

NetworkNews

March 2010

FOR HEALTH CARE PROFESSIONALS PARTICIPATING IN THE CIGNA AND FORMER GREAT-WEST HEALTHCARE NETWORK



Laboratory Services

The CIGNA participating provider network includes two of the largest national laboratories, Laboratory Corporation of America (LabCorp) and Quest Diagnostics, Inc. Referring services to either of these labs can reduce your patients cost, who are CIGNA participants, up to 70%-75% less than the same services provided by some hospital-based facilities and some other laboratories. You and your patients have greater choice and access to an

extensive list of quality patient service centers by using a CIGNA in-network laboratory.

Contact:

- LabCorp at www.labcorp.com or 1.888.522.2677; or
- Quest Diagnostics, Inc. at www.questdiagnostics.com or 1.800.377.7220. ■

CIGNA Enhancements to Eligibility and Benefit Responses

Throughout 2009 CIGNA has taken the necessary steps to enhance its electronic eligibility and benefit responses. We are pleased to announce that these changes were implemented in February 2010.

In addition to the current benefit information you receive from us, you will now see two primary enhancements to our eligibility and benefit response on the ANSI 271. For some key services you will:

- Be notified if the benefit is or is not covered, and
- Receive more detailed copayment and coinsurance information, as applicable.

Changes to the data content of CIGNA's 270/271 may impact the information presented through your clearinghouse or vendor. These changes are available to vendors that support HIPAA ANSI 270/271 transactions. The enhancement to provide copayment and coinsurance information also applies to the CIGNA for Health Care Professionals website (www.cignaforhcp.com).

These enhancements will not be available for all CIGNA plans, including CIGNA International, CIGNA Medicare Access (PFFS) or Great-West Healthcare, now part of CIGNA. ■

The following chart lists the services to which these enhancements apply.

Service	Indicate if benefit is/is not covered	Detailed copayment / coinsurance
Medical care services	X	
Dental care services	X	
Chiropractic	X	X
Hospital inpatient	X	X
Hospital outpatient	X	X
Emergency services	X	X
Professional office visit	X	X
Vision	X	
Pharmacy	X	

Featured Articles:

Tobacco Cessation	2
Submitting H1N1 Claims	2
Use the Network	2
Depression Management Resources	3
Does This Service Require Precertification?	3
Go Paperless – Submit Claims Electronically	7

Great-West Healthcare Integration News:

Transitioning to the CIGNA Brand	6
– Patient ID Cards	
– Explanation of Payment Changes	
– Electronic Transaction Changes	

Administrative Articles:

Use the Network	2
Submitting Information Changes	4
CIGNA Medicare Access®	4
Modifier & Payment Policies	5
Reference Guides Available Online	5





Tobacco Cessation

CIGNA understands it's not easy for your patients to quit smoking. As a physician, you're in a prime position to help influence your patients' health outcomes and encourage them to improve their health. Encourage your patients to learn what programs and benefits may be available to them through their CIGNA plan.

People who smoke impact the health of others around them, including children, and they contribute to higher medical costs. In fact, studies show that annual medical claims are 27 percent higher for people who smoke compared to their non-smoking counterparts.¹

The CIGNA Quit Today® program combines coaching, behavior change support and nicotine replacement therapy. The program includes:

- information that can help your patients
 - gain a better understanding of the health consequences of tobacco use,

- learn about techniques and products available to help resist urges to use tobacco and deal with withdrawal symptoms, and
- make the choice to live a healthier, tobacco-free life;

- a dedicated wellness coach to help motivate your patients to start and maintain necessary changes to remain tobacco-free; and
- free nicotine replacement therapy available to most participants.

The CIGNA Quit Today program is available online through the secure CIGNA website, www.myCIGNA.com. Your patients with CIGNA coverage for the program can self-enroll by calling 1.866.417.QUIT (7848). With the patient's permission, program coaches will send an outreach letter to you at the time of enrollment. A Tobacco Cessation Resources Fact Sheet is available online at www.cignaforhcp.com > Resources > Health Advocacy Fact Sheets. ■

¹Health Affairs, March 2002 and American Journal of Health Promotion 2001

New CIGNA ID Card Brochure

The 2010 CIGNA ID Card Brochure is now available. The brochure has been redesigned and updated to include more cards, including samples of the former Great-West Healthcare and the new GWH-CIGNA card. The updated brochure also includes specific plan information and an easy-to-read key to help you process your patient's information more efficiently.

You can download and print the brochure by logging in to the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Being a HealthCare Provider > ID Card Information). The brochure is also available on www.cigna.com > Health Professionals > Medical > Being a HealthCare Provider > ID Card Information. ■

Use the Network

CIGNA and former Great-West Healthcare, now part of CIGNA, contractually require participating providers to direct patient referrals to other in-network contracted physicians and facilities, except in the case of an emergency or as otherwise required by law or unless approved by CIGNA in advance of the service being provided. Failure to adhere to this requirement may result in further action up to and including termination from the network.

Referring participants to other participating providers helps your patients maximize the benefits available through their CIGNA or Great-West Healthcare plans and minimize their out-of-pocket expense.

For a complete listing of CIGNA participating physicians and facilities, access the CIGNA online provider directory at www.cigna.com. For a complete listing of Great-West participating physicians and facilities, access the Great-West online provider directory at www.greatwesthealthcare/providers.com. ■

Submitting H1N1 Claims

CIGNA is reimbursing health care professionals and facilities for the administration of the H1N1 vaccine to all participants enrolled in CIGNA-insured medical benefit plans, including former Great-West Healthcare-insured plans. Certain self-insured benefit plans that have chosen to opt out may not adhere to this coverage policy. Detailed guidelines have been developed for the prophylactic administration of the H1N1 vaccine to promote accurate claim processing.

Vaccine Administration

Use G9141 or 90470 for prompt payment as these codes are not subject to copayment or deductible and coinsurance. You may bill with either G9141 or 90470 to submit for H1N1 vaccine administration reimbursement as both codes will be processed in the same manner.

Complete both steps 1 and 2:

STEP 1

Bill G9141 – Influenza A (H1N1) immunization administration (includes the physician counseling the patient/family) for the administration of the H1N1 vaccine.	or	Bill 90470 - H1N1 immunization administration (intramuscular, intranasal), including counseling when performed.
--	----	---

Facilities should use revenue code 771 with G9141 or 90470 when submitting claims for the H1N1 vaccine administration.

STEP 2

Bill V04.81 – need for prophylactic vaccination and inoculation, influenza, as the appropriate ICD-9 code.

Vaccine Serum

No reimbursement will be made for CPT code 90663 or HCPCS code G9142, which both represent the H1N1 vaccine product. The U.S. government is making the vaccine available at no cost to you; therefore CIGNA will only provide coverage for the administration of the vaccine in accordance with the current recommendations of the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP).

H1N1 with Seasonal Influenza Vaccine

If you are submitting the seasonal influenza vaccine with the H1N1 vaccine claim, bill the codes outlined above along with one of the appropriate seasonal flu vaccine codes and one of the appropriate codes for the administration of the seasonal influenza vaccine.

Access the H1N1 Vaccine Coding Guidelines available on the secure websites:

- CIGNA for Health Care Professionals website: www.cignaforhcp.com > Resources > Policies, Procedures, Guidelines and Forms > H1N1 Vaccine Coding Guidelines; and
- Secure Provider Portal: www.greatwesthealthcare.com/providers > Important Updates > H1N1 Vaccine Coding Guidelines. ■



Depression Management Resources

Depression, including the diagnoses of Major Depressive Disorder and Dysthymia, is one of the most common disorders bringing people to their primary care physician. Our understanding of depression has come a long way, and we now know that stress caused by a chronic illness, suffering a personal loss or enduring financial problems due to the economy can increase an individual's risk for depression. Consequences of depression can include a loss of productivity at work, as well as impairment in family and social relationships. A diagnosis of depression is also linked to poorer outcomes in the treatment of other medical conditions.

The good news is that depression is highly treatable, and has a fairly high rate of recovery. As a physician, you're in a prime position to influence your patients' health outcomes through depression screening and providing appropriate treatment and/or a referral for treatment.

Depression is also recurrent, with up to half of all people who recover from a depressive episode having a subsequent episode within one year. The United States Preventive Services Task Force (USPSTF) updated guideline recommends screening all adults for depression when staff-assisted depression care supports are in place.¹ This is important, since screening and identification of possible depression are only the first steps and do not improve treatment outcomes without ongoing education, treatment and monitoring.

In addition, while several formal screening tools are available, asking two

simple questions was found to be as effective as more formal tools:

- Over the past two weeks have you felt down, depressed or hopeless?
- Over the past two weeks have you felt little interest or pleasure in doing things?

Answering "yes" to either of these questions is considered a positive screening, which should trigger a full evaluation of depression symptoms.

CIGNA realizes that depression is often identified and treated in the primary care setting, and we encourage physicians to screen, evaluate and treat depression when appropriate. The following resources are available online at www.cignabehavioral.com > Education and Resource Center > Health Information and Programs:

- Primary Care Guidelines for the treatment of Depression,
- Patient Health Questionnaire (PHQ-9) (includes scoring and interpretation of results instructions),
- Depression Toolkit for Health Care Professionals (includes medication management resources, patient education toolkit and educational materials you can provide to your patients).

A Depression Management Resources Fact Sheet is available online at www.cignaforhcp.com > Resources > Health Advocacy Fact Sheets. ■

¹ Source: USPSTF. Annals of Int Med. December 1, 2009.

Does This Service Require Precertification?

Do you find yourself asking this question and using the phone to get the answer? Online Precertification can quickly help answer this question about your patients in medical plans administered or insured by CIGNA.

How does it work?

- When you use the CIGNA Online Precertification tool, you will be asked some questions to identify your patient. You can then request whether a specific service requires precertification.
- If the service requires precertification, a single button allows you to submit your request. You'll get an immediate response to your precertification request; some requests receive immediate online approval. You can print and keep this response in your patient's file for reference.
- You can use online precertification to check the status of any precertification request, whether it was submitted online, by phone or fax.

Two ways to access precertification information online

The **CIGNA for Health Care Professionals website**

(www.cignaforhcp.com) offers secure and easy access to real-time transactions such as precertification, claim status, and eligibility and benefits. Other resources and information on CIGNA policies and procedures are also available.

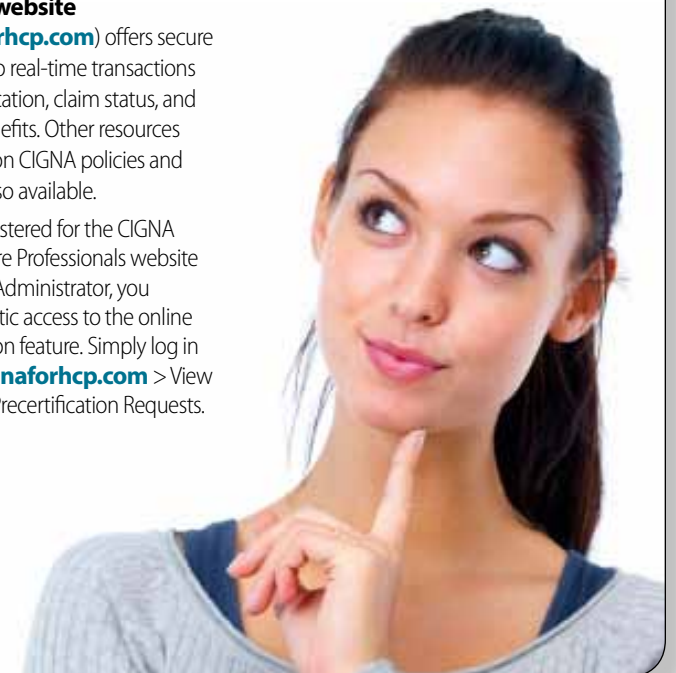
- If you are registered for the CIGNA for Health Care Professionals website as a Primary Administrator, you have automatic access to the online precertification feature. Simply log in to www.cignaforhcp.com > View and Submit Precertification Requests.

- If a Primary Administrator in your office delegated access to you through the **Assign Access** feature, ask your Administrator to update your access to include online precertification through the **Modify/Delete User information** option.

- If you are not registered, go to www.cignaforhcp.com and click **Register Now**.

NaviNet® for CIGNA HealthCare (<http://connect.NaviNet.net>) is an easy-to-use, multi-payer website that can give you access to plan information for your patients enrolled in a variety of health plans, including CIGNA.

- If you do not have access to the online precertification feature, ask your NaviNet Security Officer to give it to you.
- To find your Security Officer, click **My Profile** from the NaviNet Central menu.
- To register for NaviNet, go to <https://connect.NaviNet.net>. You can also call NaviNet Customer Care at 1.888.482.8057 for questions about using the transaction, to add or edit health care professionals in your office or to register. ■



CIGNA Cost of Care Estimator® Enhancements

The CIGNA Cost of Care Estimator® can help accurately estimate what your patients with CIGNA-administered plans may owe for your services. The tool provides a printed Explanation of Estimate (shown), which can be used to help your patients understand their benefits and out-of-pocket costs. Over 70,000 estimates have been generated since April 2009, highlighting more than \$6.5 million in patient liability.

The information provided on the estimate can help set financial expectations for you and your patients by helping them understand their costs and what you can expect to be paid from CIGNA on their behalf. This information can help minimize your patient billing administrative costs, which can help lower patient bad debt and shorten your revenue cycle.

New Accessibility

Once you log in to the CIGNA for Health Care Professionals website (www.cignaforhcp.com) there are two easy ways to access the Estimator.

- Click **Estimate Patient Liability** to search for your patient and create an estimate, or
- Click **Verify Eligibility and Benefits** to search for your patient. While you are reviewing the patient's eligibility and benefits, click **Estimate Costs** to create an estimate.

After you enter some basic information about your patient and the service(s) to be provided, you will receive an estimate that details the total cost, how your patient's CIGNA coverage is applied, and what they can expect to pay from their CIGNA health accounts and/or out of pocket, based on information available at the time the estimate is generated.

Enhanced Features

The Estimator is now available for inpatient and outpatient facility services/treatments as well as all professional services in all care settings (e.g., outpatient, facility, specialty), for your patients enrolled in:

- CIGNA Preferred Provider Organization (PPO),
- Open Access Plus (OAP),
- Open Access Plus In-network (OAPIN),
- Exclusive Provider Organization (EPO) and
- All individuals covered by a CIGNA Choice Fund® plan.

The printed Explanation of Estimate has been improved to indicate if your patient has funds available in their Health Savings

Account (HSA), Flexible Spending Account (FSA), or Health Reimbursement Account (HRA) for those patients with automatic claim forwarding (ACF) enabled. For additional information about ACF, log in to www.cignaforhcp.com > Resources > CIGNA Choice Fund® to read the Frequently Asked Questions (FAQs).

CIGNA is working to improve the way we interact with you to help enhance your experience and reduce the cost and complexity of doing business with us. We support the use of electronic data exchange and self-service capabilities by participating in industry initiatives and offering online tools, such as the CIGNA Cost of Care Estimator, as a way to help streamline your interactions with us. ■

CIGNA Cost of Care Estimate as of May 10, 2009

Walter Whoever
CIGNA Identification Number 123456789

Customer Service
Call the toll-free number on the back of your CIGNA ID card

Health Care Professional or Facility:
Benefit Category: Central City Hospital
Service Date: Hospital - Outpatient - Other Outpatient - Facility Services
Service Description: 5/10/2009
43248-UPPER GI ENDOSCOPY/GUIDE WIRE Modifier(s) Applied: SG
43230-UPPER GI ENDOSCOPY, BIOPSY Modifier(s) Applied: SG
Yes
CHOICE FUND HRA OPEN ACCESS PLUS

In Network
Plan Name: Yes

Explanation of estimate
This is an estimate of the amount you will owe for the medical service(s) specified above, based on information as of the time the estimate was generated. Your health care professional might collect a portion of the amount estimated for his or her responsibility at the time of service and/or bill you directly for the final amount due after the claim is processed.

Estimated total cost of service (before CIGNA payment)	\$1,300.00	This is the total estimated amount as of May 10, 2009, for the service(s) above, based on CIGNA's discount. This includes the amount CIGNA will pay and the amount that will be your responsibility.
My deductible responsibility	\$1,000.00	This amount is calculated based on your yearly maximum deductible of \$4000.00 and your paid-to-date amount of \$2000.00 (as of the date of this estimate).
My coinsurance responsibility	\$30.00	This amount is determined by subtracting the amount remaining from the estimate after your deductible is met and applying your coinsurance rate.
My copay responsibility	\$0.00	Your copay for this health care professional or facility, based on your plan design.
Estimate of my total responsibility (after CIGNA payment)	\$1,030.00	The anticipated amount you will owe after your plan benefits are applied to the estimated cost. This includes any deductible, coinsurance or copay. This amount might be lower if you've reached your out of pocket maximum.
Anticipated payment from my health account (for account-based plans only)*	\$290.00	Based on the money available in your health account(s) as of May 10, 2009, this is the amount that is anticipated to be paid directly to your health care professional or facility.
Estimate of what I owe	\$740.00	This is the estimate of what you'll owe after any health account payment.

*This estimate allows you and your health care professional or facility to better understand how much you'll need to pay for a specific health care service. It does not guarantee coverage or payment to the health care professional or facility, and is based on your benefits and eligibility at the time the estimate is provided. Depending on the treatment, additional services from this or other health care professionals might be necessary that are not included in this estimate. The estimate does not affect CIGNA's actual claim process or payment accuracy.

*This applies only if you are enrolled in a plan with a health account, such as a Health Reimbursement Account (HRA), Health Savings Account (HSA) and/or Flexible Savings Account (FSA). Anticipated HRA/FSA and/or FSA payments will only be applied if you are enrolled in automatic claim forwarding.

ADMINISTRATIVE

Submitting Information Changes

Have you recently changed addresses, specialties, phone numbers, tax identification numbers or have doctors left your group? It is important to notify CIGNA and former Great-West Healthcare of these changes. Demographic information is used to process claims, send you communications and is published in CIGNA and former Great-West Healthcare provider directories.

Submit changes electronically using the online form available on the CIGNA for Health Care Professionals website at www.cignaforhcp.com and on the Great-West Healthcare website at www.greatwesthealthcare.com/providers

For more information, call:

- 1.800.88CIGNA (882.4462) for CIGNA changes.
- 1.888.663.8081 for former Great-West Healthcare changes. ■

CIGNA Medicare Access®

CIGNA Medicare Access® plan participants will have an ID card showing the plan name on the front, and the payer ID, address and dedicated Customer Service number on the back of the card.

Call CIGNA Medicare Access Customer Service at 1.800.577.9410 to verify eligibility, benefits or claims status. Visit www.cignamedicare.com for additional information about CIGNA Medicare Access.

The correct payer ID for CIGNA Medicare Access electronic claims is 86033. All CIGNA Medicare Access electronic claims submitted using a payer ID other than 86033 will be rejected.

If your system uses the claim mailing address to identify where your electronic claims are sent, use the mailing address below to be sure your claims are sent to payer ID 86033:

CIGNA Medicare Access
PO Box 696018
San Antonio, TX 78269-6018 ■

Precertification of Coverage

CIGNA continually reviews its precertification process and requirements in an effort to help support access to quality care for plan participants. The January 2010 precertification requirements update incorporated new 2010 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that require precertification, as well as other additions and removals.

UPDATES

To view the existing list of services requiring precertification of coverage and planned updates, log in to www.cignaforhcp.com > Popular Links > Precertification. 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 www.cignaforhcp.com and click **Register Now**, located in the left side bar. You can also access the list through the former Great-West Healthcare website, www.greatwesthealthcare.com/providers

Reminder: As of January 1, 2009, CIGNA and the former Great-West Healthcare use one combined precertification list. The process for obtaining precertification has not changed. Contact CIGNA, former Great-West Healthcare or the authorized delegate, as you do today, to request precertification. ■

Modifier and Payment Policies

CIGNA applies its reimbursement and modifier policies to claims submitted to Great-West Healthcare as of August 6, 2009. While the policies have been integrated, follow the existing procedures for submitting claims. Refer to the Great-West Healthcare Integration News article in the July 2009 issue of *Network News* (www.cigna.com > Health Professionals > Newsletters) for detailed information about the reimbursement and modifier policy integration. ■

Modifier and Reimbursement Policies Updates

■ National Correct Coding Initiatives (NCCI) Editing for Facilities (REMINDER)

A NCCI Editing for Facilities policy was implemented beginning December 1, 2009.

■ Refractive Vision Services (CLARIFICATION OF POLICY)

The Refractive Vision Services policy was posted on October 15, 2009 as a guideline to promote transparency of the existing submission and reimbursement process for refractive vision services. This policy does not represent a substantive change in policy, process or reimbursement.

■ Modifiers 25 and 59 Policies (REMINDER)

As a reminder, approximately 200 code combinations require supporting documentation when either modifiers 25 or 59 is billed. The code pair lists are available online with the respective Modifier 25 or Modifier 59 policy.

The modifier 25 supporting documentation must indicate the patient's condition was significant enough to satisfy the key component criteria for the level of the E/M service as defined by the Centers for

Medicare and Medicaid Services (CMS) 1997 Documentation Guidelines for Evaluation and Management Services, and

- warrant a separately identifiable E/M service on the same day as the a reported procedure; or
- exceed the usual pre-operative and post-operative care included in the procedure reported on that date (global allowance).

Claims should continue to be submitted electronically to CIGNA, even if supporting documentation is required. Indicate in the PWK (Claim Supplemental Information) segment of Loop 2300 of the electronic claim that the documentation will be sent through another channel. The indicators on the electronic claim includes the delivery method (PWK02) for sending the attachment (e.g., fax, mail), as well as the description code (PWK01) for the type of attachment (e.g., physician report, operative notes). The attachment indicators or a text reference to an attachment should not be placed in the NTE (Claim Note) segment of Loop 2300 of the electronic claim. CIGNA will not recognize that attachments were sent if the indicator or other attachment reference is sent in the NTE segment of Loop 2300 of the electronic claim. Please work with your electronic data interchange (EDI) vendor to be sure the appropriate fields on the electronic claim are completed. Supporting documentation can be either faxed to CIGNA at 1.570.496.2945 or sent by mail to the CIGNA address on the back of the patient's ID card.

Visit the CIGNA for Health Care Professionals website for more information on CIGNA Modifiers and Reimbursement Policies or to view the policies (www.cignaforhcp.com > Resources > Modifiers and Reimbursement Policies). ■

Tools for Improving Claim Processing

CIGNA uses ClaimCheck®, a code auditing software, to expedite accurate claim processing. The ClaimCheck 8.5 Knowledge Base Version 44 with National Correct Coding Initiative (NCCI) Version 15.3 was implemented on February 15, 2010. CIGNA plans to update ClaimCheck to Knowledge Base Version 45 and NCCI Version 16.0 Incidental and Mutually Exclusive code edits on May 17, 2010.

You may view both ClaimCheck and NCCI code edits by using Clear Claim Connection™. This disclosure tool allows users to enter Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes and immediately view the code audit results prior to submitting a

claim. Clear Claim Connection shows NCCI edit definitions and the rationale behind a ClaimCheck edit.

More information about ClaimCheck and Clear Claim Connection is available on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com > eServices > View Claim Coding Edits. If you are not currently registered for the CIGNA for Health Care Professionals website you will need to complete the registration process to log on. Go to www.cignaforhcp.com and click **Register Now**, located in the left side bar.

To learn more about code edits on claims associated with Great-West Healthcare ID cards or GWH-CIGNA ID cards, visit the Secured Provider Portal at www.greatwesthealthcare.com/providers > Tools & Resources > Clinical Edit Verification.

Note: Claim coding edit results are guidelines and are not a guarantee of claim payment.

Additional Coding Information:

ClaimCheck audits codes based on how services are reported on a professional claim form (CMS 1500). The following examples are commonly billed to CIGNA:

- The CIGNA Modifier 26 Policy states to submit the code without a modifier (e.g., 26 or TC) when reporting the global value of a CPT or HCPCS code. If the code is submitted twice, (i.e., once with modifier 26 and once with modifier TC) ClaimCheck will only allow one and finds the other a duplicate service, which is not reimbursed.
- Submitting for ambulatory surgical center (ASC) facility service fees by appending modifier SG to a code submitted more

than once per date of service may lead to a duplicate edit. If so, the second service will not be reimbursed.

- As NCCI guidelines indicate, knee arthroscopies of the second and third compartments should be submitted using HCPCS add-on code G0289 [Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee] when performed with a primary knee arthroscopy procedure (CPT 29866-29889). CPT codes 29874 [Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)] and 29877 [Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)] should not be used to report the additional compartment procedures, and will not be reimbursed when reported with the other primary knee arthroscopy codes identified above.

- CIGNA supports physicians' efforts to treat participants in the office setting when appropriate rather than referring them to emergent or urgent care. Accordingly, separate reimbursement is allowed for after-hours CPT codes 99050 and 99058 if submitted with office visits 99201-99205 or 99212-99215. After-hours services represented by CPT codes 99051 – 99056 and 99060 do not support physicians' treating patients in the office, therefore separate reimbursement is not allowed for these services. ■

Reference Guides Available Online

You can access the electronic and print versions online 24/7.

			
CIGNA Health Care Professional Reference Guide	Visit www.cignaforhcp.com > Resources > Look up information about > Provider Reference Guides.	To request a hard copy, call 1.877.662.8041.	To request a CD-ROM, call 1.877.662.8041.
Great-West Healthcare, now part of CIGNA, Reference Guide	Visit www.greatwesthealthcare.com/providers > Tools & Resources > Healthcare Professional Reference Guide.	To request a hard copy, call 1.888.663.8081.	CD-ROM not available.

Note: The online versions are updated real-time and can be downloaded and printed. ■

We've listened to your feedback and... We're Making Changes!

We have redesigned several CIGNA resources and tools to make them easier to find, easier to understand and to help improve our service to you.

- Our 2010 CIGNA ID Card Brochure has been redesigned to include more cards, including the new GW-CIGNA card, and specific plan information to help you process your patient's health benefit plan information more easily (see ID card article on page 2).
- The 2010 CIGNA Health Care Professional Reference Guide will include the former Great-West Healthcare information so information for both CIGNA and former Great-West Healthcare can be found in one Guide.

- We've reorganized the Resources page of the CIGNA for Health Care Professionals website (www.cignaforhcp.com) so you can find the documents you want quickly with less searching.
- We now deliver *Network News*, our health care professional newsletter, bi-monthly by email; delivering this in your preferred format and helping us in our efforts to 'go green' and reduce paper use.
- We're changing the name of this newsletter beginning with the May 2010 issue.

These are only some of the ways CIGNA is working to help improve the way we do business with you. ■

Update on HIPAA 5010/ ICD-10 Implementation

Progress is being made on the federally-mandated requirements to convert Electronic Data Interchange transactions to HIPAA version 5010 and support the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding and the International Classification of Diseases, 10th Revision, Procedural Coding System (ICD-10-PCS) for inpatient hospital procedure coding.

For the 5010 upgrade, CIGNA has completed a pre-assessment of all transactions and we have developed a strategy to implement the 5010 version. The following electronic transactions used by health care professionals are impacted by the required changes:

835	Health care claim payment/remittance advice
837	Health care claims/encounters (institutional, professional and dental)
270 / 271	Eligibility inquiry and response
276 / 277	Health care claim status request and response
278	Health care services – authorization request and response payment

For the ICD-10 conversion, we have completed a preliminary analysis to determine high-level impacts to people, processes, and technology. As a result, we have identified applications, data sources and trading partners that will need to be managed during the conversion process. We will continue with our detailed analysis throughout 2010.

These federally mandated changes are required of health plans, hospitals, facilities and other health care professionals. If your practice management vendor has not communicated with you about these changes, we encourage you to reach out to them.

If you have questions about the changes required or CIGNA's readiness to support the required changes, please refer to the Frequently Asked Questions (FAQs) available on the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > HIPAA 5010/ICD-10 Implementation). The FAQs are updated quarterly to reflect our ongoing preparations to support the required changes. ■

GREAT-WEST HEALTHCARE INTEGRATION NEWS

Transitioning to the CIGNA Brand

More and more of our printed materials and communications now include the CIGNA name and logo. Selected ID cards and Explanation of Payments (EOPs), all Electronic Remittance Advice (ERA) and other electronic transactions are changing to remove the Great-West Healthcare logo and standalone Great-West Healthcare name.

Participant ID Cards

The new Great-West Healthcare – CIGNA (GWH-CIGNA) ID cards show only the CIGNA logo. Be sure to access the Guide to the New GWH-CIGNA ID Cards to read more about the changes and see sample cards. The Guide is available on the CIGNA website at www.cigna.com > Health Care Professionals > Medical > Guide to the New GWH-CIGNA ID Cards, as well as on the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com) and the Secured Provider Portal (www.greatwesthealthcare.com/providers). The guide will help you locate important information on the card so you can identify the network and the correct claim and customer service channels.



Explanation of Payment Changes

The EOP associated with the new GWH-CIGNA ID cards now shows only the CIGNA logo. To identify an EOP that is associated with a GWH-CIGNA ID card, notice these key features:

- "GWH-CIGNA" appears in the remark code for claims processed with a network provider discount;
- A return address of 1000 Great-West Drive appears on page one; and
- The Payer ID 80705 is on the bottom of page two.

Important to note: EOPs for patients who still carry the ID card with the Great-West Healthcare logo are not changing at this time.

Detailed information about how to read EOPs is available on the Secured Provider Portal at www.greatwesthealthcare.com/providers > Claims Inquiry > Sample GWH-CIGNA EOP.

Electronic Transaction Changes

All Electronic Data Interchange (EDI) transactions for participants enrolled in former Great-West Healthcare plans have changed their co-branding, as of January 1, 2010. Your EDI transactions will show the following changes, regardless of the ID card presented by participants in former Great-West Healthcare plans:

■ Electronic Remittance Advice (ERA)

The ERA payer previously showed as Great-West Life & Annuity Insurance Company. "GreatWestHealthcare-CIGNA" now appears as the payer name. Additionally, a payer ID field has been added to the ERA. ERAs for participants with a Great-West Healthcare or GWH-CIGNA ID card will now show the payer ID 80705. You may also see the CIGNA logo on the ERA depending on the vendor you use.

■ Other EDI Transactions

All other EDI transactions, including eligibility and benefits (270/271), claim status (276/277) and health care services review (278) transactions are now co-branded. The company name "Great-West Life" has been replaced with "GreatWestHealthcare-CIGNA."

ID Card Overview

A helpful tool, GWH-CIGNA ID Cards Overview, is available on the Secured Provider Portal: www.greatwesthealthcare.com/providers > Important Updates. ■



ePrescribing Improves Quality of Care

ePrescribing is recognized in the health care industry as an important element for supporting the improvement of the quality of patient care and reducing health care costs.

- Electronically sent prescriptions allow for legible new prescriptions to be sent directly to the patient's chosen pharmacy, decreasing time-consuming calls for pharmacies and helping to increase the incidence of error-free prescriptions;
- Prescription history information accessible through ePrescribing allows health care professionals to access important medication history information for patients. This information can help to inform you of potential adverse medication interactions and check to see that a patient is filling their prescription as prescribed.

- Pharmacy benefit information provides access to the CIGNA prescription drug list, informing you of clinically appropriate, cost-effective medications.

- ePrescribing can improve your office's administrative efficiency, reducing pharmacy faxes and phone calls, allowing you and your staff more time to devote to patient care.

If you have ePrescribing software, you and your office are ready to access ePrescribing tools for your CIGNA Pharmacy patients. For more information about ePrescribing, including helpful resources to help you get started with ePrescribing if your practice is not yet enabled, visit the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com > Resources > Procedural Information > ePrescribing Information. ■

Go Paperless – Submit Claims Electronically

Avoid the hassle of paper claim submission! You may be eligible for special offers by switching to electronic claim submission through MD On-Line, Inc. or Office Ally.

If you currently submit 100% of your claims to CIGNA on paper, and agree to convert to electronic claim submission, you may be eligible to:

- Submit claims electronically for free through MD On-Line and qualify for special offers on all-payer solutions; or
- Obtain free claims submission services from Office Ally.

MD On-Line and Office Ally will continue to submit claims to CIGNA through their choice of the current three CIGNA direct connected vendors: Emdeon™, Ingenix® and Post-N-Track™.

This initiative is part of our commitment to help you reduce paperwork and provide you with enhanced timely service.

For more information, contact MD On-Line at 1.888.499.5465 (www.cignamdol.com), or Office Ally at 1.866.575.4120 (www.officeally.com). ■

“Virtual House Calls” Available Through RelayHealth®

In 2007, 75% of health care spending went to care for patients with chronic conditions.¹ A third of the people with chronic illnesses leave their doctor's office confused about what they should do to continue their care.² A success factor in helping patients manage chronic conditions is frequent, regular monitoring, patient-recorded observations and most importantly, physician interaction. Online tools that help physicians and patients bridge the gap between office visits can offer interaction opportunities that re-engage patients and potentially improve outcomes, while reducing phone calls and increasing physician office efficiency.

Online office visits are one tool that can help bridge the gap between regular visits. CIGNA has teamed with RelayHealth to offer reimbursable online clinical consultations. The RelayHealth webVisit®, or virtual house call, combines the advantages of an office visit with the convenience of an online, structured communication ideal for non-urgent or

chronic medical problems. Physicians can respond online, by phone or if necessary, request an in-office visit. “Virtual house calls” offer a more convenient and affordable way for patients to contact physicians for non-urgent, routine health issues.

webVisits are reimbursable services where copayments and deductibles apply. The RelayHealth service is available at no additional cost to CIGNA's self-funded clients. Patients must have an existing relationship with a RelayHealth participating provider prior to consulting with a physician online.

Information is available on the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Being a HealthCare Provider > RelayHealth “Virtual House Calls”). For more information about RelayHealth or to register, visit www.setyourpracticefree.com and click “See What Customers Are Saying” to read physicians discussing their experience with the RelayHealth service. ■

¹ Center for Studying Health System Change. *Financial and Health Burdens of Chronic Conditions Grow*. Tracking Report No. 24, April 2009.

² National Council on Aging. *Re-forming Healthcare: Americans Speak Out About Chronic Conditions and the Pursuit of Healthier Lives*, March 2009.

New eCourses Available

New eCourses have been added to the Education and Help section of the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com): **Email CIGNA, Resources, Direct Contracted Providers Only and GWH-CIGNA ID Cards**. Each eCourse has specific information on the features and services available to you online. Access these **eCourses** when it's convenient for you.

eCourses are available free to registered users of the CIGNA for Health Care Professionals website. Log in to www.cignaforhcp.com > Education and Help. If you are not registered, visit the CIGNA for Health Care Professionals website today and click **Register Now** to enroll.

eCourse

Email CIGNA

Resources

Direct Contracted Providers Only

GWH-CIGNA ID Cards

Features and Services

- Obtaining coverage positions
- Determining covered services
- Requesting fee schedules online
- Secure information
- Policies, procedures, guidelines and forms
- Benefit plans and products
- Member health and wellness
- Being a CIGNA HealthCare Provider
- View fee schedule changes
- Update demographic information
- Request a copy of your agreement
- Changes to ID cards for Great-West Healthcare plans administered by CIGNA

CIGNA Launches Bill Payment Capability Through Quicken Health Expense TrackerSM

CIGNA has joined forces with Intuit, the recognized leader in consumer financial tools, such as Quicken[®] and Turbo Tax[®], to help your patients who are CIGNA plan participants track and manage their medical claims and health care finances. Beginning in March, participants will also have the unique ability to directly pay any health care professional that has joined the Quicken Health Payment Network. This means you can get paid faster, shortening your revenue cycle and minimizing administrative costs. To join, you will need to accept credit/debit card payments – getting set up is easy and free of charge for a limited time. Sign up today at www.QuickenHealthGetPaid.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 sign up for the secure CIGNA for Health Care Professionals website, www.cignaforhcp.com, you can:

- **Share, print and save** – electronic communications make it easy to circulate copies ;
- **Access anytime, anywhere** – view up-to-date information online when you need to; and
- Receive time-sensitive information from us **quickly and securely.**

By registering, you will receive some correspondence electronically, including *Network News* and other select communications. Some correspondence will still be sent regular mail. If you are a registered user, please check the **My Profile** page to make sure your information is up-to-date. 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 www.cignaforhcp.com and click **Register Now**. ■

835551 03/10 © 2010 CIGNA

We reference CIGNA and Great-West HealthCare to accommodate all covered individuals. For CIGNA covered individuals, disregard Great-West HealthCare references.

"CIGNA" and the "tree of life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company (CGLIC), CIGNA Behavioral Health, Inc., Intacorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West HealthCare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. All other medical plans in these states are insured or administered by CGLIC. CGLIC has acquired the business of Great-West HealthCare from Great-West Life & Annuity Insurance Company (GWL). Certain products continue to be provided by GWLA (Life, Accident and Disability, and Excess Loss). GWLA is not licensed to do business in New York. In New York, these products are sold by GWLA's subsidiary, First Great-West Life & Annuity Insurance Company, White Plains, N.Y. Rights in all marks are reserved by their respective owners. "CIGNA Medicare Services" is a service mark, and "CIGNA Medicare Access" and the "tree of life" logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. CIGNA Medicare Access and CIGNA Medicare Access Plus Rx are offered in Arizona by CIGNA HealthCare of Arizona, Inc., and in all other states by Connecticut General Life Insurance Company, and not by CIGNA Corporation. Each of these CIGNA Corporation operating subsidiaries are Medicare Advantage Organizations which contract with the federal government. Except when offered by employers, these plans are not available in all states.

The term "health care professional" is referred to in contracts as "provider" ■

ACCESS THE ARCHIVES!

Visit www.cigna.com > Health Professionals > **Newsletters** to access articles from previous issues of *Network News*. Article topics are listed for each of the archived issues. To access the current *Network News* on the Great-West HealthCare website, visit www.greatwesthealthcare.com/providers > Health Care Professional Newsletter > Important Updates. ■



Department C&PS
 900 Cottage Grove Road – Rtg: B7NC
 Hartford, CT 06152
www.cignaforhcp.com

PRESORTED
 STANDARD
 U.S. POSTAGE PAID
 LONG PRAIRIE, MN
 PERMIT NO. 266