



2005 **ALERT** FOR CIGNA PARTICIPATING PROVIDERS

Beginning in January 2005, CIGNA will be making a number of changes to our programs and processes that will affect you as you care for CIGNA members. The most important changes are designed to promote greater consistency in our medical management processes, making it simpler for you to work with us and allowing you to spend more time caring for your patients. The information inside will give you more details about these changes and what they mean to you.

Key changes for 2005 include:

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CIGNA for Health Care Professionals, our secure website for health care professionals and their designated office staff, offers access to detailed information on CIGNA policies and procedures, such as precertification requirements; member benefit plans and eligibility; claim inquiry and much more in an easy-to-use dynamic tool. **Register today for this free, time-saving tool at www.cignaforhcp.com.**

New Medical Management Approach*

TWO NEW MEDICAL MANAGEMENT MODELS

For 2005, CIGNA is introducing an innovative new approach to health benefits, called **CIGNATURE – Your plan. Your choice.SM** Key to this approach is the employer's ability to choose from two new medical management models regardless of the medical product they choose. In other words, **the type of plan a member participates in – for example, an HMO or PPO plan – will no longer determine the type of medical management that applies.** Medical management for both models, called Personal Health SolutionsSM (PHS) and Personal Health Solutions PlusSM (PHS+), will be performed through our regionally aligned Health Facilitation Centers, providing consistency for both you and your patients.

One of the most significant differences between these two models involves precertification requirements. **PHS requires precertification only for inpatient care, while PHS+ requires precertification for both inpatient care and certain outpatient services.** In addition, continuing stay review will begin earlier for members with PHS+. Other key elements of these models are outlined below.

Personal Health Solutions (PHS)

- **Inpatient Precertification** – Precertification is required only for inpatient care, including observation, rehabilitation, skilled nursing facilities and long-term care facilities.
- **Continued Stay Review/Inpatient Case Management** – Requests for precertification of coverage for inpatient admission and length-of-stay will be administered consistent with CIGNA guidelines (currently Milliman Care Guidelines). Inpatient case management will generally begin on the **second day of hospitalization**, or as indicated by the diagnosis, for members still in the inpatient setting. To promote consistency, our **on-site nurses will provide inpatient case management for all of our members.** In addition, members covered by all of our plans will now have access to our specialized catastrophic and neonatal case management programs.
- **Clinical Effectiveness Program** – Through member and physician education, outreach and intervention, this program encourages members to make healthier choices, receive preventive screenings and seek appropriate treatment.

- **Targeted Health Education** – This program identifies members who have certain illnesses and conditions who are not in a CIGNA Well Aware for Better HealthSM disease management program, and provides them with educational materials to help them improve their health.
- **Centers of Excellence Program** – Outcomes and efficiency ratings of CIGNA-contracted hospitals for 22 hospital-based procedures/conditions will be made available through our online provider directory. Outcomes ratings are assessed using Healthshare Technology, Inc., data on complications and mortality for each procedure, which is based on Medicare and state-reported data. Efficiency rating is based on CIGNA-specific cost data matched with Healthshare's hospital and procedure-specific length-of-stay information.

Personal Health Solutions Plus (PHS+) includes all the components of our PHS model, with the following differences.

- **Inpatient and Outpatient Precertification** – Precertification of coverage is required for both inpatient care and certain outpatient services. Outpatient precertification requirements will now be consistent for all medical plans; they will no longer vary based on the member's plan.
- **Outpatient precertification requirements have been updated for 2005** (see chart on page 3).
- **Continued Stay Review/Inpatient Case Management** will generally begin on the **first day of hospitalization.**

In addition to these key features, employers may choose to add the following programs:

- **CIGNA Health AdvisorSM** – a customer-dedicated team of nurses who help coordinate members' care.
- **CIGNA Well Aware for Better HealthSM** – disease management programs for members with asthma, heart disease, diabetes, low back pain and COPD.

2005 Changes to Outpatient Precertification Requirements (PHS+)*

Procedure	Change
Outpatient Surgical Procedures <ul style="list-style-type: none"> • Hysterectomy • Back/Spine • Uvulopalatopharyngoplasty 	Now require precertification
Genetic Testing	Now requires precertification for specific diagnoses
Physical Therapy, Chiropractic Services	No longer require precertification
External Prosthetic Appliances	Many codes no longer require precertification
Durable Medical Equipment	Many codes no longer require precertification
Injectable Medications	Precertification requirements now based on specific codes rather than dollar threshold

In addition, codes have been updated for a number of procedures to bring our lists up-to-date. A list of procedure codes requiring precertification will be included in our Provider Reference Guides, due out later this Fall, and on our secure website www.cignaforhcp.com in December. Or call Provider Services for more information.

Administration of Precertification Process*

In 2005, we will standardize the administration of the precertification process across all of our medical products. **Participating providers are responsible for obtaining precertification of coverage for all in-network procedures requiring precertification for all products. Please refer to your Program Requirements and/or your provider contract.** This will result in more consistency in the way you handle precertification of in-network services for members of our various plans.

To help assure appropriate reimbursement of your initial claim, please check whether the service you plan to provide requires precertification (see page 5). You can obtain precertification, or check to see if the service has already been precertified, by calling the toll-free number on the member's ID card.

**Does not apply to provider groups to which CIGNA HealthCare has delegated responsibility for utilization management under a risk contract. If you participate in such a group, please continue to follow your group's processes.*

Changes to Covered Services and Benefits**

In 2005, we will also make some changes to our standard covered services. Significant changes include:

New Exclusions

- Obesity/Bariatric surgery***
- Cosmetic surgery – breast reduction and varicose vein
- Sexual dysfunction – medications/equipment associated with erectile dysfunction
- Surgical and non-surgical treatment of TMJ disorder***
- Orthognathic surgery

Benefit Changes

- Short term rehabilitation will now have a maximum of 20 covered visits
- Coverage for clinical trials has been added, subject to specific conditions
- Genetic testing/counseling will now be covered for up to three visits per year

**Subject to state mandates.

***Some employers may choose to provide coverage for these procedures as an additional benefit. In that case, these services require precertification regardless of treatment setting. Please check your patient's benefit plan for more information.

Look for more details on our secure provider website at www.cignaforhcp.com in December. In the meantime, if you have questions, call your Provider Services Representative.

Introduction of CIGNA Choice FundSM

Beginning in January 2005, some CIGNA members will participate in one of our new benefit plans, known as CIGNA Choice Fund. CIGNA Choice Fund is one of a group of benefit plans known as consumer-driven health plans, which are designed to promote consumer understanding, choice and control of their health care decisions. CIGNA Choice Fund options include a Health Reimbursement Arrangement (HRA) and the new federally-created Health Savings Account. In both of these plans, members have access to an employee- or employer-sponsored fund that will cover many of the costs of their health care, including deductibles and coinsurance, up to a certain dollar amount. ID cards for members who participate in this

type of plan will clearly indicate "Choice Fund," as well as the name of the product. (For example: Choice Fund PPO). For these members, you should submit your claim as usual. **You are asked not to collect any fees from the member at the time of service.**

For members enrolled in the HRA, the HRA will often pay you directly for your services. Along with any HRA payments, you will receive an Explanation of Payment (EOP), which will identify any remaining member responsibility. This will be in addition to the EOP you normally receive from the CIGNA medical plan.

Replacement of SSN by CIGNA-generated Identifier

To help protect the privacy of our members and prevent identity theft, we are phasing out the use of Social Security Numbers (SSN) as the member identifier. As a result, SSNs of many members will no longer be printed on their CIGNA HealthCare ID cards or used in member correspondence.

Instead, beginning in January 2005, we will begin transitioning to a nine-digit CIGNA-generated alpha-numeric identifier. By the end of 2005, this CIGNA-generated identifier will replace the subscriber SSN on most members' ID cards.

However, as we transition to these new member identifiers, you will continue to see some ID cards that include the SSN, as well as others with no identifier and the following message: "Use Employee SSN." In Georgia, the message will be "Use CIGNA ID." Members have been instructed to provide the subscriber's SSN when presenting cards with a text message.

Physicians may use the identifier on the member's ID card, if applicable, to submit claims and inquire about eligibility or claim status. For members with a CIGNA-generated identifier, we will accept claims and inquiries submitted with either the CIGNA-generated identifier or the subscriber SSN. Beginning January 2005, the new member identifier will also appear in place of the subscriber SSN on CIGNA reports, correspondence and electronic transactions.

Addition of Optional PCP Name to Open Access Plus ID Cards

Beginning in 2005, when an Open Access Plus member opts to select a Primary Care Physician (PCP), that PCP's name will now be printed on their CIGNA HealthCare ID card.

2005 Changes: What You Need to do Differently

- You will need to determine whether your patient's plan requires only inpatient precertification or both inpatient and outpatient precertification, as **you can no longer assume which services require precertification based on the product a patient has**. You can do this in several ways:
 - ✓ Check the back of the member's card – Most cards will say “Inpatient admission,” or “Inpatient admission and outpatient procedures.” Some members will not receive new cards until later in the year when their employer renews. So you may need to check the patient's precertification requirements through our Interactive Voice Response (IVR) tool or secure website as outlined below.
 - ✓ Check the member's benefits through the IVR. The IVR will tell you whether inpatient precertification or inpatient and outpatient precertification is required.
 - ✓ Check the member's benefits on our secure website at www.cignaforhcp.com. The type of medical management is listed as PHS (inpatient precertification only required) or PHS+ (inpatient and outpatient precertification required).
- **Providers are responsible for obtaining precertification of coverage for all in-network services requiring precertification for all products.** Requests for routine precertification should be directed to CIGNA HealthCare at least 72 hours before the scheduled service.
- Familiarize yourself with the updates to the list of outpatient procedures requiring precertification (page 3). Check our secure website at www.cignaforhcp.com in December for a complete list of procedure codes.
- Review the changes to covered services and benefits shown on page 4.
- If a member participates in CIGNA Choice Fund, either the Health Reimbursement Arrangement or the Health Savings Account, **you are asked not to collect any fees from the member at the time of service**. The member's ID card will indicate “Choice Fund” as well as the product type. For example, “Choice Fund PPO.”
- Use the CIGNA-generated identifier or the subscriber's SSN, if indicated on the member's ID card, to submit claims and for eligibility and claim status inquiries. We will continue to accept claims and inquiries using the subscriber's SSN.

“CIGNA” or “CIGNA HealthCare” refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc.

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