

CIGNA CARE DESIGNATION AND PHYSICIAN QUALITY AND COST EFFICIENCY DESIGNATIONS 2009 METHODOLOGIES

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GENERAL INFORMATION

CIGNA is dedicated to helping improve consumer health and making quality health care more accessible and cost-effective for individuals. A key component of this commitment is CIGNA's strategy to offer support tools to individuals with CIGNA administered coverage that can help them make informed health care decisions. These tools include two programs;

- The CIGNA Care[®] Designation; and
- The Physician Quality and Cost-Efficiency Designations.

Both the CIGNA Care Designation and the Physician Quality and Cost Efficiency Designations utilize the same measures and similar criteria to evaluate physicians. Reimbursement rates for participating physicians are not affected by designations received in either program.

These two programs reflect a partial assessment of quality and cost efficiency for select physician specialties. They should not be the sole basis for decision-making; as such measures have a risk of error. We encourage individuals with CIGNA coverage to consider all relevant factors and to consult with their treating physician when selecting a physician for care.

THE CIGNA CARE[®] DESIGNATION

The CIGNA Care[®] designation is available in 57 service areas across the country. Developed in response to our customers' requests for more information about physician quality and cost efficiency, the CIGNA Care[®] designation (CCD) distinguishes CIGNA participating specialists in 21 specialty types based on specific quality and efficiency measures. Primary care physicians are not assessed for CIGNA Care[®] Designation. All CIGNA participating health care professionals are considered in-network whether or not the CIGNA Care designation is received. If the employer or other group sponsoring the coverage has elected a CIGNA Care[®] benefit design, a lower copayment or coinsurance level may apply to the charges of a CIGNA Care designated physician. CIGNA Care designated physicians are identified by a Tree of Life symbol in the CIGNA physician directory.

The markets selected for 2009 were defined by the Network Contracting and Market Medical Executives teams for each state. To determine the peer group for comparison, in addition to the specialty, 57 geographic markets were identified and utilized. Table One lists the markets, the number physicians reviewed and the percent of physicians reviewed that were CIGNA Care[®] designated in each market available beginning January 1, 2009.

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Table One: *2009 Market Inclusion for CIGNA Care® Designation*

Market Name	Number of Physicians Reviewed	% Designated	% Not Designated
Arkansas Central	813	51%	49%
Arizona, Maricopa	3179	41%	59%
Arizona, Pima	925	32%	68%
Arizona, All Other	605	33%	67%
California, North	5549	28%	72%
California, South	11641	35%	65%
California, Palo Alto	1830	74%	26%
Colorado, Denver/Colorado Springs	2874	38%	62%
Connecticut	3783	47%	53%
Delaware	810	53%	47%
Florida, Jacksonville	1102	51%	49%
Florida, Ocala/Panama	1814	36%	64%
Florida, Orlando	2288	47%	53%
Florida, South Florida	4614	35%	65%
Florida, Tampa	4155	36%	64%
Georgia, Atlanta	3873	76%	24%
Georgia All Other	2060	63%	37%
Illinois, Chicago Metro	7290	46%	54%
Indiana, Indianapolis	1713	44%	56%
Kansas/Missouri, Kansas City	1737	38%	62%
Massachusetts, Western (not Boston)	1248	44%	56%
Maryland, Maryland and DC	7079	76%	24%
Maryland, Northern VA	2088	38%	62%
Maine	1108	41%	59%
North Carolina, Charlotte	1653	58%	42%
North Carolina, East	1405	33%	67%
North Carolina, Raleigh	1875	31%	69%
North Carolina, Triad	1217	30%	70%

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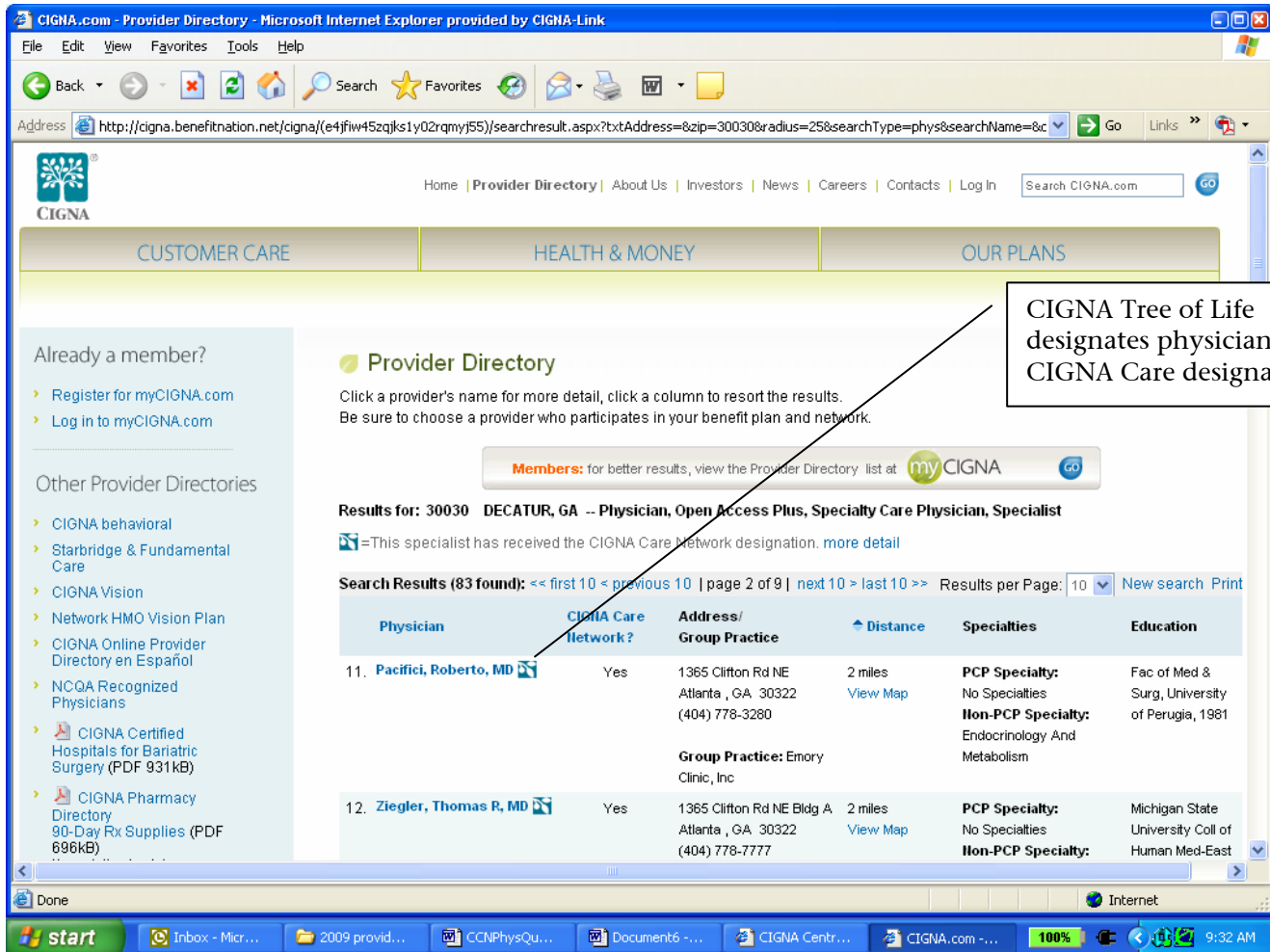
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Market Name	Number of Physicians Reviewed	% Designated	% Not Designated
North Carolina, West	805	31%	69%
New Hampshire	1311	91%	9%
New Jersey, North Jersey	5658	49%	51%
New Jersey, South Jersey	2001	36%	64%
Nevada	1560	30%	70%
New York, Metro	12314	69%	31%
Ohio, Northern	4319	71%	29%
Ohio, Central	2316	60%	40%
Ohio, Southern	2514	26%	74%
Pennsylvania, Philadelphia/Eastern	7413	73%	27%
Pennsylvania, Pittsburgh/Western	2549	61%	39%
Rhode Island	819	31%	69%
South Carolina, Low Country	1087	78%	22%
South Carolina, Midlands	906	44%	56%
South Carolina, Upstate	1163	44%	56%
Tennessee, Memphis	1041	39%	61%
Tennessee, Nashville	1628	74%	26%
Tennessee, Knoxville	1395	39%	61%
Tennessee, Rural	622	27%	73%
Tennessee, Chattanooga	540	60%	40%
Texas, Dallas/Ft. Worth	4078	41%	59%
Texas, Houston	3876	33%	67%
Utah	1510	44%	56%
Virginia, Hampton Roads	1415	43%	57%
Virginia, Richmond	1238	37%	63%
Virginia, Western	1553	36%	64%
Vermont	604	66%	34%
Wisconsin	4234	61%	29%
West Virginia	1151	47%	53%

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The CIGNA Care designation appears next to the physicians name when a search is performed in the online provider directory on both www.CIGNA.com and www.myCIGNA.com. A sample of the online directory is below.



PHYSICIAN QUALITY AND COST EFFICIENCY DESIGNATIONS

The CIGNA Physician Quality and Cost Efficiency designations for physicians are available only on the CIGNA secure website for individuals, www.MyCIGNA.com. Quality and Cost Efficiency designations are available for 24 specialties; the 21 specialty types evaluated for the CIGNA Care designation and three Primary Care Physician (PCP) specialty types (Family Practice, Internal Medicine, and Pediatrics). Symbols represent quality criteria met and stars (*) are used to report cost-efficiency results. For a complete listing of specialty types assessed, refer to the following section *Quality and Cost Efficiency Methodology, Specialties Assessed*. Physician Quality and Cost Efficiency designations are available in sixty-nine (69) markets, including the 57 markets listed above. Table two lists the 69 markets where Quality and Cost Efficiency displays only are available beginning in January 2009.

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**Table Two: 2009 Quality and Cost Efficiency Display Markets And
Number of Physicians Reviewed**

Market Name	Number of Physicians Reviewed	Market Name	Number of Physicians Reviewed	Market Name	Number of Physicians Reviewed
Alabama **	4848	Indiana, Indianapolis	3295	Ohio, Southern	5241
Arizona, Maricopa	6289	Indiana, All Other**	4315	Oklahoma **	3975
Arizona, Pima	1776	Kansas/Missouri, Kansas City	3394	Pennsylvania, Philadelphia/ Eastern	14810
Arizona, All Other	1337	Kansas/Missouri, All Other **	3902	Pennsylvania, Pittsburgh/ Western	4617
Arkansas Central	1505	Kentucky **	5728	Rhode Island	1758
Arkansas All Other**	2183	Massachusetts, Western (not Boston)	3106	South Carolina, Low Country	2029
California, North	11648	Maryland & DC	13318	South Carolina, Midlands	1837
California, South	23253	Maryland, Northern VA	4050	South Carolina, Upstate	2345
California, Palo Alto	3413	Maine	2811	Tennessee, Memphis	1835
Colorado, Denver/ Colorado Springs	5106	Mississippi **	2627	Tennessee, Nashville	2804
Colorado, All Other **	1545	North Carolina, Charlotte	3428	Tennessee, Knoxville	2857
Connecticut	7162	North Carolina, East	2866	Tennessee, Rural	1581
Delaware	1713	North Carolina, Raleigh	3435	Tennessee, Chattanooga	1059
Florida, Jacksonville	2115	North Carolina, Triad	2297	Texas, Dallas/Ft. Worth	7444
Florida, Ocala/ Panama	3357	North Carolina, West	1761	Texas, Houston	7489
Florida, Orlando	4289	New Hampshire	3437	Texas, San Antonio **	2120
Florida, South Florida	7806	New Jersey, North Jersey	10613	Utah	2872
Florida, Tampa	7333	New Jersey, South Jersey	3824	Virginia, Hampton Roads	2732
Georgia, Atlanta	7061	Nevada	3199	Virginia, Richmond	2381
Georgia All Other	3894	New York, All Other **	5919	Virginia, Western	3221
Illinois, Chicago Metro	14286	New York, Metro	22369	Vermont	1732
Illinois Rockford**	648	Ohio, Northern	8440	Wisconsin	10504
Illinois, All Other**	3895	Ohio, Central	4786	West Virginia	2512

** indicates markets and physicians that are assessed for Quality and Cost Efficiency display only

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An example of the Provider Directory display on www.MyCIGNA.com is:

Provider Directory Screen Revise Search
Print List | Save As PDF

Showing 10 of 261 Providers found Condition: Knee Injury Location: Within 25.0 miles of 03038 Show 10

Provider Name	CIGNA Care Designation	Practice Name Address Phone	Distance	Specialty	Quality Distinctions	Cost Value Rating
<input type="checkbox"/> Skeleton, Endo, MD	No	100 Street Avenue Anywhere, CT 12345 (123) 456-7890	1.0 Miles Map	Surgery - Orthopedic	B E	★
<input type="checkbox"/> Marrow, Molly, MD	No	1 Main Street Anywhere, CT 12345 (123) 100-0000	0.0 Miles Map	Surgery - Orthopedic	B E	★
<input type="checkbox"/> Patella, Peter, MD	Yes	200 Avenue Road Anywhere, CT 12345 (123) 200-1234	2.5 Miles Map	Surgery - Orthopedic	B E N	★★★
<input type="checkbox"/> Glands, Greg, MD	Yes	5 Main Street Anywhere, CT 12345 (123) 300-0000	0.0 Miles Map	Surgery - Orthopedic	B E	★★
<input type="checkbox"/> Peds, Otto, MD	No	100 Avenue Road Anywhere, CT 12345 (123) 200-2345	2.0 Miles Map	Surgery - Orthopedic	B E	★★

Compare Selected
Select at least 2 Providers

Icon Legend:

- CIGNA Care Designation
- Board Certified
- NCQA Recognition
- EBM top quartile
- Board Certified Practice

Ratings Key:

- ★★★ Top Tier
- ★★ Middle Tier
- ★ Bottom Tier

Provider Name
Lists local physicians treating the condition.

Quality Distinctions
Provides industry-defined quality measurements.

Cost Value Rating
Compares selected physicians on quality and cost.

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MEASUREMENT METHODOLOGY

SPECIALTIES ASSESSED

CIGNA assesses a total of 24 physician specialty types. The 21 specialty types in Table Three are assessed for both the CIGNA Care designation and for the Physician Quality and Cost Efficiency designation display. An additional three primary care physician (PCP) specialties (Internal Medicine, Family Practice and Pediatrics) are assessed only for the *Physician Quality and Cost Efficiency designation* display. Based on our data, CIGNA participating physicians in the 21 assessed specialty types in table Three account for over 90% of specialty care and 60% of total medical and pharmaceutical spending.

Table Three: Specialty Types Assessed for Both CIGNA Care Designation And Physician Quality and Cost Efficiency Display

Allergy/Immunology	Cardiology	Cardio-Thoracic Surgery
Colon and Rectal Surgery	Dermatology	Ear, Nose and Throat
Endocrinology	Gastroenterology	General Surgery
Hematology/Oncology*	Infectious Disease	Nephrology
Neurology	Neurosurgery	Obstetrics/Gynecology
Ophthalmology	Orthopedics and Surgery	Pulmonology
Rheumatology	Urology	Vascular Surgery

**Does not include Radiation Oncology*

CIGNA performs the majority of Physician Quality and Cost Efficiency assessments at the physician group or tax identification number (TIN) level rather than at the individual physician level. This approach provides more comprehensive data for evaluation.

Quality Evaluation

In evaluating participating physicians in the 24 specialty types, CIGNA uses the following five quality indicators:

National Council for Quality Assurance (NCQA) Physician Recognition Awards

Physicians who have received any of the five NCQA Physician Recognition Programs: Back Pain, Diabetes, Heart/Stroke, Physician Practice Connections, or Physician Practice Connections-Patient Centered Medical Home receive the symbol for NCQA recognition in CIGNA's directory and are given the CIGNA Care designation. For more information about these programs, visit the NCQA website at www.ncqa.org, select 'Programs' and 'Physician Recognition'.

Bariatric Surgeons of Excellence

CIGNA maintains a comprehensive program for identifying Centers of Excellence for Bariatric Surgery. Physicians who meet training and experience criteria, including accreditation by the American College of Surgeons (ACS) Bariatric Surgery Center Network (BSCN) and /or Surgical Review Corporation (SRC) who practice at a designated Bariatric Surgery Center are identified as Bariatric Surgeons of Excellence.

Group Board Certification

A group board certification standard, based on American Board of Medical Specialties & American Osteopathic Association certification information, determines if the care provided by a group is predominantly provided by board certified physicians. This standard is met if either 80% of physicians within a group are board

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certified and provide 50% of the care, or at least 80% of the care provided by the group is provided by board certified physicians.

American Board of Internal Medicine Process Improvement Module Completion (ABIM-PIM)

For those physicians who are board certified by the American Board of Internal Medicine (ABIM), CIGNA considers completion of a Process Improvement Module (PIM) for improvement in their overall quality rating.

Adherence to Evidence Based Medicine Standards

CIGNA evaluates the quality of physician care using a claims based assessment based on forty eight (48) Evidence Based Measure (EBM) rules (Group One) derived from rules endorsed by the National Quality Forum (NQF), Ambulatory Care Quality Alliance (AQA), Healthcare Effectiveness Data Information Set (HEDIS), or developed by physician organizations. These rules span sixteen (16) disease and preventive care conditions listed in Table Four and are potentially applicable to the care provided by physicians in the 16 specialty types listed in table Five. CIGNA considers an additional one hundred twenty-one (121) EBM rules (Group Two) that covers an additional twenty-one (21) conditions and six additional specialty types for physician groups with EBM success rates below 70% for improvement in their overall scores. The additional conditions and specialties are listed in tables Six and Seven. Click [here](#) for a detailed listing of the Group One and Group Two EBM rules ([Appendix A](#)).

Table Four: Conditions Covered By Group One EBM Rules

Acute Myocardial Infection	Congestive Heart Failure	Hyperlipidemia
Asthma	Coronary Artery Disease	Low Back Pain
Atrial Fibrillation	Depression	Pharyngitis
Breast Cancer	Diabetes	Pregnancy Management
Bronchitis	Epilepsy	Upper Respiratory Infection
Cholesterol Management		

Table Five: Specialty Types Covered by Group One EBM Rules

Allergy and Immunology	Neurology	Otolaryngology (ENT)
Cardiology	Neurosurgery	Pediatrics
Endocrinology	Obstetrics and Gynecology	Pulmonology
Family Practice	Ophthalmology	Rheumatology
Internal Medicine	Orthopedics	Vascular Surgery
Nephrology		

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Table Six: Additional Conditions Covered By Group Two EBM Rules

Adenoidectomy	Colon Cancer	Postmenopausal Bleeding
Attention Deficit Hyperactivity Disorder (ADHD)	Hepatitis C	Prostate Cancer
Cerebral Vascular Accident/Transient Ischemic Attack (Stroke)	HIV/AIDS	Rheumatoid Arthritis
Cervical Dysplasia	Migraine	Sickle Cell Anemia
Chlamydia Screening	Multiple Sclerosis	Tonsillectomy
Chronic Obstructive Pulmonary Disease (COPD)	Obesity	Tympanostomy
Chronic Renal Failure	Otitis Media	Ulcerative Colitis

Table Seven: Additional Specialty Types Covered By Group Two EBM Rules

Colon and Rectal Surgery	General Surgery	Infectious Disease
Gastroenterology	Hematology/Oncology	Urology

The claim review period used for 2009 assessments is January 2006 to December 2007 and combines claims data from CIGNA's Managed Care and PPO product lines. A physician is considered responsible for adherence to the evidence based medicine standard if the physician had two office visit encounters with an individual with CIGNA administered coverage in the claim review period, and one is in the last 12 months of the review period. The average adherence to the rule is calculated for each market and for each rule. Physician groups with at least 30 EBM opportunities are reviewed; their adherence rate is compared to the market expected. This statistic is converted into a Z score. Physician groups in which EBM assessed physicians account for at least 50% of the episodes and are in approximately the top 33% are placed in the top category for EBM, while groups that have results statistically significant below the mean (about 2 ½ %), are placed in the bottom category. The remainder is in the middle category. Click [here](#) for additional detail on CIGNA's EBM rules methodology, including risk adjustment logic ([Appendix C](#)).

Cost Efficiency Evaluation

CIGNA's approach is based on what we believe individuals care most about; the total cost of their care, including inpatient and outpatient, for an episode of illness. As individuals assume greater financial responsibility for their care, the total cost of care impacts the amount they pay, affordability and possibly the accessibility of care. Because cost efficiency is important to individuals with CIGNA administered plans, we determine how a physician or physician group's cost efficiency compares to that of other physicians in the same specialty in their market. For this assessment, CIGNA evaluates claims using the Episode Treatment Group (ETG) methodology available through INGENIX® Symmetry Health Data Systems Inc. This ETG methodology is commonly used in the industry. Claims are clustered into over 950 different episodes of care. The ETG methodology incorporates case mix and severity adjustment. The claims used for the assessment are HMO, POS, OAP and PPO claims from January 2006 through December

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2007. Click [here](#) for additional detail about INGENIX® Symmetry Episode Treatment Groups and a complete listing of the ETGs. (Appendix B). To request detailed specifications about specific ETG measures listed in the appendix, call 1.800.88CIGNA (882.4462) and reference “more information about CIGNA Care® designation and Physician Quality and Cost Efficiency Display”.

The episode is attributed to the physician who is paid the most, and has at least 30%, of the combined management and surgery fees within the episode. The peer average for an episode is established at the market, the specialty and the episode severity level. In order to use a particular episode group in our profiling, there must be at least 20 episodes in the market to establish the peer average. A physician group must have at least 30 episodes attributed to be assessed. An outlier methodology is used for high and low cost outliers.

For each physician group and for the physicians within that group, the actual cost of care for episodes is compared to the peer average. The statistic used is the Standardized Cost Difference:

$$\text{SCD} = \frac{\text{Actual Average Episode Paid Amount} - \text{Expected Average Episode Paid Amount}}{\sqrt{\text{Physician Group Total Variance}/N}}$$

(Where N is the total number of episodes for the group)

The scores for all physician groups or tax identification numbers within a market are arrayed into three categories, as in the quality evaluation. For cost-efficiency:

Top Category: Approximately the top 33% of groups;

Middle Category: Groups falling approximately between 2½% to 67.5%; and

Lower Category: Groups falling in the bottom approximate 2½%.

The percentile used for CIGNA Care designation is determined on a market specific basis, and ranges from approximately 30% to 70%.

A physician group’s performance is a result of three components; fee schedule, their utilization patterns and referral patterns (i.e., use of hospitals and other facilities).

APPLICATION OF MEASUREMENT RESULTS: CIGNA CARE DESIGNATION

ASSIGNING THE CIGNA CARE DESIGNATION

Participating physicians in the assessed specialties receive the CIGNA Care designation if:

- The physician has received an NCQA physician recognition award for Diabetes, Heart-Stroke, Back Pain, Physician Practice Connections or Physician Practice Connections-Patient Centered Medical Home;
- The physician is a bariatric surgeon who performs surgery at one of the hospitals listed in our Certificated Hospitals for Bariatric Surgery directory and who has met other CIGNA bariatric surgeon selection criteria which includes accreditation by the American College of Surgeons (ACS) Bariatric Surgery Center Network (BSCN) and /or Surgical Review Corporation (SRC);
- The physician or physician group meets CIGNA group board certification criteria and performs in approximately the top third within the market under the selected EBM measures; **or**
- The physician or physician group meets CIGNA board certification criteria, CIGNA minimum volume of 30 episodes of care, and has a Cost-Efficiency SCD score that is higher than the market threshold. The market threshold is determined by specific market considerations (i.e., the need to include certain

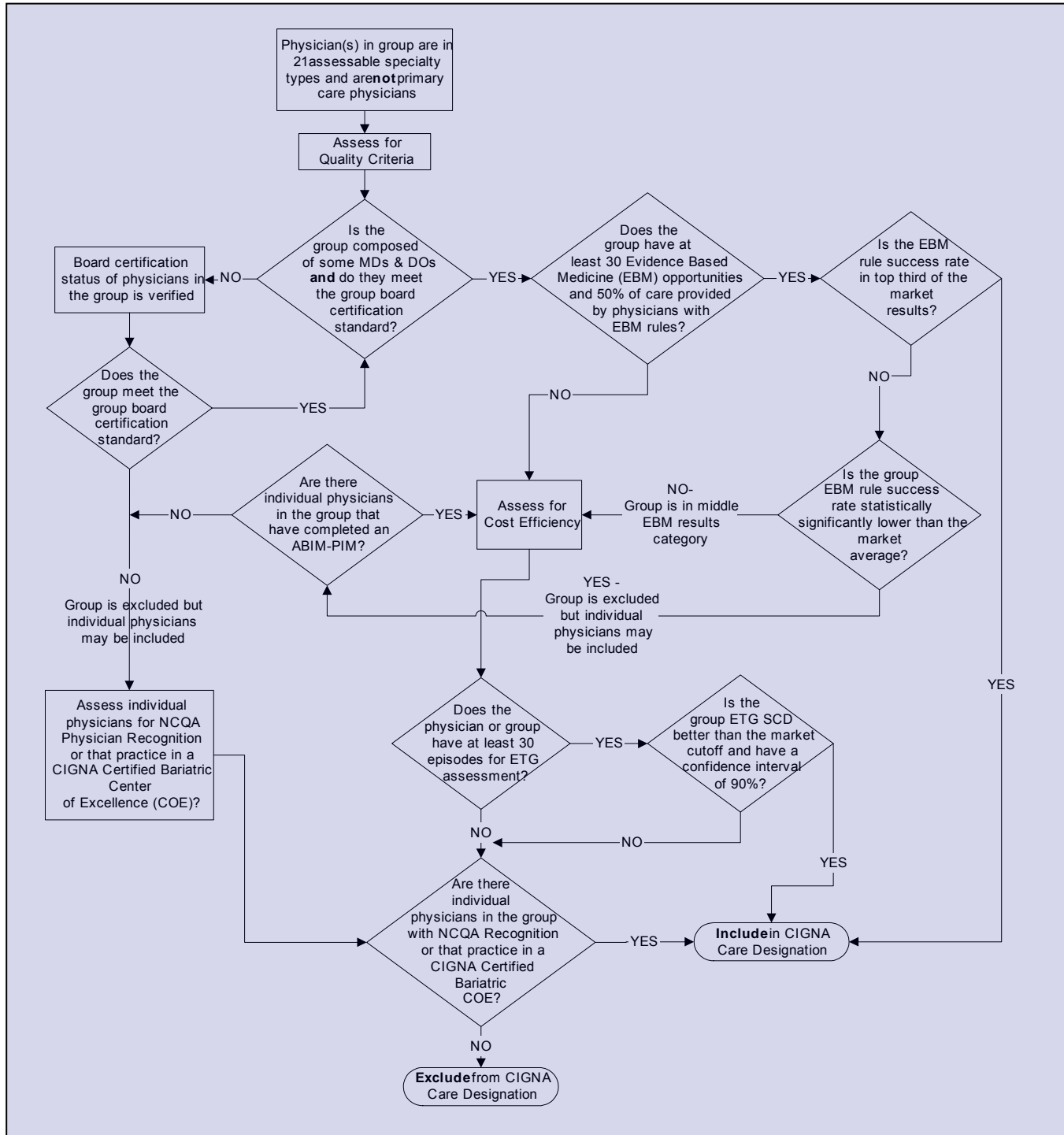
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physician groups to assure adequate access to specialty care services or contract requirements) and ranges from above the 30th percentile to above the 70th percentile. Those physicians or physician groups whose quality profile is in the lowest category are excluded.

A diagram depicting the workflow of the application of the criteria is:

**CIGNA Care Designation
2009 Inclusion Algorithm**



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APPLICATION OF MEASUREMENT RESULTS: PHYSICIAN QUALITY AND COST EFFICIENCY DISPLAY

CALCULATING THE QUALITY AND COST EFFICIENCY INFORMATION:

Symbols are assigned to physicians or physician groups for quality criteria met and two or three stars for cost efficiency as illustrated below:

★★★= Top Score for Cost Efficiency Measures

★★ = Results in middle category for Cost Efficiency Measures

- A** Physician has completed an American Board of Internal Medicine Practice Improvement Module
- E** Top score for standards of treatment (EBM) measures
- N** NCQA Recognized
- P** 80% of Practice is Board Certified

The methodology for determining the CIGNA Care designation and Quality and Cost Efficiency display is subject to change each year as tools and industry standards for evaluating quality and efficiency evolve. Click [here](#) for Appendix C for additional detail about our methodology that includes:

- Attribution methodology;
- Market determinations;
- Evidence Based Medicine (EBM) rules analysis;
- Application flow for CIGNA Care designation;
- Outlier methodology; and
- CIGNA Care designation grandfathering methodology.

Information about the changes in methodology from 2008 to 2009 is available in [Appendix D](#); click [here](#).

ADDITIONAL INFORMATION, LIMITATIONS, REGISTERING A COMPLAINT AND PHYSICIAN APPEALS

The Physician Quality and Cost Efficiency Profiles, available on the secure CIGNA website for individuals, www.MyCIGNA.com, and the CIGNA Care designation, available online at www.cigna.com as well as to individuals with CIGNA coverage at www.MyCIGNA.com, are intended to provide information that can assist individuals in health care decision making. This information is a partial assessment of physician quality and cost-efficiency. It should not be used as the sole basis for decision-making as such measures have a risk of error. Individuals with CIGNA coverage are encouraged to consider all relevant information and to consult with their treating physician in selecting a specialist.

Quality and cost efficiency measures, metrics, and methodology continue to evolve. While CIGNA uses the best available information, there are certain limitations:

- The evidence based medicine and cost efficiency information are based on CIGNA data only. Aggregated claim data from multiple payors (e.g. insurance companies, self-insured and government plans) may provide a more complete picture of physician performance. CIGNA supports data aggregation initiatives and at such time credible aggregated data is available, CIGNA will consider using it in its evaluations;

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- The claim data used to evaluate physicians does not include all procedures; only those for which CIGNA has claim data. There may be health care services performed for which no information is provided to CIGNA;
- Due to the way claims may be submitted by physicians and/or processed by CIGNA, specific service line item detail may not always be available; And
- Inclusion of pharmacy data is limited to those customers for which CIGNA administers the pharmacy benefits

Specialists evaluated for the CIGNA Care designation in the Eastern Michigan area (i.e., Genesee, Oakland, Lapeer, St. Clair, Livingston, Washtenaw, Macomb, Wayne, and Monroe counties), are evaluated using the claim data from Health Alliance Plan (HAP). HAP data reflects the contracted rates and physician utilization statistics associated with HAP membership in the Michigan area. Consistent with CIGNA methodology, HAP's 2009 physician profiling process includes the National Quality Forum's evidence based medicine rules, NCQA recognition, ABIM's Practice Improvement Modules, and board certification to evaluate physicians.

Limitations of Physician Quality and Cost Efficiency Profiles

There are many ways to create an objective provider profiling methodology. CIGNA considers the Standardized Cost Difference metric to provide a more accurate representation of physician efficiency performance when compared to other available metrics. However, there are aspects of any profiling system which are subject to limitations, such as:

- Risk Adjustment – CIGNA uses ETG's, an industry standard grouper, to risk adjust for patient severity. Although ETG software is recognized as a leading risk adjustment model, it must be understood that perfect patient severity risk adjustment does not exist; and
- Sample Size – Many physicians and physician groups are unable to be profiled for quality and cost efficiency due to small patient populations. CIGNA will not profile those physicians and physician groups whose sample of episodes or opportunities do not meet certain volume thresholds.

For more information about CIGNA Care[®] designation and the CIGNA Physician Quality and Cost Efficiency display, or CIGNA's overall consumerism approach, visit www.cigna.com or call 1.800.88CIGNA (882.4462).

Process to Provide Feedback

Individuals with CIGNA coverage, clients, and participating physicians are encouraged to provide feedback and suggestions for the usefulness of reports or other suggested improvements. Clients and individuals with CIGNA administered coverage should call the telephone number listed on the back of their CIGNA ID card.

Participating physicians may provide feedback by calling our customer service department at 1.800.88CIGNA (882.4462). Feedback and suggestions are reviewed and changes to the physician evaluation methodology, reporting formats and processes are implemented as quickly as feasible. Methodology changes are reviewed and implemented annually.

Physician Process to Correct Errors and Appeal Status

Participating physicians and physician groups have a right to correct errors and seek review of data, quality and cost-efficiency performance ratings and inclusion or exclusion from the CIGNA Care[®] designation. At any time, participating physicians and physician groups may request reconsideration or submit additional information for review of their CIGNA Care designation or Quality and Cost Efficiency Profile by calling the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462) to initiate the Selection Review Committee review process. The Selection Review Committee will meet within 30 days of receipt of submitted documentation from participating physicians or physician groups and provide a written response. Any information that the participating physician or physician group wishes to present will be considered in the review process.

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How to Register Complaints

At any time, an individual with CIGNA coverage may register a complaint with CIGNA about the CIGNA Care designations, the Physician Quality and Cost Efficiency displays, or the rating system. To initiate a complaint, call the telephone number located on the back of your CIGNA ID card.

Registering a Complaint for New York Individuals

The National Committee for Quality Assurance (NCQA) is an independent not-for-profit organization that uses standards, clinical performance measures and member satisfaction to evaluate the quality of health plans. NCQA serves as an independent ratings examiner for Connecticut General Life Insurance Company and CIGNA HealthCare of New York, Inc., reviewing how CIGNA Care designations and Physician Quality and Cost Efficiency displays meet criteria required by the State of New York.

Complaints about CIGNA Care designations or Physician Quality and Cost Efficiency displays in New York may be registered to NCQA, in addition to registering with CIGNA as above, by submitting them in writing to customer support at www.ncqa.org or to NCQA Customer Support, 1100 13th Street, NW, Suite 1000, Washington, DC, 20005.

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