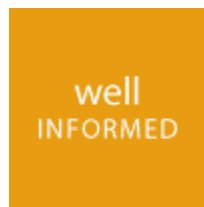




THE CBH PROVIDER CONNECTION

*Quarterly publication produced by CIGNA Behavioral Health's
Professional Relations Department to keep you . . .*



4th Quarter 2004 Volume XII

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EAP CORNER EAP 2004 IN REVIEW

As 2004 closes and the New Year is just around the corner, it's time to recap some of the recent messages we've communicated to you in previous newsletters this year.

In the first quarter, CIGNA Behavioral Health began using one CPT code for all EAP services, including Substance Abuse Professional services (SAP). This code is 99404.

In the second quarter, we reminded you of the new address for claims submission:

EAP Claims
CIGNA Behavioral Health
PO Box 46790
Eden Prairie, MN 55344

Also in the second quarter, links for SAP and Critical Incident Response Team (CIRT) training and certifications were published for you as a resource for those interested in exploring these specialized fields.

In the third quarter, CIGNA Behavioral Health began a national recruitment effort to expand our network of CIRT providers. This expansion has prepared us to serve the financial services' customer base.

Lastly, as the fourth quarter closes, please remember that we rely on you as part of the highest qualified network working in the field of EAP, to help us at CIGNA Behavioral Health support these standards. We need your support, by calling us, each time you have concluded an EAP service to: 1) close your EAP cases, and 2) provide any feedback or information that can make

your experience with us even better. Your involvement in this way is imperative to support CIGNA Behavioral Health's value system, "Gold Standard, Quality Service." **Thank You and Happy New Year!**

REGIONAL RECRUITMENT

New England Region (CT, MA, ME, NH, RI, VT): Critical Incident Providers, SAPs and Trainers are needed throughout New England. Dan Fallon—send email to <mailto:Daniel.Fallon@cignabehavioral.com>.

Mid-Atlantic Region (AR, DE, KY MD, VA, WV, NC, SC): Critical Incident Providers are needed in Maryland, Virginia, Delaware and North Carolina. Carlton Weinstein—send email to <mailto:Carlton.Weinstein@cignabehavioral.com>.

Southeast Region (AL, FL, GA, LA, MS, TN, PR, USVI): Marsha Shewanown—send email to <mailto:Marsha.Shewanown@cignabehavioral.com>.

Midwest Region (KS, IA, IL, IN, MI, MN, MO, ND, NE, OH, OK, SD, TX, WI): SAPs and Critical Incident Providers are needed throughout the Midwest. Robbie Hamill—send email to <mailto:Robbie.Hamill@cignabehavioral.com>.

Western Region (AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, WY): Trainers are needed in the Bay Area and the Silicon Valley Area. Bruce Steele—send email to <mailto:Bruce.Steele@cignabehavioral.com>.



Northeast Region (NY, NJ, PA): Trainers are needed in Pittsburgh and Danville, PA, and SAPs are needed throughout the region. Dana Kiel—send email to <mailto:Dana.Kiel@cignabehavioral.com>.

PROFESSIONAL RELATIONS CORNER

INTRODUCING THE NEW CIGNA BEHAVIORAL HEALTH NETWORK SPECIALTY REQUIREMENTS

Earlier this month, you should have received a letter from CIGNA Behavioral Health regarding the new Network Specialty Requirements for some provider specialties. This process was designed to help ensure participants receive the most appropriate referrals when dealing with a specific problem or diagnosis. This will not affect your standing in the provider network; however, there are specific guidelines now that must be met in order to list the following as specialties:

- ADHD
- Alcohol/Substance Abuse
- Autism/Developmental Disorder
- Dialectic Behavioral Therapy (DBT)
- Dual Diagnosis
- Eating Disorder
- EMDR
- Hypnotherapy
- Learning Disability
- Neuropsychological Testing
- Pain Management
- Populations: Child or Adolescent
- Sexual Disorders
- Sexual Offenders

If you currently have one of the above specialties listed in your profile, and you have not received the letter and attestation, please contact your Professional Relations department at <mailto:ProviderEducation@cignabehavioral.com>.

INTRODUCING ONLINE PROVIDER INFORMATION

CIGNA Behavioral Health is excited to introduce a new opportunity for providers to have their picture and practice outline available on our website. This information will be available in our provider directory beginning in 2005. When your name is returned in a provider search, the participant will have an option to use a link to view your picture and read your practice information.

Practice information will be submitted and updated online only, and not until January 2005. If you attended any of the CIGNA Behavioral Health 2004 Provider Conferences, there was an opportunity to have a digital photo taken for free. Participation in this opportunity is optional, and you can submit practice information without a picture. Look for additional information about this exciting new opportunity to come out in January 2005.

What makes CIGNA Behavioral Health different? It's the ability to help you market yourself and identify opportunities to expand and enhance your practice. We hope this is just one more way we can help you do that. It also gives consumers additional information they want, every time they do a provider search. The end result is a better patient-provider match.



QUALITY MANAGEMENT CORNER

ATTENTION-DEFICIT/ HYPERACTIVITY DISORDER PREVENTIVE HEALTH PROGRAM AND GUIDELINES

In October 2003, CIGNA Behavioral Health began a new Preventive Health Program for children aged 12 years and under who are diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD). The program empowers parents to monitor and manage ADHD, helps to prevent commonly associated problems, and provides practitioners with resources to improve safety and outcomes. It also has a secondary focus on early detection of ADHD in siblings. An information packet and website information provide families with education and support for treatment. Outreach occurs when the first claim carrying an ADHD diagnosis has been identified. A survey to evaluate the program is mailed approximately 30 days later.

Looking Back

Nationwide, 7,640 ADHD cases have received the ADHD program materials. The ADHD presentation rate declined during the summer months and peaked in October and March, suggesting a correlation with academic cycles. The following results came from 8.24% of parents that responded to the survey about the ADHD program:

- 86% of responders found the ADHD program materials to be helpful
- 94% indicated they would recommend the program to other parents of ADHD children

- 95% felt their practitioner is sufficiently skilled and trained
- 92% expressed satisfaction with the treatment progress that had occurred
- 76% felt the ADHD materials they received supported the treatment process

Over the last year, there were more than 10,000 visits to CIGNA Behavioral Health's consumer web page that contains ADHD information, and 81% of those surveyed found the information helpful. In contrast, there were only 200 visits to CIGNA Behavioral Health's practitioner web page with ADHD information. We encourage you to explore the resources available at CIGNABehavioral.com - ADHD Awareness. Ask parents if they have received the ADHD packet in the mail and incorporate the materials, as appropriate, into your work with families.

Treatment Guidelines

To better support the treatment of ADHD, in October 2004, CIGNA Behavioral Health adopted ADHD treatment guidelines based primarily upon the American Academy of Pediatrics' evidence-based guidelines. The CIGNA Behavioral Health ADHD guidelines will be available in the January 2005 Provider Guide update at CIGNABehavioral.com - Provider Guide

MEDICAL NECESSITY

CIGNA Behavioral Health uses its "Level of Care Guidelines," in conjunction with an assessment of individual needs and service availability, to guide clinical decision-making. The "Level of Care Guidelines" are reviewed annually and updated as



appropriate to ensure decisions are fair, objective, and evidence-based. In considering the appropriateness of any level of care decision, all basic elements of “medical necessity” should be met.

In the third quarter of 2004, and in consideration of practitioner input and feedback, CIGNA Behavioral Health broadened its definition of Medical Necessity to include a greater reliance on “clinical appropriateness” and “generally accepted standards of medical practice” as follows:

Except where state law or regulation requires a different definition, “Medically Necessary” or “Medical Necessity” shall mean health care services that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, that are:

- (a) In accordance with generally accepted standards of medical practice;
- (b) Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and
- (c) Not primarily for the convenience of the patient or Physician, or other Physician, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations, the views of physicians practicing in relevant clinical areas, and any other relevant factors.

Following extensive training, CIGNA Behavioral Health’s care management staff began using the broadened definition for Medical Necessity in the third quarter of 2004. The revised definition will be incorporated into the 2005 edition of CIGNA Behavioral Health’s Level of Care Guidelines, which is scheduled for release in 2005. The Guidelines will continue to be available for download by practitioners and providers at no charge. They are located at [CIGNABehavioral.com Level of Care Guidelines](http://CIGNABehavioral.com/Level_of_Care_Guidelines), within the “News and Resources” section of CIGNA Behavioral Health website. Copies are available upon request from Professional Relations representatives.

CARING FOR THE CAREGIVER

A recent article by Douglas Nemecek, MD, Associate Medical Director for CBH’s After-Hours Program, offers help and hope for caregivers of mentally ill family members. Anyone who has shouldered the burden of caring for an impaired family member, often while juggling a job and other responsibilities, knows how challenging and stressful it can be. And the more chronic the disease, the more stressful it is likely to be, according to Dr. Nemecek. Nevertheless, he points out, caregivers absolutely must take care of themselves or



they will likely end up burned out and ill themselves.

For some suggestions your clients might find helpful, read the article on our website at CIGNABehavioral.com - [Caring for the Caregiver](#). Among its suggestions are the following:

- Be assertive in asking for help;
- Use daycare, respite care, etc. to make time for yourself;
- Stay active;
- Don't become isolated; and
- Seek out a caregivers' support group.

Some of the benefits of support groups cited in the article are:

- Receiving useful information;
- Talking with people in similar situations fosters a sense of belonging and promotes hope;
- Seeing successful role models;
- Expressing feelings without shame; and
- That people help themselves by helping others.

The article also provides a list of helpful websites for caregivers.

CLAIMS/CUSTOMER SERVICE CORNER

WEBSITE ENHANCEMENT

CIGNA Behavioral Health offers an enhanced website where HMO and EAP claims can be submitted, their status checked, and the information prepopulated for subsequent claims. The system is set up to automatically notify you if the claim is missing pertinent information. To

obtain a login and password, go to CIGNABehavioral.com [Submit a Claim](#). The usual turnaround time for payment is 10-15 business days.

CLINICAL OPERATIONS CORNER

ONLINE COACHING PROGRAM ENHANCES EAP AND BEHAVIORAL OFFERINGS

In February 2004, CIGNA Behavioral Health launched a new interactive, web-based service for EAP and behavioral management plan participants who are suffering from anxiety, depression and/or substance abuse. Offered through its Emotional Well-Being program, participants are securely connected to a series of online, interactive exercises that allow participants to submit optional "homework" assignments to a coach for confidential, tailored, and clinically sound feedback about their mental health concerns. This service augments existing behavioral benefits for employers and their employees at no additional charge.

Beginning January 1, 2005, three new programs will be added to the online program:

- Coping With Chronic Pain
- Building a Stronger Intimate Relationship
- A Leader's Guide to Effective Writing and Speaking

The coaches are mental health professionals thoroughly trained in the use of the coaching system. To ensure continuity, each coach reviews homework and feedback previously completed. Participants are



identified only by a user name so that anonymity and confidentiality are ensured.

Offered 24/7, these Internet-based services complement face-to-face counseling, enhancing the participant's ability to resolve their behavioral issues through additional means. Psychological, physical or other barriers that may hinder face-to-face counseling are removed by the anonymity, security, and confidentiality of the online coaching tool. Participants are also encouraged to seek professional help whenever it is recommended by one of the coaches. Emotional Well-Being plan participants access the "coached series" via their employers' secure extranet site or through CIGNA Behavioral Health's website. Individuals who access the site are given a unique account that ensures privacy and enables them to receive customized feedback and educational information. The program offers up to nine interactive computer sessions that each take approximately 20 to 30 minutes to complete. An optional homework assignment is also included that can be submitted by the participant to a licensed behavioral health

expert for confidential and personalized follow-up. For more information, visit <http://www.cignabehavioral.com/>.

ACCOUNT SERVICES CORNER NEW BUSINESS ALERT

CIGNA Behavioral Health is pleased to announce a recent sale with the world's leading healthcare product company. Approximately 22,000 employees of Johnson & Johnson and its Family of Companies will be covered under our managed behavioral program effective January 1, 2005. The Family of Companies includes, but is not limited to, established organizations such as McNeil Consumer and Specialty Pharmaceuticals, McNeil Nutritional, Neutrogena, Scios, Vistakon, Cordis, DePuy, Ethicon Inc., Lifescan, Centocor, Ortho-Biotech, Janssen Pharmaceutica, Ortho Dermatological, and Ortho McNeil. For a full list of the Family of Companies, please visit <http://www.jnj.com/>. Major employee locations are in New Jersey, Pennsylvania, Connecticut, Delaware, New York, California, Georgia, and Florida.

We want to hear from you. Do you have any feedback about "The CBH Provider Connection" newsletter? Do you have suggestions for article topics? Please email us at <mailto:ProviderServiceDel@CIGNABehavioral.com>.

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