

Health Care Professionals

PHYSICIAN EVALUATION METHODOLOGY FOR 2010 CIGNA CARE DESIGNATION AND PHYSICIAN QUALITY AND COST-EFFICIENCY DISPLAYS 2010 CHANGES AND ENHANCEMENTS



CIGNA annually evaluates physician quality and cost-efficiency information, designating those who meet specific criteria as CIGNA Care physicians.

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. Physicians in certain specialties who meet or exceed specific quality and cost-efficiency criteria receive the CIGNA Care designation. 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.

Because the CIGNA Care designation reflects only a partial assessment of quality and cost-efficiency for select physician specialties, we encourage individuals with CIGNA coverage to consider all relevant factors and to speak with their treating physician when selecting a specialist for their care. Covered individuals are informed that the CIGNA Care designation should not be the sole basis for their decision-making.

Where to Find this Information

CIGNA Care designation information will be available to participants in the online provider directory on www.cigna.com, as well as our secure website for individuals, beginning September 14, 2009. The quality and cost-efficiency displays will be available only on the secure website for individuals beginning December 28, 2009. By using a methodology consistent with national standards and incorporating health care professional feedback, CIGNA is able to provide covered individuals with relevant information.

Methodology

The CIGNA Care Designation and Physician Quality and Cost-Efficiency Profiles Methodology is available on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com. Once you have logged in, click on the 'Resources' tab at the top of the page, and view the document under the 'Being a CIGNA HealthCare Provider' section. If you are not currently registered for the website, go to www.cignaforhcp.com and click on 'Register Now'. If you do not have internet access, call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462).

2010 Physician Evaluation Methodology Changes

Changes to the CIGNA 2010 physician evaluation methodology are outlined in the following table:

Methodology Item	2010 Change/Enhancement	Details
Quality Evaluation Methodology Changes		
Minimum volume for assessment of evidence based medicine (EBM) rules	Minimum volume required for assessment changed from 20 to 30 opportunities	Increase in volume results in fewer groups assessed, but increases stability of the measure

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CGLIC has acquired the business of Great-West Healthcare.

Methodology Item	2010 Change/Enhancement	Details
Attribution of EBM rules to physicians	For 2009, only one visit required for screenings and acute conditions that typically require only one visit in two years	EBM rules for breast cancer screening, chlamydia screening, pharyngitis, URI, and otitis media now require only one visit in two years in order to attribute to the treating physician. All other rules require two visits
Change in number of EBM rules	Decreased EBM rules by 41 rules covering 23 disease and preventive care conditions	Upgraded Symmetry Health Data Systems, Inc. software version from 6.5 to 7.5
Excluded participants	Excluded Medicare eligible participants	Change removes data of patients that are Medicare eligible
Minimum volume of opportunities within an EBM market/category/rule level to include in assessment	For a rule to be included in the 2009 review of a physician or physician group there must be at least 20 opportunities for the rule within the specialty and within the market	This change decreases the variation in expected compliance rates produces more stable results
NCQA Physician Recognition Award Added	The Patient Care Connections-Patient Centered Medical Home (PCC-PCMH) NCQA Physician Recognition award was added to the list of awards that result in designation for CIGNA Care designation and display of the NCQA Physician Recognition icon in the online provider directory	
Cost-Efficiency Methodology Changes		
Minimum volume for assessment of a physician or physician group for cost-efficiency	Increased the minimum volume to be eligible for assessment from 20 unique patients to 30 completed episodes	Results in fewer specialty groups assessed but higher confidence in results for cost-efficiency. Also includes more PCP groups assessed for cost-efficiency
Specialty practices compared to same specialty type practices	Single specialty practices compared to same type specialty practices and multi-specialty practices compared to other multi-specialty practices.	Results in more precision in comparison of specialty practices.
Statistical comparison of practices	Eliminated prior SCD methodology and now using Performance Index methodology with a 90% confidence interval.	Change made to satisfy NCQA Physician and Hospital Quality Certification requirements.
Minimum episode threshold at the market/specialty/severity level to be included for assessment of an ETG for that market and specialty	Minimum number of episodes required for an ETG to be included for assessment for a specialty in the market was reduced from 20 to 10.	This decreases variation by removing small episode buckets at the severity level.
ETG exclusions	Several ETGs are now excluded from assessment: routine inoculation, transplants, and ETGs with low volume or wide cost variation.	Exclusions result in less variation within cost-efficiency results.

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