Meet Our Local Market Medical Executives

CIGNA understands the importance of having Medical Directors who can work with you and recognize your needs on a local level. As part of our commitment to providing you, the health care professional, with personalized service that can help answer your health care related questions, we want to introduce you to your regional and local Medical Directors, known as Market Medical Executives (MMEs).

Our medical executives cover specific geographic areas and understand the local community nuances in health care delivery. This allows our MMEs to provide you with a unique level of support and service.

In addition to representing CIGNA while working with you, or with local regulatory and professional organizations, MMEs also support areas within CIGNA such as Contracting, Health Care Professional Service, and Sales. This helps ensure clinical collaboration across all parts of our business.

We encourage you to call your local MME with general questions about CIGNA’s clinical policies and clinical programs.

For patient-specific inquiries and requests, such as precertification, please continue to call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462) or go to www.cignaforhcp.com.
CIGNA Market Medical Executives (MME) by Geographic Area

<table>
<thead>
<tr>
<th>National</th>
<th>Nicholas Gettas, MD, Chief Medical Officer, Regional Accounts</th>
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<table>
<thead>
<tr>
<th>Northeast Region</th>
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<tbody>
<tr>
<td>Dan Nicoll, MD, Regional Medical Director</td>
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<tr>
<td>1.201.533.4717</td>
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<tr>
<td>NJ, NY</td>
</tr>
<tr>
<td>1.201.533.4717</td>
</tr>
<tr>
<td>Tr-State NJ</td>
</tr>
<tr>
<td>Ronald Menzin, MD</td>
</tr>
<tr>
<td>1.631.247.4526</td>
</tr>
<tr>
<td>MD, VA, DC</td>
</tr>
<tr>
<td>Dan Nicoll, MD</td>
</tr>
<tr>
<td>1.201.533.4717</td>
</tr>
<tr>
<td>CT, MA, ME, NH, RI, VT</td>
</tr>
<tr>
<td>Robert Hockamuth, MD</td>
</tr>
<tr>
<td>1.603.268.7567</td>
</tr>
<tr>
<td>IL, IN, MI, MN, WI</td>
</tr>
<tr>
<td>Peter W. McCauley, Sr., MD, CPE</td>
</tr>
<tr>
<td>1.312.648.5131</td>
</tr>
<tr>
<td>DE, OH, PA, WV</td>
</tr>
<tr>
<td>Christina Stasiuk, DO</td>
</tr>
<tr>
<td>1.215.761.7168</td>
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<tr>
<th>Southeast Region</th>
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<tbody>
<tr>
<td>Jordan Ginsburg, MD, Regional Medical Director</td>
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<tr>
<td>1.314.290.7308</td>
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<tr>
<td>GA, KS, MO</td>
</tr>
<tr>
<td>Jordan Ginsburg, MD</td>
</tr>
<tr>
<td>1.314.290.7308</td>
</tr>
<tr>
<td>NC, SC</td>
</tr>
<tr>
<td>Edward Hunsinger, MD</td>
</tr>
<tr>
<td>1.336.945.6997</td>
</tr>
<tr>
<td>North FL</td>
</tr>
<tr>
<td>Ernest Cook, MD</td>
</tr>
<tr>
<td>1.407.415.0874</td>
</tr>
<tr>
<td>South FL, USVI</td>
</tr>
<tr>
<td>Donald Grossman, MD</td>
</tr>
<tr>
<td>1.954.514.6862</td>
</tr>
<tr>
<td>North TX</td>
</tr>
<tr>
<td>Jordan Ginsburg, MD</td>
</tr>
<tr>
<td>1.314.290.7308</td>
</tr>
<tr>
<td>LA, South TX</td>
</tr>
<tr>
<td>Mark J. Netoocke, MD, MBA, FAAP</td>
</tr>
<tr>
<td>1.713.576.4465</td>
</tr>
<tr>
<td>AR, KY, MS, TN</td>
</tr>
<tr>
<td>Robert McLaughlin, MD</td>
</tr>
<tr>
<td>1.423.763.6764</td>
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<tr>
<th>West Region</th>
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<tbody>
<tr>
<td>Jennifer Gutzmore, MD, Regional Medical Director</td>
</tr>
<tr>
<td>1.818.500.6459</td>
</tr>
<tr>
<td>South CA</td>
</tr>
<tr>
<td>Jennifer Gutzmore, MD</td>
</tr>
<tr>
<td>1.818.500.6459</td>
</tr>
<tr>
<td>North CA</td>
</tr>
<tr>
<td>Jacob Asher, MD</td>
</tr>
<tr>
<td>1.415.374.2520</td>
</tr>
<tr>
<td>CO, MT, NM, UT, WY</td>
</tr>
<tr>
<td>Jennifer Gutzmore, MD</td>
</tr>
<tr>
<td>1.818.500.6459</td>
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<tr>
<td>AK, HI, ID, OR, WA</td>
</tr>
<tr>
<td>Mary O’Neill, MD, MBA</td>
</tr>
<tr>
<td>1.206.625.8846</td>
</tr>
<tr>
<td>AZ</td>
</tr>
<tr>
<td>Jennifer Gutzmore, MD</td>
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<tr>
<td>1.818.500.6459</td>
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Reasons to call your MME

- Ask questions and obtain general information surrounding CIGNA’s clinical policies and clinical programs.
- Ask questions regarding your specific practice and utilization patterns.
- Report or request assistance around a quality concern involving your CIGNA patient(s) and/or CIGNA network health care professional(s).
- Request or discuss recommendations for improvements or development of CIGNA’s health advocacy, affordability, or cost transparency programs.
- Recommend specific physicians or facilities for inclusion in our networks or identify clinical needs within the networks.
- Identify opportunities to enroll your patients in CIGNA health advocacy programs.

“The CIGNA Market Medical Executive Community is a group of clinically seasoned medical professionals dedicated to providing you, the practicing health care professional, with access to the clinical resources and programs available through CIGNA. That assistance is provided through and with CIGNA Advocacy Programs. These Advocacy Programs are intended to provide the assistance needed to navigate an ever-evolving health care delivery system and ensures you are able to achieve the very best, evidence-based clinical outcomes possible. To achieve this goal, our Market Medical Executives are located within our major markets and communities, and welcome the opportunity to interact with you, as needed.”

— Dr. Nicholas Gettas, Chief Medical Officer
**POLICY UPDATES**

**Clinical, Reimbursement and Administrative Policy Updates**

In an effort to help support access to quality care for plan participants, CIGNA routinely reviews clinical, reimbursement and administrative policies, medical coverage positions, and our precertification process and requirements. The table below provides a summary of recent updates. You may also view new and updated policies, in their entirety, prior to implementation, on the CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com)).

<table>
<thead>
<tr>
<th>Policy</th>
<th>Effective Date</th>
<th>Update</th>
<th>Where to Find Additional Information</th>
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<tr>
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<tr>
<td></td>
<td></td>
<td><strong>HCPCS Code</strong></td>
<td><strong>Description</strong></td>
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<tr>
<td></td>
<td></td>
<td>J9035</td>
<td>Injection, bevacizumab, 10 mg (Avastin)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J9055</td>
<td>Injection, cetuximab, 10 mg (Erlitux)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J1300</td>
<td>Injection, eculizumab, 10 mg (Soliris)</td>
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<tr>
<td></td>
<td></td>
<td>J9303</td>
<td>Injection, panitumumab, 10 mg (Vectibix)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J9310</td>
<td>Injection, rituximab, 100 mg (RituXan)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>J9355</td>
<td>Injection, trastuzumab, 10 mg (Herceptin)</td>
</tr>
</tbody>
</table>
| CIGNA National Correct Coding Initiatives (NCCI) Editing for Facilities | June 1, 2011 | • Added approximately 685 edits to the existing list  
• Added Modifier 27 to existing modifier list  
• Changed the Correct Coding Indicator to four edit pairs  
• Deleted 43 edit pairs from existing list  
• CIGNA will now reserve the right to modify this list consistent with the CMS quarterly updates and guidelines  
• Policy will continue to apply to all, or any portion of, a facility claim paid based on billed or a percentage of billed charges submitted to CIGNA on a UB-04 | CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies) |
| Assistant Surgeon – Modifiers 80, 81, 82 and Assistant-at-Surgery Modifier AS | July 1, 2011 | Physicians rendering services as Assistant Surgeons (Modifier 80 and 82) will now be reimbursed at 16% of the surgeon's contracted rate, the usual and customary (U&C) rate, or maximum reimbursable charge, rather than the previously reimbursed rate of 20%  
(Reimbursement for services represented by modifier 81 and modifier AS remain the same.) | CIGNA for Health Care Professionals website ([www.cignaforhcp.com](http://www.cignaforhcp.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies) |
## POLICY UPDATES

<table>
<thead>
<tr>
<th>Policy</th>
<th>Effective Date</th>
<th>Update</th>
<th>Where to Find Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contiguous Body Parts</td>
<td>July 1, 2011</td>
<td>The highest allowable reimbursement amount will be paid at 100% of the fee schedule, maximum reimbursable charge (MRC), or usual and customary (U&amp;C) rate, as applicable, while all subsequent procedures will be subject to the multiple radiology reduction and will be reimbursed at 50% of the technical component of the fee schedule, MRC or U&amp;C, as applicable.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Added CPT codes to families:</td>
<td>CIGNA for Health Care Professionals website [<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> &gt; Resources &gt; Clinical Reimbursement Policies and Payment Policies &gt; Modifiers and Reimbursement Policies]</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Family</strong></td>
<td><strong>CPT Codes</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family 1</td>
<td>76870</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family 2</td>
<td>74261, 74262</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family 3</td>
<td>No additions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family 4</td>
<td>75557, 75559, 75591, 75563, 75571, 75572, 75573, 75574, 77058, 77059</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family 5</td>
<td>70336, 70554</td>
</tr>
<tr>
<td>Precertification Requirement – In-network Outpatient Services</td>
<td>July 1, 2011</td>
<td>• Reimbursement for all in-network outpatient services that require precertification may not be eligible for reimbursement if not precertified.</td>
<td>CIGNA for Health Care Professionals website [<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> &gt; Resources &gt; Clinical Reimbursement Policies and Payment Policies &gt; Precertification Policies]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• The facility or health care professional may be eligible for reimbursement upon appeal, if services were provided under emergent, urgent, or extenuating circumstances.</td>
<td></td>
</tr>
<tr>
<td>Precertification Requirement – Nuclear Cardiac Services</td>
<td>July 1, 2011</td>
<td>• Nuclear Cardiac Services (SPECT) will require precertification</td>
<td>CIGNA for Health Care Professionals website [<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> &gt; Resources &gt; Clinical Reimbursement Policies and Payment Policies &gt; Precertification Policies]</td>
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<td>• Affected CPT codes: 78451–78454 and 78460–78499</td>
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<tr>
<td>Transthoracic Echocardiography</td>
<td>July 1, 2011</td>
<td>• CIGNA will reimburse transthoracic echocardiograms (TTEs) only when performed for proven and appropriate indications</td>
<td>CIGNA for Health Care Professionals website [<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> &gt; eServices &gt; Coverage Positions/Criteria]</td>
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<tr>
<td></td>
<td></td>
<td>• The TTE policy and criteria will rely on evidence-based review of literature, as well as the recommendations of professional organizations (i.e., the American College of Cardiology)</td>
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<tr>
<td></td>
<td></td>
<td>• Precertification of TTEs will not be required</td>
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<td></td>
<td></td>
<td>• Denied services will be eligible for clinical appeal</td>
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## POLICY UPDATES

<table>
<thead>
<tr>
<th>Policy</th>
<th>Effective Date</th>
<th>Update</th>
<th>Where to Find Additional Information</th>
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<tbody>
<tr>
<td>Pre-notification for Dialysis Services</td>
<td>August 1, 2011</td>
<td>• CIGNA will require pre-notification for all new outpatient hemodialysis and peritoneal dialysis services&lt;br&gt;• The pre-notification requirement is being expanded to both hemodialysis and peritoneal dialysis services for both PHS+ and PHS customers</td>
<td>CIGNA for Health Care Professionals website (<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> &gt; Resources &gt; Clinical Reimbursement Policies and Payment Policies &gt; Modifiers and Reimbursement Policies)</td>
</tr>
<tr>
<td>Timely Filing</td>
<td>August 1, 2011 for AK, AR, AZ, CO, CT, DE, IL, IN, KS, LA, ME, MI, MO, NH, NY*, OH, OK, RI, SC, TX,** UT, VT, WI, WV; November 1, 2011 for CA, GA, KY, MA, MS, NV, PA, TN,* WA</td>
<td>Except as noted, the claim filing limit in provider agreements will change from 180 days to 90 days, for participating health care professionals who have received notification and an amendment to the agreement in AK, AR, AZ, CO, CT, DE, IL, IN, KS, LA, ME, MI, MO, NH, NY*, OH, OK, RI, SC, TX,** UT, VT, WA, WI, WV</td>
<td>CIGNA for Health Care Professionals website (<a href="http://www.cignaforhcp.com">www.cignaforhcp.com</a> &gt; Resources &gt; Clinical Reimbursement Policies and Payment Policies &gt; Modifiers and Reimbursement Policies)</td>
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### Please note:
You will need to complete the registration process to log in and access these policies if you are not registered for the CIGNA for Health Care Professionals website. Go to [www.cignaforhcp.com](http://www.cignaforhcp.com) and click on Register Now, located in the left side bar. You can also access the list through the Secured Provider Portal, [www.gwhcignaforhcp.com](http://www.gwhcignaforhcp.com). CIGNA also applies its reimbursement and modifier policies to claims submitted to Great-West Healthcare. While the policies have been integrated, please follow the existing procedures for submitting claims.

### Claim Submission Time Frame Changes

As we look to standardize processes and procedures across all CIGNA business, we will adopt a common time frame for health care professionals to follow for submitting claims to CIGNA. Except where state law requires a longer time frame, the claim filing limit will change from 180 days to 90 days for participating health care professionals. Currently, over 99 percent of CIGNA claims are already submitted within this time frame.

The changes to the claim filing time frame will occur in phases, with the initial phase effective on August 1, 2011. You will be notified in writing of any changes and receive an amendment to your agreement, or you will be contacted by a CIGNA representative. The claim filing time change also applies to health care professionals whose CIGNA contract includes GWH-CIGNA business. Certain states have regulatory requirements that supersede the CIGNA time frames, and health care professionals in these states will have a claim filing limit that meets state requirements. Refer to the Implementation Schedule for state-specific effective dates and claim filing limits.

When CIGNA is the primary payer, claims must be received by CIGNA within 90 days of the date of service to be considered for payment. When CIGNA is the secondary payer, the claim must be submitted within 90 days of the receipt by the health care professional of the Explanation of Payment from the primary payer.

Only participating health care professionals who receive a notification and amendment to their agreement from us, or who are newly contracted with CIGNA, are affected by this change on August 1 and November 1. There will be additional phases in 2012, and affected health care professionals will be notified in advance of any changes.

### Implementation Schedule

<table>
<thead>
<tr>
<th>Type of Health Care Professional</th>
<th>Effective Date</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating, directly contracted health care professionals (notified by letter in May 2011)</td>
<td>August 1, 2011</td>
<td>AK, AR, AZ, CO, CT, DE, IL, IN, KS, LA, ME, MI, MO, NH, NY*, OH, OK, RI, SC, TX,** UT, VT, WI, WV</td>
</tr>
<tr>
<td>Participating, directly contracted health care professionals (will be notified by letter in August 2011)</td>
<td>November 1, 2011</td>
<td>CA, GA, KY, MA, MS, NV, PA, TN,* WA</td>
</tr>
</tbody>
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* NY and TN will have a 120-day claim filing limit.<br>** TX will have a 95-day claim filing limit.
**POLICY UPDATES**

**Precertification Program Requirements**

CIGNA’s precertification program helps ensure that our customers’ care will be covered under their plan’s medical necessity requirement and that it will be cost-effective, in-network care. To accomplish this, we require that referring (ordering) physicians request and obtain precertification for many services. It is the responsibility of the rendering facility or health care professional to validate that precertification has been obtained prior to performing the service for individuals whose benefit plans require precertification.

Please note that reimbursement for outpatient, in-network services that require precertification may not be eligible for reimbursement if not precertified, unless the facility or health care professional can demonstrate, upon appeal, that:

- The services were provided in an emergency or urgent care situation; or
- Extenuating circumstances prevented precertification (e.g., natural disaster, incorrect insurance information).

If services meet the emergent/urgent or extenuating criteria, the health care professional should submit proof and a copy of the explanation of payment (EOP) to the address on the back of the customer’s ID card for review.

As a reminder, your CIGNA agreement prohibits billing patients for charges for covered services that are administratively denied due to failure to precertify.

Precertification requests may be submitted on the CIGNA for Health Care Professionals website ([www.cignaforthcp.com](http://www.cignaforthcp.com)) or by calling the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462).

For more information about our precertification policy, or for the complete list of services requiring precertification, please visit the CIGNA for Health Care Professionals website ([www.cignaforthcp.com](http://www.cignaforthcp.com)) > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies. If you are not currently a registered user, you will need to complete the registration process to log in to the website. Go to [www.cignaforthcp.com](http://www.cignaforthcp.com) and click on “Register Now,” located in the left sidebar. *This service is not available for behavioral health and substance abuse precertification requests at this time.*

**MedSolutions, Inc. to Provide Radiology Benefit and Network Management Services**

CIGNA has entered into an expanded relationship with MedSolutions, Inc. (MSI), who will now provide exclusive radiology benefit and network management services for CIGNA, including the GWH-CIGNA network. The implementation will occur through a phased-in approach, beginning July 1, 2011. Health care professionals who are affected by this change will receive a letter explaining this new relationship approximately 90 days prior to the effective date.

MSI is a leading advanced radiology management company with a proven industry track record, dedication to quality, and dual national accreditation from the National Committee for Quality Assurance (NCQA) and the Utilization Review Accreditation Commission (URAC).

MedSolutions will provide the following services on behalf of CIGNA:

- Radiology facility credentialing
- A utilization program featuring Predictive Radiology Intelligence
- Network management services
- Reimbursement of low-technology radiology services provided within the MedSolutions network
- Nuclear cardiology imaging management

**Informed Choice Support and Outreach Program**

We will also feature a support and outreach program called Informed Choice. The Informed Choice program is a decision support initiative designed to help patients learn the options available to them when selecting a radiology facility. This program will be introduced to CIGNA customers prior to receiving MRI, CT, or PET services.

For more information about these changes, please visit [www.medsolutions.com/implementation/CIGNA](http://www.medsolutions.com/implementation/CIGNA).

**MedSolutions, Inc. Utilization Management Claims Delegation**

As our exclusive provider of radiology benefit and network management services, MedSolutions, Inc. (MSI) will be responsible for processing appeals related to any of their utilization management decisions.

This will include all first level appeals on behalf of the customer and both levels of health care professional appeals, including those due to a failure to obtain precertification for services.

After the market transition to MSI, appeals should be submitted to MedSolutions, 730 Cool Springs Boulevard, Suite 800, Franklin, Tennessee 37067.

If a committee or external review is offered due to state regulations or account requirements, the initial denial letter will provide instructions for submitting the appeal to CIGNA.

**New Pre-notification Requirements for Dialysis Services**

CIGNA will require pre-notification for all new outpatient hemodialysis and peritoneal dialysis services beginning August 1, 2011. Pre-notification protocol is currently in place for new outpatient hemodialysis services for individuals with PHS+ plans. We are expanding the requirement to include peritoneal and hemodialysis for all of your patients with CIGNA PHS and PHS+ plans. Please refer to the policy grid on pages 3–5 for the CPT/HCPCS codes that will require pre-notification.

To pre-notify us of a new outpatient hemodialysis or peritoneal dialysis service, please call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462). We ask that you pre-notify CIGNA no less than two business days prior to the patient’s initial assessment or dialysis treatment.

Please remember, referring patients to a CIGNA participating dialysis center can help ensure your patients maximize the benefits available to them through their CIGNA plans, while decreasing their out-of-pocket expenses.

**Evaluation and Management Coding Review**

CIGNA reviews Evaluation and Management (E&M) coding practices to monitor for potential upcoding as part of our ongoing efforts to improve health care quality and affordability. Upcoding is the practice of consistently using billing or revenue codes that describe more extensive services than those actually performed, as defined by the Centers for Medicare and Medicaid Services (CMS).

During this review, CIGNA evaluates claims and compares physicians’ billing practices to those of their peers. Physicians who differ from their peer group may be contacted by letter or telephone call from a CIGNA representative. In some cases, chart review may be requested and performed. This upcoding review will not affect most CIGNA-participating health care professionals.

Consistent with standard industry practice, when submitting claims for payment, physicians should select the CPT code that most accurately represents the level of service performed.
GENERAL UPDATES

CIGNA Care Designation, and Quality and Cost-efficiency Displays

CIGNA evaluates physician quality and cost-efficiency information. Participating physicians meeting specific criteria are assigned the CIGNA Care designation.

The 2011 CIGNA Care designation and quality information is available in the online provider directory on www.cigna.com, as well as on our secure website for customers (as of September 13, 2010). The cost-efficiency displays are available only on the secure website for individuals with CIGNA coverage (as of January 3, 2011). These 2011 profiles will remain in effect until the 2013 cycle.

CIGNA Care designation and quality profiles and cost-efficiency displays for 2012 will not be created or publicly displayed.

For information regarding CIGNA Care Designation, and Quality and Cost-efficiency Displays, please refer to the 2011 CIGNA Care Designation, and Physician Quality and Cost-efficiency Displays Methodology which is available on the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Clinical Health and Wellness Programs > CIGNA Care Designation). Please call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462) if you do not have internet access.

Refer Your Patients to CIGNA Case Management

CIGNA supports the delivery of quality health care by helping you determine the best course of treatment for your patients with CIGNA medical coverage. When your patient is faced with a complex medical condition, CIGNA’s case management teams of specialty-trained nurses and other credentialed health care specialists can help.

Our case managers work with you to help coordinate the delivery of appropriate, quality care to your patient, and help ensure the patient is maximizing his or her CIGNA medical benefits.

To help you easily refer your patients who may benefit from a CIGNA case management program, we have developed a new case management referral form. The form requests general information about you and your patient, and can be submitted to us by fax. You can also indicate on the form if you would like to be contacted by a member of the CIGNA case management team to discuss your patient’s condition more thoroughly. To access the form, visit the CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > Clinical Health and Wellness Programs > Case Management Referral Form).

The overall goal of CIGNA’s case management team is to help your patients understand difficult health conditions, assist them in navigating the care options available, and empower them with the knowledge of why treatment is important. Making it easier for you to refer your patients to our case management program can strengthen our mutual goal of helping your patients optimize their health.

CIGNA Supports Leapfrog Hospital Survey

CIGNA uses hospital performance information collected from the Leapfrog Hospital Survey in our Centers of Excellence Hospital Value Profile. This self-reported public data is one of the criteria used to assess participating hospitals for the CIGNA Center of Excellence designation. Last year, 1,224 hospitals in 44 states (including Washington, D.C.) voluntarily completed the Leapfrog Hospital Survey.

The Leapfrog Group, a nonprofit organization, is committed to improving the quality of health care and patient safety while helping individuals 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
• Reward doctors and hospitals for improving the quality, safety, and affordability of health care
• Inform individuals about the benefits of making smart health care decisions

CIGNA endorses and supports the Leapfrog Hospital Survey. It assesses hospital performance based on four quality and safety measures, known as “Leaps,” that are associated with the reduction of preventable medical errors, operational efficiency, and improved outcomes. The survey process enables hospitals to report their progress on implementation of the four Leaps.

The Four Leaps

1. Computer Physician Order Entry (CPOE): This system provides physicians with an electronic application.
2. Intensive Care Unit (ICU) Physician Staffing: The Leapfrog Group calls for intensive care units to be staffed with physicians who specialize and are certified in intensive care.
3. Evidence-based Hospital 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
   • Esophagectomy
   • Aortic valve replacement
   • Bariatric surgery
   • High-risk deliveries
4. National Quality Forum (NQF) Safe Practices: NQF endorses 34 safe practices that tend to reduce the risk of harm in certain patient care processes, systems or environments.

Additional Information

Visit www.leapfroggroup.org for more information.
## Quality Initiatives Online
We are committed to providing health care professionals with the latest information about our quality initiatives, health management programs, and care guidelines. We hope you find these resources helpful when considering care options for patients with CIGNA coverage.

### CIGNA Quality Initiatives
Details of CIGNA quality initiatives are available on the CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com). Log in and click on Resources > CIGNA Clinical Health & Wellness Programs > Quality Initiatives. Here, you can view information about:

- **Accreditation Recognition**
  - National Committee for Quality Assurance (NCQA)
  - URAC (formerly the Utilization Review Accreditation Committee)
  - Joint Commission on Accreditations of Healthcare Organizations (JCAHO)
- **Health Management Resources**
  - Preventive Care
  - Chronic Care
- **Member Effectiveness of Care and Satisfaction Outcomes**
  - Measurements of Success
- **Pharmacy**
  - Clinical management programs
- **Patient Safety**
  - The Leapfrog Group
- **Provider Recognition**
  - Physician quality and cost-efficiency profiles
  - CIGNA Care Network
- **Provider Credentialing and Recredentialing**
- **Continuity and Coordination of Care**
- **Medical Technology**
- **Medical Ethics**
- **Advantages of Being a CIGNA Participating Health Care Professional**
- **Members’ Rights and Responsibilities**

### CIGNA Care Guidelines
CIGNA Care Guidelines are also available on the CIGNA for Health Care Professionals website at [www.cignaforhcp.com](http://www.cignaforhcp.com). Log in and click on Resources > CIGNA Clinical Health & Wellness Programs > Care Guidelines. Here, you can view information about:

- **Preventive Health Benefits**
- **Behavioral Health Benefits**
  - Primary Care Guidelines for Depression in Adults
  - Attention-Deficit/Hyperactivity Disorder in School Aged Children
  - Helping Patients With Alcohol Problems
- **Care Guidelines for Disease Management**
  - Well Aware for Asthma
  - Well Aware for Diabetes
  - Well Aware for People with Cardiac Disorders
  - Well Aware for Adult Back Pain
  - Well Aware for Depression*
  - Well Aware for Weight Complications
  - Well Aware for COPD (Chronic Obstructive Pulmonary Disease)
  - Well Aware for Targeted Conditions**

Please note:

- Utilization management decisions are based on appropriateness of care and service, and existence of coverage. We do not reward practitioners for issuing denials of coverage. Financial incentives for utilization management decision-makers do not encourage decisions that result in underutilization. Customers have the right to disagree with a coverage decision and obtain care at their own expense.
- Language line services are available for the submission of utilization management requests free of charge.
- TTD/TTY services are available for the submission of utilization management requests. CIGNA utilizes the 711 relay center that is available to any hearing impaired person in the U.S. and interfaces with the existing phone equipment used by the hearing impaired.

If you have questions about the quality program, would like to know how we are progressing in meeting our quality goals, or wish to request a paper copy of this information, please call 1.800.88CIGNA (882.4462).

* These conditions include acid-related stomach disorders, fibromyalgia, hepatitis C, irritable bowel disease, and osteoarthritis.
GENERAL UPDATES

CIGNA Debit Card Transactions
Beginning January 2012, our health care professional reference guides will provide information outlining how and when health care professionals should accept and use the CIGNA debit card when presented by a CIGNA plan participant.

The CIGNA debit card should be used only for expenses referred to in the Internal Revenue Code section 213(d). Your patients may use their CIGNA debit card to pay for accepted medical expenses through their Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA).

When a patient presents a CIGNA debit card, please do not allow the card to be used for non-eligible expenses, such as cosmetic procedures. When CIGNA patients use their debit card for their in-network health care professional visits, substantiating these claims will help to improve their experience and will also help to speed up how quickly you get paid by us.

We appreciate your cooperation with substantiating appropriate expenses.

CIGNA Behavioral Network Changes
Beginning in July 2011, certain customers with GWH-CIGNA ID cards will access the CIGNA Behavioral Health network to obtain in-network mental health and substance abuse services. If you need to refer a patient with a GWH-CIGNA ID card to a behavioral health professional, please contact Customer Service at 1.866.494.2111 for information about in-network behavioral health care professionals.

California Language Assistance Law
California law requires health plans to provide Language Assistance Program services to eligible health plan participants with limited English proficiency (LEP). To support this requirement, CIGNA provides language assistance services to eligible CIGNA participants including individuals covered by the CIGNA HealthCare of California, Inc. HMO (including CIGNA "Network") and individuals covered under PPO plans situated in California.

CIGNA Language Assistance Program eligible plan participants are entitled to the following services at no cost:
- Spanish or traditional Chinese translation of documents considered "vital" according to the law
- Interpreter services at each point of contact, such as at a doctor’s office or when calling customer service
- Notification of rights to Language Assistance Program services

California Capitated Provider Groups are responsible for:
- Inserting or including the Language Assistance Program notification in English vital documents that are sent to covered HMO individuals
- Educating physicians that they must offer CIGNA’s free telephone interpreter services to LEP patients; even if a practitioner or office staff speaks in the CIGNA customer’s language, a telephone interpreter must always be offered. If a CIGNA customer refuses to use a trained interpreter, it must be documented in the patient medical record


Racial and Linguistic Diversity at a Glance:
CIGNA collects language preference, race, and ethnicity data for California eligible plan participants.

Language
CIGNA will use California demographic data as a proxy for our customer base until we have a statistically valid number of health plan participants’ language preference records. The following data is currently available:
- 42 percent of the California population (over five years old) speak a language other than English
- Spanish (28 percent) and Cantonese/Mandarin (three percent) are the top languages spoken in California

Racial/ethnic composition for CIGNA's California customers
The following data is an indirect estimate (derived from a methodology using a combination of Census geocoding and surname recognition):
- 51% Caucasian
- 24% Hispanic
- 19% Asian
- 4% African American
- <1% American Indian or Alaskan Native
- 2% Two or more races

CIGNA Purchase of Vanbreda International
In August 2010, CIGNA acquired Vanbreda International. Vanbreda International specializes in providing worldwide medical insurance and employee benefits to intergovernmental and non-governmental organizations, as well as corporate clients.

Vanbreda International clients who have customers residing in the United States began to use CIGNA medical networks on April 1, 2011. This integration process will continue in a phased approach through 2012. These customers will receive a CIGNA and Vanbreda International co-branded ID card.

CIGNA International offers Vanbreda International customers easy access to quality health care around the world for globally mobile employees through a full product line, which includes medical, business, travel illness and accident, dental, vision, pharmacy management (US), life, accident, disability, emergency evacuation rider, and telephonic employee assistance counseling.

Please call 1.866.428.3935 if you have questions about Vanbreda International customers.
Hypertension Control through Cultural Awareness

We want to support you in helping our customers receive the right therapy for hypertension (HTN), while enabling them to become more compliant with treatment guidelines.

The Institute of Medicine (IOM) Report on Hypertension released in February 2010 detailed many underlying reasons why hypertension is uncontrolled. Both patients and physicians can play a significant role in maintaining compliance with hypertension treatment guidelines.

**What studies reveal**

Patients' cultural beliefs and values play a key role in compliance with prescribed therapy. Elderly, African American, and Hispanic patients are the most vulnerable to HTN, and also have higher rates of uncontrolled HTN (IOM Report, 2010).\(^1\) Studies identify lack of physician trust, unawareness of HTN, and the out-of-pocket cost of medications – even while under the care of a physician – as key contributors to non-compliance. In fact, it is estimated that 50 percent of patients discontinue drug treatment after one year, and only 10 percent continue to follow advice concerning lifestyle modifications (Elliott, 2003).\(^2\)

Additionally, the IOM report refers to various studies that indicate physicians can be hesitant to treat hypertension aggressively, and often do not prescribe or discuss lifestyle modifications with patients.\(^1\) The report also suggests that physicians tend to be non-compliant with JNC 7 guidelines.

Therapy adjustment patterns have been studied in an effort to understand physicians' treatment decisions. A study by Okonofua et al. (2006) assessed the extent of therapeutic inertia in 62 diverse clinical sites. (Therapeutic inertia is defined by the author as a provider's failure to increase therapy when treatment goals are unmet.) In this study, researchers found that antihypertensive therapy was not intensified in 86.9 percent of visits when blood pressure was ≥140/90.\(^3\) The researchers estimated that if the percentage of visits in which treatment is intensified improved by 20 percent, blood pressure control could increase from the study's observed 46.2 percent to a projected 65.9 percent in one year. Most individuals with a diagnosis of hypertension will require a combination of two to four antihypertensive agents to reach appropriate blood pressure goals.\(^4\) Reasons for physician therapeutic inertia are not clearly understood and require further study.

**Improving hypertension control**

Strategies to improve hypertension control and adherence to therapy include health care professionals’ open communication with patients and continual awareness of cultural differences that may dictate patient compliance.

Open communication can yield critical information in an assessment about dietary practices high in sodium or sugar, religious customs, folk remedies, lifestyle habits, inability to pay for medicines, or other barriers that may affect the patient's ability to control their blood pressure. By identifying barriers and engaging patients in treatment decisions (Harmon et al., 2006)\(^6\), health care professionals can increase patients' attention to medication adherence.

Cultural beliefs and individual attitudes should always be considered in formulating patient therapy.\(^5\) Cultural competence aids in open dialogue and leads to mutual respect between the patient and health care professional. According to Dr. Joseph R. Betancourt, Director of The Disparities Solutions Center at Massachusetts General Hospital and assistant professor of medicine at Harvard Medical School, "patients who feel like they communicate more effectively with their health care providers tend to be more satisfied and tend to cooperate at better rates."

ELECTRONIC TOOLS

CIGNA Remittance Reports Now Available Online
If you currently receive Electronic Funds Transfer (EFT) payments from CIGNA, you now have immediate online access to your remittance reports [Direct Deposit Activity Reports (DDAR) and checkless Explanations of Payment (EOP)] for CIGNA medical plans.* You can access reports the same day you receive your deposit from CIGNA, using the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com).

If you currently receive paper copies of your remittance reports by mail, you will continue to receive these paper reports until September 1, 2011. Beginning September 2, 2011, your remittance reports will only be available on the CIGNA for Health Care Professionals website.

You also have the opportunity to stop delivery of your paper remittance reports before they are automatically discontinued on September 2, 2011. Simply log in to the CIGNA for Health Care Professionals website (www.cignaforhcp.com) > My Practice > Remittance Report Delivery Preferences > Change, and select “Online Delivery Only.”

Benefits of Online Remittance Reports
Having your remittance reports available online means you can:
- Access the reports the same day you receive your EFT deposit from CIGNA
- Reconcile payments faster and easier
- Easily store and search payment information and share it with your office staff
- Obtain copies of your reports anytime

Reconciling Payments
You can reconcile your payments quickly, using a single tracking number located on each report:

<table>
<thead>
<tr>
<th>Report</th>
<th>Tracking Number Identifier or Location</th>
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<tr>
<td>EFT</td>
<td>“Payment Trace Number”</td>
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<tr>
<td>ERA</td>
<td>“Reference Identification Field” or TRN02</td>
</tr>
<tr>
<td>Online remittance report</td>
<td>Page 1 (right side)</td>
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Note: If you are enrolled for electronic remittance advice (ERA) – ANSI 835, you will continue to receive your ERA through your EDI vendor.

Easy Access
If you receive EFT payments from CIGNA, are already registered for the CIGNA for Health Care Professionals website, and have access to claims status inquiry:
- Log in to www.cignaforhcp.com
- Under “Inquiry Tools”, choose how you search for your reports – by patient name or CIGNA ID, claim reference number, remittance tracking number or deposit amount

Primary Administrators: If you have staff that will need access to online remittance reports, log in to www.cignaforhcp.com > Assign Access > Add a New User/Modify a User > Check Claim Status.

If you’re not yet registered for the CIGNA for Health Care Professionals website, visit www.cignaforhcp.com and click “Register Now.” For step-by-step registration directions, go to www.cignaforhcp.com and click “Learn How to Register and Log In.”

Not Enrolled for EFT with CIGNA?
Log in to www.cignaforhcp.com > My Practice and click “Enroll” to create an account.

Online remittance reports are one of several resources you can access on the CIGNA for Health Care Professionals website (www.cignaforhcp.com). The website also offers secure and easy access to real-time transactions, including precertification, claim status, and eligibility and benefits, that can help you and your staff work more efficiently, and allow you to focus on caring for your patients.

* Online remittance reports are not available for the GWH-CIGNA network at this time.
Tools for Improving Claim Processing

CIGNA currently uses ClaimCheck® 8.5, a code auditing software, to expedite accurate claim processing. On May 23, 2011, we updated our ClaimCheck software to reflect Knowledge Base Version 47, NCCI Version 17.0 Column 1/Column 2 (Incidental) and Mutually Exclusive code edits.

On October 17, 2011, we will update our ClaimCheck software to reflect Knowledge Base Version 47 and NCCI Version 17.1 Column1/Column2 (Incidental) and Mutually Exclusive code edits.

You may view code edits by using Clear Claim Connection™. This disclosure tool allows health care professionals to enter CPT and Health Care Common Procedure Coding System (HCPCS) codes, and immediately view the code audit results prior to submitting a claim. Clear Claim Connection also shows NCCI edit definitions and the rationale behind a ClaimCheck edit.

You can view the Code Edit Bulletin and Policy for information about recent updates to ClaimCheck and our modifier and reimbursement policies. Both documents will be posted on the CIGNA for Health Care Professionals website at www.cignaforhcp.com > eServices > View Claim Coding Edits.

Additional ClaimCheck and Clear Claim Connection information is available on the CIGNA for Health Care Professionals website at www.cignaforhcp.com > eServices > View Claim Coding Edits.* You can also access the Clear Claim Connection information on the Secured Provider Portal at www.gwhcignaforhcp.com.

To learn more about code edits on claims associated with GWH-CIGNA ID cards, please visit the Secured Provider Portal at www.gwhcignaforhcp.com > Tools & Resources > Clinical Edit Verification.

With this change, you will need to log in to the CIGNA for Health Care Professionals website in order to submit claims online. If you are not registered for the website, please go to www.cignaforhcp.com and click “Register Now,” located in the left-side bar.

ClaimCheck Coming to GWH-CIGNA Claims

On November 7, 2011, CIGNA is changing the code editing software for claims for your patients with GWH-CIGNA ID cards to ClaimCheck® 9.0.

For more information about ClaimCheck for claims for your patients with a GWH-CIGNA ID card, please refer to the article “Standardizing Claims Processing for All CIGNA Claims” on page 14.

Are you ready for 5010?

Did you know one of the main changes with the federally mandated HIPAA 5010 upgrade is that a PO Box can no longer be submitted in the “Billing Provider” field?

- The “Billing Provider Address” must be a street address.
- A PO Box or lock box address should only be entered in the “Pay to Provider” address field.

This change is happening as part of the Final Rules that were published by the U.S. Department of Health in January 2009. The rules require upgrades to electronic standard transactions under HIPAA to version 5010. Please work with your electronic claim submission vendor to make sure you’re ready for all 5010 format changes before the January 1, 2012 implementation date.

We will communicate additional information about HIPAA 5010 requirements in a future issue of this newsletter.

eSignature Now Available

CIGNA now offers an electronic contracting process to certain health care professionals who are joining the network. Our new eSignature tool reduces the number of days to complete the onboarding processes by allowing CIGNA and the health care professionals to send, receive and sign participation and contracting documents electronically. With eSignature, we have decreased by half the time it takes to add new health care professionals to the network.

“Electronic contracting expedites the overall contracting process for physicians and enables CIGNA to more quickly add physicians to its growing network,” said CIGNA’s Julie Vayer, Vice President, Health Care Professional Solutions. “This is just one way CIGNA is making it easier for health care professionals to do business with us.”

Initially launched in April, health care professionals who initiate the request to join the network as well as CIGNA-recruited health care professionals, in practice groups of five or less, can use the eSignature tool. CIGNA Customer Service and the recruitment team will offer the eSignature option for qualifying health care professionals at the beginning of the contracting process. Access to the tool will be provided through an email from CIGNA.

As part of our efforts to streamline the contracting process, we will expand use of the tool in future phases. If you or those in your practice are interested in joining the CIGNA network, please contact our CIGNA Customer Service Center at 1.800.88CIGNA (882.4462).
PHARMACY UPDATES

TheraCare®: Added Support for Your Patients Using Specialty Medications

TheraCare is a support service for CIGNA customers who use specialty medications to treat certain chronic conditions. The service provides added support to your patients by helping them better understand their condition, the medications they take, side effects and the importance of taking their medication as prescribed. As you know, medication adherence can lower the risk of side effects and improve the effectiveness of the medication. We have found in many cases that patients’ health and quality of life are improved when they comply with their treatment plan.

TheraCare supports the following 14 chronic conditions:
- Ankylosing spondylitis
- Asthma
- Cancer (using an oral chemotherapy medication)
- Chemotherapy-induced anemia
- Enzyme disorders (such as Gaucher disease, Fabry disease and others)
- Growth hormone deficiency (pediatric or adult)
- Hemophilia
- Hepatitis C
- Inflammatory bowel disease (Crohn's Disease and ulcerative colitis)
- Multiple sclerosis
- Psoriasis
- Pulmonary arterial hypertension
- Respiratory syncytial virus (prevention using Synagis)
- Rheumatoid arthritis

We take an integrated approach to care by focusing on the patient’s total health. Patients enrolled in TheraCare are paired with a therapy support coordinator and nurse. The personalized team provides additional support to the health care professional by:
- Monitoring any side effects and helping your patient work through them
- Helping your patient reduce any roadblocks standing in the way of taking their medication
- Coordinating new prescription orders and refills through CIGNA Home Delivery Pharmacy
- Assessing adherence for appropriate laboratory monitoring of the disease
- Coordinating in-home training for your patient on how to use self injectable medication

Your patients with one of the 14 conditions may be eligible for TheraCare at the point of initial prior authorization approval or injectable claim payment. For more information, please call TheraCare at 1.800.633.6521.

Ordering Specialty Medications

If you order specialty medications to administer in your office, or prescribe specialty medications for your patients, access the CIGNA Home Delivery Pharmacy or another CIGNA participating pharmacy. Choosing a participating pharmacy will help to ensure that your patients receive specialty medications at the in-network benefit level.

To get started with CIGNA Home Delivery Pharmacy, call 1.800.351.3606 to speak with a specialist who will obtain the necessary information for clinical and prior authorization documentation. They will fax you the appropriate prescription order form. Once the form is completed, we will have all information to obtain the necessary prior authorization.

Orders are shipped in time to meet the “need by date” indicated when the order is placed. If the order is needed the next day, we can supply the medication with no additional shipping cost (next-day orders must be received by 4 p.m., CST).

Refer to the directories on our websites for a list of participating pharmacies, including CIGNA for Health Care Professionals website (www.cignaforhcp.com) or, for your patients with GWH-CIGNA ID cards, the Secured Provider Portal (www.gwhcignaforhcp.com).
INTEGRATION NEWS

Network Differences
CIGNA maintains separate networks for your patients with CIGNA ID cards and those with GWH-CIGNA ID cards, including behavioral health networks. In addition, contractual relationships with ancillary vendors vary by network. Referring your patients with CIGNA administered coverage to facilities and health care professionals participating in the network associated with their plan can help ensure your CIGNA patients maximize their benefits and minimize their out-of-pocket expenses.

Directories are available online at www.cignaforthcp.com and www.gwhcignaforthcp.com. You may also call the Customer Service number listed on patient ID cards.

Change to Claim Submission Time Frame
We are changing the claim filing policy for certain health care professionals. The changes are occurring over time. For more information, refer to the article on page 5 for details on changes to claim filing time frames.

The Secured Provider Portal (www.gwhcignaforthcp.com)

Clear Claim Connection™ Now Available
Clear Claim Connection recently replaced the previous Clinical Edit Verification tool on the Secured Provider Portal website at www.gwhcignaforthcp.com. Viewing claim code edits can be made easier with Clear Claim Connection™. This disclosure tool allows health care professionals to enter Current Procedural Terminology (CPT®) and Health Care Procedure Coding System (HCPCS) codes and immediately view audit results. This is an improvement over the clinical edit verification tool previously available. For more information about Clear Claim Connection, log in to the Secured Provider Portal (www.gwhcignaforthcp.com) and click Clinical Edit Verification.

Upcoming Changes to the Secure Website
Work is currently underway to transition to one secure website for both the CIGNA and GWH-CIGNA networks, making it easier for you to do business with us. In the coming months, we will proactively communicate these important changes to you. Until that time, please continue to use CIGNA’s separate websites for health care professionals to access directories, reference guides, and administrative tools that can help you and your staff work more efficiently.

Standardized Claims Processing for All CIGNA Claims
On November 7, 2011, CIGNA will change the code editing software for claims for your patients with GWH-CIGNA ID cards to ClaimCheck® 9.0.

ClaimCheck, an automated code auditing tool developed by McKesson, is currently used for all other CIGNA medical claims to help expedite and improve the accuracy of claim processing. Changing the code editing software for GWH-CIGNA claims to ClaimCheck 9.0 will allow for greater claim processing consistency in code editing for all CIGNA medical claims.

With ClaimCheck 9.0, CIGNA claims align more closely with the Centers for Medicare and Medicaid Services (CMS), processing and auditing capabilities are improved, including modifier recognition, processing, and the application of CMS/National Correct Coding Initiative (NCCI) edits.

You may view both ClaimCheck and NCCI code edits by using the Clear Claim Connection™ code editing verification tool. 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. Clear Claim Connection is available on the secure CIGNA websites, including the Secured Provider Portal (www.gwhcignaforthcp.com) and the CIGNA for Health Care Professionals website (www.cignaforthcp.com).*

Refer to the Code Edit Policy and Code Edit Bulletins for a detailed overview of ClaimCheck policies. This documents, as well as more information about ClaimCheck and Clear Claim Connection, are available on the secure CIGNA for Health Care Professionals website at www.cignaforthcp.com > eServices > View Claim Coding Edits. In November, these documents will also be available on the Secured Provider Portal (www.gwhcignaforthcp.com).

Please note that you will need to complete the registration process to log in if you are not registered for the website. To register for the CIGNA for the Health Care Professionals website, please go to www.cignaforthcp.com and click “Register Now,” located in the left-side bar. To register for the Secured Provider, please go to www.gwhcignaforthcp.com and click on “Register Now,” located in the left-side bar.

New GWH-CIGNA ID Card
A new GWH-CIGNA ID card is being issued to your patients in GWH-CIGNA plans as they renew their coverage. (See image of the new GWH-CIGNA ID card above.) Distribution of the new card began in June 2011 and will continue until May 2012. This means that both the new and current cards will be in circulation in the coming months. You will find that the GWH-CIGNA network indicator still appears in the upper right corner. This identifies the network and service channels to use for patients with this card. Always refer to the call, claim, and website information on the patient’s ID card.
HELPFUL REMINDERS

Shared Benefits Administration
We contract with Taft Hartley trusts and federal employee health benefit plans to share the administration of their self-funded (ASO) plans. For these relationships, we may provide access to the CIGNA network, perform medical management and utilization review, re-price claims according to our contracted rates and claims logic, provide clinical appeals management, or provide contract dispute resolution.

Additional information and help with certain matters related to ASO plans, are available to you:

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<thead>
<tr>
<th>Topic</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Reimbursement</td>
<td>1.800.549.8908</td>
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<tr>
<td>Appeals</td>
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<tr>
<td>General questions</td>
<td></td>
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<tr>
<td>Paper and electronic claim submission</td>
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<td>addresses</td>
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<td>Precertification</td>
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<td>Eligibility</td>
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<td>Benefits</td>
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<td>Claim status</td>
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Online Learning Updates

New eCourses on New Website Functions
Two courses – Online Remittance Reports and My Practice – have been posted to the "Education and Help" page of the CIGNA for Health Care Professionals website (www.cignaforhcp.com). Twenty-four courses are now available on the site covering CIGNA policies and procedures, electronic service capabilities, and other important information.

Interactive Course Availability
In June, interactive versions of the CIGNA eCourses were removed from the “Education and Help” page of www.cignaforhcp.com. However, PDF versions of the courses are still available on this page for self-service learning. You can view any of the courses electronically via Adobe Reader® or simply download a course and save a copy to your computer to review later or print for your files.

The decision to remove the interactive courses was based on health care professional feedback and limited use of the interactive courses. We will continue to produce new courses in PDF format and explore alternative options to meet your online learning needs.

As a reminder, eCourses are free to registered users of www.cignaforhcp.com.

Urgent Care for Non-emergencies
Treatment of non-emergency or low-severity conditions in an emergency room can significantly increase your patients’ out-of-pocket costs compared to treatment at an urgent care center or a physician’s office. Please consider providing same-day appointment availability in your office. When your office is closed, consider whether it would be appropriate to refer your patients to a participating urgent care clinic instead of the emergency room for non-life threatening conditions.

For a list of CIGNA’s participating urgent care centers, view our Provider Directory at http://cigna.benefitnation.net/cigna/docdir.aspx.

Reference Guides Updated
CIGNA’s Reference Guides containing our administrative guidelines have been updated and posted in July 2011. The guides combine information for physicians, hospitals, ancillary facilities, and other health care professionals.

Access the new CIGNA Reference Guide at either of the websites below. State-specific guides are also updated and posted, where applicable. You must be a registered user to access these sites.

– www.cignaforhcp.com > Resources > Reference Guides > Health Care Professional Reference Guides

Call 1.877.581.8912 to request a paper copy or a CD-ROM.

To promote administrative ease, the CIGNA Reference Guide now includes information pertaining to participants with GWH-CIGNA ID cards. Please discontinue use of the separate Great-West Health Care Reference Guides and refer to the CIGNA Reference Guide for all CIGNA business.

Tell Us What’s Changed
Have you recently changed addresses, specialties, phone numbers, tax identification numbers, or have doctors left your group? It is important to notify CIGNA of these changes. Demographic information is used to process claims, send you communications, and is published in the CIGNA provider directories.


Use the Network
CIGNA contractually requires participating health care professionals to direct participant referrals to other participating, contracted physicians and facilities, except in the case of an emergency, as otherwise required by law, or unless approved by CIGNA in advance of the service being provided.

Referring participants to other participating health care professionals helps preserve the intent of the participant to remain in-network for care. This maximizes the benefits available through their CIGNA plans and helps them to minimize their out-of-pocket expenses.

For a complete listing of:
– CIGNA participating physicians and facilities, access the CIGNA online provider directory at www.cigna.com.
– Participating physicians and facilities that provide in-network services to individuals with GWH-CIGNA ID cards, access the online provider directory at www.gwhcignaforhcp.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 register 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 information anytime, anywhere – view the latest updates and time-sensitive information online when you need to

By registering, you will receive some correspondence electronically, including Network News and other select communications. Certain correspondence will still be sent via regular mail.

If you are a registered user, please check the My Profile page to make sure your information is current. 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.'

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 Secured Provider Portal, visit www.gwhcignaforhcp.com > Health Care Professional Newsletter > Important Updates.