

# THE CBH PROVIDER CONNECTION

**Quarterly publication produced by CIGNA Behavioral Health's  
Professional Relations Department**

## 4th Quarter 2003 Volume VIII

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## EAP CORNER

### EAP OPERATIONS UPDATE

Even under our new Care Advocacy Program, prior benefit authorization is still required for coverage of EAP services. CIGNA Behavioral Health is no longer calling EAP providers with authorization numbers upon referral. The new procedure is that participants are given the authorization number when they first call CBH for names of providers. Providers should ask their clients if they are using their EAP benefit and if they have obtained an authorization number. If the client has not called, or they do not have the authorization number, the provider should then call CBH for that information.

### SAP TRAINING AND RECRUITMENT

The provider training programs at our Regional Care Centers began rolling out in October and continued through November. There has been impressive attendance at the SAP Training break out sessions.

The federally imposed deadline is quickly approaching (12/31) for SAP providers to have completed the training and the test. If you have achieved these credentials and have not yet notified CBH please send an email to the Regional EAP Manager for your region. Addresses are listed in the next section.

### REGIONAL RECRUITMENT

**New England Region**—Our New England Regional EAP Manager is recruiting for all EAP specialties (SAP, on-site presenters and Critical Incident Debriefing specialists) in Connecticut, Massachusetts, Rhode Island, New Hampshire, Maine, and Vermont. If you are interested in providing these services, please email [daniel.fallon@CIGNABehavioral.com](mailto:daniel.fallon@CIGNABehavioral.com).

**Mid-Atlantic Region**—Recruitment for Critical Incident Debriefers and providers experienced in delivering on-site supervisor trainings at corporations in Maryland, Delaware, Virginia, West Virginia, Kentucky, Arkansas, North Carolina, and South Carolina. In addition, there is a specific need for presenters in Baltimore, Maryland, and Washington, DC. Please email [carlton.weinstein@CIGNABehavioral.com](mailto:carlton.weinstein@CIGNABehavioral.com).

**Southeast Region**—There is a need for presenters in New Orleans, Louisiana; Birmingham, Alabama; and Naples, Florida. Additional recruitment needs are described in Marsha Shewanown's profile below. Please email [marsha.shewanown@CIGNABehavioral.com](mailto:marsha.shewanown@CIGNABehavioral.com).

**Western Region**—Our Western Regional EAP Manager is looking for SAPs and presenters for employee education. Please email [bruce.steele@CIGNABehavioral.com](mailto:bruce.steele@CIGNABehavioral.com).

**Midwest Region**—The Midwest Regional EAP Manager is looking for SAPs up-to-date with the 2004 requirements. There is also a need for all EAP specialties in western Texas. In El Paso, Texas, we are looking for both English and bilingual (Spanish-English) speakers. If interested, please email [robbie.hamill@CIGNABehavioral.com](mailto:robbie.hamill@CIGNABehavioral.com).

**Northeast Region**—Recruitment for SAP providers in New York, New Jersey, and Pennsylvania. There is an acute need for individuals who can provide on-site employee education in Harrisburg and Altoona, Pennsylvania, as well as Syracuse and Albany, New York. Please email [dana.kiel@CIGNABehavioral.com](mailto:dana.kiel@CIGNABehavioral.com).

## KNOW YOUR REGIONAL EAP MANAGER (REM)

This is the fifth installment in a series designed to enhance the REM relationship with the provider community.

The profile for this quarter is our REM from the Southeast Region, Marsha Shewanown.

### **Can you please describe your educational background and EAP experience?**

I graduated with a joint degree in Psychology and Philosophy from the University of California, Berkeley. I then finished a Master's in Education Counseling and a Masters in Social Work from Washington University, St. Louis. My clinical specialization was in Family Therapy, and I later completed training at the Mental Research Institute in Palo Alto, California. So a systems perspective and solution focused brief therapy was my clinical foundation. This perspective still underlies the way I view issues today, whether it is a situation with an employee conflict, an organizational transition, or delivering a critical incident response service. My work experience has ranged from outpatient chemical dependency treatment, family work in hospice care, outpatient mental health, to managing a hospital social work department. I have been involved with EAP work over the past 11-12 years.

### **How long have you been with CIGNA Behavioral Health?**

I have been with CBH over 10 years now, first as an internal clinician delivering both behavioral health and EAP services, later as a Lead Clinician for our Professional Practice offices in Georgia, and now as a Regional EAP Manager over the past 6 years.

### **Where is your office located?**

My office is located in the Buckhead area of Atlanta, Georgia.

### **What is your philosophy about the value of EAP to our customers?**

EAP work resonates strongly with my core clinical values of prevention and a systemic approach. The underlying philosophy of EAP is a focus on primary prevention and early intervention. The employee focused services of barrier free access to clinical assessment, wellness seminars, and critical incident response services are all directed at catching problems early in their development before they become more difficult and costly to resolve. The organizational services of management consultation, drug-free workplace program support, management training, and policy support services all address the organization from both a preventative and systems perspective. These approaches can result in a healthier, more satisfied employee base and a more productive organization as a whole.

**Is there anything special you would like the providers to know about your customers?**

I encourage all EAP affiliates to remember the dual-client relationship in servicing EAP customers. No matter what service you are providing, from clinical assessment to group debriefings, both the employee(s) in front of you and the larger organization are your clients. To juggle these sometimes competing priorities can be challenging!

**Do you have any particular need for providers in your area?**

I continue to recruit for SAP providers in this region, as our customer base with DOT regulated employees grows. Additionally, we always have a need for Critical Incident responders—we can really never have enough in today's world. A new specialty area for which we are identifying select providers is in gambling addiction, due to our new large customer in the gaming industry. I am also looking for experienced presenters who can deliver our wellness seminars to client customers. Should you have any interest in further information about these specialty areas, please email me at [marsha.shewanown@CIGNABehavioral.com](mailto:marsha.shewanown@CIGNABehavioral.com).

**What do you think about the strength of CBH's provider community and their value as a "face to the customer"?**

I would like all of our EAP providers to know how very satisfied our customers are, large and small, with the quality of services you provide for them. When I attend customer meetings here throughout the southeast, I consistently hear good feedback about management referrals that were handled well, wellness seminars that were particularly helpful, management training that was effective, and critical incident response services that were invaluable to our customers! We have gained new customers as a result of the good reputation we have for delivering these quality EAP specialty services, and we have retained many, many others as a result of the value they place on the services you provide. We have you to thank for making it all possible!

*Look for the REM from your area in upcoming newsletters!*

## THE OTHER EAP SERVICES

If you are credentialed to be an EAP provider with CIGNA Behavioral Health, you are well aware of our face-to-face counseling programs. The majority of our EAP customers have purchased a 1-3 model (Assess and Refer). This product allows for the provider to have up to three sessions to formulate an assessment and make a referral on to the behavioral health benefits. Two things to remember: (1) if it is an appropriate clinical referral, the provider can refer to themselves; and (2) the provider must call CBH to close the EAP case when the assessment is completed—after the first, second or third session.

Our Short Term Counseling product has begun to see more membership. These products are more than 3 sessions and sometimes up to 12. The goal of this product is to try to complete the course of treatment within the EAP and if you assess that this is not an appropriate goal, you should refer on to the behavioral health benefit. The provider must call CBH when the EAP-STC case is closed.

Many of our EAP providers may not be aware of the other services that the EAP products offer. However, they may be great help to your treatment plan and to your patient. Therefore, we are publishing a list of services that are included in almost all of our EAP offerings. Simply have the patient and/or the household member call CBH or go to CBH's website (the number or access information is on their EAP card) to gain access to these services.

- Childcare
  - Adoption
  - Prenatal care
  - Parenting
  - Summer care
  - Special needs
  - Temporary backup care
- Senior Care
- Pet Care
- Education
- Legal
- Financial Information

Thanks for helping to make our EAP product offerings so successful!

## CARE ADVOCACY PROGRAM RESULTS

Because participants and practitioners value open access to outpatient care, CIGNA Behavioral Health discontinued the need for preauthorization of benefit coverage for routine outpatient office visits on July 1, 2003. Participants are no longer required to obtain preauthorization of coverage before seeking routine outpatient care from an in-network practitioner of their choice.

The CIGNA Behavioral Health Care Advocacy Program uses groundbreaking technology to:

1. Eliminate the need for practitioners to submit Outpatient Treatment Review forms,
2. Speed up the access and referral process,
3. Provide educational information and tools for practitioners and participants,
4. Automate clinical algorithms to identify complex cases for care management involvement, and
5. Transform care management into a consultative process.

## CALL VOLUME

Reduced call volume to CIGNA Behavioral Health's Operating Units was a desired outcome of Care Advocacy. Eliminating the need for preauthorization of coverage and routine care management creates the opportunity for a new kind of supportive interaction with participants and practitioners. A year-over-year review of call volume for September shows a 13% reduction.

## CONSULTATIVE CARE MANAGEMENT

The automated follow-up system has identified 28,075 cases for staff involvement including:

- 3,341 Depression cases, with more than 12 sessions and no claim from a medication prescriber.
- 318 Post Hospital Discharges, where a participant was discharged 60 days ago but has had no outpatient claim in the past 30 days.
- 417 Eating Disorder cases, where a participant is under the age of 22 with an Eating Disorder diagnosis.
- 415 cases, where a participant is a minor and has a diagnosis of Autism, Aspergers, or Pervasive Developmental Disorder.
- 192 Substance Abuse cases, where a participant did not engage in treatment.
- 4,844 Adjustment Disorder cases, where treatment has used 14 sessions.
- 15,433 Benefit cases, where the participant used 65% of a limited benefit plan. We are currently evaluating an improvement process to automate sending letters that inform practitioners that participants are nearing benefit limits.
- 1,037 Attention-Deficit/Hyperactivity Disorder cases. As a part of our new preventive health program launched October 1, 2003, support tools and educational materials are made available to families and practitioners. Families are followed up by survey to determine their satisfaction with and the perceived value of our interventions.

## EDUCATIONAL PACKETS

Over 3,741 educational packets have been sent to participants related to their presenting problem.

## EDUCATION SPECIALISTS

The following is an overview of activity since August 15:

- **New articles for Care Advocacy Program Library**—In response to request, the Education Department has released several new articles.
  - **“Anger Management”**
  - **“Binge Eating”** (article pending review by MD)
  - **“FAQ—Traumatic Events,” “How to Speak to Your Child About the News,” and “Terrorist Attacks and Children”**—These articles were released prior to the anniversary of the September 11 disaster to offer additional support resources to callers during this emotional time.
- **Schizophrenia Toolkit**—A schizophrenia toolkit has been created for a pilot project. This toolkit includes information for families on medication compliance, relapse prevention, resource information, and medication calendars.

## PRACTITIONER EDUCATION SPECIALISTS

Five Practitioner Education Specialist positions have been created nationally. The following activities, in addition to special projects and outreach, will be conducted:

- Orient newly contracted practitioners regarding claims submission protocol, referral responsibilities, and reimbursement procedures.
- Outreach practitioners regarding updates or changes to the Care Management Program, as necessary.
- Share data with practitioners and facilities regarding their performance in comparison to local, regional and national practitioner networks.
- Promote CIGNA Behavioral Health's electronic transaction capability.
- Teach network practitioners how to utilize other network practitioners to augment care and maximize clinical expertise.
- Work in conjunction with Participant Educational Specialists to roll out new or updated educational materials to network practitioners.

## ONE FINAL THOUGHT

Remember that under Care Advocacy, our toll-free phone lines are still an option. Participants can access our list of care practitioners online at [www.CIGNABehavioral.com](http://www.CIGNABehavioral.com), contact a practitioner directly, or call CIGNA Behavioral Health for help in choosing a practitioner, or to obtain educational information or articles. Care Advocacy is a program about choice that counts CIGNA Behavioral Health as an industry leader.

## ENSURING TIMELY ACCESS TO CARE

Although CIGNA Behavioral Health's Care Advocacy Program no longer requires that participants call CIGNA Behavioral Health prior to accessing routine outpatient care, our staff continue to be the point of initial contact for about 70% of participants using services. Assuring telephonic responsiveness and appropriate appointment accessibility remains a high priority.

We continue to be available by telephone during and after hours each day of the year and collect monthly data on our telephonic average speed of answer and abandonment rates. Our standard is that callers reach a non-recorded voice within an average of 30 seconds or less, and that abandonment rates not exceed 5%. We monitor the adequacy of access to telephonic services against these goals and through a review of Complaints and Participant Satisfaction survey results.

Because of the open-access nature of our Care Advocacy Program, CIGNA Behavioral Health may not always be directly positioned to assure care and service accessibility. For those participants who do not call us, practitioners now must take a growing responsibility to ensure that service and clinical access standards are realized. By taking a proactive role in your own practice, you can assure a high level of achievement for these important goals.

CIGNA Behavioral Health's Access Standards are outlined below:

1. In a **life-threatening emergency** situation, where an immediate danger to the individual or others is known or suspected, the participant should be transported to a facility for immediate evaluation.
2. When there is a danger posed to the individual or others, but **not immediately life-threatening**, then the participant should be transported to a safe environment such as a facility and evaluated within 6 hours.
3. When a potential risk of danger to the welfare of self or others exists, yet there is no immediate danger, or where one is perhaps unable to determine with any certainty that the participant's situation is routine, then an **urgent** appointment should be scheduled as soon as possible after becoming aware of the situation, but in no case later than 48 hours.
4. If a participant presents no obvious risk of danger to self or others, and there is sufficient evidence that the participant's situation is not urgent, then a **routine** appointment should be scheduled as soon as possible, but reasonably in a time frame not to exceed 10 (ten) working days.

At least annually, CIGNA Behavioral Health collects and performs analysis of data that measures performance against telephone and appointment accessibility standards. The following table illustrates national performance for CIGNA Behavioral Health during the first six months of 2003.

Standard	Standard Measure	Goal	Field Operating Units	National Care Center
<b>Appointment Access</b>				
Life-Threatening Emergency	Immediate	100%	100%	100%
Non-Life Threatening Emergency	Within 6 hours	100%	96%	100%
Urgent	Within 48 hours	90%	87%	92%
Routine	Within 10 working days	85%	86%	95%
<b>Telephonic Access</b>				
Average Speed of Answer	< 30 sec	< 30 sec	18.79 seconds	
Abandonment Rate	< 5%	< 5%	4%	

Recognizing that doing away with precertification of coverage requirements means you may be the one receiving the first call, CIGNA Behavioral Health invites you to embrace the challenge to be responsive and accessible for participants seeking services. Changes in your schedule, or the availability of after hours, weekend, or crisis appointments should be communicated to CIGNA Behavioral Health.

CIGNA Behavioral Health has met our goals for telephone access. We have also demonstrated statistically significant improvements over the years in our Access to Care measures by adding more practitioners to the network and creating a **Crisis Stabilization Network** of practitioners readily available to assist participants in an urgent or emergent situation. By designating practitioners available for crisis stabilization services, our staff will be able to more quickly locate timely appointments for participants in a crisis situation. If you would like to participate in CIGNA Behavioral Health's Crisis Stabilization Network, contact a Professional Relations Representative at the CIGNA Behavioral Health Operating Unit you work with most often to learn more.

## TREATMENT RECORD KEEPING

### JUST FOR THE RECORD

Well-documented treatment records, whether electronic or paper, facilitate communication, continuity of care and coordination. They promote the efficiency and effectiveness of treatment. All contracted practitioners, new and existing, receive CIGNA Behavioral Health's medical record-keeping standards through our Provider Guide. CIGNA Behavioral Health's participant record standards are consistent with those required by the National Committee for Quality Assurance (NCQA) and incorporate CMS requirements for Medicare patients.

#### **You made the grade!**

To assess the quality of medical record keeping in the network, CIGNA Behavioral Health annually reviews "blinded" medical records from practitioners who receive 50 or more referrals in a year. The performance goal for treatment record reviews is 80% compliance, using a standardized audit tool and process. To date in 2003, the CIGNA Behavioral Health practitioner network has received a total compliance score of 92% nationwide. Audit results are used to give providers feedback and to drive organizational quality improvement. Trends in 2003 of areas needing improvement include:

1. Documentation of substance use patterns,
2. Documentation of the presence or absence of allergies,
3. Timeframes targeted for treatment goals, and
4. Documentation of communication and coordination with the Primary Care Physician.

#### **Are you "up-to-speed"?**

Consider the following general information to assess whether you've been traveling in the "Passing Lane" or the "Breakdown Lane." The participant record, at a minimum, should include the following broad categories of information:

1. Administrative information including demographic and identifying information
2. Presenting problem(s)
3. Mental status exam including assessment of risk of harm to self or others

4. Psychiatric history
5. Allergies and medical conditions
6. Alcohol and drug pattern of use
7. Diagnostic and assessment information
8. Individualized treatment plan containing measurable goals, and including targeted timeframes and the patient's agreement
9. Documentation related to coordinating care with the Primary Care Clinician and other consultants
10. Progress note information
11. Medication management information, including informed consent
12. Information required for Medicare participants

Medical treatment records should be current, detailed and organized, and maintained in a manner that permits effective and confidential participant care, and kept in a secure environment. They should reflect all services provided directly, and all diagnostic and therapeutic ancillary services ordered by the practitioner. In general, entries and contents should be chronological and the document should include informed consent, the participant's understanding of his/her rights and responsibilities, an understanding of the treatment plan, and consent for referral or transfer to other practitioners. Additional information is available in your Provider Guide or contact a Professional Relations Representative at one of CIGNA Behavioral Health's Operating Units.

NOTE: In states where there are laws regulating the record keeping process, these laws shall prevail if greater than CIGNA Behavioral Health's minimum standards; if not, CIGNA Behavioral Health standards shall apply.

## SOME THINGS ARE WORTH REPEATING

### WE ENCOURAGE OPEN DIALOGUE

CIGNA Behavioral Health encourages you to communicate openly with your patients about appropriate treatment alternatives and does not penalize practitioners for discussing care that is felt by the practitioners to be necessary or appropriate.

#### **Compensation**

CIGNA Behavioral Health compensates providers and staff in ways that are intended to promote quality care and appropriate use of services. We emphasize appropriate utilization, not under-utilization of services. The management decisions of our Medical Directors, Physician Advisors, and Care Management staff reflect this philosophy. Staff compensation and incentives encourage the appropriate use of medically necessary care. CIGNA Behavioral Health considers the quality of care, quality of service and appropriate use of services prior to awarding any bonuses or incentives.

#### **Prudent layperson standard**

We provide coverage for emergency services needed to screen and stabilize a participant without requiring precertification of coverage in any case where a prudent layperson acting reasonably, believes that an emergency medical condition exists. Coverage is also provided to eligible

participants when CIGNA Behavioral Health staff or providers direct a participant to seek emergency care.

## FROM OUR QUALITY MANAGEMENT DEPARTMENT

### TREATING DEPRESSION IN DIABETICS

Author: David J. M. Whitehouse, MD, CIGNA Behavioral Health  
Corporate Medical Director for Quality

According to the American Diabetes Association, approximately 17 million Americans suffer from diabetes. Of these 17 million Americans, about 5-10% have Type 1 diabetes (immune system destruction of the insulin-producing beta cells in the pancreas). Striking mainly young adults, this form of diabetes occurs equally in males and females and more often in Caucasians. Type 2 Diabetes accounts for about 90% of all the diabetics (6% of all Americans) and is most commonly found in adults over the age of 40. 80% of Type 2 diabetics are overweight, and more commonly African Americans, Hispanic Americans, American Indians and Asian and Pacific Islander Americans. Gestational diabetes places a mother at greater risk of developing Type 2 diabetes later in life and is found more frequently in the same ethnic groups as Type 2.<sup>1</sup>

When we think of managing diabetes we think of insulin regimens, diet exercise and preventing treatment complications. However good physical health is not enough. *For if coping with diabetes wasn't enough in and of itself, the odds of depression in this group are twice that of non-diabetics.*<sup>2</sup> At the same time emotional stress, even if it doesn't reach the level of a full fledged diagnosis of depression, can still cause hyperglycemia and increase treatment non-compliance as well as increase the chance of worsening the impact of diabetic medical complications. In fact some studies suggest that negative major life events such as the death of a spouse, a financial crisis, marital discord or other life altering events can increase the risk of developing diabetes in middle age.<sup>3</sup>

What groups offer the best prospect for screening? Studies suggest that the prevalence of co-morbid depression is significantly higher in female diabetics (28%) as against males (18%). It is also far more common in populations of uncontrolled (31%) as opposed to controlled (21%) diabetics. What is clear is that whether secondary to the hardships of advancing diabetes or to diabetes related abnormalities in neurochemical or neurotransmitter function, depression is much more common in diabetics in general. And in terms of medical disease management, treatment of depression is associated with marked improvements in glycemic control.

At the level of EAP intervention, newly diagnosed diabetics could certainly benefit from emotional support coping with the initial anger and anxiety at the diagnosis; working through

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<sup>1</sup> The informational webpage of the American Diabetes Association can be found at: [www.diabetes.org](http://www.diabetes.org)

<sup>2</sup> Geringer ES, Perlmutter LC, Stern TA, Nathan DM. (1986) Depression and diabetic neuropathy: a complex relationship. *J Geriatr Psychiatry Neurol*;1:11-15.

<sup>3</sup> Peyrot M, McMurphy JF Jr, Kruger DF. (1999) A biopsychosocial model of glycemic control in diabetes: stress, coping and regimen adherence. *J Health Soc Behav. Jun;40 (2):141-58.*

putting their life back together; dealing with the impact of changes on the family and how to cope emotionally. On an on-going basis the stress management workshops that EAPs offer employers as well as their early intervention, anonymity and less threatening approach, can offer a perfect entry point for learning new skills or getting a start on often needed help. Indeed with formal studies showing the impact of marital strife, and consequent stress on the development and worsening of diabetes, an initial EAP screening which can assess what support might be best for individuals, couples or the whole family offers a real touch point often missed in traditional diabetic disease management programs.<sup>4</sup>

CIGNA Behavioral Health has worked with CIGNA HealthCare and other health plan customers to add depression-screening components into medical disease management programs for diabetes and other diseases. Through these programs, patients are identified that may need referral to behavioral health treatment providers. When delivering behavioral health treatment services for a diabetic patient, *it is critical to communicate closely and coordinate care with the Primary Care Physician* or other healthcare professionals that may be involved.<sup>5</sup>

Finally, there should also be an awareness of the possibility that some psychiatric treatments themselves may be causing or exacerbating a diabetic problem. Recent studies that included both retrospective analyses of claims data from two health plans in the United States covering 2.5 million individuals, a British evaluation of the UK General Practice Research Database and a Duke University analysis of Adverse Drug Reports to the FDA, have shown that the atypical antipsychotics in particular have been associated with increased risks of diabetes, some of which were life threatening.<sup>6</sup> Other studies have shown an increased prevalence of Type 2 diabetes in patients who have had a previously documented depressive episode.<sup>7</sup>

All in all, this information acts as a continued reminder of the complex interactions of mind and body. Whether it is helping combat stress in diabetics through EAP resources, screening for depression or keeping a careful eye out for the development of diabetic symptoms in certain psychiatric patients, there are things we can do to improve the chance for a positive outcome and coordination of behavioral care with other treating providers is critical.

## THE COMPLEXITIES OF MEDICATION COMPLIANCE

As a part of CIGNA Behavioral Health's responsibility in combating rising healthcare costs, more energy than ever is being directed toward assuring that our participants are connected with

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<sup>4</sup> Ibidem.

<sup>5</sup> Katon W, Von Korff M, Lin E, Simon G, Ludman E, Bush T, Walker E, Ciechanowski P, Rutter C. 2003 Improving primary care treatment of depression among patients with diabetes mellitus: the design of the pathways study. *Gen Hosp Psychiatry*. May-Jun;25(3):158-68.

<sup>6</sup> Dewan V. 2003 Potential risk of diabetes mellitus with the use of atypical antipsychotic medication. *Can J Psychiatry*. Jun;48(5):351-2.

<sup>7</sup> Carnethon MR, Kinder LS, Fair JM, Stafford RS, Fortmann SP. 2003 Symptoms of depression as a risk factor for incident diabetes: findings from the National Health and Nutrition Examination Epidemiologic Follow-up Study, 1971-1992 *Am J Epidemiol*. Sep 1;158(5):416-23.

appropriate caregivers and able to comply with the providers' recommendations. One of these recommendations is often for the use of psychotropic medication.

One of the barriers to a patient's compliance with medication has been identified as the cost of medication copayments. This is especially the case when the participant is prescribed multiple maintenance medications for medical as well as psychiatric disorders. Open and ongoing communication with the participant is one simple way of exercising some amount of control over this issue. Some important points to discuss with your patient have been identified as:

- Current socioeconomic status
- Number of medications the patient is prescribed and whether or not there is overlap in the function of the various agents
- Awareness that tiered plans allow for lower copayments for generic equivalents

To make the evaluation of the above issues simpler, providers and participants may access the CIGNA HealthCare web site for a wealth of information about medication issues. Here you can learn about the various tiered plans, search for a drug to determine if it is on the formulary, or even print the formulary options included for an entire class of medication.

To access the web site and pharmacy info:

- Go to [www.CIGNA.com](http://www.CIGNA.com),
- Under "Popular Links," click on "Prescription Drug List," and
- From here, multiple options and searches are possible.

This site is very user-friendly and participants are often able to investigate their own plan and covered medications independently, saving you and your office staff valuable time. At the same time, the participant is more likely to comply with medications prescribed, with the ultimate outcome being a better quality of life for the participant.

## CLAIM DIAGNOSTIC CODING UPDATE

Did you know CIGNA Behavioral Health receives approximately 7,000 to 10,000 claims per month with an invalid diagnostic code, delaying the processing for reimbursement of behavioral health claims?

To help ensure prompt claim payment, valid coding will now be required. Beginning **October 16, 2003**, only diagnoses listed in the ICD-9-CM (International Classification of Diseases 9<sup>th</sup> Revision – Clinical Modification) are considered valid and will be eligible for reimbursement by CIGNA Behavioral Health. You may find a listing of these valid diagnostic codes in the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders). Previously accepted diagnosis codes, including those missing fourth or fifth digit indicators where required, will no longer be processed by CIGNA Behavioral Health due to regulatory and reporting requirements.

If a claim is submitted with an invalid diagnostic code it will be pended and you will be asked to resubmit the claim with a valid code. We regret any inconvenience this may cause you and thank you in advance for your cooperation.

*A friendly reminder that if you submit your claims electronically via our web site at [www.CIGNABehavioral.com](http://www.CIGNABehavioral.com), this will speed up your claim submission time, and there is a Diagnosis Look-Up tool that will provide you with the most current and appropriate Mental Disorder codes.*

If you have any additional questions or concerns regarding this matter, please call our Customer Service department toll-free at 800.926.2273. Our office hours are 7:30 a.m. to 6:00 p.m. Central Time Monday, Tuesday, Wednesday, Friday and 8:30 a.m. to 5:00 p.m. Thursday. We value your business and truly want to be of service.

## COLLECTION, USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION BY CIGNA BEHAVIORAL HEALTH\*

**This is not a notice of privacy practices as required by the HIPAA Privacy regulations.\*\*** *As a third-party administrator and utilization review agent acting on behalf of our health plan customers, CIGNA Behavioral Health is committed to maintaining and protecting the confidentiality of participants' personal and sensitive information. This communication outlines how we do so.*

### **Right to Inspect and Copy Confidential Information**

Participants may ask to inspect or to obtain a copy of their confidential information that is included in certain records we maintain. Under limited circumstances, we may deny a participant access to a portion of their records. If the participant requests copies, we may charge the participant copying and mailing costs. If the participant's health plan has not delegated administration of this HIPAA Privacy right to CIGNA Behavioral Health, we will provide access to the health plan receiving the participant's request.

### **Right to Request Additional Restrictions**

Participants may request restrictions on our use and disclosure of their confidential information for the treatment, payment and health care operations purposes explained in this document. While we will consider all requests for restrictions carefully, we are not required to agree to a requested restriction.

### **Right to Amend Records**

Participants have the right to ask us to amend their confidential information that is included in our records. If we determine that the record is inaccurate, and the law permits us to amend it, we will correct it. If the participant's provider or another person created the information the participant wants to change, the participant should ask that person to amend the information. If the participant's health plan has not delegated administration of this HIPAA Privacy right to CIGNA Behavioral Health, we will provide access to the health plan receiving the participant's request, and amend information as the health plan requests and as is appropriate and legally permitted.

### **Right to Receive an Accounting of Disclosures**

Upon request, a participant may obtain an accounting of disclosures we have made of the participant's confidential information. The accounting that we provide will not include disclosures made before April 14, 2003, disclosures made for treatment, payment or health care operations, disclosures made earlier than six years before the date of the participant's request, and certain other disclosures that are accepted by law. If the participant requests an accounting more than once during any 12-month period, we will charge the participant a reasonable fee for each accounting statement after the first one. If the participant's health plan has not delegated administration of this HIPAA Privacy right to CIGNA Behavioral Health, we will provide an accounting of any disclosures to the health plan receiving the participant's request.

### **Right to Receive Confidential Communications**

Participants may ask to receive communications of their confidential information from us by alternative means of communication or at an alternative location. While we will consider reasonable requests carefully, we are not required to agree to all requests.

*Participants who wish to make a request for access, restriction, amendment, Accounting, confidential communications, or inspection and copying, may contact CIGNA Behavioral Health's Privacy Office at 1.888.433.5768, ext. 2350. You may be directed to make your request directly to your health plan, as your plan may not have delegated administration of this process to CIGNA Behavioral Health.*

### **Internal Protection of Oral, Written and Electronic Protected Health Information**

CIGNA Behavioral Health is bound by the CIGNA Information Protection Policy, which is a set of principles concerning the safeguarding of CIGNA information as it applies to all methods used to collect, store and access that information. CIGNA Behavioral Health employees must adhere to this policy in regards to CIGNA specific information or individually identifiable protected health information of our participants, in any medium. CIGNA Behavioral Health employees must safeguard this information from any intentional and unintentional use. This policy includes procedures for corrective actions and employee sanctions if a CIGNA Behavioral Health employee inappropriately uses or discloses protected health information.

### **Routine Uses and Disclosures of Protected Health Information**

CIGNA Behavioral Health will not use participants' confidential information or disclose it to others without the participant's authorization, except for the following purposes:

- **Treatment** We may disclose participants' confidential information to the participant's health care provider for the provider's provision, coordination or management of the participant's health care and related services.
- **Payment** We may use and disclose participants' confidential information to obtain payment for the participant's coverage, and to determine and fulfill our responsibility to administer the participant's health plan benefits. We may also disclose the participant's confidential information

to a health plan, third-party administrator or health care provider for its payment activities.

- **Health Care Operations** We may use and disclose participants' confidential information for our health care operations. We may also disclose the participant's confidential information to a health plan or provider who has a relationship with the participant, so that it can conduct quality assessment and improvement activities.

Upon termination of our business associate relationship with a participant's health plan, we have procedures in place to protect and restrict further use of and access to protected health information we have received or created for purposes of our benefit administration.

- **Disclosures to participants' Employer, as Sponsor of participants' Health Plan** As a business associate of employer-sponsored health plans, we may disclose participants' confidential information to a participant's employer or to a company acting on the employer's behalf, so that it can monitor, audit and otherwise administer the employee health benefit plan in which the participant participates, as permitted by the plan's documents, or as required by law. The employer or plan sponsor may not use this information for employment-related decisions, and must designate the employees who have access to the information for plan administration, monitoring or auditing purposes.

- **Disclosures to CIGNA Behavioral Health Vendors and Accreditation Organizations** We may disclose participants' confidential information to companies with whom we contract, serving as our business associates, if they need it to perform the services we've requested. Our business associates are contractually bound to the same conditions and restrictions regarding the use and disclosure of protected health information as CIGNA Behavioral Health, and must notify us of any use inconsistent with those restrictions and conditions. CIGNA Behavioral Health also discloses confidential information to accreditation organizations such as the National Committee for Quality Assurance (NCQA) when the NCQA auditors collect Health Plan Employer Data and Information Sets (HEDIS®)\*\* data for quality measurement purposes.
- **Promotional Gift** We may use or disclose participants' confidential information to provide participants with a promotional gift of nominal value.
- **Public Health Activities** We may disclose participants' confidential information for the following public health activities and purposes: (1) to report health information to public health authorities that are authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse or neglect to a government authority that is authorized by law to receive such reports; (3) to report information about a product or

activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety or effectiveness of the product or activity; (4) to alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.

- **Health Oversight Activities** We may disclose participants' confidential information to a government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid, or other regulatory programs that need health information to determine compliance.
- **For Research** We may disclose participants' confidential information for research purposes, subject to strict legal restrictions.
- **To Comply with the Law** We may use and disclose participants' confidential information to comply with the law.
- **Judicial and Administrative Proceedings** We may disclose participants' confidential information in a judicial or administrative proceeding or in response to a legal order.
- **Law Enforcement Official** We may disclose participants' confidential information to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

- **Health or Safety** We may disclose participants' confidential information to prevent or lessen a serious and imminent threat to the participant's health or safety or the health and safety of the general public.
- **Government Functions** We may disclose participants' confidential information to various departments of the government such as the U.S. military or the U.S. Department of State.
- **Workers Compensation** We may disclose participants' confidential information when necessary to comply with workers' compensation laws.

#### **Protection of Information Disclosed to Plan Sponsors or Employers**

Employers are not permitted to use confidential information we disclose for purposes of plan administration, for any purpose other than administration of the participant's health benefit plan. The employer's health benefit plan documents will say whether or not the employer receives confidential information and will identify the employees who are authorized to receive participants' confidential information.

#### **Use of Authorizations**

We will not use or disclose participants' confidential information for any purpose other than those described in this communication, without the participant's written authorization. A participant may revoke an authorization the participant had previously given by sending a written request to our Privacy Office, but not with respect to any actions we already have taken.

**Access to Protected Health Information**

Access to our facilities is limited to authorized personnel. We restrict internal access to confidential information to CIGNA Behavioral Health employees who need to know that information to conduct our business. CIGNA Behavioral Health trains its employees on policies and procedures designed to protect privacy.

CIGNA Behavioral Health employees must make reasonable efforts to limit use, disclosure or requests for protected health information to the minimum necessary to accomplish the intended purposes of the use, disclosure or request. CIGNA Behavioral Health employees will only access protected health information that is required by their specific job function.

*\*“CIGNA Behavioral Health refers to CIGNA Behavioral Health, Inc., and subsidiaries of CIGNA Behavioral Health, Inc., including CIGNA Behavioral Health of California, Inc.*

*\*\*To obtain a copy of your health plan’s HIPAA Privacy mandated Notice of Privacy Practices, please contact the member services number on your health plan ID card.*

*\*\*\*“HEDIS” is a registered trademark of the National Committee for Quality Assurance (NCQA).*

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