



# **CIGNA Pharmacy Management Program Requirements and Participating Pharmacy Manual**

*Revised: December 2009*

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## **WELCOME AND GENERAL INFORMATION**

**Welcome to the CIGNA HealthCare Participating Pharmacy National Network!** This document provides participating pharmacies with detailed program requirements and related operational policies and procedures. By signing the Participating Pharmacy Agreement, you have agreed to comply with these Program Requirements. Please be certain to orient all Pharmacy staff to these requirements.

CIGNA HealthCare reserves the right to update this document from time to time. The latest copy of the Program Requirements Manual can be found at [www.CIGNA.com/pharmacists](http://www.CIGNA.com/pharmacists).

All capitalized terms used herein shall have the same meanings as those ascribed to the corresponding term in the Agreement, unless otherwise indicated. The term "Participant" shall include Medicare Part D Participants.

**Participating Pharmacy Agreement:** Pharmacy should have received a copy of the executed Participating Pharmacy Agreement, which outlines Pharmacy's responsibilities. If you have not received a copy or if you have any questions about the Agreement, please call CIGNA HealthCare Pharmacy Network Operations at 1.860.226.8072. Pharmacy is expected to adhere to all Agreement terms; non-compliance is subject to the termination provisions described in the Agreement.

**Credentialing and Recredentialing:** Pharmacies are credentialed before being accepted as a participating provider. Periodic recredentialing will be conducted by CIGNA HealthCare in accordance with CIGNA Healthcare standards and/or as mandated by law. Pharmacy is expected to promptly provide CIGNA HealthCare with the requested documentation in order to maintain its participation status.

**Updates:** Any updates to the Pharmacy's address, telephone number, etc., can be faxed to Pharmacy Network Operations at 1.860.226.3535 or emailed to [PharmacyNetworkOperations@CIGNA.com](mailto:PharmacyNetworkOperations@CIGNA.com). Please allow 10 business days for updates to become effective. All updates will have prospective effective dates. In addition to notifying us of such changes, it is imperative that your Pharmacy notifies NCPDP as well @ 1.480.477.1000.

**Advertising Requests:** Pharmacy must obtain prior written consent from CIGNA HealthCare on any and all advertisements that reference CIGNA HealthCare and/or RxPRIME® in any way regardless of the advertising medium. A copy of the ad, if printed medium, or written copy of the script, if radio, TV, or cable, must be faxed to CIGNA HealthCare Pharmacy Network Operations at 1.860.226.3535 along with the name of the pharmacy, contact name and telephone number, reason for the advertisement, duration and market(s) where the advertisement will run. Approval or denial will be communicated to the Pharmacy once internal review is completed. Advertising campaigns designed to waive or discount Participant copayments, coinsurances or deductibles will automatically be denied.

### **Information available at [www.CIGNA.com/pharmacists](http://www.CIGNA.com/pharmacists):**

Please utilize our website to obtain forms, claim processing, contact information, emergency overrides and drug alerts.

**Feedback:** We would appreciate any input you may have on how to make this document more useful as a tool to help you serve our Participants. Feel free to contact Pharmacy Network Operations via mail, phone, email or fax with your suggestions and comments.

|          |  |      |                |
|----------|--|------|----------------|
| Address: | CIGNA HealthCare,<br>900 Cottage Grove Road – B5PHR,<br>Hartford, CT 06152                   |      |                |
| Phone:   | 1.860.226.8072   | Fax: | 1.860.226.3535 |
| Email:   | <a href="mailto:PharmacyNetworkOperations@CIGNA.com">PharmacyNetworkOperations@CIGNA.com</a> |      |                |

## **ELECTRONIC CLAIMS TRANSMISSIONS**

**Claim Transmission Requirements:** CIGNA HealthCare and RxPRIME® prescription drug claims are processed by a CIGNA HealthCare vendor, Argus Health Systems (Argus) via the Online System within 90 days of the fill date. However, claim reversals and adjustments must be processed within 60 days of the fill date. Currently Argus uses two methods for obtaining claim data via electronic protocol: dedicated phone line (host-to-host transmission) or through use of a network switch. The switch organizations recognized by Argus are WebMD (e.g., Envoy), National Data Corporation (NDC) and QS-1.

All claim transactions must utilize the 5.1 NCPDP Standard point of sale (POS) Claim Layout. While Argus supports NCPDP versions I, II, and III, pharmacies are encouraged to submit claims in version III to receive all messaging. Each organization that acts as the switch for Argus has requirements that must be met for proper claim transmittal. This information should be obtained from the switch organization. These organizations can also offer point-of-sale devices.

**Key Data Elements** to be submitted to Argus in order to successfully transmit a point of sale claim are as follows:

|                                    |  |
|------------------------------------|--|
| Argus Bin Number:                  | 600428   |
| Carrier/Processor Control Numbers: | 00600000 for CIGNA Commercial Business<br>02160000 for CIGNA International Business<br>05180000 for Core Great-West HealthCare Business<br>05190000 for Third Party Administrator Business |
| NCPDP/NABP Number                  |  |
| Participant ID                     |  |
| Person/Relationship Code           |  |
| Birth Date                         |  |
| Gender                             |  |
| Rx Number                          |  |
| Date Filled                        |  |
| Prescriber ID                      |  |
| NDC                                |  |
| Quantity                           |  |
| Days Supply                        |  |
| U&C                                |  |
| Ingredient Cost                    |  |

Group or account numbers are not required to transmit a claim. In fact, CIGNA HealthCare discourages Pharmacy from entering group or account numbers, as it may result in the rejection of potentially viable claims.

CIGNA HealthCare recognizes DAW Codes 0, 1 and 2 only. While a Dispense As Written (DAW) code is not required to be transmitted on the claim, the DAW field drives reimbursement of the prescription and the Participant's copayment. Therefore, it is essential that this field be used appropriately. Additionally, DAW data entered by the Pharmacy is subject to retrospective audit.

Pharmacy is expected to transmit all claims via the Online System within 90 days from the fill date. CIGNA HealthCare will return all UCF/paper claims to the Pharmacy for transmission via the Online System.

**Online System Down Time Transmission Procedures:** In the rare instance that the Online System is inoperable, Pharmacy should attempt to resubmit the claim at a later date, but within 90 days of the fill date.

**Claim Reversals and Adjustments:** If you need to resubmit a claim previously adjudicated through the Online System, e.g., Participant fails to pick up prescription; you must first submit a reversal.

**Reversals must be made within 60 days from the fill date.** Reference your software system documentation or vendor for information about submitting a reversal. The Argus Help Desk can also assist

you in reversing claims. Once a reversal is submitted, an adjusted claim may be transmitted. For prescriptions billed to CIGNA HealthCare that are not picked up by the Participant, CIGNA HealthCare encourages Pharmacy to reverse the claim via the Online System within 14 days from the fill date. As part of its audit program, CIGNA HealthCare will audit for prescriptions that were not picked up by Participants to ensure appropriate claim reversals.

If Pharmacy was unable to reverse claims over 60 days from the date of service via the Online System, the pharmacy should send claim and participant information, including NCPDP number, Participant Id, Date of Fill, NDC etc. to:

CIGNA HealthCare  
Pharmacy Refunds-B5PHR  
900 Cottage Grove Road  
Hartford, CT 06152

## **ASSISTANCE AND KEY CONTACTS**

***Failed Connections:*** If your system or point-of-sale device is unable to make a connection with the Argus Online System, contact your vendor for assistance.

***Missing Payments, Copies of Reconciliation Reports or Copies of Cancelled Checks:*** Call Argus at 1.866.211.9459.

***Claim Rejects due to Participant Eligibility and Benefits:*** Call the telephone number on the Participant's CIGNA HealthCare ID card or call CIGNA HealthCare at 1.800.CIGNA.24.

***Claim Rejects due to Refill Too Soon, Quantity, Days Supply, Precertification, Drug Not Covered, Non-Formulary Drug:*** Reference the Drug Utilization Review Section of this document for appropriate contacts and procedures.

***Claim Rejects due to Non-Matched Pharmacy Provider or Participating Pharmacy Contract:*** Call Pharmacy Network Operation at 1.860.226.8072.

***All Other Claim Rejects:*** If a claim rejects for reasons other than those listed above OR you do not understand the reason provided, contact the Argus Help Desk at 1.800.522.7487. Be sure to have your NABP and prescription numbers available when you call.

### ***Questions about CIGNA Healthcare audit program:***

Email to PharmacyAudit@CIGNA.com

***Changes to Pharmacy payment addresses:*** Fax info to CIGNA HealthCare Operations at 1.860.226.3535 or email to PharmacyNetworkOperations@CIGNA.com.

## **CLAIM PAYMENT CYCLES and RECONCILIATION REPORTS**

Argus issues pharmacy claim payments on behalf of CIGNA HealthCare. Most payment cycles close weekly on the 8<sup>th</sup>, 15<sup>th</sup>, 22<sup>nd</sup> and the last day of the month. Payment cycles for participating pharmacies for specific clients, may occur on 15<sup>th</sup> and the last day of each month. Since Argus issues reconciliation reports and checks separately, you may receive the reconciliation report first and the check will follow shortly thereafter.

Attached to this document is a sample Argus Claims Reconciliation Report. The report lists all paid, denied, adjusted or suspended claims submitted to Argus for the current payment cycle.

Adjustments resulting from the audit program will be noted separately.

Contact Argus at 1.866.211.9459 if you have questions about the Reconciliation Report, to obtain a copy of a report, to determine the status of a payment or to report a missing payment.

**Requests to Reissue Uncashed Pharmacy Payment Checks:** Checks are mailed to the payment addresses provided to CIGNA HealthCare by participating pharmacies. If there is an incorrect payment address on file for your pharmacy, your payment checks may not be deliverable and would, therefore, be returned to Argus and credited back to CIGNA HealthCare. As such, it is the Pharmacy's responsibility to notify CIGNA HealthCare promptly whenever there is a payment address change to avoid payment checks being returned. If your Pharmacy is missing a payment check, please contact Argus as close to the payment cycle as possible to request that the check is reissued. Delay in contacting Argus may result in a lack of payment particularly if the claim payments were for individuals affiliated with a self-insured employer that is no longer a CIGNA HealthCare customer.

## **PRODUCT OFFERINGS and STANDARD BENEFIT EXCLUSIONS**

**Product Offerings:** CIGNA HealthCare offers a variety of pharmacy benefit options ranging from our clinically focused, tightly managed benefit to the more lightly managed RxPRIME<sup>®</sup> product. A sample Participant CIGNA HealthCare ID card is attached to this document. Pharmacies are expected to service all Participants carrying CIGNA HealthCare ID cards.

Our tightly managed program offers a variety of copayment levels in either a two-tier or three-tier plan design. Closed Prescription Drug List processing is standard with our two-tier product, but some groups are allowed Open Prescription Drug List administration. For most plans, the Participant is required to pay the difference in cost between the generic drug and brand name drug, plus the brand name copayment when a multi-source brand is dispensed.

All plans are processed through Argus Health Systems, so always transmit the claim via the Online System to obtain the appropriate Participant cost share (coinsurance, copayment and deductible).

**Standard Benefit Exclusions and Non-Covered Items:** Items excluded from coverage are based on the plan design selected by the employer group. Pharmacy will receive a message via the Online System indicating that the item is excluded or not covered. Benefit exclusions are not related to the Prescription Drug List and one-time authorizations are not approved. However, prescribers may submit for coverage based on medical necessity. **Always adjudicate the claim to determine coverage before advising a Participant that an item is not covered.**

Typical benefit exclusions are as follows except where mandated by law. The following list is for example only and does not constitute a complete list of exclusions which may exist in a benefit plan:

- Over-the-counter (OTC) drugs
- Unit dose NDCs
- Investigational or experimental drugs, or drugs used for non-FDA approved indications
- Disposable/consumable medical supplies
- Devices or Appliances, e.g., anti-embolism stockings, catheters, heating pads, ostomy supplies, thermometers
- Durable Medical Equipment
- Immunization agents, biological sera, blood and blood products
- Growth hormones and anabolic steroids
- Drugs used for cosmetic purposes, e.g., topical Minoxidil (Rogaine), Tretinoin (Retin-A)
- Nutritional and dietary supplements
- Anti-Obesity drugs; Anorexients
- Administration of any drug
- Drugs consumed at the place given or drugs dispensed by a physician

## **PARTICIPANT ELIGIBILITY VERIFICATION**

The Online System is designed to verify active Participant eligibility. The Participant's ID number is printed on the CIGNA HealthCare ID card. ID numbers may be the cardholder's social security number, alternate member id number or a system-generated ID number. **Be certain to verify the ID number on the Participant's CIGNA HealthCare ID card before transmitting a claim to avoid a rejection, subsequent adjustment, or the processing of the claim under another Participant's eligibility.** Additionally, when submitting the ID number, be certain to include the appropriate 2-digit relationship code (e.g., 01, 02, etc.). Pharmacy is solely responsible for submitting accurate participant eligibility information. If the submitted **date of birth** or **participant suffix** does not match the participant's information in our claim processing system, the claim will be denied.

Participant eligibility can also be verified by calling CIGNA HealthCare at 1.800.CIGNA.24

***Please note that the Participant's group number is not required in order to transmit a claim via the Online System.***

If a Participant has a letter stating that he or she has active coverage but has not yet received a CIGNA HealthCare ID card, attempt to adjudicate the claim, as eligibility may have been loaded to the system. Call CIGNA HealthCare at 1.800.CIGNA24 for an override if the claim denies due to "Participant ineligible" (NCPDP Error Messages: 52-Non-Matched Cardholder Identification; 65-Patient is Not Covered; 67-Filled Before Coverage Effective; 68-Filled After Coverage Expired; 69-Filled After Coverage Terminated).

If eligibility cannot be determined through the Online System or the toll-free numbers provided, and the Participant states that he or she is eligible for prescription benefits, the Participant must pay the Pharmacy for the prescription and submit an original receipt from the Pharmacy to the address on his or her CIGNA HealthCare ID card for potential reimbursement. Reimbursement is dependent upon the Participant's benefit and eligibility. The receipt must be an original (copies are not accepted), legible, and contain the following information: Participant ID number, name of Participant for whom the prescription was provided, date of birth, fill date, name of drug, NDC, quantity, drug strength and amount paid. A note of explanation should also be included to substantiate out-of-pocket expense. If Participants need assistance, they may call the Customer Service Center telephone number listed on the back of their CIGNA HealthCare ID card.

### ***Processing Prescriptions for Adopted Children and Newborns:***

CIGNA HealthCare's Standard Administration and Billing procedures are as follows:

All pharmacies are required to contact the CIGNA HealthCare Pharmacy Services Center @ 1.800.CIGNA.24 to confirm eligibility on adopted children and newborns. A temporary authorization will be established so that prescriptions may be dispensed for a 30-day period. Do not submit any claims for the child under the mother's ID.

## **SERVICING PARTICIPANTS AND SERVICE STANDARDS**

***Non-Discrimination:*** Pharmacy agrees to ensure that its staff will provide Covered Services to all Participants in a professional and courteous manner and in accordance with the same standards and with the same time availability as offered to other Pharmacy customers. Pharmacy will ensure that its staff will not discriminate against any Participant based upon race, color, national origin, ancestry, religion, gender, marital status, sexual orientation, age, health status, handicap or source of payment.

In accordance with applicable state and federal law, Pharmacy will not discriminate against any Participant based upon the particular medication or drug to be dispensed. In instances where a pharmacist employed or otherwise engaged by Pharmacy declines or refuses to dispense a particular medication or drug based upon personal conviction or belief, Pharmacy shall make any necessary accommodations to ensure that the

medication or drug in question shall be dispensed in a timely manner in accordance with the prescriber's instructions and the applicable benefit plan.

**State of California Only: Interpretation Services for Limited English Speaking Patients**

Effective January 1, 2009 participants who reside in the state of California have the right to an interpreter when receiving treatment and services. CIGNA is offering free telephonic interpretation through our language service vendor. To engage an interpreter once the participant is ready to receive services, please call CIGNA's California Language Interpretation Line at **1-800-806-2059**. You will need the participant's CIGNA ID number and your NCPDP number to confirm eligibility and access interpretation services.

If a participant prefers to use a family participant or friend to provide interpretation services, after s/he has been told that a trained interpreter is available free of charge, the participant's refusal to use the trained interpreter shall be documented in pharmacy's signature log.

***Recommended Service Standards:***

- Telephone Refills placed in advance: No wait time; prescription should be ready upon pickup.
- Acute Care Prescriptions: <15 minutes
- Prescription Drop-off: <25 minutes

**Quality Assurance:** Pharmacy must fully cooperate with CIGNA HealthCare, with prompt reply to any Quality Assurance issue pertaining to the delivery of Covered Services by the Pharmacy.

Pharmacy shall follow all applicable formal procedures for quality assurance programs as may be mandated by state law. If there are no such state law mandates, Pharmacy shall follow the formal procedures for preventing and handling prescription errors as submitted by Pharmacy in its Application to participate in the CIGNA HealthCare pharmacy network.

**FORMULARY OR PRESCRIPTION DRUG LIST**

CIGNA HealthCare utilizes a Prescription Drug List to manage prescription drug costs. A copy of the standard Prescription Drug List is attached. The Prescription Drug List can also be obtained via the Internet at:

**[http://www.cigna.com/consumer/services/pharmacy/drug\\_list.html](http://www.cigna.com/consumer/services/pharmacy/drug_list.html).**

Pharmacy agrees to comply with the CIGNA HealthCare Prescription Drug List and all related policies and procedures. Additionally, Pharmacy agrees CIGNA HealthCare participants will not be subject to any drug manufacturer program in which Pharmacy participates, that conflicts with the CIGNA HealthCare Prescription Drug List and related policies and procedures.

While this Prescription Drug List is our "standard" and therefore applies to the vast majority of CIGNA participants, there are specific client groups with custom Prescription Drug Lists.

**PRESCRIPTION DRUG COST MANAGEMENT**

Pharmacy is expected to fully support CIGNA HealthCare in its effort to manage its customers' prescription drug costs. Participants' copayments are often determined based on whether a generic, preferred brand or non-preferred brand is dispensed. Prescription drug costs can best be managed through the following action:

- **Generic Drug Substitution** – Dispense FDA-approved generic equivalent drugs whenever possible and in accordance with federal and state laws. Please maximize generic substitution, so that the Participant is not charged the difference plus his or her copayment. The lowest copayment is applicable when a generic is dispensed. Contact the prescriber if necessary in order to dispense a generic equivalent drug. Certain

drugs with documented dosing problems should not be dispensed generically unless requested by the prescriber.

- **Prescription Drug List Compliance** – If a generic equivalent drug cannot be substituted, contact the prescriber to determine if a drug from the Prescription Drug List can be dispensed as an alternative.
- **Prescriber “Dispense As Written” Prescriptions (DAW1)** – If a prescription specifies “Dispense As Written,” pharmacy may contact the prescriber to determine if a generic equivalent or drug from the Prescription Drug List can be dispensed as an alternative.

## **DRUG UTILIZATION REVIEW**

Pharmacy must fully comply with CIGNA HealthCare Drug Utilization Review (DUR) procedures. All claims transmitted via the Online System must pass a series of DUR edits. The prescription is screened for dosage errors and checked against the Participant’s claim history. Pharmacy will be alerted immediately via the Online System if the claim does not pass a particular DUR edit, such as an early refill or drug interaction. CIGNA HealthCare may, from time to time, require the assistance of certain Pharmacy employees in connection with DUR. Pharmacy will require its employees to be available to fully cooperate with CIGNA HealthCare and its personnel in the performance of DUR. All DUR forms, records and other information will remain the property of CIGNA HealthCare and will be kept confidential.

Pharmacists are under no obligation to dispense a prescription which, in their professional opinion, should not be dispensed. Additionally, pharmacists are expected to exercise their professional judgment when encountering DUR messages. The Online System clinical edits are not intended nor designed to replace a pharmacist’s professional judgment or knowledge.

***Claim Rejects Due To Early Refill/Refill Too Soon DUR Edit (NCPDP Error Message 79-Refill Too Soon):*** Participants are required to utilize at least 75% of the previous prescription before a refill may be obtained from a retail pharmacy. For claims that reject as “refill too soon,” the following actions must be taken by the Pharmacy before obtaining an override:

- If the previous prescription was never filled or picked up, reverse the claim to avoid a claim reject for “refill too soon.”
- If the Participant has not used at least 75% of the previous prescription, advise the Participant that it is “too early to fill the prescription” and instruct the Participant to return on the appropriate day as determined by the Pharmacy.

If an early refill is due to a dosage increase/adjustment, the Participant needs a vacation supply, or the days supply on the original prescription was entered incorrectly, please call 1.800.CIGNA.24 to obtain an authorization.

***Claim Rejects Due To Quantity or Days Supply DUR Edits (NCPDP Error Message 76-Plan Limitations Exceeded):*** The standard retail pharmacy benefit allows up to a 30-day supply of medication (not to exceed 180 tabs/caps) to be dispensed. If an override is needed to exceed the standard quantity per month, providing medical necessity can be established, please call 1.800.CIGNA.24.

## **PRIOR AUTHORIZATION DRUGS/PRE-CERTIFICATION PROCEDURES**

Prescribers are encouraged to prescribe preferred drugs whenever possible and to obtain a precertification before prescribing non-preferred drugs or preferred drugs that require precertification. In the event a claim rejects at the point of sale for “Non-Formulary Drug” or “precertification required,” the following course of action must be taken by the Pharmacy.

**Claim Rejects for Precertification Required (NCPDP Error Message 75-Precertification Required)**

Certain drugs as identified on the Prescription Drug List have restrictions based on prior therapy required. Explain to the Participant that the prescriber must contact the CIGNA HealthCare Pharmacy Service Center via fax or telephone for medical necessity review. **Do not advise the Participant that the drug is not covered**, as coverage is based on medical necessity.

**Claim Rejects for Step Therapy Required (NCPDP Error Message 88 -Step Therapy Required)**

Certain Therapeutic Classes of Drugs (ex. statins, PPI's, ACE/ARB's) may require filling of prerequisite drug(s) for the medication that the participant is requesting. If there is no record of filling of the prerequisite drug(s), the claim will be denied with the "Step Therapy Required" error message. Advise the participant that the prescriber must contact the CIGNA HealthCare Pharmacy Service Center via fax or telephone for medical necessity review.

**Claim Rejects for Non-Formulary (NCPDP Error Message 70-NDC Not Covered)**

Contact the prescriber and recommend a Prescription Drug List alternative. If the Online System does not provide a Prescription Drug List alternative, or you cannot find one on the Prescription Drug List attached to this document, call 1.800.CIGNA.24.

1. If the prescriber is unwilling to change the prescription to a drug on the Prescription Drug List and the Participant is not waiting: Instruct the prescriber to fax a Non-Formulary Exception Form to 800.390.9745.
2. If the prescriber is unavailable or unwilling to change the prescription to a drug on the Prescription Drug List and the participant is waiting, call 1.800.CIGNA.24.

***Weekends and After Hours:*** Dispense up to a maximum of 3-days supply (or one unit, e.g., one inhaler, one tube) of the medication and collect the Participant's copayment as noted on the CIGNA HealthCare ID card. Please notify the Participant that this is a one-time exception. On the next business day, call 1.800.CIGNA.24 for assistance in processing the claim for payment. ***Payment is guaranteed for 3-days supply of Non-Formulary medications dispensed in good faith. Never turn a Participant away because the medication is a Non-Formulary drug.*** If future refills are needed, the Participant's physician must submit a Non-Formulary Exception Form to the Pharmacy Service Center for review and possible approval. Without approval, the Participant is responsible to pay the Pharmacy in full on future refills.

**In all cases, please advise the Participant that CIGNA Healthcare does maintain an exception process. His or her physician may submit medical information for review to request an exception or to obtain precertification on certain prescriptions.**

**REIMBURSEMENT AND MAC**

Pharmacy will be reimbursed for Covered Services based on the lesser of the Pharmacy's U&C, Maximum Allowable Cost (MAC) or Ingredient Cost plus a Dispensing Fee less the Participant's copayment, coinsurance or deductible. Ingredient cost is based on First Data Bank's Average Wholesale Prices (AWPs) as reflected in the Online System at the time the prescription was filled less a discount as specified in the Participating Pharmacy Agreement.

***Compound Prescription Definition:*** A compound prescription is defined as a mixture of two or more ingredients when at least one of the ingredients in the preparation is a Federal or State legend drug in a therapeutic amount. It excludes compound prescriptions administered by infusion. Preparations that include the addition of water, alcohol, or flavoring are not considered covered compound prescriptions. Reconstitution of an oral antibiotic or any other similar product is not considered a compound prescription.

**Compound Prescription Claim Submission:**

Compound prescription claims should be submitted using the NDC of the most expensive ingredient and entering compound indicator “2”. Alternatively, compound prescriptions may be transmitted using an administrative NDC code, which is 99999-9999-96. Compound prescriptions that are transmitted with a submitted price greater than \$200.00 will reject for precertification (Error 82). Follow instructions contained in this document to obtain a precertification. Pharmacy will be reimbursed for compound prescriptions based on the lesser of the Pharmacy’s U&C or Ingredient Cost plus a Dispensing Fee less the Participant’s copayment, coinsurance or deductible. Ingredient cost is based on First Data Bank’s Average Wholesale Prices (AWPs) as reflected in the Online System at the time the prescription was filled less a discount as specified in the Participating Pharmacy Agreement.

All compound claims submitted by your Pharmacy and paid by CIGNA HealthCare are monitored for appropriateness of submitted charges and are subject to audit. See Audit section for additional information related to compounded prescriptions.

**Copayments, Coinsurances, and Deductibles:** CIGNA HealthCare will deduct Participant copayments, coinsurances, and deductibles from Pharmacy reimbursement. Pharmacy is contractually obligated to collect the full amount of the Participant’s copayment, coinsurance or deductible as determined by the Online System. Copayments, coinsurances and deductibles are not eligible to be discounted or excused/waived. Pharmacy may not collect copayments, coinsurances and deductibles in excess of Pharmacy’s U&C.

CIGNA HealthCare participants enrolled in “Choice Fund” products may have their cost-share paid out of any available fund balance in their Health Reimbursement Accounts (HRA’s) or charged to their credit/debit card account for Health Savings Accounts (HSA’s).

**Maximum Allowable Cost (MAC) Reimbursement:** Under the MAC program, Pharmacy will be reimbursed according to the CIGNA HealthCare MAC list. The MAC list shows the maximum ingredient cost that will be paid for the listed drugs. The most current MAC list is available electronically or in print. Contact CIGNA HealthCare Pharmacy Network Operations at [PharmacyNetworkOperations@CIGNA.com](mailto:PharmacyNetworkOperations@CIGNA.com) to obtain a copy.

Requests for MAC price reviews should be faxed to CIGNA HealthCare Pharmacy Network Operations at 1.860.226.3535 and must include the following information:

|                  |  |
|------------------|--|
| NABP             | Participant ID   |
| Pharmacy Name    | Rx #   |
| Contact Person   | Fill Date  |
| Telephone Number | NDC  |
|                  | Copy of purchase invoice reflecting the per-unit acquisition price |

## **AUDIT PROGRAM**

All claims submitted by your Pharmacy and paid by CIGNA HealthCare are subject to audit including compound prescription claims. CIGNA HealthCare or its designee will conduct periodic audits of Pharmacy's claims submission activities to ensure compliance with these Program Requirements. Desktop and on-site audits are conducted. Pharmacy is contractually obligated to comply fully with the CIGNA HealthCare Audit Program and shall cooperate with all auditing activity. Pharmacy shall provide all prescription, medical, financial and administrative records pertaining to CIGNA HealthCare Participant Covered Services upon request and within the timeframes specified by CIGNA HealthCare or its auditor.

CIGNA HealthCare has contracted with ACS Audit & Compliance Solutions to perform periodic desktop and on-site reviews of claims submitted on behalf of CIGNA HealthCare participants.

For claims requiring review, pharmacies will be notified by ACS Audit & Compliance Solutions and requested to provide copies of specific prescriptions and/or other substantiating data. Upon review of the documentation, each pharmacy will be notified of its results, in writing, specifying any adjustments that may be applied.

Areas of retrospective desktop review will include, but will not be limited to:

|  |  |
|--|--|
| DAW Parameters   | Possible Rx Splitting                        |
| Duplicate Therapy/Prescriptions                          | Package Billing Errors                       |
| Excessive Quantity Dispensed for Days Supply Limitations | Drug Billed is Different Than That Dispensed |
| Early Refill   | Valid Prescriptions                          |

Pharmacies selected for an on-site review will be notified in advance of the audit. There is no preparation required for this review. The auditor will perform a compliance review noting current licensures, pharmacy staff, stock on-hand, general cleanliness of the pharmacy, hours of operation, etc. In addition, a pre-selected number of prescriptions will be reviewed.

Areas of on-site prescription evaluations will include, but will not be limited, to:

|                             |                               |
|-----------------------------|-------------------------------|
| DAW Notations               | Prescribing Physician         |
| Hard Copy Prescription      | CIGNA Program Parameters      |
| Signature Logs              | Return to Stock Prescriptions |
| Drug Prescribed / Dispensed |                               |

*Please note that ACS Audit & Compliance Solutions is a contracted audit vendor of CIGNA HealthCare and has entered into a HIPPA Business Associate Agreement with us to perform this function on our behalf.*

**Signature Logs:** Pharmacy is required to maintain signature logs for all prescriptions. Pharmacy is required to advise Participants that his or her signature acknowledges receipt of a prescription and allows for the release of any and all information supporting that claim for the prescription to CIGNA HealthCare. CIGNA HealthCare recognizes the use of electronic signature logs.

Signature logs must contain:

- The date the prescription was picked up by the Participant or his/her representative
- The prescription number

- The signature of the individual to whom the prescription was given

During audits conducted by CIGNA HealthCare or its designee, CIGNA HealthCare will deny payment for those prescriptions where Pharmacy is unable to produce a signature evidencing the above information. Pharmacy agrees that it will not bill Participants for any such denied claims.

**Return To Stock Items:** As part of the CIGNA HealthCare audit program, Pharmacy will be audited to ensure that CIGNA HealthCare has been credited appropriately for all return-to-stock items. For prescriptions that were billed to CIGNA HealthCare but were not picked up by the Participant, Pharmacy is contractually obligated to reverse the claims via the Online System within 60 days from the fill date. The Online System is the preferred means for handling this activity, as it is the easiest way for CIGNA HealthCare to appropriately credit its self-insured customers and healthplans.

If Pharmacy was unable to reverse return to stock claims over 60 days from the date of service via the Online System, the pharmacy should send claim and participant information to:

CIGNA HealthCare  
Pharmacy Refunds- B5PHR  
900 Cottage Grove Rd  
Hartford, CT 06152

It is imperative that Pharmacy processes future claims in a timely manner to ensure proper return to stock claim reversals.

**Compound Prescriptions:** All claims submitted by your Pharmacy and paid by CIGNA HealthCare are subject to audit including compound prescription claims. CIGNA HealthCare will not seek to recover payment for any compound prescription claim providing that your Pharmacy can demonstrate upon audit that the compound prescription was valid and the charge for such claim does not exceed reasonable and customary charges for similar compound prescriptions. Reasonable and customary charges will be based on **i)** the sum of the ingredients' AWP's that were in effect at the time the compound prescription was prepared *plus ii)* fair market dispensing fee to cover the professional time required to prepare such compound prescription.

**Audit Appeal Process:**

Pharmacies wishing to appeal audit vendor's results may do so in accordance with the appeal instructions outlined in the audit letter. Please submit your appeal in writing, within 15 calendar date of the letter, along with supporting documents. Please mail them to following address:

ACS Audit & Compliance Solutions  
1419 Oregon Avenue  
Philadelphia, PA 19145  
215-551-3838

For questions about CIGNA HealthCare's retail pharmacy audit program, email [pharmacyaudit@CIGNA.com](mailto:pharmacyaudit@CIGNA.com).

## **GENERAL PHARMACY (non-audit related) APPEALS PROCESS\***

**Appeals Process:** Pharmacy agrees to follow the Appeals Process outlined below. Pharmacy shall continue to dispense prescriptions to Participants in good faith during and subsequent to any appeal. Pharmacy agrees that it will refrain from making disparaging comments to Participants about CIGNA HealthCare.

Most contractual and reimbursement issues can be addressed and resolved quickly by calling CIGNA HealthCare Pharmacy Network Operations at 1.860.226.5878. If the issue cannot be resolved by telephone, Pharmacy must follow the Appeals Process.

Pharmacy must submit a letter via certified, return receipt mail requesting review of the issue. Provide case facts and supporting documentation (e.g., claim detail) to:

CIGNA HealthCare  
Pharmacy Network Operations B5PHR  
Attn: Appeals  
900 Cottage Grove Road  
Hartford, CT 06152

Upon receipt of the communication, the case will be researched and a written response of the CIGNA HealthCare decision will be provided to Pharmacy within 30 business days. If Pharmacy disputes CIGNA HealthCare's response, a subsequent appeal may be submitted, Attn: Complaint Committee. The Committee shall include a CIGNA HealthCare pharmacist or medical director, as applicable, should an appeal contain a clinical component. The Committee's decision will be rendered to the Pharmacy within 30 business days. Pharmacy may exercise its rights under the Agreement if the resulting decision is not acceptable.

**Dispute Resolution:** In the event the contract or reimbursement issue is not resolved through the Appeals Process, either Pharmacy or CIGNA HealthCare may request in writing that the parties attempt in good faith to resolve the dispute promptly by negotiation between designated representatives of the parties who have authority to settle the dispute. If the matter is not resolved within 60 days of a party's written request for negotiation, either party may initiate arbitration by providing written notice to the other party. With respect to a payment or termination dispute, Pharmacy must submit a request for arbitration within 12 months of the date of the letter communicating the final decision under CIGNA Healthcare's internal Appeals process unless applicable law specifically requires a longer time period to request arbitration. If Pharmacy fails to request arbitration within such 12 month period, CIGNA Healthcare's final decision regarding the dispute under its Appeals process will be binding on Pharmacy, and Pharmacy shall not bill CIGNA HealthCare, Payor or the Participant for any payment denied because of the failure to timely submit a request for arbitration.

**Arbitration:** If a party initiates arbitration as provided above, the proceeding shall be held in the jurisdiction of Pharmacy's principal place of business or domicile. The parties will jointly appoint a mutually acceptable arbitrator. If the parties are unable to agree upon such an arbitrator within 30 days after a party has given the other party written notice of its desire to submit a dispute for arbitration, then the parties shall prepare a Request for a Dispute Resolution List and submit it to the American Health Lawyers Association Alternative Dispute Resolution Service ("AHLA ADR Service") along with the appropriate administration fee. In accordance with the Codes of Ethics and Rules of Procedure developed by the AHLA ADR Service, the parties will be sent a list of 10 arbitrators along with a background and experience description, references and fee schedule for each. The 10 will be chosen by the AHLA ADR Service on the basis of their experience in the area of the dispute, geographic location and other criteria as indicated on the request form. The parties to the dispute will review the qualifications of the 10 suggested arbitrators and rank them in order of preference

*\* A separate appeals process must be followed by Delaware, New Jersey, Pennsylvania, and State of Washington participating pharmacies as required by state mandate. Please refer to your Participating Pharmacy Agreement for details or contact CIGNA HealthCare Pharmacy Network Operations for more information.*

from 1 to 9. Each party has the right to strike 1 of the names from the list. The person with the lowest total will be appointed to resolve the case. Each party shall assume its own costs, but the compensation and expenses of the arbitrator and any administrative fees or costs shall be borne equally by the parties. Arbitration shall be the exclusive remedy for the resolution of disputes arising under this Agreement. The decision of the arbitrator shall be final, conclusive and binding, and no action at law or in equity may be instituted by either party other than to enforce the award of the arbitrator. The parties intend this alternative dispute resolution procedure to be a private undertaking and agree that an arbitration conducted under this provision shall not be consolidated with an arbitration involving other pharmacies or third parties, and that the arbitrator shall be without power to conduct an arbitration on a class basis. Judgment upon the award rendered by the arbitrator may be entered in any court of competent jurisdiction. The Agreement will remain in full force and effect during any such period of arbitration unless otherwise terminated under the terms of this Agreement.

“CIGNA,” “CIGNA Pharmacy Management,” “CIGNA HealthCare” and the “Tree of Life” logo are registered service marks of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its operating subsidiaries. All products and services are provided exclusively by such operating subsidiaries and not by CIGNA Corporation. Such operating subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. and Great-West Healthcare of California, Inc. In Connecticut, HMO plans are offered by CIGNA HealthCare of Connecticut, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

# ATTACHMENTS


MANAGED CARE – NETWORK POS (Front)

ID CARD FEATURES

**Description of ID Card Fields:**

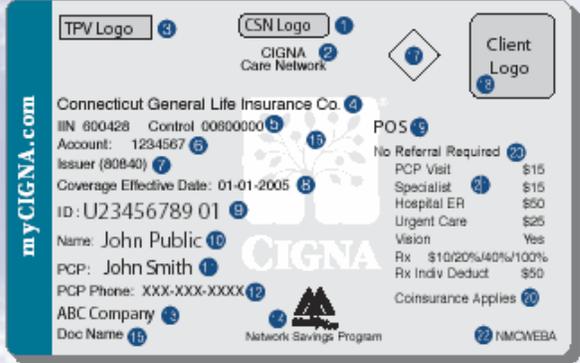
- 1 Client Specific Network (CSN) logo (additional charge applies).
- 2 "CIGNA Care Network" logo – will print when applicable.
- 3 Third Party Vendor logo – will print when applicable.
- 4 Legal entity name.
- 5 IIN (International Identification Number) and Processor Control Numbers used for pharmacy claims processing.
- 6 Account Number used for administrative purposes.
- 7 Card Issuer Number, used for pharmacy.
- 8 Effective Date of Benefits.
- 9 CIGNA HealthCare is converting members to an Alternate Member Identifier (AMI). The AMI, followed by a 2-digit suffix code, will replace the Social Security Number (SSN) on ID cards. As the implementation of AMI is rolled out, and until all CIGNA HealthCare members have been assigned an AMI, ID cards may continue to display SSN or a text message, followed by a 2-digit suffix code.
- 10 Employee or Dependent Name.
- 11 Name of Primary Care Physician (PCP) chosen by member.
- 12 PCP phone number.
- 13 Account Name (Optional) (Available at Account/Branch Levels).
- 14 Network Savings Program logo.
- 15 Document Name where required by law.
- 16 "Tree of Life" watermark logo.
- 17 Seamless logo – will print when applicable with proper state codes.
- 18 Client logo (additional charge applies).
- 19 Product branding:
  - Managed Care Point of Service will brand as "POS".
  - Health Savings Account Point of Service will brand as "HSA POS".
  - Managed Care Point of Service Open Access will brand as "POS Open Access".
  - Health Savings Account Managed Care Point of Service Open Access will brand as "HSA POS OA".
- 20 Variable Benefit Messages:
  - "No Referral Required" will print for all "Open Access" products.
  - "Coinsurance Applies" will print when there is an In-Network In-Patient Hospital Coinsurance benefit.

**Other Features:**

- Fonts/colors are as shown on actual size card and cannot be altered.
- Cards will be mailed to the member address specified on the eligibility database or Member Rights Repository (MRR).

**Timing:**

- 5 business days after vendor receives file for vendor to process order and release ID cards for mailing to employee's home address or specified privacy address.
- Estimated 5 – 7 business days for receipt of ID Cards based on destination for non-peak periods (quoted Postal Service Standards).



The sample ID card shows the following fields and callouts:

- 1: CSN Logo
- 2: CIGNA Care Network
- 3: TPV Logo
- 4: Client Logo
- 5: IIN 800428 Control 00800000
- 6: Account: 1234567
- 7: Issuer (80840)
- 8: Coverage Effective Date: 01-01-2005
- 9: ID: U23456789 01
- 10: Name: John Public
- 11: PCP: John Smith
- 12: PCP Phone: XXX-XXX-XXXX
- 13: ABC Company
- 14: Doc Name
- 15: Network Savings Program logo
- 16: POS
- 17: No Referral Required
- 18: Copay amounts: PCP Visit \$15, Specialist \$15, Hospital ER \$50, Urgent Care \$25, Vision Yes, Rx \$10/20%/40%/100%, Rx Indiv Deduct \$50, Coinsurance Applies
- 19: NMCNEBA
- 20: myCIGNA.com
- 21: Tree of Life watermark
- 22: Card stock catalog number
- 23: CIGNA's personalized website URL



**CIGNA HealthCare**  
A Business of Careing.

## MANAGED CARE – NETWORK POS (Back) ID CARD FEATURES

### Description of ID Card Fields:

- 1 CIGNA Internet Address, pre-printed in black.
- 2 Eligibility disclaimer.
- 3 Emergency admission instructions. If PHS is selected INPATIENT ADMISSION: will print; if PHS+ is selected, INPATIENT ADMISSION AND OUTPATIENT PROCEDURES: will print.
- 4 Risk Group:
  - Risk Group Name – will print when applicable.
  - Risk Group Claims Address – will print when applicable.
- 5 Carve-Out Vendors – Up to 2 Vendors for Rx/MHSA or Vision (Optional).
- 6 Regional Mail Center Address, based on member's state of residence.
- 7 CSN Name and Address – when applicable (Optional).
- 8 Member Services telephone number.
- 9 Mental Health/Substance Abuse telephone number will print if client has selected a Mental Health/Substance Abuse option.

*Additional charges may be applicable for optional features under special circumstances.*

www.cigna.com

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

**INPATIENT ADMISSION:**  
Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow up care within 24 hours.

**Med Group:** SUNSET MED GROUP

**Send Claims to:** 123 MAIN STREET, SUITE 999, ANYTOWN, USA 12345-6789  
(ABC CO.) CALL 1.800.XXX.XXXX (NOT A CIGNA COMPANY)

**For Pharmacy:** (ABC CO.) CALL 1.800.XXX.XXXX (NOT A CIGNA COMPANY)

**For Vision:** (ABC CO.) CALL 1.800.XXX.XXXX (NOT A CIGNA COMPANY)

**CIGNA:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**CSN Name, P.O. BOX XXXXX, ANYTOWN, USA 12345-6789**

**Member Services: 1-800-XXX-XXXX MHSA: 1-800-XXX-XXXX**

**FRONT**

TPV Logo

CSN Logo  
CIGNA Care Network

Client Logo

myCIGNA.com

Connecticut General Life Insurance Co  
IN: 600428 Control: 00600000  
Account: 1234567  
Issuer: (80840)  
Coverage Effective Date: 01-01-2005  
ID: U23456789 01  
Name: John Public  
POP: John Smith  
POP Phone: XXX-XXX-XXXX  
ABC Company  
Doc Name

POS

No Referral Required

|                      |      |
|----------------------|------|
| PCP Visit            | \$15 |
| Specialist           | \$15 |
| Hospital ER          | \$50 |
| Urgent Care          | \$25 |
| Vision               | Yes  |
| Rx: \$10.00%/40%/60% |      |
| Rx Indiv Deduct      | \$50 |
| Coinsurance Applies  |      |

Network Savings Program    MHCWESA

*Actual Size of ID Card*

**BACK**

www.cigna.com

You may be asked to present this card when you receive care. The card does not guarantee coverage. You must comply with all terms and conditions of the plan. Willful misuse of this card is considered fraud.

**INPATIENT ADMISSION:**  
Your Network provider must call the toll-free number listed below to pre-certify the above services. Refer to your plan documents for your pre-certification requirements. Failure to do so may affect benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance and directions on follow up care within 24 hours.

**Med Group:** SUNSET MED GROUP

**Send Claims to:** 123 MAIN STREET, SUITE 999, ANYTOWN, USA 12345-6789  
(ABC CO.) CALL 1.800.XXX.XXXX (NOT A CIGNA COMPANY)

**For Pharmacy:** (ABC CO.) CALL 1.800.XXX.XXXX (NOT A CIGNA COMPANY)

**For Vision:** (ABC CO.) CALL 1.800.XXX.XXXX (NOT A CIGNA COMPANY)

**CIGNA:** P.O. BOX XXXXX, ANYTOWN, USA 12345-6789

**CSN Name, P.O. BOX XXXXX, ANYTOWN, USA 12345-6789**

**Member Services: 1-800-XXX-XXXX MHSA: 1-800-XXX-XXXX**

"CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, TeDrug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Introcop, and RMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, RMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, RMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, RMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, RMO 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.

**Pharmacy Reconciliation Report**

Prepared for:

**MAIN STREET PHARMACY**  
**100 MAIN STREET**  
**ANYTOWN US 00000**

**12 - 34567**

**CUSTOMER: CIGNA PHARMACY SERVICES**

**CLIENT: ABC CORPORATION**

**CARRIER: 02151234**

**CHKGRP: CIGNA PHARMACY SERVICES**

| Rx Number              | Participant Name | Date Filled | Ingredient Cost | Cost Allowed | With-held | Disp. Fee | Sales Tax | Copay  | Amount Paid | Claim Number |
|------------------------|------------------|-------------|-----------------|--------------|-----------|-----------|-----------|--------|-------------|--------------|
| PAID CLAIMS:           |                  |             |                 |              |           |           |           |        |             |              |
| 123456<br>051234567891 | DOE JOHN         | 06/01/05    | 71.40           | 60.69        |           | 1.50      |           | 25.00  | 37.19       |              |
| 234567<br>052345678991 | DOE JANE         | 06/03/05    | 81.39           | 69.18        |           | 1.50      |           | 50.00  | 20.68       |              |
| 345678<br>053456788991 | SMITH JOE        | 06/05/05    | 117.09          | 99.52        |           | 1.50      |           | 25.00  | 66.02       |              |
| <hr/>                  |                  |             |                 |              |           |           |           |        |             |              |
| CLIENT TOTALS          |                  |             |                 |              |           |           |           |        |             |              |
|                        | PAID             | 3           | 269.88          | 229.39       |           | 4.50      | 0.00      | 110.00 | 123.89      |              |
|                        | SUSPENDED        | 0           | 0.00            |              |           |           |           |        |             |              |
|                        | DENIED           | 0           | 0.00            |              |           |           |           |        |             |              |
|                        | SUBMITTED        | 3           |                 |              |           |           |           |        |             |              |
|                        | ADJUSTMENTS      | 0           | 0.00            | 0.00         | 0.00      | 0.00      | 0.00      | 0.00   | 0.00        |              |
|                        | TOTALS           |             | 269.88          | 229.39       | 0.00      | 4.50      | 0.00      | 110.00 | 123.89      |              |
| <hr/>                  |                  |             |                 |              |           |           |           |        |             |              |
| GRAND TOTALS           |                  |             |                 |              |           |           |           |        |             |              |
|                        | PAID             | 3           | 269.88          | 229.39       | 0.00      | 4.50      | 0.00      | 110.00 | 123.89      |              |
|                        | SUSPENDED        | 0           | 0.00            |              |           |           |           |        |             |              |
|                        | DENIED           | 0           | 0.00            |              |           |           |           |        |             |              |
|                        | SUBMITTED        | 3           |                 |              |           |           |           |        |             |              |
|                        | ADJUSTMENTS      | 0           | 0.00            | 0.00         | 0.00      | 0.00      | 0.00      | 0.00   | 0.00        |              |
|                        | TOTALS           |             | 269.88          | 229.39       | 0.00      | 4.50      | 0.00      | 110.00 | 123.89      |              |

**ARGUS HEALTH SYSTEMS**  
**P.O.BOX 419019 DEPT. 215**  
**KANSAS CITY, MO 64141**

**PERIOD ENDING DATE: 6/08/2005**  
**TIME: 4:34**  
**PAGE: 1**

**Pharmacy Reconciliation Report**

Prepared for:

**MAIN STREET PHARMACY**  
**100 MAIN STREET**  
**ANYTOWN US 00000**

**12 - 34567**

**CUSTOMER: CIGNA PHARMACY SERVICES**  
**CLIENT: ABC CORPORATION**  
**CARRIER: 02151234**  
**CHKGRP: CIGNA PHARMACY SERVICES**

| <b>Rx Number</b>  | <b>Member Name</b> | <b>Date Filled</b> | <b>Ingredient Cost</b> | <b>Cost Allowed</b> | <b>With-held</b> | <b>Disp. Fee</b> | <b>Sales Tax</b> | <b>Copay</b> | <b>Amount Paid</b> | <b>Claim Number</b> |
|---|--------------------|--------------------|------------------------|---------------------|------------------|------------------|------------------|--------------|--------------------|---------------------|
| <p>PHARMACY CHECK SUMMARY</p> <p>12 - 34567 MAIN STREET PHARMACY</p> <p>PAYMENT GROUP: CIGNA PHARMACY SERVICES</p> <p style="text-align: right;">REVIIOUS BALANCE: 0.00</p> <p style="text-align: right;">BALANCE CARRIED FORWARD: 0.00</p> <p style="text-align: right;">CURRENT CYCLE: 123.89</p> <p style="text-align: right;">CHECK AMOUNT: 123.89</p> <p style="text-align: right;">NEW BALANCE CARRIED FORWARD: 0.00</p> <p style="text-align: right;">BALANCE APPLIED TO ACCOUNT: 0.00</p> |                    |                    |                        |                     |                  |                  |                  |              |                    |                     |

**ARGUS HEALTH SYSTEMS**  
**P.O.BOX 419019 DEPT. 215**  
**KANSAS CITY MO 64141**

**PERIOD ENDING DATE: 6/08/2005**  
**TIME: 4:34**  
**PAGE: 2**