



CIGNA Care Designation and Physician Quality and Cost-Efficiency Displays 2011 Methodologies

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Introduction

CIGNA annually evaluates physician quality and cost-efficiency information. By using a methodology consistent with national standards and incorporating physician feedback, CIGNA is able to provide covered individuals with relevant information through the CIGNA Care Designation and Physician Quality and Cost-Efficiency Displays programs.

CIGNA follows three key principles when providing physician quality and cost-efficiency information:

1. Standardized performance measures using the most comprehensive data set available

CIGNA uses nationally recognized measures derived from those endorsed by the National Quality Forum (NQF), Ambulatory Care Quality Alliance (AQA), Healthcare Effectiveness Data Information Set (HEDIS), or those developed by national physician organizations such as the American Medical Association (AMA).

2. Responsible use of the information

Quality and cost-efficiency displays are meaningful, but not yet ideally comprehensive and reliable, and must be properly communicated to the user. The CIGNA displays reflect a partial assessment of quality and cost-efficiency, and should not be the sole basis for decision-making as such measures have a risk of error. Individuals with CIGNA coverage are encouraged to consider all relevant factors and to consult with their treating physician when selecting a physician for care.

3. Collaboration and Improvement Enablement


CIGNA is committed to providing information and solutions that support the delivery of quality health care. A detailed description of our methodology, information about the summary metrics, and ongoing data to help improve performance is available to physicians/physician groups. CIGNA also continues ongoing discussions with key physician organizations, ranging from national academies to large physician groups, who provide input for future design changes.

The methodology for determining the CIGNA Care designation and Physician Quality and Cost-Efficiency displays is subject to change annually as tools and industry standards evolve and physician feedback is obtained. The 2011 assessment review period is January 1, 2008 through December 31, 2009 and includes CIGNA Managed Care and PPO product claims data.

CIGNA is the first national plan to receive certification under the revised and enhanced NCQA Physician Hospital Quality Standards. This program certifies use of reliable, equitable and trustworthy methods for measuring physician quality and cost-efficiency. These standards are endorsed by the Consumer-Purchaser Disclosure Project, a leading group of more than 50 employer, consumer and labor organizations, as well as the New York Attorney General.

CIGNA Care Designation Overview

The CIGNA Care designation is a benefit plan design option offered to organizations sponsoring group health benefit plans. Available in 68 service areas, the designation distinguishes physicians in 19 specialty types and multi-specialty groups, participating in the CIGNA network, based on specific quality and cost-efficiency measures. The benefit design, intended to encourage individuals covered by these plans to consider using a CIGNA Care designated physician, affords a lower copayment or coinsurance for services provided by a CIGNA Care designated physician than if they select a participating, non-designated physician. Overall physician reimbursement is unchanged.

CIGNA Care designated physicians are identified in the online provider directory on www.cigna.com and www.mycigna.com by a Tree of Life symbol: .

The screenshot shows the CIGNA Provider Directory interface. At the top, there are navigation tabs for 'CUSTOMER CARE', 'HEALTH & MONEY', and 'OUR PLANS'. Below these, there's a search bar and a 'Provider Directory' section. A callout box highlights a 'CIGNA Tree of Life' icon, explaining that it denotes a physician with a CIGNA Care designation. The search results are for 'LITTLETON, CO 80127; Physician - Network and Point of Service Plans Colorado Plus, Specialty Care Physician, Specialist'. The results table shows one result: 'Van Benthuyssen, Karyl M, MD', who is designated as a CIGNA Care physician. The table includes columns for Physician, CIGNA Care Designation, Address/Group Practice, Participates in, Distance, Specialties, and Education.

The CIGNA Provider Contracting and Market Medical Executive team defined the 2011 selected markets. In addition to physician specialty, 68 geographic markets were used to determine the peer group for comparison. The zip code of a physician's primary office address is used to align a physician with a market. Table 1 lists the markets, the volume of physicians reviewed, and the percent of physicians reviewed in each market that are CIGNA Care designated effective January 1, 2011.

Table 1: 2011 CIGNA Care Designation Market Information

Market	Volume of Reviewed Physicians	Percent Designated	Percent Not Designated
Arkansas Central	806	30.7%	69.3%
Arizona, Maricopa	3250	46.9%	53.1%
Arizona, Pima	932	39.0%	61.0%
Arizona, All Other	580	27.2%	72.8%
California, North	3266	41.5%	58.5%
California, South	11162	33.3%	66.7%
California, Palo Alto	1919	75.0%	25.0%
California, Sacramento	1191	44.5%	55.5%
California, Central Valley	1046	33.1%	66.9%
Colorado, Denver/Colorado Springs	3402	60.4%	39.6%
Connecticut	3748	60.8%	39.2%
Delaware	833	43.7%	56.3%
Florida, Jacksonville	1104	40.9%	59.1%
Florida, All Other	1742	26.8%	73.2%
Florida, Orlando	2140	50.3%	49.7%
Florida, South Florida	4312	35.3%	64.7%
Florida, Tampa	4074	41.4%	58.6%
Georgia, Atlanta	3839	55.6%	44.4%
Georgia All Other	2053	45.9%	54.1%
Illinois, Chicago Metro	6709	63.1%	36.9%
Illinois, Rockford	783	68.1%	31.9%

Market	Volume of Reviewed Physicians	Percent Designated	Percent Not Designated
Indiana, Indianapolis	1669	33.7%	66.3%
Kansas/Missouri, Kansas City	1748	60.8%	39.2%
Louisiana, New Orleans	1319	41.6%	58.4%
Louisiana, All Other	2012	43.8%	56.2%
Massachusetts, Western	1323	66.0%	34.0%
Maryland, Maryland and DC	6979	58.0%	42.0%
Maryland, Northern VA	2124	42.5%	57.5%
Maine	1223	47.3%	52.7%
North Carolina, Charlotte	1713	62.3%	37.7%
North Carolina, East	1432	47.6%	52.4%
North Carolina, Raleigh	1949	47.4%	52.6%
North Carolina, Triad	1232	39.1%	60.9%
North Carolina, West	822	41.7%	58.3%
New Hampshire	1345	64.8%	35.2%
New Jersey, North Jersey	4706	52.3%	47.7%
New Jersey, South Jersey	1926	48.9%	51.1%
Nevada	1534	35.9%	64.1%
New York, Metro	11425	68.4%	31.6%
Ohio, Northern	4338	56.1%	43.9%
Ohio, Central	2199	50.8%	49.2%
Ohio, Southern	2419	38.2%	61.8%
Pennsylvania, Philadelphia	5255	62.1%	37.9%
Pennsylvania, Pittsburgh/Western	2622	56.0%	44.0%
Pennsylvania, All Other	4149	46.9%	53.1%
Rhode Island	953	39.0%	61.0%
South Carolina, Low Country	1092	31.8%	61.9%
South Carolina, Midlands	921	46.0%	54.0%
South Carolina, Upstate	1148	57.9%	42.1%
Tennessee, Memphis	1011	47.3%	52.7%
Tennessee, Nashville	1656	68.7%	31.3%
Tennessee, Knoxville	1360	48.8%	51.2%
Tennessee, Rural	670	41.0%	59.0%
Tennessee, Chattanooga	519	55.9%	44.1%
Texas, Austin	1355	53.1%	46.9%
Texas, Dallas/Ft. Worth	4106	49.0%	51.0%
Texas, Houston	4230	40.4%	59.6%
Texas, San Antonio	1508	41.8%	58.2%
UT Wasatch Front	1523	51.7%	48.3%
Virginia, Hampton Roads	1417	41.1%	58.9%
Virginia, Richmond	1282	59.2%	40.8%
Virginia, Western	1548	32.7%	67.3%
Vermont	601	62.1%	37.9%
Washington, Seattle	3497	50.6%	49.4%
Washington, All Other	1238	29.2%	70.8%
Wisconsin, Milwaukee/Green Bay	2470	42.3%	57.7%
Wisconsin, All Other	881	72.3%	27.7%
West Virginia	1389	38.9%	61.1%

Physician Quality and Cost-Efficiency Displays Overview

The CIGNA Physician Quality displays are available on both the public and secure websites at www.cigna.com and www.mycigna.com. Cost-Efficiency displays are available only on the secure website for individuals with CIGNA coverage, www.mycigna.com. The displays are available in 77 markets for 22 specialty types:

- The 19 specialty types assessed for the CIGNA Care designation, and
- Three primary care physician (PCP) specialty types: Family Practice, Internal Medicine and Pediatrics.

Symbols are assigned to physicians/physician groups indicating the quality criteria met, and two or three stars are used to illustrate cost-efficiency. Three stars for cost-efficiency represents the top one third of physicians/physician groups when compared to their specialty peers within the market. Two stars represent groups falling between 2.5% and 67%, and one star represents groups in the bottom 2.5% for cost-efficiency. Groups with one star are not displayed in the directory.



ABIM Practice Improvement Module



Adherence to Evidence Based Medicine Standards with performance in approximately the top 33% of practices in the physician's geographic market



NCQA recognized



Meets the CIGNA Group board certification criteria



Certified Bariatric Center Affiliated Surgeons

★★★ - Top score for cost-efficiency measures

★★ - Results in middle category for cost-efficiency

The markets and volume of physicians reviewed for Physician Quality and Cost-Efficiency displays, beginning January 3, 2011, are listed in Table 2.

Table 2: 2011 Quality and/or Cost-Efficiency Display Markets and Number of Physicians Reviewed

Market	Volume of Reviewed Physicians	Market	Volume of Reviewed Physicians
Alabama **	4209	North Carolina, Raleigh	3746
Arkansas, Central	1610	North Carolina, Triad	2520
Arkansas, All Other**	2149	North Carolina, West	1893
Arizona, Maricopa	6860	New Hampshire	3820
Arizona, All Other	1305	New Jersey, North Jersey	9529
Arizona, Pima	1884	New Jersey, South Jersey	3840
California, North	6915	Nevada	3339
California South	23177	New York Metro	22090
California, Palo Alto	3785	Ohio, Northern	9354
California, Sacramento	2547	Ohio, Central	4795
California, Central Valley	2451	Ohio, Southern	5292
Colorado, Denver/Colorado Springs	6557	Oklahoma**	4097
Colorado, All Other**	862	Pennsylvania, Philadelphia	10246
Connecticut	7264	Pennsylvania, All Other	9988
Delaware	1859	Pennsylvania, Pittsburgh/Western	5019
Florida, Jacksonville	2158	RI Rhode Island	2110
Florida, All Other	3302	South Carolina, Low Country	2080
Florida, South Florida	7655	South Carolina, Midlands	1922
Florida, Orlando	4089	South Carolina, Upstate	2436
Florida, Tampa	7333	Tennessee, Memphis	1837

Market	Volume of Reviewed Physicians	Market	Volume of Reviewed Physicians
Georgia, Atlanta	7343	Tennessee, Nashville	2949
Georgia, All Other	4110	Tennessee, Knoxville	3081
Illinois, Chicago Metro	13821	Tennessee, Rural	1780
Illinois, Rockford	2072	Tennessee, Chattanooga	1091
Illinois, All Other**	1870	Texas, Austin	2804
Indiana, All Other**	4803	Texas, Dallas/Ft Worth	7826
Indiana, Indianapolis	3453	Texas, Houston	8599
Kansas/Missouri, Kansas City	3535	Texas, San Antonio	2810
Kansas/Missouri, All Other**	4069	Utah	2875
Kentucky	4676	Virginia, Hampton Roads	2875
Louisiana, New Orleans	2282	Virginia, Richmond	2553
Louisiana, All Other	3973	Virginia, Western	3480
Massachusetts, Western	3591	Vermont	1816
Maryland/DC	13806	Washington, Seattle	9016
Maryland/Northern VA	4251	Washington, All Others	3870
Maine	3421	West Virginia	3324
Mississippi**	2064	Wisconsin, Milwaukee/Green Bay	6508
North Carolina, Charlotte	3664	Wisconsin, All Other	2820
North Carolina, East	3075		

** Indicates markets where physicians are assessed for Quality and Cost-Efficiency display only.

Sample: Online provider directory display (www.mycigna.com)

The screenshot shows the myCIGNA website interface. At the top, there are navigation links for Settings & Preferences, Site Help, Feedback, and Log Out. A user is logged in as Valerie Hayes-Arrage. The main heading is 'Provider Directory - Provider Results by Specialty'. Below this, search filters are set to 'Specialty: Cardiovascular Disease' and 'Location: Within 25.0 miles of 80127'. A table lists 10 providers, with three visible:

Provider Name	CIGNA Care Designation	Address Phone	Group Practice(s)	Distance	Specialty	Quality Distinctions	Cost Value Rating
<input type="checkbox"/> Van Benthuyzen, Karyl M, MD	Yes	1000 Southpark Dr Littleton, CO 80120 (303) 744-1065	South Denver Cardiology Associates PC	7.1 Miles	Cardiovascular Disease	P N E	★★
<input type="checkbox"/> Van Benthuyzen, Karyl M, MD	Yes	2535 S Downing St #140 Denver, CO 80210 (303) 744-1065	Southern Denver Cardiac Rehab	10.0 Miles	Cardiovascular Disease	P N E	★★
<input type="checkbox"/> Svinarich, J. Thomas, MD	Yes	13402 W Coal Mine Ave #240 Littleton, CO 80127 (720) 284-3900	Rocky Mountain Heart Associates	1.6 Miles	Cardiovascular Disease	P E	★★★

Physician Specialty Types

CIGNA assesses a total of 22 physician specialty types, as identified in Table 3. A physician may only be assigned one specialty, tax identification number (TIN) and market for CIGNA Care designation and/or Physician Quality and Cost-Efficiency displays. The first specialty listed for a physician in the CIGNA Central Provider File is used to establish the specialty to evaluate physicians with multiple specialties. Infectious Disease and Vascular Surgery specialty types will no longer be assessed for the CIGNA Care designation, as of January 1, 2011, because of limited availability of assessment volume.

Table 3: Assessed Specialty Types

Allergy/Immunology	Cardiology	Cardio-Thoracic Surgery
Colon and Rectal Surgery	Dermatology	Ear, Nose and Throat
Endocrinology	Family Practice**	Gastroenterology
General Surgery	Hematology/Oncology*	Internal Medicine**
Nephrology	Neurology	Neurosurgery
Obstetrics/Gynecology	Ophthalmology	Orthopedics and Surgery
Pediatrics**	Pulmonary	Rheumatology
Urology		
*Does not include Radiation Oncology		
**Assessed only for Physician Quality and Cost-Efficiency Displays		

Participating physicians in the 19 specialty types assessed for the CIGNA Care designation account for over 80% of specialty care and 60% of total medical and pharmaceutical spending, based on CIGNA data.

Quality Evaluation

CIGNA uses five quality indicators to assess participating physicians in the 22 specialty types:

1. National Committee for Quality Assurance (NCQA) Physician Recognition Awards

The CIGNA Care designation and the NCQA recognition symbol in the CIGNA online directory is given to physicians who have received recognition in any of the five NCQA Physician Recognition Programs: Back Pain, Diabetes, Heart/Stroke, Physician Practice Connections, or Physician Practice Connections Patient-Centered Medical Home. Additional information about these programs is available on the NCQA website (<http://www.ncqa.org> > Programs > Physician Recognition).

2. Certified Bariatric Center Affiliated Surgeons

CIGNA has a comprehensive program for identifying Certified Bariatric Centers. The CIGNA Care designation and a quality symbol are given to physicians who practice at these centers, which 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).

3. Group Board Certification

Group board certification criteria, based on American Board of Medical Specialties & American Osteopathic Association certification information, determines if 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 certified and provide 50% of the care, or at least 80% of the care provided by the group is provided by board certified physicians.

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

CIGNA displays a quality symbol to physicians who have completed the American Board of Internal Medicine Practice Improvement module (ABIM PIM) as part of the Physician Quality and Cost-Efficiency Displays program.

5. Adherence to Evidence Based Medicine (EBM) Rules

The quality of physician care is evaluated using a claims-based assessment based on 72 EBM rules 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 38 disease and preventive care conditions listed in Table 4, and are potentially applicable to the care provided by physicians in the 21 specialty types listed in Table 3.

EBM Assessment Process

- An EBM rule is only included for review at the market level for a physician/physician group if there are at least 20 opportunities for the rule within the specialty type and market.
- The average adherence to each rule is calculated within the specialty type for each market to derive the peer/market expected results.
- Opportunities and successes for a rule are aligned to the appropriate individual physician (using the visit methodology and relevant specialty).
- A physician is considered responsible for adherence to the EBM rule if the physician had at least:
 - Two office visit encounters with an individual with CIGNA coverage during the claim review period, and
 - One of the office visit encounters occurred in the last 12 months of the claim review period. Nine measures require only one office visit encounter in the last 12 months of the reporting period (identified by an asterisk [*] in Table 5).
- The adherence rate for the individual physician at the rule and market level is compared to the market expected adherence rate.
- Individual physicians are aligned to groups/practices and then opportunities, successes, and expected successes are summed to obtain group totals.
- The adherence rate for the physician group/practice is compared to their expected adherence rate, which is derived using their unique mix of EBM rules and opportunities.
- A Quality Index is calculated by dividing the physician groups’/practice’s actual adherence rate by the expected adherence rate.
- A 90% confidence interval around the Quality Index is determined, allowing EBM quality performance to be measured with a strong degree of certainty.
- Physician groups/practices with 30 or more opportunities that meet the board certification criteria, and have at least 50% of the episodes attributed to physicians with EBM are assessed and ranked using the Adjusted Quality Index score.
- Physician groups/practices with an Adjusted Quality Index score in the top one third for the specialty and market are placed in the top category for EBM. Physician groups that have results in approximately the lowest 2.5%, for the specialty in the market where there are at least 20 groups of that specialty in the market, are placed in the bottom category. The remainder is in the middle category.

Table 4: Disease and Preventive Care Conditions Covered By Evidence Based Medicine Rules

Adenoidectomy	Asthma	Atrial Fibrillation
Attention Deficit Hyperactivity Disorder (ADHD)	Breast Cancer Screening	Breast Cancer -II
Bronchitis (Acute)	Cardiac Surgery	Cerebral Vascular Accident
Cervical Dysplasia	Chlamydia Screening	Cholesterol Management
Chronic Kidney Disease	Chronic Obstructive Pulmonary Disease	COPD Exacerbation, Pharmacotherapy Management
Colon Cancer -II	Congestive Heart Failure	Coronary Artery Disease
Depression Medication Management	Diabetes	Hepatitis C
Hypertension	Inflammatory Bowel Disease	Knee Replacement
Low Back Pain	Migraine	Osteoporosis
Otitis Media	Pharyngitis	Persistence of Beta Blocker Treatment After MI
Postmenopausal Bleeding	Pregnancy Management	Prostate Cancer
Rheumatoid Arthritis	Sickle Cell Anemia	Tonsillectomy
Tympanostomy	Upper Respiratory Infection	

Table 5: Specialty Types Covered by Evidence Based Medicine Rules

Allergy and Immunology	Cardiology	Cardiothoracic Surgery
Colon and Rectal Surgery	Endocrinology	Family Practice
Gastroenterology	General Surgery	Hematology/Oncology
Internal Medicine	Nephrology	Neurology
Neurosurgery	Obstetrics and Gynecology	Ophthalmology
Orthopedics	Otolaryngology (ENT)	Pediatrics
Pulmonary	Rheumatology	Urology

Table 6: EBM Rules Used for the 2011 Physician Evaluation

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Adenoidectomy	American Academy of Otolaryngology	Patient(s) less than 18 years of age that had an adenoidectomy and met clinical criteria for this procedure	Otolaryngology (Ear, Nose, Throat)	Internal Medicine Family Practice Pediatrics
Asthma	NIH/NHLBI	Patient(s) using a long-acting beta2-agonist inhaler in combination with an inhaled corticosteroid	Allergy Pulmonary	Internal Medicine Family Practice Pediatrics
Asthma	HEDIS/NQF	Patient(s) with presumed persistent asthma using an inhaled corticosteroid or acceptable alternative	Allergy Pulmonary	Internal Medicine Family Practice Pediatrics
Atrial Fibrillation	ACC/AHA	Patient(s) taking warfarin that had 3 or more prothrombin time tests in last 6 reported months	Cardiology	Internal Medicine Family Practice
Attention-deficit/Hyperactivity Disorder (ADHD)	HEDIS/NQF	Patient(s) with an ambulatory follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription	N/A	Pediatrics Family Practice
Attention-deficit/Hyperactivity Disorder (ADHD)	HEDIS/NQF	Patient(s) with an ambulatory follow-up visit with a prescribing provider during the 30 days after the initial ADHD prescription, AND two follow-up visits during the 31 days through 300 days after the initial ADHD prescription	N/A	Pediatrics Family Practice
Breast Cancer Screening*	HEDIS/NQF	Patient(s) 42-69 years of age that had a screening mammogram in last 24 reported months	OB/GYN	Internal Medicine Family Practice
Breast Cancer-II	ICSI Guidelines	Patients newly diagnosed with breast cancer that received radiation or chemotherapy treatment or had a medical oncology consultation within 90 days of the diagnostic procedure	Hematology/ Oncology OB/GYN	Internal Medicine Family Practice

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Bronchitis (Acute)*++	HEDIS/NQF	Patients with a diagnosis of acute bronchitis that did not have a prescription for an antibiotic on or three days after the initiating visit	Pulmonary Otolaryngology (Ear, Nose and Throat)	Internal Medicine Family Practice
Cardiac Surgery	ACC/AHA	Patient(s) with a CABG procedure that received an Internal Mammary Artery (IMA) graft.	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Cardiac Surgery	ACC/AHA	Patient(s) 20 years of age and older hospitalized for a CABG procedure taking a beta-blocker at admission or within seven days of discharge	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Cardiac Surgery	ACC/AHA	Patient(s) 20 years of age and older hospitalized for a CABG procedure taking a lipid-lowering medication at admission or within seven days of discharge	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Cerebral Vascular Accident	ACC/AHA/ European Society of Cardiology guidelines for Atrial Fibrillation	Patient(s) taking warfarin that had 3 or more prothrombin time tests in last 6 reported months	Neurology Neurosurgery	Internal Medicine Family Practice
Cervical Dysplasia	ACOG Practice Bulletin	Patient(s) with cervical dysplasia that had a PAP smear, hysterectomy, or other cervical procedure within 12 months of the initial diagnosis	OB/GYN	Internal Medicine Family Practice Pediatrics
Chlamydia Screen*	HEDIS/NQF	Patient(s) 16 - 25 years of age that had a Chlamydia screening test in last 12 reported months	OB/GYN	Internal Medicine Family Practice Pediatrics
Cholesterol Management	HEDIS/NQF	Patients with a LDL cholesterol test during the report period	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Chronic Kidney Disease	Kidney Disease Outcomes Quality Initiative Guidelines (K/DOQI)	Patient(s) meeting the threshold of CrCl < 60ml/min, Cr >= 1.5mg/dL for women or Cr >= 2.0mg/dL for men, that had a serum calcium in last 12 reported months	Nephrology	Internal Medicine Family Practice
Chronic Kidney Disease	Kidney Disease Outcomes Quality Initiative Guidelines (K/DOQI)	Patient(s) meeting the threshold of CrCl < 60ml/min, Cr >= 1.5mg/dL for women or Cr >= 2.0mg/dL for men, that had a serum phosphorus in last 12 reported months	Nephrology	Internal Medicine Family Practice

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Chronic Kidney Disease	Kidney Disease Outcomes Quality Initiative Guidelines (K/DOQI)	Patient(s) meeting the threshold of CrCl < 30ml/min, Cr >= 2.0mg/dL for women or Cr >= 2.5mg/dL for men, that had a serum PTH test in last 12 reported months	Nephrology	Internal Medicine Family Practice
Chronic Obstructive Pulmonary Disease	Global Initiative for Chronic Obstructive Lung Disease (GOLD)	Patient(s) with problematic COPD control that had a PFT in last 12 reported months	Pulmonary	Internal Medicine Family Practice
Chronic Obstructive Pulmonary Disease	American Thoracic Society – COPD Standards	Patient(s) with frequent short-acting inhaled bronchodilator use who are also using a long-acting inhaled bronchodilator	Pulmonary	Internal Medicine Family Practice
COPD Exacerbation, Pharmacotherapy Management	HEDIS/NQF	Patient(s) 40 years of age and older with COPD exacerbation that received a systemic corticosteroid within 14 days of the hospital or ED discharge	Pulmonary	Internal Medicine Family Practice
COPD Exacerbation, Pharmacotherapy Management	HEDIS/NQF	Patient(s) 40 years of age and older with COPD exacerbation that received a bronchodilator within 30 days of the hospital or ED discharge	Pulmonary	Internal Medicine Family Practice
Colon CA - II	National Comprehensive Cancer Network Practice Guidelines	Patient(s) newly diagnosed with colon cancer that had a full colonoscopy	Colon/Rectal Surgery Hematology/Oncology Gastroenterology	Internal Medicine Family Practice
Congestive Heart Failure	AMA PCPI/ NQF	Patients prescribed an ACE-inhibitor or angiotensin II receptor antagonist therapy during the measurement year	Cardiology	Internal Medicine Family Practice
Congestive Heart Failure	AMA PCPI/ NQF	Patients prescribed beta-blocker therapy during the measurement year.	Cardiology	Internal Medicine Family Practice
Congestive Heart Failure	AMA PCPI	Patients with CHF and atrial fibrillation currently taking warfarin	Cardiology	Internal Medicine Family Practice
Congestive Heart Failure	ACC/AHA 2005 Guidelines	Patient(s) currently taking a beta-blocker specifically recommended for CHF management	Cardiology	Internal Medicine Family Practice
Coronary Artery Disease (CAD)	AMA/ACC/ PCPI/NQF	Patient(s) prescribed lipid-lowering therapy during the measurement year	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Coronary Artery Disease (CAD)	AMA/ACC/ PCPI/NQF	Patient(s) with a prior myocardial infarction prescribed beta-blocker therapy during the measurement year	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Coronary Artery Disease (CAD)	AMA/ACC/ PCPI/NQF	Patient(s) with a lipid profile (or ALL component tests) during the measurement year	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Coronary Artery Disease (CAD)	AMA/ACC/ PCPI/NQF	Patient(s) with CAD and diabetes and/or CHF prescribed ACE-inhibitor or angiotensin II receptor antagonist therapy during the measurement year	Cardiology Cardio-Thoracic Surgery	Internal Medicine Family Practice
Depression Medication Management	HEDIS/NQF	Patient(s) with a new episode of depression that remained on an antidepressant medication during the 12 week acute treatment phase	N/A	Internal Medicine Family Practice
Depression Medication Management	HEDIS/NQF	Patient(s) with a new episode of depression that remained on an antidepressant medication during the 6 month acute treatment phase	N/A	Internal Medicine Family Practice
Diabetes	HEDIS/NQF	Patient(s) 18-75 years of age that had an annual screening test for nephropathy or evidence of nephropathy	Endocrinology OB/GYN	Internal Medicine Family Practice
Diabetes*	HEDIS/NQF	Patient(s) 18-75 years of age that had an annual screening test for diabetic retinopathy	Endocrinology OB/GYN Ophthalmology	Internal Medicine Family Practice
Diabetes	HEDIS/NQF	Patient(s) 18-75 years of age that had HbA1C testing in last 12 reported months	Endocrinology OB/GYN	Internal Medicine Family Practice
Diabetes	HEDIS/NQF	Patient(s) 18-75 years of age with a LDL cholesterol in last 12 months	Endocrinology OB/GYN	Internal Medicine Family Practice
Diabetes	ADA Guidelines	Patient(s) 5-17 years of age that had a HbA1C test in the last 12 reported months	Endocrinology OB/GYN	Internal Medicine Family Practice Pediatrics
Hepatitis C	AHRQ publication: Management of Chronic Hepatitis C	Patient(s) 18 years and older that had serum ALT test in last 12 reported months	Gastroenterology	Internal Medicine Family Practice
Hepatitis C	AHRQ publication: Management of Chronic Hepatitis C	Patient(s) with cirrhosis that had a liver imaging test in last 12 reported months	Gastroenterology	Internal Medicine Family Practice

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Hypertension*	Consensus opinion of experts based on Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Hypertension Diagnosis and Treatment	Patient(s) that had a serum creatinine in last 12 reported months.	Cardiology Endocrinology Nephrology Neurology	Internal Medicine Family Practice
Inflammatory Bowel Disease (formerly Ulcerative Colitis)	American College of Gastroenterology guidelines	Patient(s) 15 years of age or older with ulcerative colitis that had a colonoscopy in last 24 reported months	General Surgery Gastroenterology Colon & Rectal Surgery	Internal Medicine Family Practice Pediatrics
Knee Replacement++	NQF/AQA/HEDIS	Adults(s) that did not have a knee MRI prior to knee replacement surgery	Orthopedics	Internal Medicine Family Practice
Low Back Pain Imaging ++	HEDIS/NQF	Patient(s) with uncomplicated low back pain that did not have imaging studies	Orthopedics Rheumatology	Internal Medicine Family Practice
Migraine	American Academy of Neurology Guidelines/ ICSI Headache Guidelines	Adult patient(s) with frequent use of acute medications that also received prophylactic medications	OB/GYN Neurology	Internal Medicine Family Medicine Pediatrics
Migraine	American Academy of Neurology Guidelines	Patient(s) with frequent ER encounters or frequent acute medication use that had an office visit in last 6 reported months	OB/GYN Neurology	Internal Medicine Family Medicine Pediatrics
Osteoporosis	HEDIS/NQF	Women 67 years of age or older who were treated or tested for osteoporosis within six months of a fracture.	Endocrinology OB/GYN Orthopedics	Internal Medicine Family Practice
Otitis Media*	American Academy of Pediatrics (AAP)/ICSI Guidelines	Patient(s) on antibiotic therapy with acute otitis media that received amoxicillin, a first line antibiotic	Otolaryngology (Ear, Nose, Throat)	Internal Medicine Family Practice Pediatrics
Persistence of beta-blocker treatment after MI	HEDIS/NQF	Patients hospitalized with acute myocardial infarction (AMI) persistently taking a beta-blocker for six months after discharge	Cardiology Cardiovascular Surgery	Internal Medicine Family Practice
Pharyngitis*	HEDIS/NQF	Patients treated with an antibiotic for pharyngitis that had a Group A streptococcus test	Otolaryngology (Ear, Nose, Throat)	Internal Medicine Family Practice Pediatrics
Postmenopausal Bleeding	ACOG guidelines	Patient(s) 50 years of age and older with postmenopausal bleeding that had an endometrial sampling procedure or dilation and curettage (D&C) within six months of initial diagnosis	OB/GYN	Internal Medicine Family Practice

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Postmenopausal Bleeding	ACOG guidelines	Patient(s) 50 years of age and older with postmenopausal bleeding that had a hysterectomy without a preceding or simultaneous endometrial sampling procedure or dilation and curettage (D&C) within six months	OB/GYN	Internal Medicine Family Practice
Pregnancy Management*	AMA PCPI/NQF/ ACOG/ AAP	Pregnant women that had HIV testing	OB/GYN	Family Practice
Pregnancy Management*	AMA PCPI/NQF ACOG/AAP	Pregnant women that had blood group screening	OB/GYN	Family Practice
Pregnancy Management*	American College of Obstetrics and Gynecology (ACOG) guidelines	Pregnant women less than 25 years of age that had Chlamydia screening	OB/GYN	Family Practice
Pregnancy Management*	ACOG/AAP guidelines	Pregnant women that had hemoglobin testing	OB/GYN	Family Practice
Pregnancy Management*	ACOG/AAP guidelines	Pregnant women that had syphilis screening	OB/GYN	Family Practice
Pregnancy Management*	ACOG/AAP guidelines	Pregnant women that had urine culture	OB/GYN	Family Practice
Pregnancy Management*	ACOG/AAP guidelines	Pregnant women that had HBsAg testing	OB/GYN	Family Practice
Pregnancy Management*	ACOG/AAP guidelines	Pregnant women that received rubella immunity screening	OB/GYN	Family Practice
Prostate CA - I	American Urological Association Best Practices Policy	Patient(s) that had a prostate specific antigen test in last 12 reported months	Hematology/ Oncology Urology	Internal Medicine Family Practice
Rheumatoid Arthritis (RA)	HEDIS/NQF	Patient(s) who had a prescription dispensed for a disease modifying anti-rheumatic drug (DMARD) during the report period	Rheumatology	Internal Medicine Family Practice Pediatrics
Rheumatoid Arthritis (RA)	American College of Rheumatology Guidelines/ Drug Facts and Comparisons/ Consensus of Experts	Patient(s) taking methotrexate, sulfasalazine, gold, or leflunamide that had a CBC in last 3 reported months	Rheumatology	Internal Medicine Family Practice Pediatrics
Rheumatoid Arthritis (RA)	Drug Facts and Comparisons/ Consensus of Experts	Patient(s) taking methotrexate or sulfasalazine that had a serum creatinine in last 6 reported months	Rheumatology	Internal Medicine Family Practice Pediatrics
Rheumatoid Arthritis (RA)	American College of Rheumatology Guidelines/ Drug Facts and Comparisons/ Consensus of Experts	Patient(s) taking methotrexate, sulfasalazine, or leflunomide that had serum ALT or AST test in last 3 reported months	Rheumatology	Internal Medicine Family Practice Pediatrics

Condition	Source	Rule Description	Applicable Specialty Types	Applicable Primary Care Specialty Types
Rheumatoid Arthritis (RA)	Drug Facts and Comparisons/ Consensus of Experts	Patient(s) taking hydroxychloroquine (Plaquenil) that had an eye exam in last 12 reported months	Rheumatology	Internal Medicine Family Practice Pediatrics
Sickle Cell Anemia	AAP–Health Supervision for Children with Sickle Cell Disease	Patient(s) that had a hemoglobin/hematocrit in last 12 reported months	Hematology/ Oncology	Internal Medicine Family Practice Pediatrics
Sickle Cell Anemia	AAP–Health Supervision for Children with Sickle Cell Disease	Patient(s) that had a reticulocyte count in last 12 reported months	Hematology/ Oncology	Internal Medicine Family Practice Pediatrics
Tonsillectomy	American Academy of Otolaryngology guidelines	Patient(s) less than 21 years of age that had a tonsillectomy and met clinical criteria for this procedure	Otolaryngology (Ear, Nose, Throat)	Internal Medicine Family Practice Pediatrics
Tympanostomy	American Academy of Otolaryngology guidelines	Patient(s) less than 12 years of age that had tympanostomy tube placement and met clinical criteria for this procedure	Otolaryngology (Ear, Nose, Throat)	Internal Medicine Family Practice Pediatrics
Upper Respiratory Infection*++	HEDIS/NQF	Patients with a diagnosis of upper respiratory infection (URI) that did not have a prescription for an antibiotic on or three days after the initial visit	Otolaryngology (Ear, Nose, Throat)	Internal Medicine Family Practice Pediatrics

* Measures requiring one office visit in the most recent 12 months of the review period.

++ Atypical rule – measure indicates over-utilization of services. Compliance for the measure requires absence of the service. Compliance rates are inverted for reporting and comparison purposes.

Abbreviations List

Abbreviation	Organization	Abbreviation	Organization
AAP	American Academy of Pediatrics	HEDIS	Healthcare Effectiveness Data Information Set
ACC	American College of Cardiology	HOPE	Heart Outcomes Prevention Evaluation Study
ACOG	American College of Obstetrics and Gynecology	ICSI	Institute for Clinical Systems Improvement
ACP-ASIM	The American College of Physicians- American Society of Internal Medicine	IDSA	Infectious Diseases Society of America
ADA	American Diabetes Association	K/DOQI	Kidney Disease Outcomes Quality Improvement
AHA	American Heart Association	NHLBI	National Heart Lung Blood Institute
AHRQ	Agency for Healthcare Research and Quality	NIH	National Institutes of Health
AMA	American Medical Association	NQF	National Quality Forum
AMA-PCPI	American Medical Association- Physician Consortium for Performance Improvement	USPHS	United States Preventive Health Service
FDA	Food and Drug Administration		

Individuals with CIGNA coverage can request specifications for any of the listed measures by calling CIGNA at the telephone number located on the back of their CIGNA ID card. Participating physicians can request additional specifications by email to PhysicianEvaluationInformat@CIGNA.com or fax to 1.866.448.5506.

Cost-Efficiency Evaluation

CIGNA uses Episode Treatment Group (ETG) methodology, an industry standard, available through INGENIX[®] Symmetry Health Data Systems, Inc. to evaluate cost-efficiency. The methodology incorporates case mix and severity adjustment, and claims are clustered into over 500 different episodes of care. Additional information about the INGENIX[®] Symmetry Episode Treatment Groups, including a complete listing of the ETGs, is available at www.ingenix.com/transparency.

CIGNA determines how a physician/physician group's cost-efficiency compares to other physicians in the same specialty in the same market. A physician group's performance is a result of their fee schedule, utilization patterns and referral patterns (e.g., use of hospitals and other facilities).

ETG Assessment Guidelines

- There must be at least 10 episodes within the market, specialty type, and episode severity and treatment level to determine the market expected cost for an ETG to be included in a market's analysis.
- Physician groups/practices must have at least 30 episodes attributed to be assessed. An episode is attributed to the servicing physician with 30% of, and highest, management and/or surgical cost for an episode. Total costs are included for all services incurred during the episodes, whether or not the responsible physician was the servicing physician.
- The peer average for an episode is established at the market, specialty, and episode severity and treatment levels.
- To reduce variation within cost-efficiency results, several ETGs are excluded from the assessment process such as routine inoculation, transplants, and ETGs with low volume or wide cost variation.

ETG Assessment Process

- The actual cost of an episode of care for each physician group and for the physicians within that group is compared to the expected cost of an episode care, which is derived using their unique mix of ETGs and the peer averages.
- The groups' actual average episode cost divided by their expected average episode cost is the groups' Performance Index.
- A 90% Confidence Interval around the Performance Index is used to determine physician groups that perform better than the bottom performing groups with at least 90% confidence.
- A threshold is set for each market and for each specialty type within a market. These thresholds are determined by specific market considerations such as geography, specialty volume, access to specialty care and contract requirements. Thresholds range from approximately 30% - 70%.
- The physician/physician group that meets CIGNA board certification criteria and CIGNA minimum volume of 30 episodes of care are ranked using the Cost-Efficiency Group Adjusted Performance Index score. Those with an Adjusted Performance Index score in the top one third of the specialty and market are placed in the top category for cost-efficiency.

2011 Outlier Methodology

The cost-efficiency evaluation includes a methodology to account for episodes that are outliers. Outliers are episodes that are substantially different from the market expected amounts. High cost episodes (ETGs) that are greater than 1.5 times the market specialty average is reduced to 1.5 times the market specialty average. For 2011, approximately 15% of physician episodes were reduced. Low cost outlier episodes are determined by the INGENIX software or are episodes of less than \$25.00 and are excluded from the evaluation.

Level of Evaluation

While CIGNA assesses participating physicians at the individual level, the majority of assessments are performed at the physician group/practice or TIN level. Individual physicians who are not part of a group are assessed if volume criteria are met. This approach provides robust data for evaluation and is consistent with the assumption that:

- individuals with CIGNA coverage often chose a group rather than a specific physician within the group, and
- individuals with CIGNA coverage who initially choose a specific physician frequently receive care by another physician within the practice/group.

Assigning the CIGNA Care Designation

The CIGNA Care designation is awarded to an individual participating physician in one of the assessed specialties who:

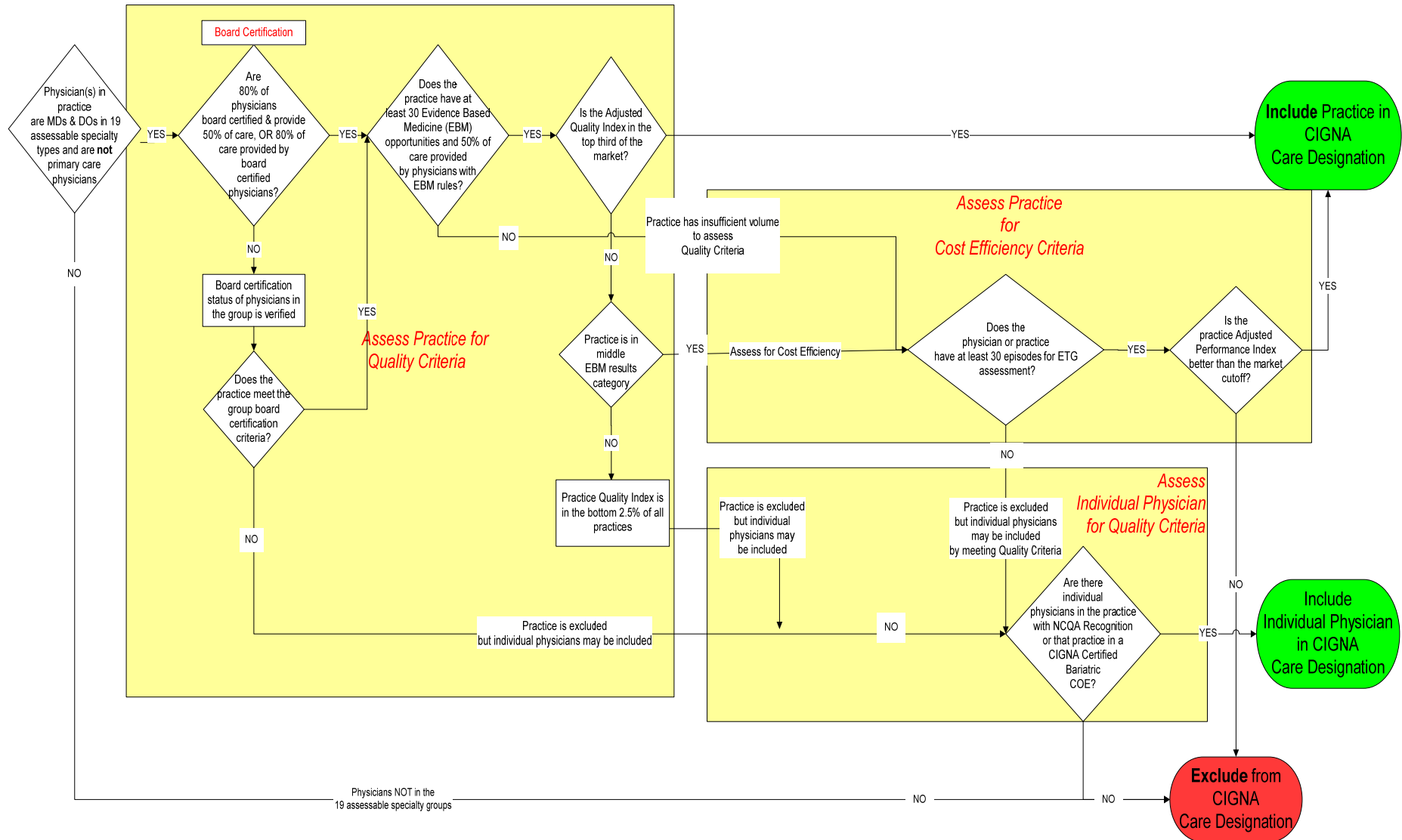
- has received NCQA physician recognition for Diabetes, Heart-Stroke, Back Pain, Physician Practice Connections or Physician Practice Connections Patient-Centered Medical Home, or
- is a bariatric surgeon performing surgery at one of the hospitals listed in our Certified Hospitals for Bariatric Surgery directory, which includes bariatric programs that are accredited by the American College of Surgeons (ACS) Bariatric Surgery Center Network (BSCN) and /or Surgical Review Corporation (SRC).

Designation is also awarded to a participating physician group/practice in one of the assessed specialties who has at least one MD or DO practicing in the group and who:

- meets CIGNA group board certification criteria, has at least 30 opportunities, has at least 50% of the episodes attributed to physicians with EBM measures, and performs in approximately the top third within the market under the selected EBM measures, or
- meets CIGNA board certification criteria, CIGNA minimum volume of 30 episodes of care, and has a Cost-Efficiency Group Adjusted Performance Index score that is better than the market threshold for the specialty type. Note: Physician groups/practices whose quality results are in the lowest category are excluded.

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CIGNA Care Designation 2011 Inclusion Algorithm



Data Sources

The evaluation data sources and how the information from each source is used are outlined below.

Data Source	How Information is Used
CIGNA Physician Metrics (January 2008 – December 2009) Use combined Managed Care and PPO product data with episodes of care or EBM rules attributed to the responsible physician.	<ul style="list-style-type: none"> The data is used to produce ETG efficiency and EBM summary reports. Note: Data for Medicare-eligible members is removed.
CIGNA Central Physician File (CPF) (as of April 2010)	<ul style="list-style-type: none"> File extracts to identify contracted physicians, TIN, groups, specialty, board certification status, network, and products contracted.
Physician Recognition Program File obtained from National Committee for Quality Assurance (NCQA) (as of April 2010 and at least six times per year)	<ul style="list-style-type: none"> The status of physicians recognized for the Diabetes, Heart /Stroke, Back Pain, Physician Practice Connections or Physician Practice Connections Patient-Centered Medical Home recognition programs is updated based on information received from NCQA.
CIGNA Certified Bariatric Facilities listing (as of April 2010 and updated monthly if new centers are identified)	<ul style="list-style-type: none"> Identifies bariatric surgeons associated with the CIGNA Certified Bariatric Facilities.

Buffer Zone Methodology

Variation in physician group/practice performance (e.g., positive or negative, substantial or minimal) is inevitable and expected in an annual review process due to various factors (e.g., changes to physician group makeup, external market factors, and practice pattern modifications). A “buffer zone” or “grandfathering” methodology addresses small-scale variation for physician groups/practices whose CIGNA Care designation changes from the previous year. A practice may maintain its CIGNA Care designation status if the Adjusted Performance Index (Performance Index adjusted with a 90% confidence interval) is within 3% of the market maximum Index. Similarly, a buffer zone of 3% from the market maximum Adjusted Quality Index is available for groups whose CIGNA Care designation changed due to EBM quality performance.

The selected group must meet the standard CIGNA Care designation criteria to achieve the 2011 buffer zone designation. The standard criteria applied includes meeting the physician group Board Certification criteria, the Board Certified physicians must be responsible for at least 50% of the group episodes, the group must have at least 30 episodes, and the group must not be in the bottom 2.5 market percentile for EBM quality performance in a market with greater than 20 groups within the specialty category in the market.

Additional Information and Data Limitations

The CIGNA Care designation and Physician Quality and Cost-Efficiency displays are a partial assessment of physician quality and cost-efficiency, and are intended to provide information that can assist individuals with CIGNA coverage in health care decision-making. 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.

While CIGNA uses what it believes to be the best available information to create an objective assessment methodology, there are some limitations:

- The EBM 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 will consider using it in evaluations when credible data is available.
- CIGNA can only use received claim data in evaluations. There may be health care services performed for which no information is provided to CIGNA.

- Specific service line item detail may not always be available due to the way claims may be submitted by physicians and/or processed by CIGNA.
- Pharmacy data inclusion is limited to only those customers for which CIGNA administers pharmacy benefits.
- CIGNA uses ETGs, an industry standard grouper, to risk adjust for patient severity. Although ETG software is recognized as a leading risk adjustment model, perfect patient severity risk adjustment does not exist.
- Many physicians/physician groups are unable to be displayed for quality and cost-efficiency due to small patient populations. CIGNA will not display results for those physicians/physician groups whose episodes or opportunities sample do not meet certain volume thresholds.

Process to Display Strategic Alliances Information

Health Alliance Plan (HAP)

Physicians/physician groups in the Eastern Michigan area (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 2011 physician profiling process includes NQF EBM rules, NCQA recognition, ABIM's Practice Improvement Modules, and board certification to evaluate physicians. The CIGNA Tree of Life icon displays when physicians/physician groups in Eastern Michigan have met the Quality and Cost-Efficiency inclusion criteria, but tiered benefits are not available in the HAP service area.

Feedback Process

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 plans should call the telephone number listed on the back of their CIGNA ID card. Participating physicians may provide feedback by calling our Customer Service Center 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 appropriate. Methodology changes are annually reviewed and implemented.

Physician Process to Correct Errors, Request Reconsideration/Appeal

Participating physicians/physician groups have a right to correct errors and request data review for both the CIGNA Care designation and Physician Quality and Cost-Efficiency displays. Email CIGNA at PhysicianEvaluationInformat@CIGNA.com or fax 1.866.448.5506 to request additional information or detail reports. Email CIGNA at TransRecon@CIGNA.com to request reconsideration, correct errors, or submit additional information. The request for reconsideration must include the reason for the reconsideration and any documentation you wish to provide in support of the request.

The National Selection Review Committee review process is initiated within five business days of CIGNA receipt of a reconsideration or appeal request. A CIGNA Network Clinical Manager (NCM) will contact the physician practice/group to clarify information received for reconsideration and generate detail reports. The NCM may change the physician practice/group designation if the obtained information meets committee guidelines. These may include, but not be limited to, verification of board certification, a revision to the Evidence Based Medicine (EBM) score, and/or verification of completion of one or more NCQA physician recognition programs. The National Selection Review Committee will review the request if the obtained information does not meet committee guidelines.

The National Selection Review committee participants include physicians and CIGNA staff. Voting committee participants include the National Medical Director and physician representatives from the three CIGNA regions, their alternates and ad hoc physicians. Non-voting participants include the Assistant Vice President of Provider Measurement and Performance, National Network Business Project Sr. Analyst, Health Data Senior Specialist, Marketing Product Sr. Specialist, Network Product Integration Leads, and Network Clinical Managers.

The National Selection Review Committee determination may include changing the designation, upholding the original designation, or pending the determination for additional information. The decision notification is mailed to the physician group/practice after the committee determination is made. The National Selection Review Committee process and final decision is complete within 45 days of receipt of a reconsideration or appeal request.

How to Register Complaints

At any time, individuals with CIGNA coverage may register a complaint with CIGNA about the CIGNA Care designation or the Physician Quality and Cost-Efficiency displays by calling the telephone number located on the back of the CIGNA ID card.

Registering a Complaint for Individuals in New York

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.

2011 Physician Evaluation Methodology Changes

Changes to the CIGNA 2011 physician evaluation methodology are outlined below.

Methodology Item	2011 Change/Enhancement	Details
General Methodology		
ETG/EBM Version	Migrated from ETG/EBM Version 7.5 to 7.5.5	Additional EBM rules. New EBM rules aligned more closely with HEDIS specifications
Physician Specialty Changes	19 reviewable specialties plus multi-specialty and PCPs are evaluated. Infectious Disease and Vascular Surgery are no longer evaluated	Many markets do not have enough volume to evaluate Infectious Disease and Vascular Surgery specialties
Market Thresholds	Thresholds previously set at the same percentage for all specialties in the market may now be adjusted at the market and specialty level	Allows for consideration of geographic coverage for specialty type, access, and or contract requirements
Quality Evaluation Methodology Changes		
Change in number of EBM rules	Increased EBM rule set from 41 rules to 72 covering 38 disease and preventive care conditions	Additional rules cover more disease categories and specialties
ABIM PIM	ABIM PIM completion applicable to Physician Quality Displays	
EBM Detail Report - Rounding/Display of Decimals	Adjusted Quality Index and Market Threshold Quality Index were changed from 4 decimal places in 2010 to 2 in 2011	A higher level of confidence in performance results is established when using 2 decimal places

Methodology Item	2011 Change/Enhancement	Details
Cost-Efficiency Methodology Changes		
ETG Profile Report - Rounding/Display of Decimals and Ranking	Adjusted Performance Index and Market Threshold Performance Index were changed from 4 decimal places in 2010 to 2 in 2011	A higher level of confidence in performance results is established when using 2 decimal places

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CGLIC has acquired the business of Great-West Healthcare.