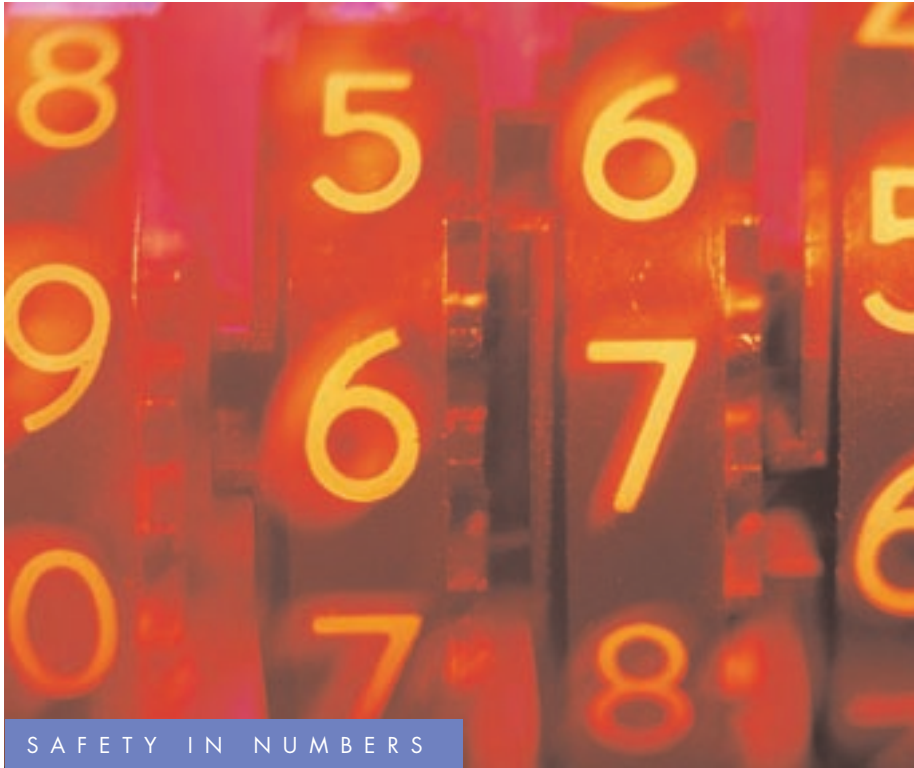


# Physician Dialogue

FOR PROVIDERS IN THE CIGNA HEALTHCARE NETWORK



SAFETY IN NUMBERS

## Prescription Drug List Update

The CIGNA HealthCare Pharmacy and Therapeutics Committee meets four times a year to help ensure the quality and cost-effectiveness of national drug therapy. It also develops and maintains the CIGNA HealthCare Prescription Drug List. Recent additions to the drug list include:

- Omnicef
- Prometrium
- Strattera
- Valtrex
- Yasmin

## Helping to Prevent Identity Theft

A survey published by the Federal Trade Commission in September 2003 suggests that an estimated 10 million Americans were victims of identity theft in the previous year. This includes theft of personal information, such as Social Security numbers (SSNs), in order to open new accounts, get loans, misuse current credit card and non-credit card accounts and perpetrate other crimes.

### New State Laws

Several states—including Arizona, California, Connecticut, Georgia, Texas and Utah—have passed laws restricting the use of SSNs on health service-related ID cards. These laws are intended to help protect the privacy of individuals' personal

information and help prevent identity theft.

CIGNA HealthCare is working to comply with these state laws. The sections of the laws that involve ID cards do not currently affect many CIGNA HealthCare members. However, at the request of some of our customers, we are no longer printing SSNs on their participants' CIGNA HealthCare ID cards beginning January 1, 2004.

### Pointers for Your Practice

For the employees of these customers (and their covered dependents), "Use Employee SSN" now appears in the ID Number field of their CIGNA HealthCare ID card instead of the employee's SSN. This means that the member needs to provide the employee's SSN when receiving services from you.

We're reminding our customers and their employees who are

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# From CIGNA HealthCare

## Our Quality Management Program

At CIGNA HealthCare, our goal is to work in cooperation with participating physicians to provide our members with access to quality care and programs. The CIGNA HealthCare Quality Management Program is based on industry standards and objective measures that help us evaluate the quality of care and services received by CIGNA HealthCare members. The program also helps us better focus our improvement efforts. The Quality Management Program includes the following:

- Credentialing process for qualified physicians
- Medical record review
- Ongoing assessment of clinical activities and services provided to members
- Updated utilization management program to help focus our resources on areas where they can be most effective
- Preventive health care and disease-management activities and programs for members
- Program dedicated to communicating and administering member rights and responsibilities

For more information about our Quality Management Program, including a description of the program and a report on our progress in meeting our goals, please call Provider Services.



### OUR MEDICAL RECORD REVIEW

As part of our quality improvement program, CIGNA HealthCare conducts an Ambulatory Medical Record Review (AMRR) for physicians in our managed care networks. AMRR assists in quality oversight but does not define standards of care or replace the clinical judgment of treating physicians.

#### Why We Perform AMRRs

We review medical records from practitioner offices to:

- Evaluate the adequacy of information necessary to provide appropriate care to members.
- Enhance patient safety by focusing on continuity and coordination of care.
- Improve performance in documentation of the clinical care delivered to CIGNA HealthCare members.

#### How We Select Records for Review

The healthplan selects a random sample of network Primary Care Physicians (PCPs) who have more than 50 members as patients. This sample includes internal medicine, family practice and pediatric practitioners.

#### What We Expect From Providers

To help ensure that our members receive effective, safe and confidential patient care, we require that medical records be current, detailed and organized to permit quality review.

Providers should maintain confidentiality of all member medical records and treatment information in accordance with state and federal law. No voluntary disclosure of protected health information for purposes other than treatment, payment or health-plan operations may be made without obtaining prior consent from the member, as detailed in the health-plan's confidentiality policies.

#### What Should Be in Each Record

Records must have these core elements:

- updated, completed problem list or summary of health maintenance exams
- current prescription medication list or medication notes
- allergies and adverse reactions to medication
- medical history
- visit exam coinciding with chief complaint
- documentation of treatment plan
- review of lab and diagnostic studies
- notation of each follow-up visit
- consultation report, if requested
- review of consultant report, if present
- prior problem addressed at each visit

Sample medical record documentation tools are available from the Quality Management Department of your healthplan.

## ADHD in the Primary Care Setting

If you're a primary care pediatrician, you may be diagnosing and treating more kids for attention-deficit/hyperactivity disorder (ADHD). According to the National Institutes of Health (NIH), ADHD is the most frequently seen childhood-onset neurodevelopmental disorder in primary care settings.

### What Is ADHD?

The *Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition* (DSM-IV) lists inattention, impulsivity and hyperactivity as the core symptoms of ADHD. It typically causes obvious functional impairment of concentration, behavior, relationships and achievement in multiple settings that is more frequent and more severe than is age-appropriate.

ADHD symptoms appear before age 7, but effects can last a lifetime. The NIH reports that ADHD can have long-term adverse effects in school, at work and on social and emotional development and adjustment.

### Evaluation and Diagnosis

There are no specific medical, laboratory or psychological tests that result in a valid diagnosis of ADHD. Diagnosis is based on the criteria listed in DSM-IV. It is critical to:

- obtain clinical information from multiple sources (for example, the child, parents and teachers)
- determine that the core symptoms occur in various settings

Remember to ask about age of onset, duration of symptoms and the functional consequences of behaviors. Various ADHD rating scales can help supplement clinical information.

You should also assess the child for comorbid conditions that are



commonly associated with ADHD, as well as other conditions that have similar symptoms. Frequently coexisting disorders include oppositional defiant disorder, conduct disorder, anxiety disorder, depressive disorders and learning disabilities.

The medical examination should include a neurological evaluation and a physical examination with auditory and visual screening.

### Treatment Options

Medication plus behavioral treatment are proven ways to improve symptoms, social skills and functioning. Current evidence from the NIH

shows that stimulant medications are more effective than psychosocial treatment. Antidepressants can be an effective alternative, especially if the child has a coexisting mood disorder. Other nonstimulant agents such as Strattera (atomoxetine) can also

be effective. Dietary changes, herbal remedies, biofeedback and perceptual stimulation are not supported by evidence-based data.

### Treatment Goals

In the near term, treatment aims to manage any immediate precipitating crisis. Because medications are so often a part of treatment, you should also educate the patient and

parents about the potential side effects as well as the symptoms that you expect will respond to the medication. Be sure to emphasize the importance of following the treatment regimen.

Education is also important for successful long-term management. Parents and others involved need to learn how to manage the child's behavior. The child also needs to adopt ways to improve social skills, problem-solving/organization skills and disruptive behaviors.

For information on ADHD and its treatment guidelines, turn to the special section in this newsletter.

## A Patient Care Resource for Alcohol Screening

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) recently published the guide *Helping Patients With Alcohol Problems* to help primary care practitioners screen patients for alcohol problems, provide brief interventions and/or provide a treatment referral when needed. You can obtain a copy of the guide by visiting [www.niaaa.nih.gov](http://www.niaaa.nih.gov).

Click on "Publications" and then "Reports/Manuals/Guides." Or contact your Provider Services Representative and request a copy.

We encourage you to incorporate alcohol screening and intervention into your practice. As a Primary Care Physician, you are in a prime position to make a difference.

# From CIGNA HealthCare

## New Online Directory Recognizes Provider Excellence



CIGNA HealthCare is pleased to introduce our new online Provider Excellence Recognition Directory. It reflects our commitment to public recognition of participating physicians and hospitals that have achieved quality-related recognition by national organizations, such as the National Committee for Quality Assurance (NCQA) and The Leapfrog Group.

This new search tool lets members, providers and employers find participating physicians who have achieved recognition from the NCQA for diabetes and/or heart and stroke care. They can specify search preferences based on ZIP Code, city and state and travel distance. It also allows them to search for hospitals that fully meet one or more of The Leapfrog Group patient safety standards at right.

Visit [www.cigna.com/health/provider](http://www.cigna.com/health/provider) to see which physicians in your community have achieved NCQA recognition. You can also see your hospital's progress in meeting the Leapfrog standards.

### Leapfrog Patient Safety Standards

Our new online Provider Excellence Recognition Directory Program acknowledges hospitals that have fully implemented one or more of The Leapfrog Group's patient safety standards. The Leapfrog Group has identified three key patient safety measures that are associated with reductions in preventable medical errors and improved outcomes:

- computer physician order entry systems
- staffing ICUs with physicians who specialize in intensive care
- evidence-based referrals (i.e., hospitals with a high level of positive clinical outcomes for specific procedures, including the number of times they are performed)

For evidence-based referrals, The Leapfrog Group includes these six procedures and conditions:

- abdominal aortic aneurysm repair
- coronary artery bypass graft
- esophagectomy
- high-risk delivery (for babies with low birth weight or major congenital anomalies)
- pancreatic resection surgery
- percutaneous coronary intervention

Learn more about The Leapfrog Group at [www.leapfroggroup.org](http://www.leapfroggroup.org).

## NCQA Expands Physician Recognition to Cardiac Care

In 2003, the NCQA expanded its Physician Recognition Program to include cardiac and stroke care in addition to diabetes care.

The American Heart Association (AHA), American Stroke Association (ASA) and NCQA Heart/Stroke Recognition Program identifies physicians and physician groups who provide excellent ambulatory care to patients who have heart disease or have had a stroke. To be recognized, physicians and physician groups must show that they complete important screenings and work effectively with patients to control key indicators. The program assesses measures that the AHA, ASA and American College of Cardiology identify as important for heart or stroke patients, including blood pressure control, cholesterol screening and control, use of an antithrombotic to prevent blood clots and smoking-cessation advice or treatment.

### Why Apply for NCQA Recognition?

Since the inception of the diabetes recognition program in 2001, nearly 2,000 physicians have achieved recognition by the NCQA. The NCQA and American Diabetes Association (ADA) websites list recognized physicians, and the ADA's National Call Center steers patients to these physicians. As a recognized physician, you can compare your diabetes and/or heart/stroke care practices to those of other physicians. The new CIGNA HealthCare Provider Excellence Recognition Directory includes all participating physicians who have achieved NCQA recognition for diabetes and/or heart/stroke care.

To apply for recognition, go to [www.ncqa.org](http://www.ncqa.org) or call the NCQA at 1.202.955.1721 for the diabetes program and 1.202.955.1727 for the heart/stroke program.

## Help Members Save Money on Prescriptions

Our members are looking for ways to save money on prescriptions. As a prescribing physician, you can help. Just consider generic drugs when you prescribe medications.

We're also reminding CIGNA HealthCare members that generics are a safe and effective choice that may save them money. Last year, we sent letters to 53,800 members who had filled prescriptions for brand-name drugs to inform them that generic alternatives exist. Along with the letter, we sent materials from the FDA about the safety and efficacy of generic drugs. The letter suggested that members consult with their prescribing physician if they wanted to switch to a generic equivalent. More than 31 percent of members who received a letter converted their prescription to a generic. As a result, these members saved an average of \$14 per 30-day prescription.

The next time you write a prescription, please consider a generic.



## Results Promising for Pharmacy Programs

In early 2003, CIGNA Pharmacy Management implemented pharmacy Outcome Improvement programs for our members who have CIGNA HealthCare medical and pharmacy benefits. As part of these programs, we provide members' physicians with information about their pharmaceutical treatment patterns and options. These two programs are starting to show some promising results.

### Cholesterol Treatment to Goal

We use medical, pharmacy and laboratory claims data to help identify members who are taking lipotropic medications but may not be reaching their National Cholesterol Education Program (NCEP) LDL cholesterol goals. In the first round of the program, 75 percent of all program participants who remained eligible and had repeat LDL lab values available reduced their LDL cholesterol within six months. And 41 percent met their LDL cholesterol goals within six months.

You can help these results continue to improve by stressing to your patients the importance of regular cholesterol testing through labs in the CIGNA HealthCare network. The list of labs is online at <http://cigna.benefitnation.net/cigna>.

### Asthma Management

To help prevent asthma complications, we've been identifying members who have frequently filled prescriptions for short-acting beta-agonist inhalers but have not filled prescriptions for controller therapy. This approach is working: 33 percent of program participants who exceeded the rescue therapy threshold in the first three rounds of the program added controller therapy within six months.

But we need your help to make these results even better. Talk with your patients about adding controller therapy to short-acting beta-agonist inhalers when indicated to control their asthma.

## GENERIC DRUG UPDATE

According to the FDA, generic drugs that it approves are biologically and therapeutically equivalent to their brand-name counterparts. The consistent use of generic medications can also provide substantial savings for CIGNA HealthCare members while maintaining the same standards of quality and patient care.

Here are some brand-name drugs that have recently become available as generics:

BRAND NAME	GENERIC
Glucophage XR	metformin ER
Glucotrol XL	glipizide ER
Lotensin	benazepril
Monopril	fosinopril
Ortho-Tri-Cyclen	norgestimate/ ethinyl estradiol
Paxil	paroxetine
Wellbutrin SR	bupropion ER



# From CIGNA HealthCare

The following is a statement of member rights and responsibilities given to CIGNA HealthCare members at the time of enrollment. This statement also appears periodically in member newsletters. Members with questions about their benefits should call CIGNA HealthCare Member Services at the number listed on their CIGNA HealthCare ID card.

## Member Rights and Responsibilities

### YOU HAVE THE RIGHT TO:

- Medical treatment that is available when you need it and is handled in a way that respects your privacy and dignity.
- Get the information you need about your health care plan, including information about services that are covered, services that are not covered and any costs that you will be responsible for paying.
- Have access to a current list of providers in the CIGNA HealthCare network and have access to information about a particular provider's education, training and practice.
- Select a Primary Care Physician (PCP) for yourself and each covered member of your family, and to change your PCP for any reason.
- Have your medical information kept confidential by CIGNA HealthCare employees and your health care provider. Confidentiality laws and professional rules of behavior allow CIGNA HealthCare to release medical information only when it's required for your care, required by law, necessary for the administration of your plan or to support CIGNA HealthCare programs or operations that evaluate quality and service. We may also summarize information in reports that do not identify you or any other members specifically.
- Have your health care provider give you information about your medical condition and your treatment options regardless of benefits coverage or cost. You have the right to receive this information in terms you understand.
- Learn about any care you receive. You should be asked for your consent for all care, unless there is an emergency and your life and health are in serious danger.
- Refuse medical care. If you refuse medical care, your health care provider should tell you what might happen. We urge you to discuss your concerns about care with your PCP. Your doctor will give you advice, but you will always have the final decision.
- Be heard. Our complaint-handling process is designed to hear and act on your complaint or concern about CIGNA HealthCare and/or the quality of care you receive, provide a courteous, prompt response and guide you through our grievance process if you do not agree with our decision.
- Make recommendations regarding our policies on member rights and responsibilities. If you have recommendations, please contact Member Services at the toll-free number on your CIGNA HealthCare ID card.



### YOU HAVE THE RESPONSIBILITY TO:

- Review and understand the information you receive about your health care plan. Please call CIGNA HealthCare Member Services when you have questions or concerns.
- Understand how to use CIGNA HealthCare services.
- Show your CIGNA HealthCare ID card before you receive care.
- Schedule a new patient appointment when you select a new PCP from the CIGNA HealthCare network, build a comfortable relationship with your doctor, ask questions about things you don't understand and follow your doctor's advice. You should understand that your condition may not improve and may even get worse if you don't follow your doctor's advice.
- Understand your health condition and work with your doctor to develop treatment goals that you both agree upon to the extent that this is possible.
- Provide honest, complete information to the providers caring for you.
- Know what medicine you take, why and how to take it.
- Pay all copayments for which you are responsible, at the time service is rendered.
- Keep scheduled appointments and notify the doctor's office ahead of time if you are going to be late or miss an appointment.
- Pay all charges for missed appointments and for services that are not covered by your plan.
- Voice your opinions, concerns or complaints to CIGNA HealthCare Member Services and/or your provider.
- Notify your employer as soon as possible about any changes in family size, address, phone number or membership status.

## Availability of Utilization Management Criteria

Copies of the clinical criteria that we use are available to providers upon request. If you would like a copy of the clinical criteria used to support a utilization management decision for one of your patients who is a CIGNA HealthCare member, please call your Provider Services Representative.



## You Have Rights During Credentialing

Providers who participate in the CIGNA HealthCare network must undergo our credentialing process every two or three years, depending on state requirements. During this process, we conduct primary source verification of items that may include:

- unrestricted state license
- current U.S. Drug Enforcement Administration certificate
- education, training and board certification
- work history
- current good standing hospital affiliation
- national practitioner data bank queries
- acceptable history of malpractice claim experience
- site visit
- professional liability coverage
- performance monitoring

You have certain rights during the credentialing process, including the right to:

- review information submitted to support your credentialing application, including information from outside sources
- correct erroneous information in the event that credentialing information obtained from other sources varies substantially from that provided by you
- be informed of the status of your credentialing or recredentialing application

### OUR APPROACH TO COVERAGE DECISIONS

CIGNA HealthCare uses an evidence-based process in reviewing medical products and procedures to determine whether they will be approved for coverage. Whether a product or procedure is covered also depends upon the specific terms of the member's benefits plan.

#### How We Make Coverage Decisions

Once eligibility of coverage is verified, our medical directors and clinical staff base coverage determinations on the specific facts and the coverage terms of the member's benefits plan. Those involved in making coverage decisions are provided no financial rewards or other incentives

to deny coverage. Our employees are encouraged to make objective coverage decisions that promote appropriate care and discourage underutilization.

#### New Exclusions

Several procedures are now specifically excluded for dates of service on or after the effective date of the group renewal for certain insured group healthplans. These exclusions currently apply to healthplans in Arizona, Florida, North Carolina and Texas that renew on or after January 1, 2004. The excluded procedures are:

- abdominoplasty/panniculectomy
- bariatric surgery (gastric bypass) and related services
  - breast reduction (male and female)
  - treatment of male and female sexual dysfunction
  - varicose vein treatment

Please encourage your patients who are CIGNA HealthCare members to contact their employer or group to determine whether these changes affect them. They can also call Member Services at the toll-free number listed on their CIGNA HealthCare ID card.





## Our Solution

As permitted under law, CIGNA HealthCare has received a six-month extension in California. This extension supports the implementation of our long-term solution to provide ID numbers that are not SSNs to all CIGNA HealthCare members in all states.

Beginning on July 1, 2004, SSNs will not appear on CIGNA HealthCare medical, dental and pharmacy ID cards for new California members whose plans become effective July 1, 2004, or later. For now, the message "Use Employee SSN" will appear in place of the SSN. Existing CIGNA HealthCare members in California will have ID cards without SSNs by July 1, 2005.

Looking ahead, changes in the use of SSNs on ID cards are required for all members in Georgia (new and renewing) starting July 1, 2004. Utah state law requires these changes for all members by July 1, 2004. As allowed under law, we're in the process of applying for an extension in Utah.

Please contact Provider Services with any questions.

*(continued from front cover)*

affected by this change how important it is for them to have the employee's SSN with them when they receive services from you. This should help minimize potential service issues and allow you to more effectively integrate this change into your operations. To facilitate a smooth transition to the new ID cards, please

- Ask the patient for the employee's SSN when the patient visits your office or facility.
- Note that in some situations (for example, when members

are covered under COBRA or they are a surviving spouse) patients may need to use their own SSN instead of the employee's SSN.

The new laws still allow you to submit SSNs to CIGNA HealthCare for plan administration, benefit verification and claim submission, so please continue to do so. They also allow us to continue sharing members' SSNs with you, following state and federal guidelines (such as HIPAA).



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