



# Network News

For Health Care Professionals  
Participating in the Cigna  
and GWH-Cigna Networks

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## Affordability through quality

### A message from David H. Finley, MD, Medical Officer, National Affordability Initiatives and Coverage Policy, Total Health and Network

At Cigna, we are committed to working with physicians, hospitals, and other health care facilities and professionals to improve the quality of care for your patients, while lowering costs. Advances in how conditions are diagnosed and treated, as well as current best practices have contributed to Cigna's philosophy and approach to promoting quality, affordable health care. This article outlines some of our guiding principles.

### Advances in diagnosis and treatment

The practice of medicine has undergone dramatic change in the past 35 years. Two major areas of change are in technology and pharmacy. It's difficult to imagine that a little over 35 years ago, there were no CT scans, no ultrasounds, no MRIs, and no flexible endoscopies. The absence of these tests meant that making a diagnosis was much more a matter of knowledge, experience, and judgment than it is now. And, once a diagnosis was made, the options for treatment were much more limited, particularly in fields such as cancer therapy, rheumatology, and other diseases that have since benefited from the development of biologics.

### Evolving best practices

Advances in diagnosis and treatment, and extensive studies on the best way to proceed with courses of treatment, have enabled many improvements in medical care. As a result, protocols – also called “clinical guidelines” or “evidenced-based medicine” – have evolved for many conditions. Cigna refers to these widely referenced best practices, which represent what clinicians have shown to be the most direct, effective, and efficient way to diagnose and treat disease. As part of our review process for coverage and reimbursement

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Your patients benefit when Cigna applies best practice criteria to reimbursement:

- Encourages adherence to clinical guidelines of proven worth
- Reduces variation in care
- Helps them avoid unnecessary medical and surgical mishaps
- Promotes quality, cost-effective care

## Affordability through Quality

CONTINUED FROM PAGE 1

policies, we consult a combination of sources to ensure we are using the most current scientific evidence in developing policies and making coverage decisions. Sources include, but are not limited to:

- Peer-reviewed, published clinical trials
- National guidelines, such as those from the National Institutes of Health or the Agency for Health Research and Quality
- Guidelines from specialty societies such as the American College of Cardiology or the American Academy of Pediatrics
- Panels of physician experts

Following guidelines appropriately helps eliminate unnecessary, duplicative, and potentially harmful tests and medical services. It also reduces variations in care. The result is higher quality, cost-effective care. A case study and commentary on this subject is presented on this page.

### Promoting quality care

Generally, many consider “the best” to be the most expensive and highest quality. However, in the context of medicine, “the best” in terms of quality means the most direct, the least harmful, and the most effective – and not necessarily the most expensive. One of Cigna’s important responsibilities to our customers and clients is to promote high quality, consistent, and cost-effective care. We do this in several ways:

- Identify areas of medical practice where we can and should tie application of national clinical guidelines (reflected in our clinical policies) to reimbursement
- Require precertification so we may review certain services for medical necessity or proper setting, or so we may engage our case management team to provide additional support
- Review appropriate payment for services based on the diagnosis submitted on a post-service claim

### Case study on quality, affordable care

The following case was shared on National Public Radio in 2008, demonstrating the challenges patients may face when they receive costly care and tests that are not medically necessary. Dr. Finley, MD, Medical Officer, National Affordability Initiatives and Coverage Policy, Total Health and Network, provides commentary on best practice alternatives.

**Case:** A woman, whose mother-in-law was diagnosed with breast cancer, and later, ovarian cancer, was afraid she too might get breast and ovarian cancer. The woman decided to get the BRCA genetic test for the mutation which, if present, means the chance of getting breast cancer is 85 percent. She herself had no family history or personal history of breast cancer, and according to the evidence, was not at high risk for the mutation, and was not a good candidate for the genetic analysis. Nevertheless, she obtained the test and was told the result was “indeterminate,” meaning she did have a breast gene mutation, but it was unknown whether her mutation was associated with increased chance of developing breast and ovarian cancer. After years of worry and research – both leading nowhere – she decided to have both ovaries removed. The cost of the genetic testing, additional testing, and removal of the ovaries was approximately \$25,000, including hospitalizations.

**Commentary:** All of this was likely unnecessary. According to protocols dealing with genetic testing for the BRCA mutation, only women at high risk [i.e., those with a personal or family (blood relatives) history of breast or ovarian cancer] should be tested, as the mutation is rare and occurs in less than two percent of women, and “indeterminate results” occur in five to 10 percent of cases if the general population is screened or tested. Had this woman decided to get genetic counseling instead of genetic testing, and followed best practices, she would not have had the test. The cost of genetic counseling would have been approximately \$120 per hour.

While this is an extreme example of how variable care increases costs, there are many other situations where variation in care leads to poor results and more costs. Think of unneeded or duplicative CT scans leading to chasing findings of no significance and increased exposure to radiation, or un-indicated or “screening” echocardiograms leading to stress tests or cardiac catheterizations, none of which are needed, according to the American College of Cardiology guidelines.

References:

1. National Public Radio. Family Struggles With Ambiguity of Genetic Testing by Deborah Franklin December 30, 2008.
2. ACCF/AHA/ASNC/HFSA/HRS/SCAI/SCCM/SCCT/SCMR 2011. Appropriate Use Criteria for Echocardiography.

- Provide transparent, advance communications to health care professionals, by letter and in the *Network News*, that explain our new and updated policies and programs, why they are being implemented, and how the changes will benefit your patients (see our Policy Update section on page 3)

We believe that by adhering to the principles of affordability through quality, we are positively affecting the quality of care delivered to our customers, and making medical care more affordable – all of which results in substantial benefits to your patients.

# Clinical, reimbursement, and administrative policy updates

In an effort to help support access to quality, cost-effective care for your patients with a Cigna medical plan, we routinely review clinical, reimbursement and administrative policies, medical coverage positions, and our precertification process and requirements.

No new policy updates were made since the November 2011 issue of *Network News*. To view our existing policies in their entirety, prior to the effective dates, please visit the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com)). As a reminder, our reimbursement and modifier policies apply to claims for your patient's with GWH-Cigna ID cards. While the policies have been integrated, please follow the existing procedures for submitting claims.

The screenshot shows the Cigna for Health Care Professionals website interface. At the top left is the CIGNA logo. The main header reads "CIGNA for Health Care Professionals". On the right, there is a search bar and a "Provider Site Index" link. Below the header is a navigation menu with tabs for "eServices", "Resources" (which is highlighted), "My Profile", "Education and Help", and "Inbox".

The left sidebar contains a "Log Out" button, "Who's logged on:", "Popular Links" (including Provider Directory, Drug List, Forms, Policies & Procedures, and Precertification), "informed on reform" logo, "Providers" (with sub-links for Medical, Dental, Pharmacy, Vision, Behavioral Health, Disability, and HIPAA), and "CUSTOMER SERVICE".

The main content area is titled "Medical Resources" and lists several categories:
 

- Communication – news from CIGNA
- Clinical Health and Wellness Programs
- Clinical Reimbursement Policies and Payment Policies – policies, procedures and requirements for administering health services
  - C&QH CORE Certification (PDF)
  - CareCentrix DME HCPCS Codes (PDF)
  - Claim Appeals Policies and Procedures
  - Claim Policies and Procedures
  - Claim Editing Procedures
  - Clinical Claim Review Not Payable Reason Codes (PDF)
  - Clinical Claim Review QRG (PDF)
  - Coverage Positions/Criteria
  - Evaluation and Management Correct Coding Fact Sheet (PDF)
  - Medical Necessity Definitions
  - Precertification Policies
  - Referrals Policy
  - Lab Information (PDF)
  - Modifiers and Reimbursement Policies
  - Never Events Fact Sheet (PDF)
  - Never Events Fact Sheet – MS-DRG Specific (PDF)
  - Reasonable & Customary (R&C) Charges
  - Reimbursement
    - EFT
    - ERA
- Doing Business with CIGNA - tools and information to help you work with CIGNA
- Medical Plans and Products
- Reference Guides

If you are not registered for the Cigna for Health Care Professionals website, you will need to complete the registration process to log in and access these policies. Go to [CignaforHCP.com](http://CignaforHCP.com) and click on "Register Now," located in the left side bar. If you do not have Internet access, please call Cigna Customer Service at 1.800.88Cigna (882.4462).



## Introducing one payer ID for claim submission

As part of Cigna's enhancements to support the Version 5010 updates, we have consolidated to a single gateway. This allows your vendor to route all Cigna claims to one Cigna payer ID (62308\*).

You no longer need to submit claims to different Cigna payer IDs by product or line of business, including claims for patients in plans associated with the GWH-Cigna network.

Please remove all other payer IDs for Cigna.

\*Excludes Starbridge Beech Street claims, which will continue to use payer ID 59225.

## Receive payments faster and avoid mail delays

Signing up for electronic funds transfer (EFT) with Cigna means your claim fee-for-service and capitated payments are deposited directly into your bank account.\*\*

### Benefits of EFT

- Eliminate paper check mail delivery and handling
- Access funds on the same day of the deposit
- Increase efficiency and improve cash flow
- View remittance reports [direct deposit activity reports (DDAR) and checkless explanations of payment (EOP)] the same day you receive your EFT deposit
- View a separate remittance report online for each deposit, which shows:
  - Deposit transaction
  - Details about the claims processed
  - Payments included in that fund transfer
  - A single remittance tracking number to easily reconcile payments

### Benefits of online remittance reports for EFT recipients

- Easily save, store, or share reports with your office staff
- Access your remittance reports online, the same day you receive your EFT deposit
  - Log in to the Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com))
  - Under "Inquiry Tools," choose how you want to search and view your reports – by patient name or Cigna ID, claim reference number, remittance tracking number, or deposit amount and deposit date

### Signing up for EFT is easy

If you're already registered to use the Cigna for Health Care Professionals website, log in to [CignaforHCP.com](http://CignaforHCP.com) > My Practice > "Enroll a New EFT Account."

- Complete the required information
- Cigna will contact your bank to verify all the account information is correct
- Unless additional verification is needed, you will begin receiving EFT on the next payment cycle

### Not registered for the Cigna for Health Care Professionals website?

- Go to [CignaforHCP.com](http://CignaforHCP.com) and click "Register Now."
- Once you complete the registration process and your information has been validated, you can sign up for EFT by following the steps above.

\*\* EFT is not currently available for transactions associated with services provided to patients through the GWH-Cigna network.



## HIPAA 5010 updates

In January 2009, the U.S. Department of Health and Human Services (HHS) published final rules adopting X12 Version 5010 for HIPAA electronic health care transactions. Use of version 5010 by HIPAA covered entities is required by January 1, 2012.

Cigna implemented changes in support of 5010 compliance during the last quarter of 2011. In addition to our efforts to comply with the HIPAA 5010 electronic transaction standards, Cigna also made enhancements to these electronic transactions to help you complete administrative tasks more efficiently. Here are examples of the enhancements:

- Cigna consolidated to a single gateway, allowing your vendor to route all Cigna claims to one Cigna payer ID (62308\*). You no longer need to submit claims to different Cigna payer IDs by product or line of business, including claims for patients in plans associated with the GWH-Cigna network.
- The "Billing Provider Address" must be a street address. A PO or lock box address should only be submitted in the "Pay to Provider" address field.
- Subscribers will be uniquely identified by their ID number across all HIPAA EDI transactions.
- The "Provider Accepts Assignment" indicator is required on all claims.

- Cigna now provides remittance advice remark codes (RARC) in addition to the claim adjustment reason codes (CARC) on the 835. This will give you a more detailed explanation of the difference between the billed amount and paid amount.
- Hospital (service type 47), urgent care (service type UC), and mental health (service type MH) coverage information has been added to the 271 eligibility and benefit response, as well as detailed urgent care benefits.
- A 277 claim acknowledgment will be sent for every claim received through the Cigna gateway.

Please confirm that your system or vendor is set up to receive transactions from Cigna and has made the appropriate format, usage, and code list updates to avoid transaction rejections and claim processing delays.

For information on additional changes Cigna made in support of the version 5010 updates, please visit [Cigna.com](http://Cigna.com) > Health Care Professionals > Doing Business with Cigna > 5010 Transaction Standards.

If you have questions about 5010 formatting changes or exchanging EDI transactions in version 5010, please contact your vendor.

\* Excludes Starbridge Beech Street claims, which will continue to use payer ID 59225.

NEW

[CignaforHCP.com](http://CignaforHCP.com)

Coming in 2012

- One secure site for Cigna and GWH-Cigna networks
- Built to help reduce your administrative workflow
- Patient-centric design aligns with the way you work
- Website tools that make your job easier
- Improved search capability

More information will be available in upcoming issues of *Network News*.

# Healthy Rewards<sup>®</sup> available to your patients with Cigna coverage

Improving health has many rewards. Cigna's Healthy Rewards program offers your patients access to complementary and alternative therapies at discounted prices, including discounts for fitness club memberships, pedometers, walking programs, and health and wellness products. These programs include brand names such as Jenny Craig<sup>®</sup>, Curves<sup>®</sup>, drugstore.com<sup>™</sup>, and more.

Our Healthy Rewards program is a national amenities program offered separate from plan benefits, available at no extra charge or fee to all your patients with Cigna coverage. You do not need to submit a referral or claim form for your patients to enjoy savings while enhancing their health and wellness. Copayments and coinsurance do not apply. Your patients are only responsible for paying the entire discounted charge for the programs and services they choose to access.

We realize that our customers may need extra assistance to achieve their health goals and experience optimal health. As a health care professional, you have the opportunity to influence your patients' health outcomes by encouraging them to take advantage of the resources available to them. When you recognize your patients' need for additional support for improving their health through weight loss, increased physical activity, nutrition, tobacco cessation, or other health improvements, please encourage them to engage in one or more of our health and wellness programs by visiting [myCigna.com](http://myCigna.com) or calling 1.800.870.3470 for a complete list of Healthy Rewards vendors and programs.

Discounts are available for the following health and wellness programs:

- Weight management
- Fitness facilities
- Nutrition

- Alternative medicine (chiropractors, acupuncturists, massage therapists, and registered dieticians)
- Tobacco cessation
- Stress management
- Vitamins, health, and wellness products
- Online store featuring discounts for vitamins and supplements, herbal products, dental products, homeopathic remedies, natural products, diet and sports nutrition, yoga and fitness activities, personal body care, books, audio, video, and DVDs

We hope this Cigna program will complement your patients' care and treatment plans, as we continue to partner with each other to improve their health and well-being.

Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states. A discount program is not insurance, and the customer must pay the entire discounted charge.

**We realize that our customers may need extra assistance to achieve their health goals and experience optimal health.**

**As a health care professional, you have the opportunity to influence your patients' health outcomes by encouraging them to take advantage of the resources available to them.**



# Tools for improving claim processing – ClaimCheck®

Cigna currently uses ClaimCheck, a code auditing software developed by McKesson to expedite and improve the accuracy of claim processing for all medical products, including claims associated with GWH-Cigna ID cards. Please be aware of the following updates:

- On November 7, 2011, ClaimCheck Knowledge Base Version 47 and NCCI Version 17.1 Column1/Column2 (Incidental) and Mutually Exclusive code editing were applied to claims for individuals with GWH-Cigna ID cards.
- On February 20, 2012, we will update ClaimCheck to Knowledge Base 48 and NCCI Version 17.3 Column1/Column2 (Incidental) and Mutually Exclusive code edits for all medical claims processed by Cigna.

You may view code edits by using the Clear Claim Connection™ code editing verification tool. This disclosure tool allows health care professionals to enter Current Procedural Terminology (CPT) and Health Care Common Procedure Coding System (HCPCS) codes, and immediately view the code audit results prior to submitting a claim. Clear Claim Connection also shows National Correct Coding Initiative (NCCI) edit definitions and the rationale behind ClaimCheck edits.

For information about recent updates, you can view the Code Edit Bulletin and Policy, our modifier and reimbursement policies, and additional ClaimCheck and Clear Claim Connection information on the Cigna for Health Care Professionals website at [CignaforHCP.com](http://CignaforHCP.com) > eServices > View Claim Coding Edits. You can also access the Clear Claim Connection information on the Secured Provider Portal at [GWHCignaforHCP.com](http://GWHCignaforHCP.com).



## New Quick Guide to Cigna ID Cards available soon

Cigna's 2012 Quick Guide to Cigna ID Cards will be available early first quarter 2012. Keep this handy guide at your fingertips to see information that appears on Cigna's most common ID cards. It can also help you understand the differences among our various plans.

What you'll find in the new guide:

**Easy-to-use key** – Quickly and efficiently process your patient's information.

**ID card samples** – See Cigna's newly designed cards, which may have been presented in your office.

**Changes to appearance of ID cards** – The new cards do not include Cigna's new logo, but include the same information that appears on Cigna ID cards today. ID cards with Cigna's old logo are still valid – continue to use the ID card for important information about call, claim, and service channels.

ID card changes associated with Cigna's new brand were referenced in the cover story of the November 2011 issue of *Network News*.

Download a copy of the latest Quick Guide to Cigna ID Cards by logging in to the secure Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com) > Resources > Doing Business with Cigna > Cigna ID Card Information.) It is also available at [Cigna.com](http://Cigna.com) > Health Care Professionals > Resources for Health Care Professionals > Doing Business with Cigna.

# Precertification updates

Cigna's list of services requiring precertification has been updated with changes that are effective January 1, 2012. Additional updates are also planned for February 2012.

## January updates

By January 1, the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) release new CPT and HCPCS codes. Codes released as part of their annual updates will be reflected on Cigna's precertification list on January 1, 2012.

## February updates

On February 6, 2012, we will update our list of existing CPT and HCPCS codes for services that will require precertification. During that time, we will also add 3D rendering codes 76376 and 76377 to the list of services requiring precertification. These codes will require precertification even if the underlying procedure does not require precertification.

Beginning February 20, 2012, 48 codes will no longer require precertification, but will be subject to the "diagnosis to procedure code match" process. Through this process, billed procedure codes are matched to the billed diagnosis codes to help ensure claims are processed appropriately for the services performed. Claims that do not have a procedure and diagnosis code match will be sent for medical necessity review. (Seven additional codes that are not currently on the precertification list will also begin to undergo this process on February 20, 2012.)

Please refer to the list to the right for the codes that will be included in Cigna's February precertification update.

## About our precertification program

Our precertification program helps ensure that our customers' care will be covered under their plan's medical necessity requirement and that it will be cost-effective, in-network care. To accomplish this, we require that referring (ordering) physicians request and obtain precertification for certain services. It is the responsibility of the rendering facility or health care professional to validate that precertification has been obtained prior to performing the service for individuals whose benefit plans require precertification.

To view the complete list of services requiring precertification of coverage, please log in to [CignaforHCP.com](http://CignaforHCP.com) and click on "Precertification" under "Popular Links." If you are not currently registered for the Cigna for Health Care Professionals website, you will need to complete the registration process to log in. Go to [CignaforHCP.com](http://CignaforHCP.com) and click on "Register Now," located in the left side bar. Beginning January 19, 2012, you can also access the list through the Secured Provider Portal, [GWHCignaforHCP.com](http://GWHCignaforHCP.com).

<sup>1</sup>Codes removed from the precertification list may still be reviewed for coverage and separate reimbursement when the claim is submitted.

### Codes requiring precertification:

19340, 19342, 20930, 22533, 33255, 33258, 33880, 33881, 33883, 33884, 33886, 34800, 34802, 34803, 34804, 34805, 34808, 62291, 64623, 64627, 70546, 72285, 75571, 76376, 76377, C9358, C9360, E0481, E0483, E0656, E0657, G0219, G0252, G9143, J0364, J0800, J1324, J9216, J9264, J9305, Q1004, Q1005, Q4115, Q4117, Q4118, Q4119, Q4120, Q4121, S3800, S3855, S3861

### Codes no longer requiring precertification<sup>1</sup>:

31626, 64573, 93463, 0016T, 0017T, 0104T, 0105T, 0160T, 0161T, 0176T, 0177T, 0187T, 0193T, 0203T, 0204T, 0205T, C9261, C9263, C9264, C9266, C9267, C9269, C9271, J1785, J1825, Q4109, S0146

### Codes subject to the diagnosis to procedure match process (These codes no longer require precertification.)<sup>1</sup>:

83987, 86343, 92548, 93740, 93890, 93892, 93893, 93982, 97533, 0106T, 0107T, 0108T, 0109T, 0110T, 0126T, 0168T, 0178T, 0179T, 0180T, 0223T, 0224T, 0225T, A4575, E0617, E0740, E0744, E0761, E0762, E0769, E0830, E1700, E1701, E1702, E1815, E1816, E1830, E1831, E1840, E1841, E2120, G0255, G0282, G0295, G0329, M0300, P2031, S3652, S3900

### Additional codes subject to the diagnosis to procedure match process:

83700, 83701, 83704, 86357, 96904, E0856, M0075

# Market Medical Executives contact update

## National

Nicholas Gettas, MD | Chief Medical Officer, Regional Accounts | 1.804.344.3038

## Northeast region

Dan Nicoll, MD, Regional Medical Director | NJ, NY | 1.201.533.4717

Frank Brown, MD	DC, MD, VA	1.804.344.2384
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Robert Hockmuth, MD	CT, MA, ME, NH, RI, VT	1.603.268.7567
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Peter W. McCauley, Sr., MD, CPE	IL, IN, MN, WI	1.312.648.5131
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Ronald Menzin, MD	NJ, NY, Tri-state	1.631.247.4526
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Christina Stasiuk, DO	DE, MI, OH, PA, WV	1.215.761.7168
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## Southeast region

Jordan Ginsburg, MD | Regional Medical Director | KS, MO | 1.314.290.7308

Edward Hunsinger, MD	NC, SC	1.336.945.6597
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Ernest Cook, MD	FL, USVI	1.407.415.0874
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Robert McLaughlin, MD	TN	1.423.763.6764
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Frederick Watson, DO, MBA, CPE	North TX, OK	1.972.863.5119
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Mark J. Netoskie, MD, MBA, FAAP	LA, South TX	1.713.576.4465
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Robert W. Hamilton, MD	GA/AL	1.404.443.8820
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## West region

Jennifer Gutzmore, MD | Regional Medical Director | CA | 1.818.500.6459

Jacob Asher, MD	North CA	1.415.374.2520
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Mark Laitos, MD	CO, MT, NM, UT, WY	1.303.729.4705
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Mary O'Neill, MD, MBA	AK, HI, ID, OR, WA	1.206.625.8846
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Jennifer Gutzmore, MD	AZ	1.818.500.6459
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We understand the importance of having Medical Directors who can work with you and recognize your needs on a local level. As part of our commitment to providing you with personalized service that can help answer your health care related questions, we list the most recent contact information for your regional and local Medical Directors, known as Market Medical Executives (MMEs).

Our medical executives cover specific geographic areas and understand the local community nuances in health care delivery. This allows our MMEs to provide you with a unique level of support and service.

## Reasons to call your MME

- Ask questions and obtain general information surrounding Cigna's clinical policies and clinical programs.
- Ask questions regarding your specific practice and utilization patterns.
- Report or request assistance around a quality concern involving your patients with Cigna coverage or health care professionals who participate in Cigna's network.
- Request or discuss recommendations for improvements or development of Cigna's health advocacy, affordability, or cost transparency programs.
- Recommend specific physicians or facilities for inclusion in our networks or identify clinical needs within the networks.
- Identify opportunities to enroll your patients in Cigna health advocacy programs.

## Making it easier for you to provide COB information

We are now making it easier for you to quickly provide information we need to process claims that may be pended or denied for Coordination of Benefit (COB) information. If you receive notice that a claim was pended or denied for COB information and your records show that

your patient has no other insurance, you may now provide that information to us over the telephone. Once we receive your verbal confirmation that there is no additional insurance, we will process the claim for payment or adjustment.

# MedSolutions, Inc. providing radiology benefits and network management services

Cigna has entered into an expanded relationship with MedSolutions, Inc. to provide exclusive radiology benefit and network management services for Cigna, including the GWH-Cigna network.

MedSolutions is a leading advanced radiology management company with a proven industry track record, dedication to quality, and dual national accreditation from the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC).

MedSolutions will provide the following services on behalf of Cigna:

- Radiology facility credentialing
- A utilization program featuring Predictive Radiology Intelligence
- Network management services
- Reimbursement of low-technology radiology services provided within the MedSolutions network
- Nuclear cardiology imaging management

We have made this change effective in markets through a phased approach, which began July 1, 2011. Health care professionals who are affected by this change will or have received a letter explaining this new relationship, prior to the effective date.



## Informed Choice support and outreach program

We are also featuring a support and outreach program called Informed Choice. The Informed Choice program is a decision support initiative designed to help patients

learn the options available to them when selecting a radiology facility. This program will be introduced to Cigna customers prior to receiving MRI, CT, or PET services. For more information about these changes, please visit [www.medsolutions.com/implementation](http://www.medsolutions.com/implementation).

The following chart outlines the effective dates by market\*:

State	Effective date	State	Effective date
Alabama	12/1/11	Nevada	7/1/11
Arizona	7/1/11	New Hampshire	10/1/11
Arkansas	8/1/11	New Jersey	1/1/12
California (OAP/PPO only)	7/1/11	New York (excluding MVP Service area)	1/1/12
Colorado	7/1/11	North Carolina	7/1/11
Connecticut	1/1/12	Ohio (excluding Detroit MI Service area)	12/1/11
Delaware	10/1/11	Oklahoma	10/1/11
District of Columbia	10/1/11	Oregon	1/1/12
Florida	7/1/11	Pennsylvania	10/1/11
Georgia	12/1/11	Rhode Island	10/1/11
Illinois	12/1/11	South Carolina	7/1/11
Indiana	7/1/11	Tennessee	10/1/11
Kansas	10/1/11	Texas	9/1/11
Kentucky	7/1/11	Utah	8/1/11
Louisiana	1/1/11	Vermont	10/1/11
Maine	10/1/11	Virginia	10/1/11
Maryland	10/1/11	Washington	12/1/11
Massachusetts	10/1/11	Wisconsin	8/1/11
Missouri-Kansas City	10/1/11		
Missouri-St. Louis	12/1/11		

\* If a state is not listed, MedSolutions, Inc. network management services may become effective in that market at a later date. Also note that all GWH-Cigna radiology benefits are managed by MedSolutions, Inc.



## Cigna Care designation and quality and cost-efficiency displays

We routinely evaluate physician quality and cost-efficiency information. Participating physicians meeting specific criteria are assigned the Cigna Care designation.

**The 2012 Cigna Care designation and quality information is currently available in the online directory of health care professionals on Cigna.com, as well as our secure website for customers.**

The 2012 Cigna Care designation and quality information is currently available in the online directory of health care professionals on [Cigna.com](http://Cigna.com), as well as our secure website for customers. The cost-efficiency displays are available only on the secure website for individuals with Cigna coverage.

As customers continue to seek enhanced medical care, and quality and cost impact information, and as clients seek to drive employees to higher quality and cost-efficient physicians, we are updating our Cigna Care designation and quality and cost efficiency displays on January 1, 2013. As part of this update, we will:

- Include primary care physicians (PCPs) in the Cigna Care designations
- Create new linkage between specialty groups that admit to higher performing facilities

- Enhance our quality criteria by including more evidenced-based medicine rules and physician certification criteria
- Include GeoAccess parameters
- For more information about the current Cigna Care designation and quality and cost-efficiency displays, please refer to the *Cigna Care Designation and Physician Quality and Cost-Efficiency Displays 2011/2012 Methodology* available on the secure Cigna for Health Care Professionals website ([CignaforHCP.com](http://CignaforHCP.com) > Resources > Clinical Health and Wellness Programs > Cigna Care Designation). Please call Cigna Customer Service at 1.800.88Cigna (882.4462) if you do not have Internet access.

Look for more information in future issues of *Network News*.



## New state laws on chemotherapy coverage for fully insured plans

A number of states recently enacted regulations that mandate equal coverage of certain chemotherapy drugs. Fourteen states will have this coverage mandate in place as of January 1, 2012. These regulations, commonly referred to as chemotherapy parity laws, are intended to provide consistency for individuals who receive oral or intravenous (IV) chemotherapy. **The laws apply only**

**for patients who are covered under a fully insured coverage plan**, and generally prohibit the benefit plan from applying a copay or coinsurance level on oral chemotherapy drugs that is less favorable to the customer than the copay or coinsurance level which applies to IV chemotherapy drugs prescribed for the same condition.

As always, be sure to check patient eligibility and benefits to confirm your patients' pharmacy coverage for chemotherapy treatments. You may do so online at [CignaforHCP.com](http://CignaforHCP.com), or call Cigna Customer Service at 1.800.88Cigna (882.4462) or the toll-free telephone number on the patient's Cigna ID card.

### States with chemotherapy parity laws in place as of January 2012

Colorado	Indiana	Oregon
Connecticut	Iowa	Texas
District of Columbia	Kansas	Vermont
Hawaii	Minnesota	Washington
Illinois	New Mexico	



## Generic equivalent of Lipitor® now available

In November 2011, the patent protection for the cholesterol drug Lipitor expired. The generic version of the drug, atorvastatin, is now available. We have added atorvastatin to the first, lowest cost tier of our Generic prescription drug list, and moved Lipitor to the third tier of our Non-Preferred Brand prescription drug list.

Lipitor has been the most prescribed product in the United States.\* Generic atorvastatin is chemically and therapeutically equivalent to Lipitor and is just as safe and effective.

Cigna customers with a prescription for Lipitor received a letter and telephone call from Cigna about this change. Our outreach efforts are designed to help them switch to the lower-cost generic alternative using Cigna Home Delivery Pharmacy<sup>SM</sup>.

\* Source: Drugs.com.

## Benefits of using Cigna Home Delivery Pharmacy<sup>SM</sup>

Did you know that people who fill their maintenance medications through Cigna Home Delivery Pharmacy are 20 percent more adherent to their prescription medication therapy compared to people who use retail pharmacies alone?<sup>\*\*</sup> It's a great reason to encourage your patients with Cigna coverage to use Cigna Home Delivery Pharmacy. It's easy to use and convenient, with delivery – of up to a

90-day supply of medications in one fill – right to your patient's door.

Prescribing physicians may fax prescriptions directly to Cigna Home Delivery Pharmacy at 1-800-973-7150.

For more information, you or your patients may call Cigna Home Delivery Pharmacy 24 hours a day, seven days a week at 1.800.285.4812.

<sup>\*\*</sup> Source: Cigna Market Proof Point Grid v2, 2011.



## GWH-Cigna network differences

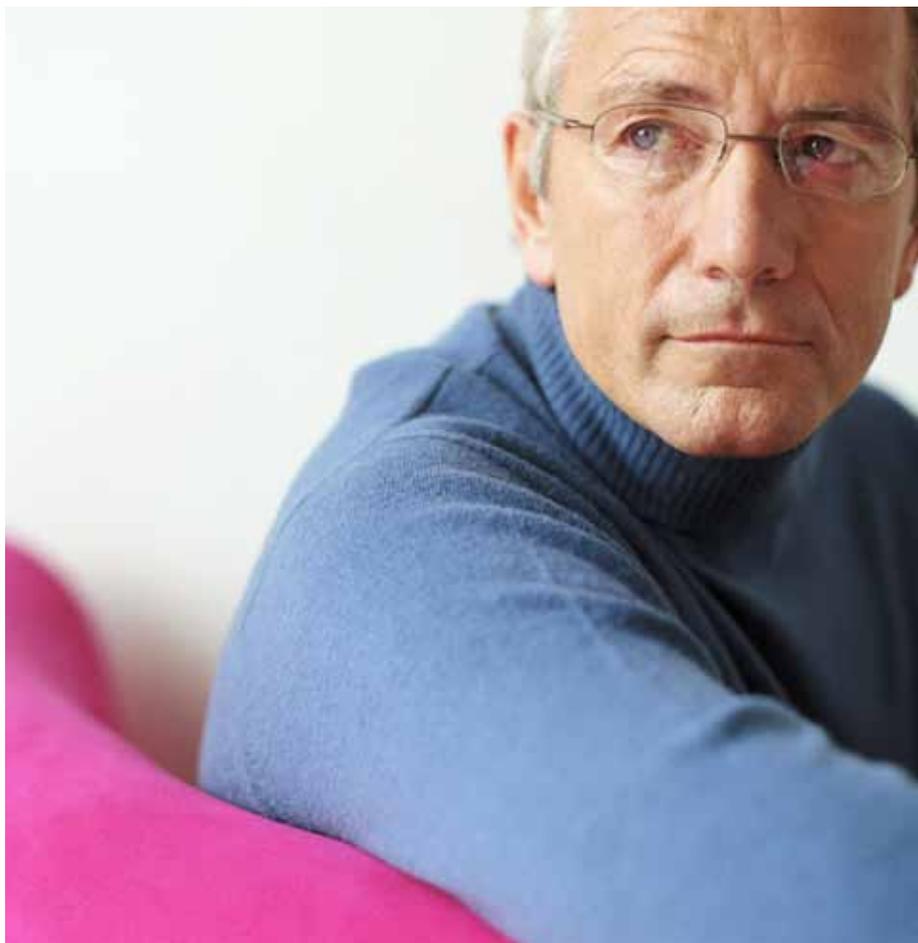
Cigna maintains separate networks for your patients with Cigna ID cards and those with GWH-Cigna ID cards. In addition, contractual relationships with ancillary vendors vary by network. Referring your patients with Cigna administered coverage to facilities and health care professionals participating in the network associated with their plan can help ensure your Cigna patients maximize their benefits and minimize their out-of-pocket expenses.

Directories are available online at [CignaforHCP.com](http://CignaforHCP.com) and [GWHCignaforHCP.com](http://GWHCignaforHCP.com). You may also call the Customer Service number listed on patient ID cards to get information about participating ancillary vendors.

In addition, each network has separate claim processes and services channels. Follow the information found on the patient ID card, including:

- Claim address and claim submission process
- Precertification procedures
- Customer service numbers and Web addresses

For more information, please refer to the Important Contact Information sheet available on the Secured Provider Portal, [GWHCignaforHCP.com](http://GWHCignaforHCP.com) found under "Important Information."



## Behavioral network differences for GWH-Cigna ID card holders

Today most Cigna customers with GWH-Cigna ID cards access ValueOptions® for behavioral health services, however, a limited number of Cigna customers with GWH-Cigna ID cards access Cigna Behavioral Health network. The GWH-Cigna ID cards do not identify the behavioral network the customer accesses, so it is important that you call the number on the patient's ID card to ensure that any referrals are made to participating behavioral health care professionals.

In May 2012, all customers with these ID cards will transition to the Cigna Behavioral Health network.

Cigna is actively expanding its network of behavioral health care professionals to include current ValueOptions health care professionals. Behavioral health care professionals who are not currently contracted with Cigna Behavioral Health can apply for network participation online at [CignaBehavioral.com](http://CignaBehavioral.com).



## Reference guide updates

Cigna's Reference Guides containing our administrative guidelines will be updated in the first quarter of 2012. The guides combine information for physicians, hospitals, ancillary facilities, and other health care professionals.

Access the new Cigna Reference Guides at either of the websites below, including the state-specific guides, where applicable. You must be a registered user to access these sites.

[CignaforHCP.com](#) > Resources > Reference Guides > Health Care Professional Reference Guides

[GWHCignaforHCP.com](#) > Tools & Resources > Health Care Professional Reference Guides

Call 1.877.581.8912 to request a paper copy or a CD-ROM.

To promote administrative ease, the Cigna Reference Guides include information pertaining to participants with GWH-Cigna ID cards. Please discontinue use of the separate Great-West Health Care Reference Guides and refer to the Cigna Reference Guide for all Cigna business.

### Letters to the editor

Your comments or suggestions for the editor are always welcome. Please email [NetworkNewsEditor@Cigna.com](mailto:NetworkNewsEditor@Cigna.com) or write to:

Cigna  
Attn: Health Care Professional Communications  
900 Cottage Grove Road, Routing B7NC  
Hartford, CT 06152

## Tell us what's changed

Have you recently changed addresses, specialty type, phone numbers, tax identification numbers, or have doctors left your group? It's important to notify Cigna of these changes. Demographic information is used to process claims and to send you communications. It's also published in the Cigna health care professional directories.

You may contact us as noted below or submit changes electronically using the online form available on the Cigna for Health Care Professionals website at [CignaforHCP.com](#) and on the Secured Provider Portal at [GWHCignaforHCP.com](#).

### If you are located in:

**AL, AR, DC, FL, GA, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, or VA**

**Email:** [PDMTampa@Cigna.com](mailto:PDMTampa@Cigna.com)

**Fax:** 1.888.208.7159

**Mail:** Cigna PDM, 2701 North Rocky Pointe Dr., Suite 800, Tampa, FL 33607

**CT, DE, IA, IL, IN, MA, ME, MI, MN, NH, NJ, NY, OH, PA, RI, VT, WI, or WV**

**Email:** [ProviderData@Cigna.com](mailto:ProviderData@Cigna.com)

**Fax:** 1.877.358.4301

**Mail:** Two College Park Dr., Hooksett, NH 03106

**AK, AZ, CA, CO, KS, MO, NV, OR, UT, WA, or WY**

**Email:** [PDMGlendale@Cigna.com](mailto:PDMGlendale@Cigna.com)

**Fax:** 1.860.687.7336

**Mail:** 400 North Brand Blvd., Suite 300, Glendale, CA 91203

## Urgent care for non-emergencies

Treatment of non-emergency or low-severity conditions in an emergency room can significantly increase your patients' out-of-pocket costs compared to treatment at an urgent care center or a physician's office. Please consider providing same-day appointment availability in your office. When your office is closed, consider whether it would be

appropriate to refer your patients to a participating urgent care center instead of the emergency room for non-life threatening conditions.

For a list of Cigna's participating urgent care centers, view our Health Care Professionals Directory at [Cigna.benefitnation.net/Cigna/docdir.aspx](http://Cigna.benefitnation.net/Cigna/docdir.aspx).



## Use the network

Cigna contractually requires participating health care professionals to direct patient referrals to other participating, contracted physicians and facilities, except in the case of an emergency, as otherwise required by law, or unless approved by Cigna in advance of the service being provided.

Referring patients to other participating health care professionals helps preserve the intent of the patient to remain in-network for care. This maximizes the benefits available through their Cigna plans and helps them to minimize their out-of-pocket expenses.

For a complete listing of:

- Cigna participating physicians and facilities, access the Cigna online provider directory at [Cigna.com](http://Cigna.com).
- Participating physicians and facilities that provide in-network services to individuals with GWH-Cigna ID cards, access the online provider directory at [GWHCignaforHCP.com](http://GWHCignaforHCP.com).

## Go green – go electronic



Would you like to reduce paper in your office? Sign up now to receive certain announcements and important information from us right in your email box.

When you register for the secure Cigna for Health Care Professionals website, [CignaforHCP.com](http://CignaforHCP.com), you can:

- Share, print, and save – electronic communications make it easy to circulate copies
- Access information anytime, anywhere – view the latest updates and time-sensitive information online when you need to

By registering, you will receive some correspondence electronically, including *Network News* and other select communications. Certain correspondence will still be sent via regular mail.

If you are a registered user, please check the **My Profile** page to make sure your information is current. If you are not a registered user, but would like to begin using the Cigna for Health Care Professionals website and receive electronic updates, go to [CignaforHCP.com](http://CignaforHCP.com) and click “Register Now.”

Cigna  
 Attn: Health Care Professional Communications  
 900 Cottage Grove Road, Routing B7NC  
 Hartford, CT 06152  
 1.800.88Cigna (882.4462)



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 Important Updates > Network News (available in English  
 and Spanish).