

# 2005



February 2005



CIGNA

A Business of Caring.

## FOR CIGNA PARTICIPATING PROVIDERS

As we communicated in previous issues of the *2005 ALERT*, **CIGNA has made a number of changes to our programs and processes, effective January 2005.** Now that 2005 is here, we wanted to clarify some of the key changes that will affect you as you care for CIGNA members this year.

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CIGNA for Health Care Professionals, our secure website for health care professionals and their designated office staff, was updated in December to reflect the 2005 changes. This site 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 time-saving tool at [www.cignaforhcp.com](http://www.cignaforhcp.com).

For previous issues of the *2005 ALERT*, visit our website at [www.cigna.com/health/provider](http://www.cigna.com/health/provider), or call your local Provider Services Department.

\*Changes described in this *2005 ALERT* do not apply to all CIGNA HealthCare members. Changes will become effective for some CIGNA HealthCare members during 2005 and 2006. Please check your patient's benefit plan.

"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.

In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

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## Key 2005 Changes and Precertification Requirements

- **Two New Medical Management Models.\*** 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. Instead, employers may choose one of two new medical management models — Personal Health Solutions (PHS) or Personal Health Solutions Plus (PHS+) — regardless of the medical product they choose. Key requirements for each model are shown in the chart on page 3.
- **Updated outpatient precertification requirements.\*** A complete list of precertification requirements is available on our secure provider website at [www.cignaforhcp.com](http://www.cignaforhcp.com).
- **Changes to standard covered services and benefits.** See the September 2005 ALERT at [www.cigna.com/health/provider](http://www.cigna.com/health/provider).
- **Standardized Administration of Precertification Process.\*** Providers are responsible for obtaining precertification of coverage for all in-network services requiring precertification for all products.
- **Alternate Member Identifier (AMI).** We will begin rollout of this CIGNA-generated identifier to replace the subscriber's Social Security Number (SSN) on member ID cards. The AMI will consist of one letter and eight numbers. Providers may use the subscriber SSN or the AMI to submit a claim.
- **Introduction of CIGNA Choice Fund.<sup>SM</sup>** Choice Fund packages a consumer health care fund with an underlying PPO or Open Access Plus medical plan that has a deductible, coinsurance and out-of-pocket maximum. The two fund options – Choice Fund Health Reimbursement Arrangement and Choice Fund Health Savings Account – include a consumer fund that can help members pay the portion of health care expenses they are responsible for. For more information, including a description of the reimbursement process, see the December 2005 ALERT at [www.cigna.com/health/provider](http://www.cigna.com/health/provider).

Note: In certain locations, CIGNA HealthCare maintains a relationship with various delegated entities for outpatient services, such as radiology, physical/occupational therapy and chiropractic care. Providers and/or referring physicians must continue to contact the appropriate delegated entity for precertification of these services where applicable.

\* 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.

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## Other Important Updates

- **Easy access to CIGNA.** For CIGNA members you can now call 1.800.88CIGNA (1.800.882.4462) for questions and information about member eligibility, benefits and claims. The Interactive Voice Response now includes a speech feature for many of the services that providers regularly use.
- **Online demographic changes.** The easiest way to submit changes to CIGNA HealthCare about your office information is to fill out a form on our secure website at [www.cignaforhcp.com](http://www.cignaforhcp.com).
- **No-cost claims submission.** Submit claims securely and simply through Post-N-Track, at no additional cost. Go to [www.post-n-track.com](http://www.post-n-track.com) for more information.

## Key 2005 Precertification Requirements

Medical Management Model	Personal Health Solutions (PHS)	Personal Health Solutions Plus (PHS+)
Precertification	<p>Precertification required for all inpatient services, including:</p> <ul style="list-style-type: none"> <li>• Acute care hospitals</li> <li>• Long-term care hospitals</li> <li>• Inpatient rehabilitation</li> <li>• Skilled nursing facilities</li> <li>• Inpatient hospice</li> </ul> <p>Medical observation stays also require precertification*</p> <p>*Not required for surgery or obstetrics</p>	<p>All requirements of PHS <i>PLUS</i></p> <p>Precertification is now required for certain outpatient procedures and services, including:</p> <ul style="list-style-type: none"> <li>• Certain outpatient surgeries*</li> <li>• Potential cosmetic or reconstructive procedures*</li> <li>• CT, PET scans, MRI</li> <li>• Genetic testing</li> <li>• Infertility treatment</li> <li>• Acupuncture</li> <li>• Biofeedback</li> <li>• Occupational therapy</li> <li>• Speech therapy</li> <li>• Cardiac/pulmonary/vestibular rehabilitation</li> <li>• External prosthetic appliances*</li> <li>• Durable medical equipment*</li> <li>• Home health infusion</li> <li>• Injectable drugs*</li> <li>• Requests for services from a non-contracted provider to be covered at the in-network level</li> <li>• Unlisted codes</li> <li>• Experimental and investigational</li> </ul> <p>* For specific list of procedure codes requiring precertification go to <a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a></p>
Continued Stay Review	Generally begins on day 2, depending on diagnosis	Generally begins on day 1, depending on diagnosis

## Quality Improvement Program – Expands to Members in PPO Plans

CIGNA HealthCare is committed to ongoing quality improvement and to public reporting on our quality efforts. We have made a substantial investment of resources to achieve accreditation of our health plans by the National Committee for Quality Assurance (NCQA) and to participate in the HEDIS® surveys to measure and report our quality performance for our HMO membership. We are proud of our overall results.

In 2004, the CIGNA HealthCare national average for indicators of quality measured by the NCQA for our HMO membership increased by an average of more than 10 percent – the largest single-year increase to date. This strong result also contributes to a three-year average improvement of more than 17 percent (2001-2004) and demonstrates the effectiveness of the quality improvement programs CIGNA HealthCare provides for its managed care members.

In 2005, we are expanding our quality improvement initiatives in an effort to achieve similar quality of care results for members in PPO plans. We are the first national health care plan to voluntarily measure and report on health care quality for members in PPO plans and will expand our outreach to these members in 2005. Working in collaboration with the NCQA, we will measure and report on health care quality for these members beginning in 2006.

As part of this program, members who have not received important tests and screenings will receive educational information encouraging them to make healthier choices, to receive preventive tests and screenings, and to seek appropriate treatment.

## What You Need to do Differently in 2005

- 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." Note that 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 secure website or by phone, as outlined below.
  - ✓ Check the member's benefits on our secure website at [www.cignaforhcp.com](http://www.cignaforhcp.com). The type of medical management is listed as PHS (inpatient precertification only required, including medical observation) or PHS+ (inpatient and outpatient precertification required).
  - ✓ Check the member's precertification requirements by calling 1.800.88CIGNA (1.800.882.4462) or by calling member services at the toll-free number listed on the back of the member's ID card. The Interactive Voice Response System will indicate "inpatient precertification" or "inpatient and outpatient precertification."
- **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.
- Check our website at [www.cignaforhcp.com](http://www.cignaforhcp.com) for a complete list of procedure codes requiring precertification.
- Do not collect deductibles or coinsurance at the time of service. Wait until you receive the Explanation of Payment(s) (EOP) showing the final member responsibility before you bill the member. For Choice Fund reimbursement process, see December 2005 *ALERT*.
- Use the CIGNA-generated identifier, or the subscriber's Social Security Number (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.

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FOR CIGNA PARTICIPATING PROVIDERS

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