

NetworkNews

FOR PROFESSIONALS IN THE CIGNA HEALTHCARE NETWORK

Online Precertification Now Available!

You can now go online to submit and check the status of precertification requests for covered inpatient services, certain outpatient services (when required by a CIGNA HealthCare plan) and injectable medications (when covered under the medical plan).

View the status of your precertification request, whether it was submitted online, via telephone or facsimile.

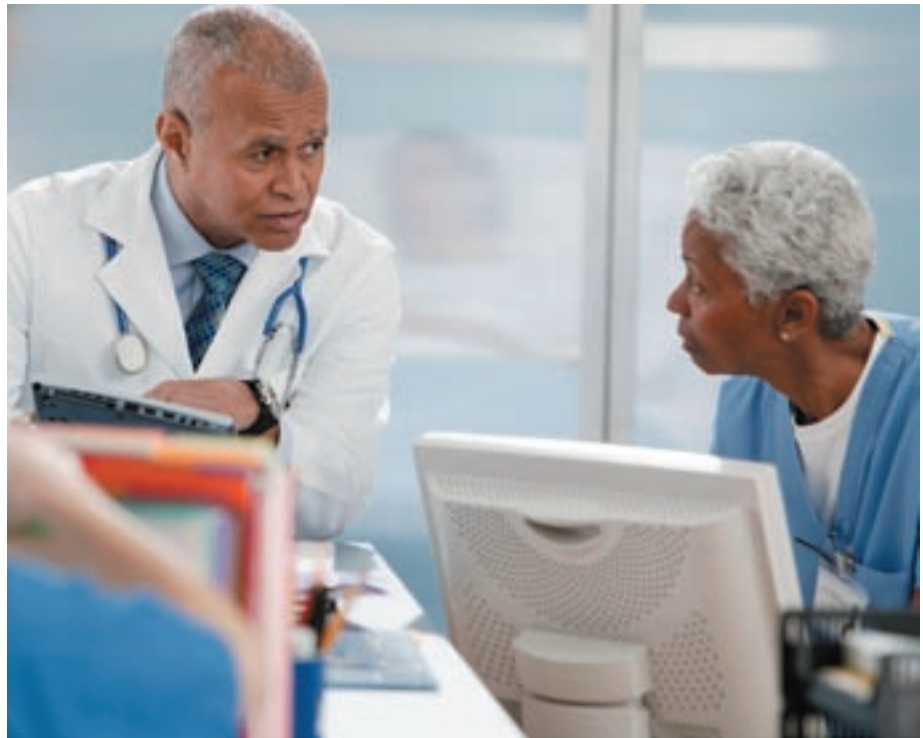
Get precertification answers fast

Once you enter some basic information, you will receive a response to your precertification request:

- **Approved** – includes a precertification tracking number to use for future inquiries.
- **Service does not require precertification** – no precertification needed for this service.

■ **Pended*** – includes the reason the request is pended, and a precertification tracking number to use for future inquiries. Requests will be reviewed usually within 24-48 hours. Submit a precertification inquiry at any time to view the current status of your request.

If the request is denied, the status will be updated and you will receive notification including the reason for the denial and how to appeal the decision.



If precertification for certain services is delegated to a third party, you will be directed as appropriate.

Two ways to access precertification

For extra flexibility, we offer two quick and easy ways to access this service through the CIGNA for Health Care Professionals website (www.cignaforhcp.com), or through the NaviNet® for CIGNA HealthCare website (<https://navinet.navimedix.com>).

The CIGNA for Health Care Professionals website offers easy access to real-time transactions and information. You can view claim status, eligibility and benefits information and request eligibility inquiries or fee schedule information. You can also view our online demo to learn more about the features of this site.

NaviNet® is a free, easy-to-use, multipayer website that gives you

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PRECERTIFICATION

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access to member and plan information for patients covered under a variety of health plans, including CIGNA HealthCare.

If you are not a registered user of either website, you will need to register first. Go to www.cignaforhcp.com and click 'Register Now'. For NaviNet®, go to www.aboutnavinet.com/cigna or call 1.888.482.8057.

Important information for current website users

If you are registered for the CIGNA for Health Care Professionals website as a Primary Administrator, you have access to this feature. If a Primary Administrator in your office delegated access to you through the **Assign Access** feature, the primary administrator must update your access to include precertification through the **Modify/Delete User Information** option.

If you are registered for NaviNet® as a Security Officer, you have access to this feature. If you are a current user and do not have access, contact your NaviNet® Security Officer. To see who your Security Officer is, look at **My Profile** from the NaviNet® Central menu.

Questions?

Call 1.800.88CIGNA (882.4462).

NaviNet® is a registered trademark of NaviMedix, Inc. ■

* This process only applies to FL HMO members if the provider has contractually agreed to this arrangement.

We've made your priorities our priorities! Precertification of coverage has been the number one online service requested by providers, and we're pleased to announce it's here. We continue to look for ways to make your job easier. Use the [Send us your feedback](#) link on any page of the CIGNA for Health Care Professionals website to let us know what you think.



New Medicare Advantage Private Fee-For-Service Plans from CIGNA

CIGNA Medicare AccessSM and CIGNA Medicare Access Plus RxSM Plans will be offered beginning January 1, 2008. CIGNA Medicare AccessSM Plans are Medicare Advantage Private Fee-for-Service plans authorized by the Centers for Medicare and Medicaid Services (CMS). A PFFS plan differs from Original Medicare, Medicare Advantage HMO, PPO or Medicare supplement plans. A PFFS medical plan, offered with or without prescription drug coverage, replaces Original Medicare Parts A and B.

CIGNA Medicare AccessSM Plans are offered to employer groups nationwide, as well as directly to individuals in selected counties of 13 states (Arizona, Georgia, Indiana, Maine, North Carolina, New Hampshire, New York, Pennsylvania, South Carolina, Tennessee, Texas, Vermont and Virginia).

Members are required to notify you that they have a CIGNA Medicare AccessSM Plan prior to receiving services. Member identification cards will have the CIGNA Medicare AccessSM Plan logo, and any applicable co-pay may be collected at the time of service.

You do not need to sign a contract to see CIGNA Medicare AccessSM Plan members. A beneficiary enrolled in these plans is free to use any provider who accepts Original Medicare payment and also CIGNA's Terms and Conditions of payment.

The CIGNA Medicare AccessSM Plans:

- Provide additional benefits beyond Original Medicare such as preventive care, out-of-pocket maximums, and unlimited hospitalization;
- Have one source for payment with payments based on Original Medicare rules and fee schedules;
- Do not require referrals or authorizations, although admission notification for all inpatient stays (hospitalizations, skilled nursing, and rehabilitation) is requested;
- Allow electronic submission of claims using payer ID 86033.

For more information, visit www.cignaforhcp.com or www.cignamedicare.com, or call 1.800.577.9410. ■

Update on CIGNA Care Network® Designation for 2008

Beginning in January 2008, CIGNA Care Network® will be offered in more areas. The CIGNA Care Network® is a benefit plan design option made available to employers, unions and other groups sponsoring group health benefit plans. Physicians in certain specialties who meet specific quality and cost efficiency criteria receive the CIGNA Care Network® designation. Patients covered under plans with the CIGNA Care Network® benefit design pay slightly lower co-pays or coinsurance for office visits with CIGNA Care Network® designated physicians. The benefit design is intended to provide a modest incentive to encourage members to consider using a CIGNA Care Network® designated physician. CIGNA HealthCare members covered under a CIGNA Care Network® plan continue to have access to all participating providers, including specialists, at an in-network reimbursement level. Members are advised not to use the CIGNA Care Network® designation as the sole basis in their decision making and are encouraged to consider all relevant factors and to speak with their treating physician when selecting a specialist for their care.

If you are a CIGNA Care designated physician, member co-payment and coinsurance levels for services rendered will be lower for patients covered under a plan with the CIGNA Care Network® benefit design. These patients can be identified by "CIGNA Care Network" on their member ID card. A physician's CIGNA Care Network® designation does not affect status as a CIGNA HealthCare participating provider nor reimbursement. Members covered under plans with the CIGNA Care Network® benefit design still have the flexibility to elect any participating providers whose covered services are reimbursed at an in-network level.

CIGNA Care Network® designations are accessible to CIGNA HealthCare members in our online provider directories at www.cigna.com and

through our secure website for CIGNA members. Physicians can view their CIGNA Care designations for 2008 in the online directory at www.cigna.com. For more information call 1.800.88CIGNA (882.4462). CIGNA HealthCare considers any relevant information that a physician or physician group may choose to present when requesting reconsideration of CIGNA Care Network® designation.

Physician Quality and Cost Efficiency Information

Profiles for participating physicians in 21 specialties will be shared with members across most service areas, using star (*) designations to indicate physician quality and cost efficiency measures. These designations can only be viewed by members through our secure member website. During 2008, we will transition from star designations for quality to displaying symbols for specialists and add quality symbols for primary care physicians (i.e., physicians with specialties in internal medicine, family practice and pediatrics).

CIGNA's quality evaluation is based on:

- National Committee for Quality Assurance (NCQA) recognition for diabetes care, cardiac and stroke care, spine care or physician practice connections;
- Performance on select evidence based quality measures;
- Satisfaction of our board certification criteria;
- American Board of Internal Medicine Process Improvement Module completion (ABIM-PIM). (These criteria will be used to evaluate Primary Care Physicians in the spring of 2008 for Physician Quality and Cost Efficiency only).

Cost efficiency stars reflect a provider's cost efficiency relative to peers using the Episode Treatment Group's (or Group) (ETGs) methodology. This methodology looks at medical costs for an episode of care and includes



case-mix adjustment to help account for differences in the severity of patients' illnesses.

Outpatient Surgery and High Tech Imaging

Complementing our Hospital Value Tool and Centers of ExcellenceSM program, we continue to offer our members support tools to help estimate average costs of certain procedures and services. Using the secure member website, members can view the estimated average facility cost for 16 of the most common outpatient surgery categories and the estimated average cost for high-tech imaging services (MR, CT and PET).

Recognizing that quality and cost efficiency information is only a partial assessment of a provider's quality performance and cost of care, we encourage members to consider all relevant factors and speak with their physician when selecting a health care provider.

For more information, visit www.cignaforhcp.com or call 1.800.88CIGNA (882.4462). ■

CIGNA Endorses the Leapfrog Group

What the 2007 Leapfrog Survey Means for You and Your Patients

The Leapfrog Group, a non-profit organization made up of more than 170 companies and organizations, is committed to improving the quality of health care and patient safety while helping consumers make more informed health care choices. Leapfrog and its members work together to help:

- Reduce preventable medical mistakes and improve the quality and affordability of health care;
- Encourage public reporting of health care quality and outcomes so that consumers and purchasing organizations can make more informed health care choices;
- Reward doctors and hospitals for improving the quality, safety and affordability of health care;
- Consumers reap the benefits of making smart health care decisions.

The Leapfrog Group has identified four key patient safety measures, known as 'Leaps', that are associated with reductions in preventable medical errors and improved outcomes. The Leapfrog survey process enables hospitals to report their progress on implementation of the four Leaps.

- **Computer physician order entry systems:** instead of hand writing, physicians use a computer to write prescriptions and orders.
- **Intensive Care Unit (ICU) physician staffing:** The Leapfrog Group calls for intensive care units to be staffed with physicians who specialize in intensive care.
- **Evidence-based referrals:** patients with certain high-risk conditions who are treated at hospitals are shown to have a higher level of positive clinical outcomes. The Leapfrog Group tracks the following procedures and conditions:
 - Coronary artery bypass graft
 - Percutaneous coronary intervention
 - Abdominal aortic aneurysm repair

- Pancreatic resection surgery
- Esophagectomy
- High-risk delivery (for babies with low birth weight or major congenital anomalies)
- Aortic valve replacement (new in 2007)
- Bariatric surgery (new in 2007)

■ **Leapfrog Quality Index based on National Quality Forum (NQF) Safe Practices:** the quality index evaluates hospitals on 30 measures taken to increase patient safety (i.e. creating a culture of safety and reducing medication dispensing errors).

CIGNA uses hospital performance information collected from the Leapfrog Survey in our Centers of ExcellenceSM Hospital Value Profile. This self-reported public data is one of the criteria utilized to assess participating hospitals for the

“Center of Excellence” designation. This program supports the growing consumer demand for information on hospital outcomes and efficiency. Hospital ratings are available by geographic area and procedure/condition. This information is available online at www.cigna.com and to members on our secure member website.

The CIGNA HealthCare Provider ExcellenceSM Recognition Directory lists hospitals that fully meet one or more of the safety standards. Access this tool at www.cigna.com/health/provider/medical and select the ‘Provider Excellence Tool’.

Additional Information

Visit www.leapfroggroup.org for more information about The Leapfrog Group, and for information on completing and submitting the 2007 Leapfrog Hospital Survey. ■



Prescription Drug Price Quote Online Tool

The Prescription Drug Price Quote online tool, available on the secure CIGNA website for members, has been enhanced to provide members with accurate and meaningful information. Members can compare real-time pricing for brand name medications, available generics and low cost therapeutically equivalent drug alternatives at their local pharmacies and CIGNA Tel-Drug in a side-by-side format. The tool high-

lights savings opportunities based on the member's benefit plan.

Members can print a report that displays the drug pricing along with a checklist that can be used to discuss health concerns and related medication options with you. The Prescription Drug Price Quote tool provides your patients with information, resources and support designed to help improve their health and reduce risks. ■

New Reimbursement Levels for Non-participating Providers

Most plan sponsors have incorporated limits on the amounts that their benefit plan will consider in determining reimbursement to non-network providers. These limits, known as the Maximum Reimbursable Charge (MRC), represent the maximum amount that will be considered in calculating reimbursement under a member's medical plan for a given service. Members who voluntarily decide to use a non-network provider are financially responsible for their deductible, coinsurance and any amounts over the MRC.

Currently, the most common MRC methodology limits the amount considered in determining benefits payable for services from non-network providers on a Usual and Customary (U&C) methodology.

- U&C data is based on more than 800 million practitioner billing records collected from numerous payers.

- This provider billing data is used to establish charge profiles by each geographic area for each procedure code. Charges in excess of a customer-elected percentage of the charges is not considered in calculating benefits.

Continuity and Coordination of Care

Continuity of care is a process for helping to ensure the seamless delivery of medical care throughout the course of care. Through communication and coordination of care, disruptions and delays in treatment may be prevented and poor health outcomes averted.

CIGNA analyzes data annually to assess the extent to which providers who are caring for members in conjunction with one or more specialists, communicate and coordinate care.

- CIGNA uses this data to determine the U&C limit for services billed with either CPT codes or Health Care Procedure Coding.

We are now offering customers a new option that uses a reimbursement schedule developed using a Medicare-type methodology to determine the amount of a billed charge that will be considered in calculating benefits.

- **This new reimbursement option will be available to employer groups on or after January 1, 2008.**

- **This new methodology will apply to non-network facilities and practitioners.**

Employers selecting this MRC option will choose from three standard percentages of a fee schedule developed using a Medicare-type methodology to determine the maximum charge that will be considered in calculating benefits. Any charge in excess of the MRC will be the patient's responsibility in addition to deductible, coinsurance or co-payment amounts applicable to charges not in excess of the MRC.

Questions?

Call 1.800.88CIGNA (882.4462). ■

The most commonly identified barriers to coordination of care include:

- Lack of recognition for the need to communicate;
- No means for communicating information; and
- Unaware other providers were involved in the care.

To help facilitate communication between providers, CIGNA has developed communication tools available to download on www.cigna.com. These tools may serve as a model for exchanging clinical information throughout the coordination of care. ■

Information to Help Bridge Gaps in Care

Beginning in January 2008, CIGNA will introduce the Well Informed program, designed to provide information about possible health risks your patients may have, or preventive treatments from which they may benefit. CIGNA is currently collecting important feedback from a select group of physicians participating in the Well Informed program pilot. This pilot has enabled us to gain insight to the best way to provide you with beneficial tools and services that support the delivery of quality health care to your patients. We will incorporate our learnings from this pilot into the program for January.

The Well Informed program is intended to support your care management efforts by helping to:

- Increase patient compliance with your treatment plans;
- Increase preventive health activities;
- Support you in managing chronic disease;
- Prevent potential adverse drug reactions and avoidable medical errors;
- Inform you of prescriptions and services your patients receive from other physicians that could impact your treatment plans;
- Alert you to potential divergence from common standards of care;
- Bring together disparate pieces of clinical information;
- Encourage patients to be involved and informed about their health status; and
- Flag potential urgent patient health issues and/or concerns.

For additional information, visit www.cignaforhcp.com. ■

Reference Guides Available Online

The CIGNA HealthCare Physician & Health Care Practitioner and Hospital & Ancillary Facility Reference Guides are available online. The guides can be printed or easily downloaded at www.cignaforhcp.com. A hard copy or a CD-ROM can be requested by calling 1.877.662.8041. ■

Precertification of Coverage

CIGNA continually reviews the precertification process and requirements in an effort to help ensure an effective process to support quality care. Updates to our precertification requirements are made throughout the year, with the latest update occurring in November. Log in to www.cignaforhcp.com and click 'Precertification' under 'Popular Links' for an updated copy of our standard list of services requiring precertification of coverage. An archived list of previous updates is also available. ■

Update: Helping People with Alcohol Problems

The National Institute on Alcohol Abuse and Alcoholism, a division of the National Institutes of Health, has recently updated the 2005 edition of *A Clinician's Guide to Helping Patients Who Drink Too Much*.

The guide includes an updated medication section, an outline of a brief behavioral support program for patients, online resources, and a new patient education handout.

Access the guide online at <http://apps.cignabehavioral.com/web/basicsite/provider/treatingBehavioralConditions/treatingBehavioralConditions.jsp> or <http://www.niaaa.nih.gov>. ■

Clear Claim Connection

Viewing claim code edits is made easy with Clear Claim Connection. This tool, powered by McKesson, is available online to registered users at www.cignaforhcp.com. Clear Claim Connection allows you to enter codes, modifiers, immediately view results and read clinical edit clarifications. Claim coding edit results are guidelines and are not guarantees of an actual claim payment. ■

Coding for Preventive Care Services

Most CIGNA health plans cover preventive care services when these services are administered by a CIGNA HealthCare participating provider. Depending on individual benefit plan provisions, preventive services may be reimbursed at 100% without application of deductible, coinsurance or benefit limits. Other plans cover these services subject to deductible, coinsurance and/or other benefit limitations. You can help your patients make the most of their benefits by submitting your request for payment with the Wellness/Routine Exam diagnosis code that is not primarily for the treatment of an illness or injury.

A guide to CIGNA's Preventive Health Benefits for Health Care Professionals is available on our website at: http://www.cigna.com/customer_care/healthcare_professional/medical/care_guidelines.html. ■

Payment Policy Updates

CIGNA has developed payment policies that can assist you in determining compensation for certain services. The policies include a variety of topics such as reimbursement for a Preventive Medicine visit and an Evaluation and Management visit on the same date of service, Multiple Births, Multiple Radiology Services and Robotic Assisted Surgery. These policies, along with our Modifier policies, can support more rapid and efficient electronic claim adjudication and payment, and decrease administrative costs. For more information, visit www.cignaforhcp.com. ■

Changes to Starbridge Limited Benefit Plans

CIGNA now offers limited benefit medical products in response to the increasing number of workers in the United States who are uninsured. In June 2006, CIGNA acquired Star HRG, an industry leader in offering voluntary limited health plans. These plans are designed to provide health insurance to part-time, hourly, seasonal and other employees not able to obtain comprehensive medical coverage and who would otherwise remain uninsured.

Marketed under the Starbridge brand name, these plans offer medical coverage for basic health services such as doctor visits, prescription drugs, limited hospital stays and minor surgeries.

Network Providers

In January 2008, CIGNA will begin transitioning some Starbridge members to the CIGNA PPO network. As select Starbridge members access the CIGNA PPO network for services, CIGNA contracted rates will apply. **For hospital services, you may collect patient responsibility from Starbridge members who present these identification cards at the time of service.**

Eligibility and Claims Information

Transitioned Starbridge members who utilize CIGNA PPO providers will only be subject to annual benefit maximums for covered services. Member identification cards will display the CIGNA PPO logo and contain information about claim submission, customer service contacts and benefits.

While you can submit Starbridge member claims electronically, electronic funds transfer and electronic remittance advice are not available at this time.

No Precertification Required

Starbridge plans do not require precertification, referrals or utilization management. ■



New Arrangement: Vision Service Plan

CIGNA has finalized a national arrangement with Vision Service Plan (VSP) to incorporate its Choice Network of vision care providers into the CIGNA PPO and Open Access Plus (OAP) medical networks. The integration of the VSP eye care practitioners will result in greater continuity of care for CIGNA members with both CIGNA medical and routine vision coverage.

Effective January 1, 2008, VSP Choice Network providers will be available to supply medical (primary) eye care services for CIGNA PPO and OAP membership on an in-network basis, supplementing our existing medical networks and expanding the network by an additional 30,000 eye care practitioners. Additionally, VSP will continue to supply administrative and network services support for our HMO and POS plans specific to medical (primary) eye care services for CIGNA members with a routine vision rider.

Only providers that have an existing contract with both CIGNA and VSP will be impacted. Optometrists who are contracted with both CIGNA and VSP will be reimbursed based on their VSP contracts, while ophthalmologists contracted with both CIGNA and VSP will receive reimbursement based on their existing CIGNA contracted arrangement.

Questions?

Call 1.800.88CIGNA (882.4462). ■

CIGNA Healthy Steps to Weight LossSM Weight Management Program

CIGNA recently launched a new weight management program, CIGNA Healthy Steps to Weight LossSM. The program is designed to help members lose weight and improve overall health by adopting achievable strategies for behavior change, lifelong healthy eating and improved exercise habits. Because long-term change usually happens slowly, CIGNA Healthy Steps to Weight LossSM follows the recommendations of the American Dietetic Association and other national guidelines. This provides members with an effective program that can help them make lasting changes.

Your patients who are interested in the CIGNA Healthy Steps to Weight LossSM program should call 1.866.417.7848. Members are encouraged to work closely with you as they participate in this program. With your patient's permission, program coaches will send an outreach



letter to you at the time of enrollment to notify you of your patient's participation. Since sustained weight management requires a change in lifestyle, your participation and feedback is important to the success of your patient.

Through this telephonic coaching program, members can receive the support they need to develop a healthy living plan, overcome barriers and achieve personal goals. A program workbook and tool kit containing a pedometer, tape measure and portion plate is available to participants. Beginning in January 2008, an online version of the program will be available on our secure member website. ■

CIGNA/HealthPartners Alliance

CIGNA entered into a strategic alliance with HealthPartners, Inc. effective January 1, 2007. Under this strategic alliance arrangement (also referred to as a marketing affiliation), CIGNA and HealthPartners, Inc. jointly market in a select geographic area. Members can access care through the alliance plan's network of participating providers in that select geographic area. In all other locations, members can access care through the CIGNA network.

A Quick Reference Guide is available about the alliance between HealthPartners and CIGNA. The guide contains important information on:

- Quality initiatives and programs;
- Clinical guidelines and updates;
- Medical record standards;
- Utilization Management criteria;
- Utilization Management process to contact Medical Directors;

- Utilization Management Financial Incentives Policy;
- Member rights and responsibilities;
- Member complaint procedure and process;
- Confidentiality/Privacy policies;
- Pharmacy management procedures.

The Quick Reference Guide is available online at www.healthpartners.com. Click on 'Providers' and select 'HealthPartners/CIGNA Alliance' under 'Information'. The guide is also available at www.cigna.com. Click on 'Health Professionals' and select 'Medical' under 'Care Guidelines'.

If you do not have Internet access, call 1.800.88CIGNA (882.4462) to receive a copy of this reference guide. ■

Shared Administration – Repricing



Beginning October 1, 2007, the standard will be for CIGNA to produce all member identification (ID) cards for Shared Administration-Repricing products. In addition, members who are enrolled in a Shared Administration-Repricing plan and have CIGNA Pharmacy will be provided one CIGNA ID card.

Standard Shared Administration-Repricing member ID cards have the following:

- CIGNA HealthCare logo/watermark;
- TPV logo, if applicable;
- CIGNA account number;
- Member Identifier;
- “S” denoting they are a Shared Administration-Repricing member (located near the member name or identifier);
- Union bug – this will be on the back of all cards denoting that the card stock was produced at a union vendor.

Shared Administration-Repricing is a CIGNA product option offered to our customers in the governmental sector and Taft-Hartley marketplace who wish to administer and pay their own claims. Providing this product option has helped CIGNA to meet a critical need in a much underserved market.

Shared Administration between CIGNA and these customers includes the following:

- Network access to a subset of CIGNA’s National PPO network;
- In-network claim repricing including CIGNA’s contracted discounts;
- Network matching to determine a provider’s network status;
- ClaimCheck® software, the clinically-based procedure code auditing system that CIGNA uses;
- Care management programs administered through CareAllies;
- Customer service for escalated provider inquiries administered by CIGNA; and
- Web tools that can help improve member health.

Additional Information

Additional information about the Shared Administration product is available online at: http://www.cigna.com/customer_care/unions/medical_repricing.html. ■

ACCESS THE NETWORK NEWS ARCHIVES!

To access articles from previous issues of Network News, visit www.cigna.com and click on ‘Health Professionals’ and ‘Newsletters’. Article topics are listed for each of the archived issues.

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These operating 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 Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by 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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