



Identify ‘Gaps in Care’

As we continue to move into 2012, I would like to remind each member that there are many ways to take charge of your health. One of those ways, and one program I would like to highlight, is “Gaps in Care,” also known as CIGNA’s Well Informed program. This program provides timely information and tips personalized for members to reach and/or maintain a healthy lifestyle. Understandably, as with all new programs, we realize that you may need more information. As a result, we have provided some frequently asked questions. Although this guide may not answer all of your questions, I hope that you will find it useful as you strive for a healthier you.

Q. What is Gaps in Care, CIGNA’s Well Informed program?

A. It is a clinically based program that looks at a member’s medical, pharmacy and laboratory claims. The claims are reviewed for potential omissions of care or care that may differ from medical standards. These claims are identified as possible gaps in care. The program addresses disease prevention and focuses on more than 30 chronic illnesses and acute conditions, such as diabetes, high blood pressure, depression and high cholesterol.

The goals of the program are to:

- Improve the health of NALC-covered members by identifying possible gaps in care (which could be a missed lab test or office visit or failing to refill medication).
- Improve the member’s knowledge of their health condition and ensure they are following their doctor’s treatment plans.
- Encourage members to be involved and informed about their health.
- Inform members about actions they can take to help manage their condition so they can lead healthier lives.

Q. What type of information is used?

A. CIGNA uses NALC’s medical data, lab data and Caremark’s pharmacy claim data and runs it all through the Well Informed process.

Q. Is the program using federal privacy guidelines?

A. This program is a health care quality improvement initiative and the disclosure of this information to physicians and their patients is *fully* compliant with state and federal privacy laws and regulations.

Q. How do you decide which health care professional will receive the letter? Can it go to multiple providers?

A. Your doctor will get a copy of the Well Informed letter. If your gap is related to a specialty health care professional (example: cardiology), he or she will also get a copy of the letter. If you have not chosen a primary doctor, the system will automatically choose the doctor based on your claim activity.

Q. Do members have to request participation in this program or are they automatically enrolled?

A. The Well Informed program consists of letters being mailed to members when a gap has been identified. All members are automatically enrolled in the program (with the exception of patients managed through the Alere Disease Management Program) and evaluated for potential gaps.

Q. How do I opt out of the program?

A. Any member can opt out by calling 800-252-7441. No one from NALC can call on the member’s behalf to opt them out of the program.

Q. What if my doctor has questions?

A. He/she can call 800-252-7441.

Q. Is this the same program as the Alere Disease Management Program?

A. No, it is a totally separate program.

Q. If the health care professional or a member contacts CIGNA with a correction to the information provided in the letter, can it be fixed in the system?

A. Individuals can inform CIGNA of any correction to the information. However, the information in the letters is based on claims processed through the system. Delays in billing and processing may result in services not being noted in the system before letters are mailed. Once the claims are processed, updates are made to the system automatically to record recent lab tests, medication refills and office visits. There is no ability to change claim data, but a notation can be made on the file of medical events, such as drug allergies, recent surgeries, etc.

Q. How often are letters sent if the member is not complying? Is it a onetime mailing or do they continue to get letters?

A. Letters are sent monthly based on identified gaps. However, the member will not continue to receive the same gap letter every month. For example, if members are not compliant with their medication and after six months they still haven’t complied, they’ll get another letter. On average, a letter will be sent again after six months. ☒