



NetworkNews

FOR PROFESSIONALS IN THE CIGNA HEALTHCARE NETWORK



Quick Website Access

CIGNA HealthCare makes it easy for you to delegate access to the CIGNA for HealthCare Professionals website to appropriate users through the Assign Access feature.

This feature allows you to control who in your office has access to the site and to specific functionality. If you are responsible for staff that will be using the website, you should register for access directly from CIGNA through the Register Now link at www.cignaforhcp.com.

Otherwise, you can gain immediate access to the website from an existing user who has already registered as a Primary or Secondary Administrator.

Types of Users

There are four types of users of the site and each has access to different features.

1. Primary Administrators have full access to the site and all of its features. They can add and delete users, designate level of access by feature and affiliated provider, and change passwords

for other users. Primary Administrators register for the site through the online process.

2. Secondary Administrators have full access to the site and all of its features as well as the ability to add and delete users, and designate level of access to other users. Secondary Administrators gain access to the site when the Primary Administrator assigns access through the Assign Access feature.

3. Processors have access to informational resources and can access eligibility and benefits and/or claims inquiries depending on access assigned by a Primary or Secondary Administrator. Processors gain access when the Primary Administrator assigns access through the Assign Access feature.

4. Auditors may only access informational resources and access reporting history. Auditors gain access when the Primary Administrator assigns access through the Assign Access feature.

To assign access, log on to www.cignaforhcp.com and choose the Assign Access link on the eServices home page. Only Primary or Secondary Administrators will have access to the "Assign Access" link located in the upper right hand corner of the eServices home page.

CONTINUED ON PAGE 2 >>>

inside

| | | | |
|--|---|---|---|
| Outpatient Precertification Enhancements | 2 | Preferred Brand PPI – No Prior Authorization Required | 6 |
| Alcohol Screening, Intervention and Treatment | 3 | Quality Information Online | 7 |
| Coverage Guidelines for Off-Label Cancer Medications | 4 | Quick and Easy Electronic Claim Submission | 7 |
| CIGNA Supports The Leapfrog Group | 5 | National Provider Identifier (NPI) Update | 8 |

Assign Access*Continued from page 1***Assign Access Highlights**

Here are some things to keep in mind about the Assign Access feature on www.cignaforhcp.com.

- New users can gain quick and easy access to the site with the help of a Primary or Secondary Administrator.
- Every user should have a unique user ID and password to access the site. To help ensure privacy, do not share your user ID and password with anyone.
- A Primary Administrator has access to claims for all providers affiliated with the Tax ID Number provided during registration.
- Primary and Secondary Administrators can discontinue access for delegated users.
- Primary and Secondary Administrators can view, print or download the delegation reporting history.
- Only Primary Administrators can reset passwords for delegated users (if the password expires after 120 days without resetting it.)
- Primary and Secondary Administrators provide designated users with access instructions.
- Using the Assign Access feature allows you to easily make changes if you have a change in staff. An office can have multiple primary administrators per provider ID.

Online Coaching for CIGNA HealthCare Members

Your patients who are CIGNA HealthCare members can take advantage of our Online Coaching Program, providing convenient, interactive information and skills training to help them overcome problems and improve their quality of life.

Programs available and offered free of charge include:

- Overcoming depression
- Managing anxiety, stress, and worry
- Coming to grips with substance abuse

- Building a stronger intimate relationship
- Coping with chronic pain
- Building effective writing and speaking skills

Programs include a series of interactive exercises and homework assignments that can be submitted to a licensed behavioral health expert for confidential, personalized follow-up.

Feel free to recommend this resource to patients who are CIGNA HealthCare members. It can be accessed through www.mycigna.com, by choosing Behavioral Health Resources. ■

Outpatient Precertification Enhancements*

Now you can use the CIGNA HealthCare automated telephone system for precertification of coverage for outpatient procedures. Using your telephone key pad, enter an outpatient CPT code and receive an immediate response as to whether precertification is required. If precertification is not required, you will not need to speak to a representative. If precertification is required, your call will be transferred to a representative.

This new system is designed to get you information quickly and easily.

Reminder: Even if a member's benefit plan does not require precertification of coverage, the procedure must be medically necessary to be eligible for coverage.

To access the system, call 1.800.88CIGNA (882.4462) or the number listed on the back of the CIGNA HealthCare ID card. ■

* This feature is not currently available in California and Texas.

CareAllies: Independent Medical Management and Wellness Services

As part of our commitment to offer best-in-class programs and services, CIGNA has created CareAllies, Medical Management and Health Coaching and Wellness programs for groups who do not have a CIGNA HealthCare plan.

Many of the products and services branded as CareAllies, like Personal Health Solutions, Health Coach, and the 24-Hour Nurse Line, were previously identified as Intracorp programs. The Intracorp name will

continue to be used for workers compensation and disability management, but medical management products will use the CareAllies name.

Over the next six months, we will transition these services to CareAllies. During that time, the Intracorp and CareAllies names might appear together.

To learn more about CareAllies, go to www.careallies.com. ■



Alcohol Screening, Intervention and Treatment

The National Institute for Alcohol Abuse and Alcoholism (NIAAA) encourages health providers to incorporate alcohol screening, brief intervention, and treatment referral into their treatment plans for at risk drinkers.

According to the NIAAA, about three in ten adults in the United States drink at levels that increase their risk for physical, social, and mental health problems. Clinical trials have shown that brief interventions can promote significant and lasting reductions in drinking levels in at-risk drinkers. Even patients with alcohol dependence who will not accept referral to addiction treatment programs can achieve improvement with repeated alcohol-focused visits with a health provider.

After asking questions about alcohol use and resulting impacts, NIAAA offers the following steps for advising and assisting and follow-up for patients with alcohol use disorders.

Advise and Assist Steps

- State your conclusion and recommendations clearly. "I believe that you have an alcohol use disorder and I strongly recommend that you quit drinking."
- Gauge readiness to change drinking pattern. "Are you willing to consider making changes in your drinking?"
- Negotiate a goal to abstain for a period of time.
- Agree on a plan including strategies for managing high-risk situations and identifying sober loved ones and/or friends who can be of support.
- Consider referral to an addiction specialist, especially if the patient is alcohol dependent.
- Consider recommending a mutual help group.
- Consider medication to support abstinence.
- Schedule follow-up appointments.

Follow-up

- Document alcohol use and review goals at each scheduled visit.
- If patient has met goals, reinforce and support continued adherence to recommendations. If not, acknowledge change is difficult and encourage continued effort.
- Relate drinking to other problems (medical, social, and psychological) as appropriate.
- Continue to recommend referral to an addiction specialist, mutual help group, and consider appropriate medication.
- Address coexisting medical and psychiatric disorders as needed.

More information, screening tools, and other resources are available at www.niaaa.nih.gov or www.cignabehavioral.com, then click on "Are you a Provider," then "Primary Care Physicians"

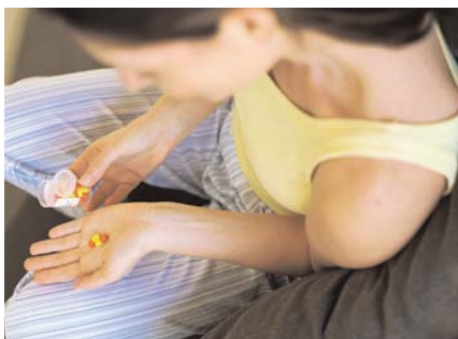
To refer a CIGNA member to an addiction specialist, call the number on the member's CIGNA ID card or locate a practitioner through www.cignabehavioral.com. ■

Coverage Guidelines for Off-Label Cancer Medications

Over the last five years, several new medications for the treatment of cancer have become available. Avastin, Erbitux, Alimta, Oxaloplatin and the orally administered agents Tarceva, Gleevec, Sutent, Revlamid and Nexavar represent some of the more frequently prescribed of the new oncology agents.

Most of these medications have specific criteria for FDA-approved indication and use. While there may be theories that promote their use in other clinical settings, the true clinical efficacy of these medications can only be determined in these other areas through post-approval clinical trials.

Use of these medications outside of their FDA-approved use is called "Off-Label." We recognize that there is significant use of cancer agents for reasons other than those specifically approved by the FDA and that off-label use is an important part of



cancer therapy. We also understand the importance of clinical trials and post approval studies of these agents. Under the CIGNA coverage guidelines, the "off-label" use of these drugs must be supported by well-recognized, major peer reviewed medical journals or the published results of clinical trials, and these articles must present data that supports the proposed off-label use as safe and effective.

If you have questions, call 800.88CIGNA (882.4462). ■

Coming Soon! Enhancements to the CIGNA for Health Care Professionals Website

In the coming weeks, we will see some changes to the layout and navigation for the CIGNA for Health Care Professionals website. These changes are evidence of our continued commitment to making it easier to do business with us and providing a better online user experience.

Soon you will have access to:

- The amount applied to a member's deductible, out-of-pocket and lifetime maximum.
- Plan information for all benefit types, including preventive care, vision and maternity.
- The amount paid on a claim through CIGNA Choice FundSM or a flexible spending account.

- Additional eligibility information including method of funding, patient address, coordination of benefits and dependent information.

In addition, we will enhance the claim search capabilities so you can search for claims by claim number, your patient account number, or all claims submitted for CIGNA HealthCare members for the provider in a date range.

Giving you easier access to information and finding ways to serve you better are our top priorities. To register or log on, go to www.cignaforhcp.com.

Update on the Recredentialing Process

Physicians contracted with CIGNA are recredentialled every three years (or more frequently if required by state law). Recredentialing is required to comply with state and NCQA requirements.

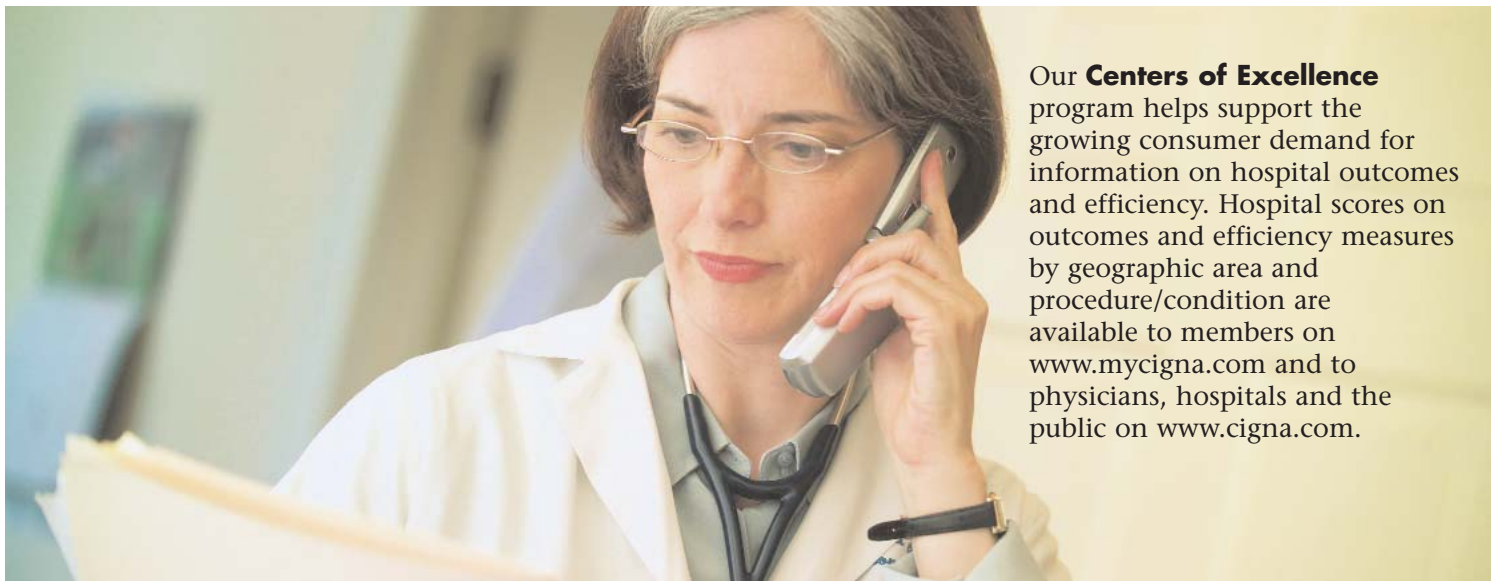
CIGNA participates with the Council for Affordable Quality HealthCare (CAQH) and the process to submit applications online through the Universal Credentialing DataSource (UCD). This is a fast and efficient way to complete the recredentialing process. If your information needs to be updated, we will remind you to complete or reattest to your information online rather than submit a paper recredentialing application.

Most state-mandated applications are programmed into the UCD for your use. You may also use the UCD by faxing a CAQH or state-mandated paper application to CAQH.

If you fail to complete the recredentialing process on a timely basis, your status as a participating provider with CIGNA may be in jeopardy, and you could be terminated from network participation. Your timely response to any request for information is essential to successfully completing the credentialing process. ■

2006 Preventive Health Guidelines Available Online

The 2006 Preventive Health Guidelines – Pediatric & Adult and the 2006 Prenatal and Postpartum Guidelines are available online at www.cigna.com/health/provider/medical/care_guidelines.html. You must be a registered user to access this site. If you would like a paper copy of these guidelines, call 1.800.88CIGNA (882.4462). ■



Our **Centers of Excellence** program helps support the growing consumer demand for information on hospital outcomes and efficiency. Hospital scores on outcomes and efficiency measures by geographic area and procedure/condition are available to members on www.mycigna.com and to physicians, hospitals and the public on www.cigna.com.

CIGNA Supports The Leapfrog Group

In 2005, CIGNA began using The Leapfrog Group hospital performance information in our Centers of Excellence Hospital Value Profile. CIGNA HealthCare uses this self-reported public data as one of the criteria in assessing participating hospitals for the “Center of Excellence” designation.

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

The Leapfrog Group

The Leapfrog Group is a non-profit organization made up of more than 170 companies and organizations that buy health care. Leapfrog and its members work together in an effort to:

- 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.

- Help consumers reap the benefits of making smart health care decisions.

To meet these goals, The Leapfrog Group has identified four key patient safety measures that are associated with reductions in preventable medical errors and improved outcomes. These areas are known as “Leaps.”

- 1. Computer physician order entry systems** – physicians use a computer to write prescriptions and orders instead of writing them.
- 2. Intensive Care Unit (ICU) Physician Staffing** – intensive care units are staffed with physicians who specialize in intensive care.
- 3. Evidence-based referrals** – help ensure patients with certain high-risk conditions are treated at hospitals where these conditions are common and there is a high 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)

4. Leapfrog Quality Index based on National Quality Forum (NQF) Safe Practices – this index evaluates hospitals on 27 different steps they take to increase patient safety and reduce errors such as creating a culture of safety and reducing medication dispensing errors.

The Leapfrog Group helps consumers make smarter health care choices by showing what steps hospitals are taking to reduce preventable medical mistakes. Through surveys, the group gathers information from hospitals about their progress toward implementing the four leaps.

Visit www.leapfroggroup.org for more information. ■

NCQA Recognition Programs

NCQA has developed a series of training programs on each of its Physician Recognition Programs to help you complete the application and the submission process. Each type of program is offered multiple times to accommodate as many people as possible. For more information, visit http://www.ncqa.org/Physician_training.htm ■

Preferred Brand PPI – No Prior Authorization Required

To help improve patient access to safe, affordable and effective medications, CIGNA recently modified its prior authorization requirements for the Proton Pump Inhibitors (PPI) class of medications. Beginning July 1, 2006, prior authorization is no longer required

for any preferred brand PPI medication on the CIGNA Formulary, regardless of duration of therapy. (Prior to July 1, prior authorization was required beyond eight weeks of therapy.) In addition, generic omeprazole will continue to not require prior authorization.

Non-preferred brand medications

For non-preferred brand medications, prior authorization is required for any adult patient after the initial prescription on or after July 1. For a non-preferred brand medication to be eligible for coverage, evidence of failure, intolerance or contraindication to a generic or preferred brand PPI must be documented and submitted to CIGNA.

Medication Prior Authorization Form

Requests for prior authorization can be made using the CIGNA HealthCare Prior Authorization Form for PPI Medications. This form is available on www.cigna.com. (On the Provider tab, click on “Forms,” then “Pharmacy Forms” under the Popular Links category. The Medication Prior Authorization Form is at the top of the list.) Patients who obtain a prior authorization for a non-preferred brand PPI medication prior to July 1, 2006 will not be impacted. Prior authorization approvals are valid for 18 months, subject to member eligibility and the other terms of the member’s plan.

The transition

To help educate patients, CIGNA is allowing members to fill their first prescription for a non-preferred brand PPI and obtain coverage for that fill only. This process will allow members to receive coverage for an initial prescription of a non-preferred PPI. CIGNA will send written notification reminding both you and your patient of the coverage requirements for future non-preferred brand PPI prescriptions. Patients will receive detailed information on brand or generic alternatives and be advised to consult with you before making any change in drug therapy. ■

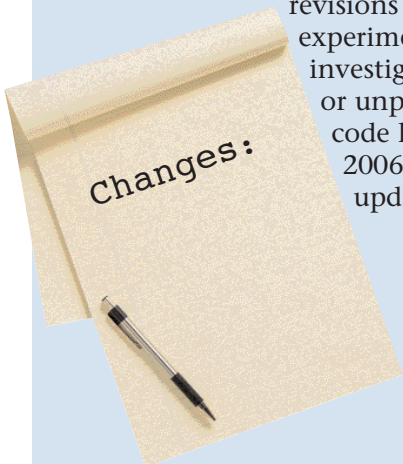
The new coverage guidelines are outlined in the chart below:

| Generic PPI medications <small>(no prior authorization required)</small> | Preferred-brand PPI medications <small>(no prior authorization required after 7/1/06)</small> | Non-preferred brand PPI medications <small>(prior authorization required after initial prescription beginning 7/1/06)</small> |
|---|--|--|
| omeprazole | Prevacid® Protonix® | Aciphex® Nexium® Zegerid® Prilosec® (brand only) |

The CIGNA Formulary is an extensive list of safe and effective Food and Drug Administration (FDA) approved, brand and generic prescription drugs. The drug list can be accessed by visiting www.cigna.com and then clicking on the “Drug Lists/Ordering” link under the “Popular Links” section.

Precertification Update

CIGNA makes periodic changes to the list of outpatient services, CPT codes and HCPCS codes requiring precertification of coverage. Recent changes include revisions to the experimental, investigational, or unproven code lists and 2006 code updates.



Of Note: Beginning July 1, 2006, when Medicare is primary, precertification of coverage is not required *except* for:

- Inpatient or outpatient transplant services
- Services that are *not* covered by Medicare
- Services for which CIGNA becomes the primary payer (i.e., Medicare benefits have been exhausted and CIGNA is now the primary payer)
- Medicare Advantage (formerly Medicare Risk) products

Changes are posted on our secure provider website at www.cignaforhcp.com. ■



Quality Information Online

At CIGNA HealthCare, we are committed to giving you access to the latest information about our programs, as well as details about key guidelines and procedures. You can access this information through our secure provider website, www.cignaforhcp.com.

Use the following list to learn how the website can help you access information on many topics. To find out more about items highlighted in bold, check in the online "Resources" section under areas listed below each topic. For example, to find out more about Claims Appeals, look in the Resources section under "Procedural Information."

Claims Appeals

"Procedural Information"

Coverage Positions

"Procedural Information"

Credentialing

"Being a CIGNA HealthCare Provider"

Disease Management

"Being a CIGNA HealthCare Provider"

"Commitment to Quality"

"Member Health & Wellness"

"Care Guidelines"

Medical Record Reviews

"Being a CIGNA HealthCare Provider"

"Commitment to Quality"

Member Rights and Responsibilities

"Being a CIGNA HealthCare Provider"

"Member Health and Wellness"

Patient Safety

"Being a CIGNA HealthCare Provider"

"Commitment to Quality"

Prescription Drug List

"Pharmacy"

Privacy Policy and Protected Health Information

"HIPAA"

Quality Management

"Being a CIGNA HealthCare Provider"

"Commitment to Quality"

Utilization Management and Clinical Care Guidelines

"Member Health and Wellness"

If you don't have Internet access or need more information about any of the topics listed here, call 1.800.88CIGNA (882.4462). ■

Quick and Easy Electronic Claim Submission

Electronic claim submission, also known as Electronic Data Interchange or EDI, can help your office improve productivity, efficiency and cash flow. Claims can get to CIGNA faster, paperwork is reduced and print and mail expenses can be eliminated. EDI can also help improve claim accuracy and reduce the risk of transcription errors and missing data by flagging claims with missing or invalid demographic data.

Helpful Hints

To help reduce the incidence of the system rejecting claims:

- The member's name must be submitted **exactly** as it appears on the member's ID card. Include the hyphen in a hyphenated name, the member's middle initial and all last names as they appear on the ID card. Also, when a suffix like Jr. or Sr. is included on the ID card, be sure to include it on the claim submission.
- Include the subscriber name in the appropriate field on the claim form, especially when submitting dependent claims.
- Verify member benefits and eligibility information before submitting claims. This step is especially important for newborn claims. Claims may be rejected by the CIGNA claims system if member eligibility cannot be verified. ■

National Provider Identifier (NPI) Update

Health care providers and insurers are preparing for the implementation of the National Provider Identifier (NPI) requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This update is the first in a series designed to give you additional information about our implementation plan.

Background

The National Provider Identifier (NPI) is a unique identification number that will be used by providers and insurers for standard HIPAA transactions (such as electronic claims eligibility verification requests). This identifier must be used by health plans and health care clearing-houses in HIPAA standard electronic transactions by May 23, 2007.

NPIs will replace other identification numbers used by

health care providers (and assigned by payers) with the exception of the tax identification number (TIN). The TIN will continue to be submitted with HIPAA electronic transactions when required for tax reporting purposes.

Testing and implementation

CIGNA will test NPI-related changes for the HIPAA transactions with EDI vendors, clearinghouses and direct submitters of these transactions. We do not plan to test NPI submissions directly with health care providers. Contact your clearinghouse for information about how to submit the NPI with HIPAA-compliant transactions.

By May 23, 2007, CIGNA will accept the NPI on HIPAA-compliant standard electronic transactions.

We will notify you when you can begin submitting NPI on other standard electronic transactions through a *Network News* update and on our website at www.cigna.com/health/provider/medical/national_provider_identifier.html.

NPI collection strategy

CIGNA will begin to collect and store provider NPIs as soon as this data is made available by Centers for Medicare & Medicaid Services (CMS). To reduce your administrative burden, we plan to collect the NPIs from the CMS National Plan and Provider Enumeration System (NPPES) database and not from individual providers or facilities. CMS will publish its draft plan for disseminating NPI data in August 2006. We expect the NPI data to be available sometime in the fourth quarter of 2006.

For more information about the NPI and NPI application process, visit <https://nppes.cms.hhs.gov/NPPES/Welcome.do>. ■

"CIGNA" or "CIGNA HealthCare" refer 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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