

CIGNA CARE DESIGNATION AND PHYSICIAN QUALITY AND COST-EFFICIENCY DISPLAYS 2010 METHODOLOGIES

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GENERAL INFORMATION

CIGNA annually evaluates physician quality and cost-efficiency information. By using a methodology consistent with national standards and incorporating health care professional feedback, CIGNA is able to provide covered individuals with relevant information through two programs:

- CIGNA Care Designation; and
- Physician Quality and Cost-Efficiency Displays.

THE CIGNA CARE DESIGNATION

The CIGNA Care designation is a benefit plan design option made available to employers, unions and other groups sponsoring group health benefit plans. Available in 64 service areas across the country, the CIGNA Care designation distinguishes CIGNA participating specialists in 21 specialty types based on specific quality and cost-efficiency measures. While overall physician reimbursement is unchanged, the benefit design is intended to encourage individuals covered by these plans to consider using a CIGNA Care designated physician. These individuals are afforded a lower coinsurance or co-payment level for services provided by CIGNA Care designated physicians than if they were to select a participating, non-designated physician.

These two programs reflect a partial assessment of quality and cost-efficiency for select physician specialties. These programs 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 markets selected for 2010 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, 64 geographic markets were identified and used. Table 1 lists the markets, the number physicians reviewed and the percent of physicians reviewed that are CIGNA Care designated in each market, beginning January 1, 2010.

Table 1: 2010 Market Inclusion for CIGNA Care Designation

| Market Name | Number of Physicians Reviewed | % Designated | % Not Designated |
|-----------------------------------|-------------------------------|--------------|------------------|
| Arkansas Central | 794 | 51% | 49% |
| Arizona, Maricopa | 3206 | 40% | 60% |
| Arizona, Pima | 931 | 37% | 63% |
| Arizona, All Other | 619 | 24% | 76% |
| California, North | 3393 | 44% | 56% |
| California, South | 11808 | 30% | 70% |
| California, Palo Alto | 1960 | 72% | 28% |
| California, Sacramento | 1155 | 65% | 35% |
| California, Central Valley | 1052 | 34% | 66% |
| Colorado, Denver/Colorado Springs | 2929 | 41% | 59% |

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| Market Name | Number of Physicians Reviewed | % Designated | % Not Designated |
|-------------------------------------|-------------------------------|--------------|------------------|
| Connecticut | 3785 | 46% | 54% |
| Delaware | 801 | 42% | 58% |
| Florida, Jacksonville | 1121 | 38% | 62% |
| Florida, All Other | 1887 | 26% | 74% |
| Florida, Orlando | 2324 | 44% | 56% |
| Florida, South Florida | 4637 | 28% | 72% |
| Florida, Tampa | 4222 | 42% | 58% |
| Georgia, Atlanta | 3938 | 49% | 51% |
| Georgia All Other | 2154 | 26% | 74% |
| Illinois, Chicago Metro | 7141 | 49% | 51% |
| Indiana, Indianapolis | 1714 | 40% | 60% |
| Kansas/Missouri, Kansas City | 1745 | 43% | 57% |
| Louisiana, Baton Rouge | 582 | 40% | 60% |
| Louisiana, New Orleans | 1310 | 33% | 67% |
| Louisiana, All Other | 1432 | 33% | 67% |
| Massachusetts, Western (not Boston) | 1273 | 44% | 56% |
| Maryland, Maryland and DC | 7030 | 63% | 37% |
| Maryland, Northern VA | 2140 | 35% | 65% |
| Maine | 1203 | 38% | 62% |
| North Carolina, Charlotte | 1629 | 60% | 40% |
| North Carolina, East | 1426 | 37% | 63% |
| North Carolina, Raleigh | 1900 | 31% | 69% |
| North Carolina, Triad | 1223 | 41% | 59% |
| North Carolina, West | 834 | 37% | 63% |
| New Hampshire | 1354 | 66% | 34% |
| New Jersey, North Jersey | 5529 | 40% | 60% |
| New Jersey, South Jersey | 1984 | 44% | 56% |
| Nevada | 1553 | 32% | 68% |
| New York, Metro | 12391 | 62% | 38% |
| Ohio, Northern | 4345 | 56% | 44% |

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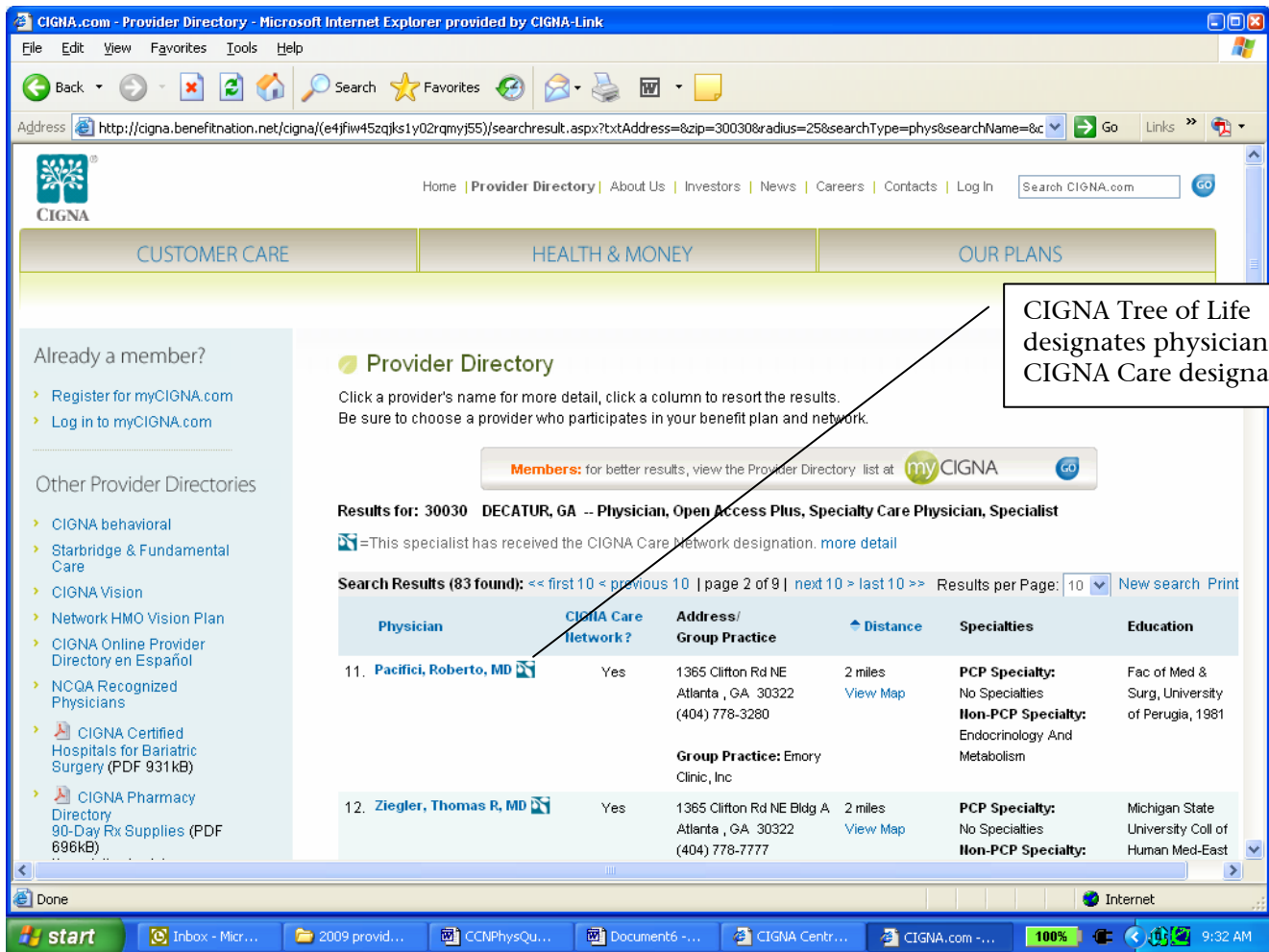
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| Market Name | Number of Physicians Reviewed | % Designated | % Not Designated |
|----------------------------------|-------------------------------|--------------|------------------|
| Ohio, Central | 2228 | 48% | 52% |
| Ohio, Southern | 2494 | 29% | 71% |
| Pennsylvania, Philadelphia | 5234 | 64% | 36% |
| Pennsylvania, Pittsburgh/Western | 2629 | 65% | 35% |
| Pennsylvania, All Other | 4077 | 58% | 42% |
| Rhode Island | 885 | 51% | 49% |
| South Carolina, Low Country | 1089 | 67% | 33% |
| South Carolina, Midlands | 889 | 40% | 60% |
| South Carolina, Upstate | 1119 | 54% | 46% |
| Tennessee, Memphis | 1043 | 50% | 50% |
| Tennessee, Nashville | 1639 | 76% | 24% |
| Tennessee, Knoxville | 1376 | 47% | 53% |
| Tennessee, Rural | 683 | 33% | 64% |
| Tennessee, Chattanooga | 526 | 64% | 56% |
| Texas, Dallas/Ft. Worth | 4215 | 48% | 52% |
| Texas, Houston | 4087 | 38% | 62% |
| Utah | 1642 | 42% | 58% |
| Virginia, Hampton Roads | 1428 | 36% | 64% |
| Virginia, Richmond | 1238 | 39% | 61% |
| Virginia, Western | 1581 | 33% | 67% |
| Vermont | 582 | 60% | 40% |
| Wisconsin, Milwaukee/Green Bay | 2574 | 48% | 52% |
| Wisconsin, All Other | 1608 | 68% | 32% |
| West Virginia | 1409 | 41% | 59% |

CIGNA Care designation physicians are identified by a Tree of Life symbol in the online provider directory on both www.CIGNA.com and www.myCIGNA.com. A sample of the online directory is below.

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PHYSICIAN QUALITY AND COST-EFFICIENCY DISPLAYS

The CIGNA Physician Quality and Cost-Efficiency displays are available only on the CIGNA secure website for participants, www.MyCIGNA.com. Quality and Cost-Efficiency displays 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 displays are available in seventy five (75) markets, including the 64 markets listed above. Table 2 lists the 75 markets where Quality and Cost-Efficiency displays only are available beginning in January 2010.

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Table 2: 2010 Quality and Cost-Efficiency Display Markets and Number of Physicians Reviewed

| Market Reviewed | Number of Physicians Reviewed | Market Reviewed | Number of Physicians Reviewed | Market Reviewed | Number of Physicians Reviewed |
|-----------------------------------|-------------------------------|-------------------------------------|-------------------------------|----------------------------------|-------------------------------|
| Alabama ** | 5010 | Indiana, Indianapolis | 3434 | Ohio, Central | 4671 |
| Arkansas, Central | 1534 | Indiana, All Other | 4777 | Ohio, Southern | 5382 |
| Arkansas, All Other | 2291 | Kansas/Missouri, All Other | 4102 | Oklahoma | 4162 |
| Arizona, Maricopa | 6690 | Kansas/Missouri, Kansas City | 3489 | Pennsylvania, Philadelphia | 9966 |
| Arizona, All Other | 1380 | Kentucky | 6031 | Pennsylvania, All Other | 9730 |
| Arizona, Pima | 1828 | Louisiana, All Other | 2886 | Pennsylvania, Pittsburgh/Western | 4897 |
| California, North | 7087 | Louisiana, Baton Rouge | 1109 | RI Rhode Island | 1954 |
| California South | 23866 | Louisiana, New Orleans | 2221 | South Carolina, Low Country | 2051 |
| California, Palo Alto | 3799 | Massachusetts, Western (Not Boston) | 3327 | South Carolina, Midlands | 1844 |
| California, Sacramento | 2493 | Maryland/DC | 13501 | South Carolina, Upstate | 2356 |
| California, Central Valley | 2417 | Maryland/Northern VA | 4238 | Tennessee, Memphis | 1880 |
| Colorado, Denver/Colorado Springs | 5319 | Maine | 3322 | Tennessee, Nashville | 2885 |
| Colorado, All Other | 1668 | Mississippi | 2669 | Tennessee, Knoxville | 3042 |
| Connecticut | 7371 | North Carolina, Charlotte | 3515 | Tennessee, Rural | 1761 |
| Delaware | 1765 | North Carolina, East | 2949 | Tennessee, Chattanooga | 1065 |

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| Market Reviewed | Number of Physicians Reviewed | Market Reviewed | Number of Physicians Reviewed | Market Reviewed | Number of Physicians Reviewed |
|-------------------------|-------------------------------|--------------------------|-------------------------------|--------------------------------|-------------------------------|
| Florida, Jacksonville | 2166 | North Carolina, Raleigh | 3582 | Texas, Dallas/Ft. Worth | 7862 |
| Florida, All Other | 3538 | North Carolina, Triad | 2402 | Texas, Houston | 8046 |
| Florida, South Florida | 7977 | North Carolina, West | 1845 | Utah | 3203 |
| Florida, Orlando | 4383 | New Hampshire | 3695 | Virginia, Hampton Roads | 2820 |
| Florida, Tampa | 7560 | New Jersey, North Jersey | 10585 | Virginia, Richmond | 2475 |
| Georgia, Atlanta | 7418 | New Jersey, South Jersey | 3919 | Virginia, Western | 3419 |
| Georgia, All Other | 4207 | Nevada | 3339 | Vermont | 1759 |
| Illinois, Chicago Metro | 14428 | New York Metro | 23052 | Wisconsin, Milwaukee/Green Bay | 6499 |
| Illinois, Rockford | 673 | New York, All Other | 11266 | Wisconsin, All Other | 4560 |
| Illinois, All Other** | 3756 | Ohio, Northern | 8775 | West Virginia | 3285 |

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

An example of the display in the provider directory on www.MyCIGNA.com is:

The screenshot shows a 'Provider Directory Screen' for 'Knee Injury' within 25.0 miles of 03038. It lists 10 providers with the following details:

| 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 | ★★ |

Icon Legend:
 CIGNA Care Designation
 Board Certified
 NCGA 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 cost.

its

MEASUREMENT METHODOLOGY

SPECIALTIES ASSESSED

CIGNA assesses a total of 24 physician specialty types. The 21 specialty types in Table 3 are assessed for both the CIGNA Care designation and for the Physician Quality and Cost-Efficiency 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 display. Based on our data, participating physicians in the 21 assessed specialty types in Table 3 account for over 90% of specialty care and 60% of total medical and pharmaceutical spending.

Table 3: Specialty Types Assessed for Both CIGNA Care Designation And Physician Quality and Cost-Efficiency Displays

| | | |
|---|-------------------------|-------------------------|
| 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 |
| <i>*Does not include Radiation Oncology</i> | | |

CIGNA performs the majority of Physician Quality and Cost-Efficiency assessments at the physician practice 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 Committee 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 Centers of Excellence Affiliated Surgeons

CIGNA maintains a comprehensive program for identifying Centers of Excellence for Bariatric Surgery. 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), are given the CIGNA Care Designation.

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

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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 one (41) Evidence Based Measure (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 twenty-three (23) disease and preventive care conditions listed in Table 4 and are potentially applicable to the care provided by physicians in the 23 specialty types listed in Table 5. A detailed listing of the Evidence Based Medicine (EBM) rules is available in Appendix A.

Table 4: Conditions Covered By Evidence Based Medicine Rules

| | | |
|---|--------------------------|-----------------------------|
| Acute Myocardial Infarction | Chlamydia Screening | Inflammatory Bowel Disease |
| Asthma | Cholesterol Management | Low Back Pain |
| Atrial Fibrillation | Colon Cancer Screening | Pharyngitis |
| Attention Deficit Hyperactivity Disorder (ADHD) | Congestive Heart Failure | Pregnancy Management |
| Breast Cancer | Coronary Artery Disease | Prostate Cancer |
| Breast Cancer Screening | Depression | Rheumatoid Arthritis |
| Bronchitis | Diabetes | Upper Respiratory Infection |
| Cerebral Vascular Accident/Transient Ischemic Attack (Stroke) | Hepatitis C | |

Table 5: Specialty Types Covered by Evidence Based Medicine Rules

| | | |
|--------------------------|---------------------------|----------------------|
| Allergy and Immunology | Hematology/Oncology | Orthopedics |
| Cardiology | Infectious Disease | Otolaryngology (ENT) |
| Cardiovascular Surgery | Internal Medicine | Pediatrics |
| Colon and Rectal Surgery | Nephrology | Pulmonology |
| Endocrinology | Neurology | Rheumatology |
| Family Practice | Neurosurgery | Urology |
| Gastroenterology | Obstetrics and Gynecology | Vascular Surgery |
| General Surgery | Ophthalmology | |

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The claim review period used for 2010 assessments is January 2007 to December 2008 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 of the visits 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 their expected adherence rate, which is derived using their unique mix of EBM rules and opportunities. The groups' actual adherence rate divided by their expected adherence rate is the groups' Quality Index. 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 in which EBM assessed physicians account for at least 50% of the episodes and have a quality index score in approximately the top 33% are placed in the top category for EBM, while groups that have results in approximately the lowest 2 ½ % of all groups are placed in the bottom category. The remainder is in the middle category. Additional detail on CIGNA's EBM rules methodology, including risk adjustment logic is available in 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 500 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 2007 through December 2008. For additional information about the INGENIX® Symmetry Episode Treatment Groups and a complete listing of the ETGs Please refer to the INGENIX web site at www.ingenix.com/transparency.

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, episode severity and treatment level. A physician group must have at least 30 episodes attributed to be assessed. An outlier methodology is used to identify and remove high and low cost outliers.

For each physician group and for the physicians within that group, their actual cost of episode care is compared to their expected cost of episode care, which is derived using their unique mix of ETG's 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 determined; allowing efficiency performance to be measured with a strong degree of certainty. All physician practices or tax identification numbers are compared to their specialty peers within a market and 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%; 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).

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APPLICATION OF MEASUREMENT RESULTS: CIGNA CARE DESIGNATION

ASSIGNING THE CIGNA CARE DESIGNATION

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

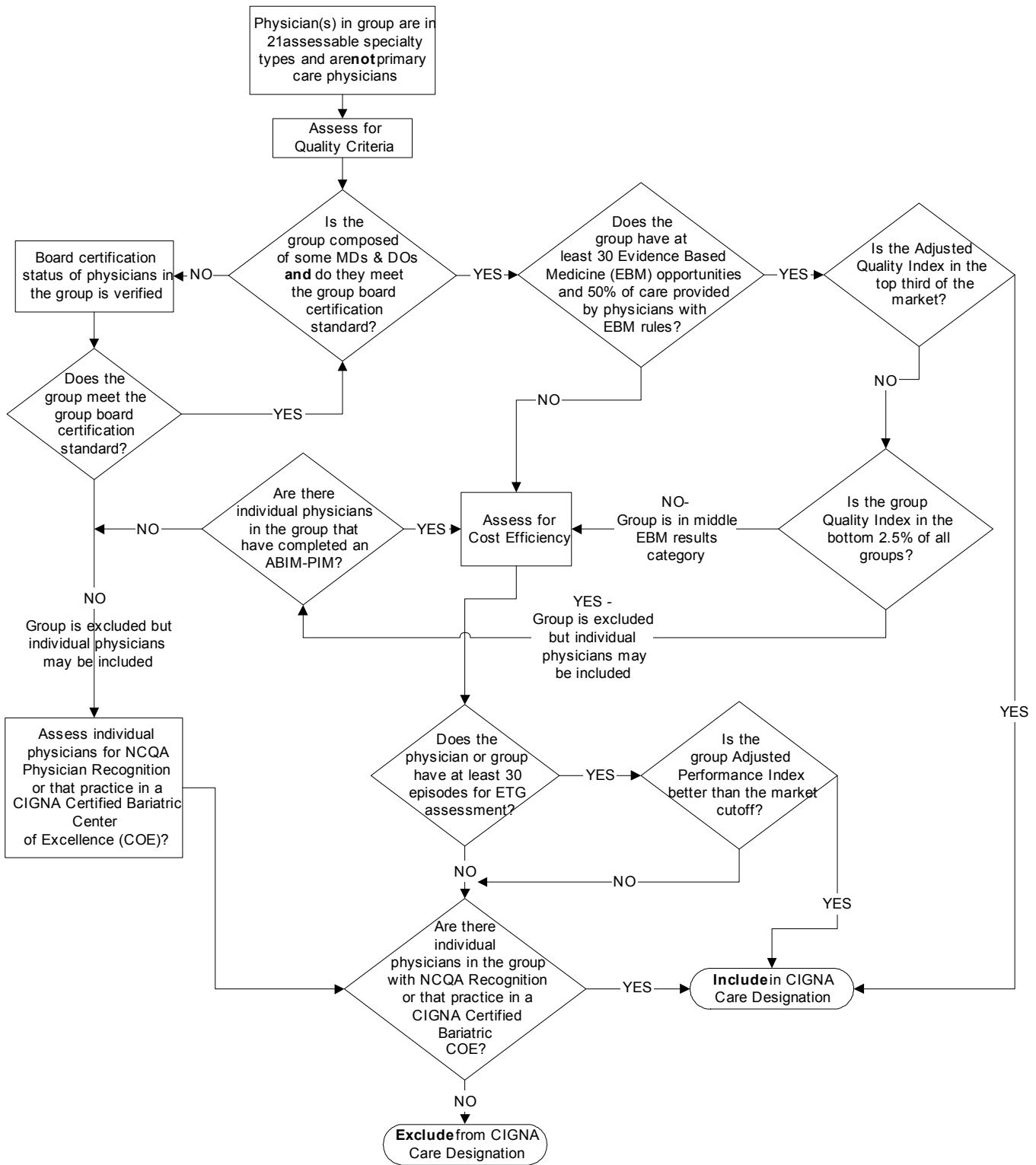
- The physician has received an NCQA physician recognition award for Diabetes, Heart-Stroke, Back Pain, Physician Practice Connections or Physician Practice Connections-Patient Centered Medical Home;
- The physician is a bariatric surgeon who performs surgery at one of the hospitals listed in our Certified 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);
- 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 Group Adjusted Performance Index score that is better than the market threshold. The market threshold is determined by specific market considerations (i.e., the need to include certain 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:

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CIGNA Care Designation 2010 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:

- 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

★★★ - Top Score for Cost-Efficiency Measures

★★ - Results in middle category for Cost-Efficiency Measures

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 2009 to 2010 is available in Appendix D; click here.

ADDITIONAL INFORMATION, LIMITATIONS, REGISTERING A COMPLAINT AND PHYSICIAN RECONSIDERATIONS/APEALS

The Physician Quality and Cost-Efficiency displays, 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.

Process to Display Information for Health Alliance Plan (HAP)

Specialists 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 2010 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. Specialists in Eastern Michigan have the CIGNA Tree of Life icon displayed when inclusion criteria for Quality and Cost-Efficiency criteria are met.

Limitations of Physician Quality and Cost-Efficiency Designations

There are many ways to create an objective provider profiling methodology, and 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 displays, 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 Request Reconsideration or Appeal of 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.

To request reconsideration, correct errors, or submit additional information, email CIGNA at PhysicianEvaluationInformat@CIGNA.com, or fax your request to 1.866.448.5506. A Network Clinical Manager will contact you to provide additional details about our process and your results.

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The National Selection Review Committee review process is initiated within five business days when CIGNA receives a reconsideration or appeal request. A CIGNA Network Clinical Manager (NCM) will contact the physician/practice to obtain additional information for reconsideration, and generates detail reports. The NCM may change the physician/practice designation if the obtained information meets committee guidelines. If the obtained information does not meet committee guidelines, the National Selection Review Committee Process is initiated.

The National Selection Review committee is a cross-functional group of several CIGNA staff, including: National Medical Director, Market Medical Executives, Provider Measurement and Performance, Health Data Senior Specialist, Marketing Product Senior Specialist, and Network Clinical Managers. The National Selection Review Committee will review the reconsideration or appeal request to:

1. Change the designation;
2. Uphold original designation; or
3. Pend for more information.

The decision notification is then mailed to the physician/practice within one business day of the committee meeting. 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, an individual with CIGNA coverage may register a complaint with CIGNA about the CIGNA Care designations or the Physician Quality and Cost-Efficiency displays. 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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