

CIGNA HealthCare/Healthcare Provider Retained Claims Instructions and Form

The Billing Dispute External Review Process is the exclusive remedy for healthcare providers, healthcare groups and healthcare provider organizations who are Class Members in the CIGNA Healthcare Provider Settlement and who have disputes with CIGNA HealthCare regarding Retained Claims that involve patient-specific applications of coding and payment rules and methodologies. All determinations by the independent reviewer are binding on both CIGNA HealthCare and the healthcare provider, healthcare provider group or healthcare provider organization submitting the dispute.

Essentially, "**Retained Claims**" are claims that were in the pipeline as of **May 27, 2005**. Specifically, a Retained Claim is a claim for payment for the provision of Covered Services on or before **May 27, 2005** if: (1) a claim has been filed with CIGNA HealthCare, but not finally adjudicated by it; or (2) no claim has yet been filed with CIGNA HealthCare and the contractual period for filing such a claim has not expired. A claim is considered finally adjudicated when CIGNA HealthCare's internal appeals process has been completed. Healthcare providers with Retained Claims must still go through CIGNA HealthCare's internal appeals process.

Retained Claims that involve the patient-specific application of coding and payment rules and methodologies will be adjudicated through the Billing Dispute External Review Process. This form is for use by Class Members who wish to submit such claims for external review. Claims that involve the patient-specific application of coding and payment rules and methodologies and were finally adjudicated **between April 28, 2005 and May 26, 2005** are also Retained Claims and are eligible for adjudication by the Billing Dispute External Review Process.

The Billing Dispute External Review Process is the **ONLY** way to resolve Retained Claims that involve the patient-specific application of coding and payment rules and methodologies, including, for example, the appropriate payment amount when two or more CPT® Codes were billed together, or whether the healthcare provider used modifiers appropriately.

Retained Claims that do NOT involve the patient-specific application of coding and payment rules and methodologies are not subject to resolution under the Billing Dispute External Review Process or any other adjudication process created in connection with the Settlement. However, your right to sue or seek other legal redress is not waived under the Settlement as to these Retained Claims.

All claims for services rendered on or before May 27, 2005 that are not Retained Claims are released by the Settlement and are thus no longer subject to challenge by Class Members.

Instructions: Please be sure that your submission meets the requirements set forth below.

A. Date of Service

You must be able to answer "Yes" to this question.

Does this dispute pertain to services rendered on or before May 27, 2005 and finally adjudicated on or after April 28, 2005?
Yes _____ No _____

B. Exhaustion of Internal Appeals

You must be able to answer "Yes" to one of the two questions listed below.

1. Have you exhausted the CIGNA HealthCare internal appeals process as to this dispute?

Yes _____ No _____

OR

2. Has CIGNA HealthCare failed to communicate a notice of decision within 45 calendar days from CIGNA HealthCare's receipt of all documentation needed to complete your internal appeal? Yes _____ No _____

C. Subject Matter

You must be able to answer "Yes" to this question.

Does this dispute relate to the patient-specific application of coding and payment rules and methodologies?

Yes _____ No _____

Healthcare providers, healthcare provider groups and healthcare provider organizations must exhaust CIGNA HealthCare's internal appeals process before submitting a Retained Claim for external review. Healthcare providers, healthcare provider groups and healthcare provider organizations are deemed by implication to have exhausted (**implied exhaustion**) CIGNA HealthCare's internal appeals process if CIGNA HealthCare does not communicate a notice of decision within 45 calendar days from the receipt of all documentation needed to complete the internal appeal.

DEADLINE: Eligible Retained Claims must be submitted on this form within **90 calendar days** of exhaustion (or implied exhaustion) of CIGNA HealthCare's internal appeals process.

All supporting documentation that the healthcare provider, healthcare provider group, or healthcare provider organization wishes to be considered by the Billing Dispute Administrator must be attached to this form. CIGNA HealthCare is not obligated to submit to the Billing Dispute Administrator any documents that you previously submitted to CIGNA HealthCare or that were submitted or considered in the internal review. Examples of supporting documentation you may attach include Explanation of Payment(s), the final appeal denial letter, and additional clinical information. The Billing Dispute Administrator may request additional documentation from you. Any such additional documentation must be submitted within **30 calendar days** of the Billing Dispute Administrator's request.

CIGNA HealthCare/Healthcare Provider Retained Claims Form

PLEASE SEND THIS COMPLETED FORM, ALL SUPPORTING DOCUMENTATION AND THE FILING FEE TO THE BILLING DISPUTE ADMINISTRATOR:

HAYES Plus, Inc.
 157 S. Broad Street
 Suite 400
 Lansdale, PA 19446
 Phone: 215.855.0615
 Fax: 215.855.5318

Healthcare Provider Information

Treating Healthcare Provider Name (as submitted on claim)		Tax Identification Number (as submitted on claim)	
Billing Address (Street, City, State, ZIP)			
Telephone Number Office () ext.		Fax Number Office ()	
Contact Name	Contact Phone Number	Contact E-mail	

Codes/Modifiers Disputed

A specific code set must be identified; a minimum of two codes must be entered below.

CPT® Code (primary):	CPT® Code (secondary)	(and/or) Modifier
----------------------	-----------------------	-------------------

Claim Information

Member Name	Member ID Number	Member Group Number (optional)
Member Address (Street, City, State, ZIP)		

Request for Healthcare Provider Billing Dispute External Review Regarding A Retained Claim

Date of Service:	Claim Number (indicated on CIGNA HealthCare's Explanation of Payment)
Amount in dispute (the amount you believe you are entitled to receive in this dispute): \$	Filing fee: (Please check one) _____ \$50.00 For claim(s) under \$1,000.00 _____ \$50.00 +5% of amount of dispute which exceeds \$1,000.00 Amount enclosed: _____ Make check payable to Hayes Plus, Inc.
	The decision of Hayes Plus, Inc. is final and binding on CIGNA HealthCare and the healthcare provider, healthcare provider group, or healthcare provider organization only with respect to the specific case being reviewed by Hayes Plus, Inc. Participating providers may access CIGNA HealthCare's provider website (www.cignaforhcp.com) or Hayes Plus website (www.hayesinc.com) for further information.
Comments:	
I hereby acknowledge the terms of the Billing Dispute External Review Process and further certify the accuracy of the material and information submitted with the request:	
Signature of Healthcare Provider:	Date:

Please attach supporting documentation: Explanation of Payment (EOP), final appeal denial letter, additional clinical information, etc.