name will not be listed on the ID card, but the following statement will appear on the back of the card: "We encourage you to use a PCP as a valuable resource and personal health advocate."

Look for CIGNA HealthCare ID cards that say "Open Access Plus" in 2004.

Claim Payment Policy: Surgical Assistant Modifiers

CIGNA HealthCare is committed to keeping you informed about our claim payment policies related to coding and billing. One of the areas we are actively working to improve is the ability to automatically process claims based on industry-standard code and modifier combinations.

At right is our claim payment policy on "Surgical Assistant Modifiers." Allowed amounts are determined based upon your contractual agreement with us.

Modifiers are an important part of coding and billing for health care services. Watch for future information on our payment policies.

MODIFIER	DEFINITION	CLAIM PAYMENT POLICY*
80	Assistant surgeon	20% of allowed amount for the nonassisted procedure
81	Minimum assistant surgeon	10% of allowed amount for the nonassisted procedure
82	Assistant surgeon (when qualified resident is not available)	20% of allowed amount for the nonassisted procedure
AS	Physician assistant, nurse practitioner or clinical nurse specialist services for surgical assistant	10% of allowed amount for the nonassisted procedure

**If the primary procedure requires an assistant, additional procedures performed by the assistant will be reimbursed subject to our multiple procedure policy.*

New Program for Members With COPD

The CIGNA HealthCare Well Aware Program for Better Health® has been expanded to support eligible members with chronic obstructive pulmonary disease (COPD). Well Aware already supports CIGNA HealthCare members with asthma, diabetes, heart disease and low back pain.

How Well Aware Works

The Well Aware program helps physicians and their patients with COPD manage the condition. Well Aware participants receive educational materials and tools on how to live with COPD in addition to information on nutrition, exercise and medication management. They also receive

telephonic support from experienced nurses, case managers and dietitians to help them manage their condition, reduce complications and improve their quality of life.

Physicians receive informational reports, access to telephone and Web-based support and quarterly newsletters featuring current clinical information on the diagnosis and treatment of COPD.

Program Availability

Some CIGNA HealthCare members will be eligible for this program beginning October 1, 2003. The program will be available for managed care members beginning January 1, 2004.

Why Prescribe Generic Drugs?

The Congressional Budget Office currently states that generic drugs save consumers an estimated \$8 to \$10 billion a year. CIGNA HealthCare data suggest that generic drugs cost between 30 and 75 percent less than their brand-name counterparts. By prescribing generic medications when appropriate, you can help CIGNA HealthCare members save on their prescriptions, without compromising standards of quality or patient care.

According to the U.S. Food and Drug Administration (FDA), generic drugs approved by the FDA are biologically and therapeutically equivalent to brand-name counterparts. Generic medications are manufactured under the same FDA standards as brand-name drugs and contain the same active ingredients as the brand-name drug. Generics have the same indications and dosing recommendations and meet the same batch-to-batch requirements for identity, strength, purity and quality as brand-name medications.

Below are examples of common brand-name drugs that have generic alternatives.



BRAND NAME	GENERIC
Adderall	dextroamphetamine and amphetamine
Cardizem CD	diltiazem
Glucophage	metformin
Fioricet	butalbital/apap
Nolvadex	tamoxifen
Paxil	paroxetine
Prilosec	omeprazole
Prinivil/Zestril	lisinopril
Prozac	fluoxetine
Ritalin	methylphenidate
Xanax	alprazolam



Safety Goals for Hospitals

CIGNA HealthCare supports national safety goals for hospitals developed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for 2003/2004.

JCAHO, a not-for-profit safety and quality evaluator for nearly 17,000 health care organizations, will include these national safety goals in 2004 hospital accreditation reviews:

- improving the accuracy of patient identification
- improving communication among caregivers
- improving safety in the use of high-alert medications
- eliminating wrong-site, wrong-patient and wrong-procedure surgery
- improving safety in the use of infusion pumps
- improving the effectiveness of clinical alarm systems
- reducing the risk of health care-acquired infections

For more information about JCAHO and these national patient safety goals, go to www.jcaho.com.

Helping Patients With Panic Disorder

Panic disorder is a chronic, often debilitating condition that can have devastating effects on family, work and social interactions. Because its symptoms may mimic other medical conditions, panic disorder frequently goes undiagnosed. According to the National Institute of Mental Health (NIMH), just 1 in 3 people with panic disorder receives appropriate treatment.

Treatment can reduce or prevent panic attacks in 70 to 90 percent of patients. CIGNA HealthCare and CIGNA Behavioral Health, Inc., are working together to assist practitioners in effectively diagnosing and treating panic disorder.

Symptoms

Panic disorder is characterized by sudden, recurrent panic attacks—acute episodes of terror accompanied by at least four of the following symptoms:

- chest pains
- pounding or racing heartbeat
- nausea
- dizziness
- shortness of breath
- flushes, chills or sweating
- paresthesia
- derealization or depersonalization
- fear of losing control, going crazy or dying

Panic attacks have no apparent trigger and can even begin during sleep. Attacks usually last for a few minutes, yet they feel endless. Patients often fear they are having a heart attack.



Untreated panic disorder can worsen over time. Many patients avoid situations they associate with panic attacks and may develop agoraphobia.

Differential Diagnosis

Patients should have a physical examination to rule out normal anxiety, stress or other medical conditions. Encourage patients to express their feelings—don't focus solely on symptoms.

Treatment Methods

According to the NIMH, panic disorder can be treated with cognitive-behavioral therapy (CBT), medication or a combination of the two treatments. Primary Care Physicians (PCPs) can prescribe medication or refer their patients to a behavioral health specialist. See "Referring Your Patients With Behavioral Health Needs" below for more information.

Talking With Patients

Many patients with panic disorder are reluctant to seek treatment. PCPs can play a crucial role in motivating patients to get treatment. Here are some suggestions:

Acknowledge. Recognize that panic is real and explain the condition. Make it clear that without treatment it can grow worse.

Educate. Knowledge can help people overcome their fear, embarrassment or skepticism about treatment.

Encourage. Patients may need support in seeking treatment. They can visit the CIGNA Behavioral Health provider directory at www.cignabehavioral.com or call 1.800.274.7603 for the name of a local behavioral health provider.

For more information, contact the NIMH at 1.866.615.NIMH (1.866.615.6464) or online at www.nimh.nih.gov.

Referring Your Patients With Behavioral Health Needs

As a Primary Care Physician, you undoubtedly see patients who present with primary or co-morbid behavioral health symptoms. For those situations, CIGNA Behavioral Health, Inc., is here to help. A referral or preauthorization is not needed for a routine behavioral health assessment. Patients who are CIGNA HealthCare members and have CIGNA Behavioral Health benefits can simply schedule an appointment with a participating behavioral health provider. Providers are listed online at www.cignabehavioral.com. If your patient needs more than a routine assessment, CIGNA Behavioral Health has licensed professionals, including psychiatrists, at their Regional Care Centers who are available to consult with you.

Helping Your Patients With Depression

Although the medications for and knowledge of depression continue to improve, depression and suicide rates continue to grow. Results of a frequently cited study published in *Biological Psychiatry* showed that poorly treated persistent depression may contribute to the acceleration of brain cell degeneration. Prompt and aggressive treatment given within the first six months of onset and continuing through remission decreases the risk for recurrent, persistent depression.

Proper Screening

Because the symptoms of depression can mimic other conditions, it may often go undiagnosed. The U.S. Preventive Services Task Force recommends screening all adult patients for depression. Ask your patient if he or she has ever felt down, depressed or hopeless or has felt little interest or pleasure in doing things he or she once enjoyed. If the patient answers yes, he or she may be suffering from depression.

CIGNA Behavioral Health, Inc., offers *The Primary Care Clinical Guidelines for Depression* to assist Primary Care Physicians (PCPs) with screening and treatment of depression. The guidelines include commonly used antidepressant medications and doses, a list of masked symptoms and the Zung Self-Rating Depression Scale. Access the depression guidelines online at www.cigna.com/provider/pdf/depressionguidelines_2002.pdf or call Provider Services for a copy.

Active Treatment

According to the American Psychiatric Association, once a patient is diagnosed with depression, treatment should include antidepressant medications for at least six to nine months. Here are some ways you can help a patient comply with treatment:

- Include the patient in the development of a treatment plan.

- Select antidepressants on the CIGNA HealthCare Prescription Drug List and customize the medication regimen to make it easy for the patient to comply.
- Review medication use at each follow-up visit and ask about side effects.
- Discuss other issues that may make it hard for the patient to comply, such as negative perceptions of the medication or lack of motivation.

Patients often don't remember everything their doctor tells them, so provide both written and verbal instructions for treatment, along with a contact number.

Further Support

If you think any of your patients are depressed, please help them find behavioral health resources. If CIGNA Behavioral Health, Inc., provides their mental health coverage, they do not need prior authorization or a referral from their PCP. They can simply schedule an appointment with a participating behavioral health provider. A CIGNA Behavioral Health provider directory is available online at www.cignabehavioral.com. Or they can call Member Services at the toll-free number on their CIGNA HealthCare ID card and follow the mental health/substance abuse prompts.



For Specialists in the CIGNA HealthCare Network

Under a new National Committee for Quality Assurance (NCQA) requirement effective July 1, 2003, CIGNA HealthCare must communicate its policy for notifying CIGNA HealthCare members affected by the termination of a specialist/specialist group from its provider network.* The NCQA requirement specifies that either the specialist/specialist group or CIGNA HealthCare may be responsible for these notifications.

Under our policy, CIGNA HealthCare will notify affected members when a specialist/specialist group terminates. This is a change from the information published in the Summer 2003 issue of this newsletter.

**Does not apply in California.*





of Health Care, Rating of Personal Doctor, Claims Processing, Doctor's Communication and Courteous and Helpful Office Staff.

Our focus this year is to accelerate the pace of improvement for these and other service measures.

We have already im-

plemented a number of service enhancements, including simplifying the administration of referrals for physicians, expanding our provider self-service tools and providing members with secure online access to benefits information and consumer decision support tools through *myCIGNA.com*.

HEDIS® and CAHPS® results help us target our programs and services for members and support their physicians in improving the quality of care. We are pleased with the progress we have made and will continue our efforts to improve our results.

(continued from front cover)

national averages in five of six key measures of diabetes care and in all three measures of cardiac care.

National Member Satisfaction Results

Our CAHPS® survey results in 2003 are in line with our ongoing commitment to deliver consistent quality service. Members say we improved this year in areas related to Customer Service—our score in this area increased 3.6 percentage points from 2002 to 2003. Our overall CAHPS® scores remained stable for several measures, including Rating

Healthy Beginnings

Every child deserves a healthy beginning. That's why CIGNA HealthCare developed the CIGNA HealthCare Healthy Babies® program. The foundation of this voluntary program is education about healthy behaviors during pregnancy, using materials from the March of Dimes®, a recognized source of information on pregnancy and babies.

To help make sure your patients have the opportunity to participate in the Healthy Babies program, please notify us if one of your patients is pregnant by calling our automated voice response system and following the prompts or by calling the toll-free number on the member's CIGNA HealthCare ID card.



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