COMMUNIQUE

TO: Community Physician Partnership (CPP) Providers

DATE: July 16, 2010

SUBJECT: Great West (CIGNA) Network News July 2010

Enclosed is the July 2010 Great West (CIGNA) Network News.

The highlights of the newsletter are:
- Enhancements to Secured Provider Portal
- New Reimbursement Policies
- Updates to Precertification Codes
- Tools for Improving Claim Processing
  - Update ClaimCheck 8.5 to Knowledge Base Version 45 and NCCI Version 16.1 on July 19, 2010.
- Supporting Documentation Needed for Modifier 59
- Know Your Network
- Great West Healthcare Integration News

Please see enclosed newsletter for more information.

Contact Alese Baldwin at 216 986-1316 or baldwial@chn-cchs.org with questions.
CIGNA Care Designation and Quality
and Cost-Efficiency Displays

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

The 2011 CIGNA Care designation
information will be available in the online
provider directory on www.cigna.com, as well as on our secure website for customers,
begins September 13, 2010. The quality
and cost-efficiency displays will be available
only on the secure website for individuals with
CIGNA coverage, beginning January 3, 2011.

CIGNA Care Designation

CIGNA Care designation recognizes
physicians in 19 specialties who meet or
exceed specific quality and cost-efficiency
criteria. Infectious Disease and Vascular Surgery
are no longer included because of the limited
volume of data available in many geographic
areas. While overall physician reimbursement
is unchanged, individuals covered by these
plans designations are afforded a lower copayment
or coinsurance for services provided by a
designated physician.

Designated physicians are identified
in the online provider directory on
www.cigna.com and www.my.cigna.com
by a Tier of Life symbol. Individuals are informed
that designation should not be the sole
basis for their decision making as it reflects
only a partial assessment of quality and
cost-efficiency. CIGNA encourages individuals
with CIGNA coverage to consider all relevant
factors and to speak with their treating physician
when selecting a specialist for their care.

Physician Quality and
Cost-Efficiency Information

The CIGNA Physician Quality and Cost-
efficiency displays are available only on the
secure website for individuals with CIGNA
coverage. The 19 specialty types reviewed for
the CIGNA Care designation, as well as three
primary care physician specialty types (Family
Practice, Internal Medicine and Pediatrics) are
assessed. Symbols are used to indicate which
criteria are met and stars (°) are used to
illustrate cost-efficiency. Cost-efficiency stars
reflect a physician’s cost-efficiency relative
to peers using the episode treatment group
(ETG) methodology. This methodology reviews
medical costs for an episode of care and includes
case-mix adjustment to help account for
differences in the severity of patients’ illnesses.

Methodology

CIGNA’s quality evaluation is based on
the following, if applicable:

- NCQA recognition for Diabetes care,
  Cardiac and Stroke care, Back Pain care,
  Physician Practice Connections or
  Patient-Centered Medical Homes;
- Adherence to select evidence-based
  quality measures;
- Group board certification criteria; and/or
- A bariatric surgeon practicing in one of
  CIGNA’s Certified Centers for Bariatric
  Surgery.

CIGNA determines how your cost-
efficiency compares to other physicians in
the same specialty category in the same
geographic location. Performance is a result
of fee schedule, utilization patterns and
referral patterns (e.g., use of hospitals and
other facilities.)

The CIGNA Care Designation and
Physician Quality and Cost-Efficiency Displays

Methodology is available on the secure
CIGNA for Health Care Professionals website
(www.cignafortcpc.com > Resources >
Clinical Health and Wellness Programs >
CIGNA Care Designation). Call the CIGNA
Customer Service Center at 1-800-88-CIGNA
(882-4462) if you do not have internet
access.

Featured Articles:
- Health Care Reform Legislation
- Health Advocacy Fact Sheets
- Quality Initiatives Online
- Know Your Network
- CIGNA Endorses and Supports Leapfrog Group Initiatives
- HIPAA 5010/ICD-10

Great-West Healthcare Integration News:
- New GWH-CIGNA ID Cards
- WellInformed Program
- Enhancements to Secure Provider Portal
- Administrative Articles:
  - Prior Certification of Coverage
  - Submitting Information Changes
  - CIGNA Medicare Access
  - Global Maternity Reimbursement Policy
  - Tools for Improving Claim Processing
  - Modifier and Payment Policies
  - Update: Reference Guides
Quality Initiatives Online
Looking for the latest information about our programs and procedures? Log in to the CIGNA for Health Care Professionals secure website at www.cignaforhcp.com > Resources > Clinical Health and Wellness Programs > Quality Initiatives to view information about:

Accreditation Recognition
> National Committee for Quality Assurance (NCQA)
> URAC (formerly the Utilization Review Accreditation Committee)
> The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

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 Re-credentialing

Medical Record Reviews
> Other important information

Continuity and Coordination of Care

Medical Technology

Medical Ethics

Advantages of Being a CIGNA HealthCare Participating Provider

Members' Rights and Responsibilities

Utilization Management decisions are based on the appropriateness of care and service, and existence of coverage. CIGNA does not reward practitioners for issuing denials of coverage. Financial incentives for utilization management decision makers do not encourage decisions that result in underutilization. Participants have the right to disagree with a coverage decision and obtain care at their own expense.

Access CIGNA Care Guidelines by logging in to the CIGNA for Health Care Professionals secure website at www.cignaforhcp.com > Resources > Clinical Health and Wellness Programs > Care Guidelines to view information about:

Preventive Health Benefits

Behavioral Health Guidelines

> 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*

For questions about the quality program, including how CIGNA is progressing in meeting our quality goals, or to request a paper copy of this information, call 1.800.BRCIGNA (382.4462).

*These conditions include: aetna-enrolled managed care services, managed behavioral health, managed dental, managed pharmacy, hospice, home health, community nurse, critical care, transitional care, medical care, multidisciplinary care, medical specialty care, and ancillary care.

Health Advocacy Fact Sheets
You can now access information about CIGNA's health advocacy programs from which your patients with CIGNA coverage may benefit. These Health Advocacy Fact Sheets explain the details of our programs and how to refer your patients with CIGNA coverage.

The six Health Advocacy Fact Sheets are:

- Depression Management
- CIGNA Health Advisor*
- Maternity Management Programs
- Lifestyle Management Programs
- Tobacco Cessation
- Well Aware Programs

Access the fact sheets on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com > Resources > Clinical Health and Wellness Programs > Health Advocacy Fact Sheets.

You can find additional information about some of our health advocacy programs in past issues of the health care professional newsletter.

- Health Advocacy September 2009
- Hypertension Management November 2009
- Tobacco Cessation January 2010
- Depression Management March 2010

You may access past issues of the newsletter on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com > Resources > Communications > Health Care Professional Newsletters.

We are committed to working with you to help support the delivery of quality health care to our customers and to improve their health, well-being and sense of security by offering programs and information to help identify possible health risks, reinforce treatment plans and support positive clinical outcomes.

Preventive Care Claims

Services designated as Preventive Care in most CIGNA plans include:

- Periodic wellness visits
- Routine immunizations
- Routine screenings

Preventive Care services generally include:

- Symptom-free or disease-free individuals

Preventive Care services are generally included in CIGNA's policies and procedures. Preventive Care services are defined as:

- Services that are part of CIGNA's coverage
- Services that are covered under CIGNA's policies and procedures

Coping with mental health services that are not for the treatment of illness or injury. These diagnostic codes must be identified as the primary diagnosis code on the claim form. If claims for Preventive Care services are submitted with diagnostic codes that represent treatment of illness or injury as the primary (first) diagnosis on the claim, the service will not be identified as Preventive Care and your patient's claims will not be paid using any medical benefits unless the service is considered Preventive Care.

Additional services not covered for preventive care may be covered at a different benefit level. For individuals with CIGNA coverage, visit www.cignaforhcp.com for benefit and eligibility information, or call 1.800.BRCIGNA (382.4462). For additional information on preventive care, including:


For individuals with Great-West Health Care coverage, visit www.greatwesthealthcare.com/providers for benefit and eligibility information, or call 1.800.663.8081.

Preventive Medicine Evaluation and Management Services CPT Codes

99381-99397
99461
99401-99404
50610
50612
Know Your Network

If a patient presents this ID card and you have an agreement with:

- Only a former Great-West Healthcare company, you are in-network;
- Only a Connecticut General Life Insurance Company or a CIGNA HealthCare HMO, you are out-of-network.

The ID card is your consistent resource for network and contact information. Always use the card to identify:

- Network
- Claim number
- Provider ID number
- Customer Service number
- Secure web address for pre-certification and claim submission, and more.

For more information, contact us:

CIGNA 1.800.989.CIGNA (8766) 1.800.663.8081
www.cignaforhcp.com

GWH-CIGNA
www.greatwesthealthcare.com/providers

GREAT-WEST HEALTHCARE INTEGRATION NEWS

New GWH-CIGNA ID Cards

New ID cards being issued this year for patients with coverage in a former Great-West Healthcare plan include the CIGNA network indicator and the GWH-CIGNA logo. The CIGNA network indicator identifies the card holder as a plan participant in the Great-West Healthcare network. Individuals carrying this card receive in-network services from health care professionals in the Great-West Healthcare network.

Refer to the article on the left for additional information and images of the new GWH-CIGNA ID cards.

Well Informed Program

The Well Informed program, recently enabled for your patients with Great-West Healthcare coverage, can provide you with information about potential health risks your patients may have or preventive treatments that may be beneficial to them. Using evidence-based treatment guidelines together with our integrated medical and pharmacy claims and lab data, the program identifies potential gaps in care.

The program focuses on 31 chronic illnesses and disease prevention including diabetes, COPD, hypertension, depression, high cholesterol and more, addressing over 300 potential clinical gaps and preventive treatments. Well Informed then communicates this information to you and your patient whenever a potential issue is identified. Mailings are sent to you containing a clinical data profile for any patient that has been identified as having a potential treatment opportunity. This information may help identify opportunities to improve a patient’s treatment plan and achieve care plan goals. Simple and easy to understand profiles are sent to patients five to seven days after the physician mailings, to increase their understanding of potential gaps, and improve adherence to existing therapies.

Enhancements to Secured Provider Portal

CIGNA continues to strive to improve your online experience and make it easier to do business with us. We hear your feedback and have made the following enhancements to the Secured Provider Portal (SPP):

<table>
<thead>
<tr>
<th>SPP PAGE</th>
<th>ENHANCEMENT</th>
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<tbody>
<tr>
<td>Eligibility &amp; Benefits Inquiry</td>
<td>New selections allow you to choose one of three different search options, requiring only two fields for improved search functionality. - Subscriber ID and Patient’s Birth Date - Subscriber ID, Patient’s First Name and Patient’s Last Name - Patient’s First Name, Patient’s Last Name, and Patient’s Birth Date</td>
</tr>
<tr>
<td>Eligibility &amp; Benefits Detail</td>
<td>Improved layout allows you to select only the benefits you want to see when search details is returned.</td>
</tr>
<tr>
<td>Eligibility &amp; Benefits Effective Date</td>
<td>The detail screen shows the effective date of the patient’s current plan with CIGNA.</td>
</tr>
<tr>
<td>Claim Inquiry Search</td>
<td>New selections allow you to choose one of three search options, requiring two fields for improved search functionality when submitting a Claim Inquiry. - Subscriber ID and Patient’s Birth Date - Subscriber ID, Patient’s First Name and Patient’s Last Name - Patient’s First Name, Patient’s Last Name, and Patient’s Birth Date</td>
</tr>
<tr>
<td>Claim Inquiry Response</td>
<td>A new field shows the “Claim Received Date” in the Claim Detail responses.</td>
</tr>
<tr>
<td>Pre-certification</td>
<td>An automatic acknowledgement email will be sent to you after a pre-certification request is submitted.</td>
</tr>
</tbody>
</table>

Thank you to everyone who participated in the survey.
CIGNA and Humana Form Alliance on Retiree Solutions

CIGNA recently announced an alliance with Humana to offer Humana Medicare Advantage network products to employer groups. This alliance gives CIGNA the ability to offer Humana’s robust network-based Medicare Advantage PPO and HMO network products to its employer clients.

This alliance will have no immediate impact on current individual or group CIGNA Medicare Access (PFFS) plan customers or current CIGNA Medicare Access (PDP) customers. You should continue to see the same CIGNA Medicare Access PFFS plan as you do today. No changes have been made to our CIGNA Medicare Access Terms and Conditions of payment. All CIGNA Medicare Access D cards remain the same. Humana’s Medicare Customer Service phone number remains the same and there are no changes to the existing CIGNA Medicare claim submission or claim payment processes. The CIGNA Medicare Access PFFS plan for Arizona HMO is not available in the alliance with Humana and is no longer available.

For information about Humana Medicare Advantage plans, network contracting, claims, benefits or eligibility, call Humana Group Medicare Customer Service number located on the back of the patient’s Humana Medicare Advantage ID card (for most groups, the number is 1-866-396-8810). For contract and credential questions only, visit www.humana.com or call 1-800-626-2741.

HIPAA 5010/ICD-10

Progress continues on the federally mandated requirements to upgrade from HIPAA 4010 Electronic Data Interchange transactions to the HIPAA 5010 version and support the International Classification of Diseases (ICD-10-CM) and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-PC) for inpatient hospital procedure coding. Both of these federal mandates are required of health plans, hospitals, facilities, and other health care professionals. For the 5010 upgrade, CIGNA has completed the planning phase for all transactions, specifically with regard to assessing current state gaps and capabilities between version 4010 and 5010. We are currently in the business requirements phase, CIGNA will start testing in the first quarter of 2011 and will be positioned for successful implementation on January 1, 2012.

In conjunction with the HIPAA 5010 efforts, we are analyzing ICD-10 impacts to systems and processes. Upgrading to ICD-10 will offer significant benefits, including:

- Improved disease management
- Better understanding of health care outcomes

CIGNA has been actively working with external vendors and other entities that transmit health care data in electronic formats and for ICD codes. We are continuing dialogue through targeted communications and survey outreach to help address concerns and to assess their ability to comply.

Last year, we conducted an awareness campaign through this newsletter and our secure CIGNA HealthCare Professionals website (www.cignaforhcp.com) to provide baseline information about the new roles and CIGNA preparedness planning. We will continue to communicate updates about our progress toward compliance through these same channels. Refer to both the 5010 and ICD-10 Frequently Asked Questions (FAQs) available on the secure CIGNA HealthCare Professionals website (www.cignaforhcp.com) for Resources > Communications > HIPAA 5010/ICD-10 Updates or call 1-800-981-9607 (1-800-981-9607) if you have questions about the changes required of CIGNA’s readiness to support the required changes. The FAQs are updated quarterly.

The following electronic transactions are impacted by the required changes:

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>835</td>
<td>Health care claim payment/remittance advice</td>
</tr>
<tr>
<td>837</td>
<td>Health care claims/encounters (institutional, professional and dental)</td>
</tr>
<tr>
<td>270/271</td>
<td>Eligibility inquiry and response</td>
</tr>
<tr>
<td>276/277</td>
<td>Health care claim status request and response</td>
</tr>
<tr>
<td>278</td>
<td>Health care services - authorization request and response payment</td>
</tr>
</tbody>
</table>
TheraCare® Specialty Pharmacy Program Expanded

The TheraCare Specialty Pharmacy program, CIGNA’s targeted condition drug therapy management program, is now available to all administrative services only (ASO) self-funded accounts and fully insured business. This expansion is effective for new business and renewals on or after May 1, 2012. The TheraCare program is intended for individuals with CIGNA coverage using specialty medications for a number of chronic conditions. The CIGNA TheraCare team can help these individuals become knowledgeable of and better understand their condition and their prescribed specialty medications, understand common side effects of the medications and why it is important to take these medications exactly as prescribed by you. The list of conditions supported by TheraCare continues to grow. Currently this list includes:

- Ankylosing Spondylitis
- Asthma
- Enzyme Disorders
- Erythropoietins
- Growth Hormone Deficiency (Adult & Pediatric)
- Hemophilia
- Hepatitis C
- Inflammatory Bowel Disease
- Multiple Sclerosis
- Oral Oncolytics
- Pancreatitis
- Pulmonary Arterial Hypertension
- Respiratory Syncytial Virus
- Rheumatoid Arthritis

If your patient enrolls in the TheraCare program, you will be contacted through a letter explaining the program and how it can help that patient. Additional letters will be sent as needed to inform you that your patient:

- Has been identified as a potential candidate for the program but has not responded to outreach attempts for enrollment;
- Is an active participant in the program and further information about this patient is needed from you;
- Has completed the program and what to do if he/she should be re-enrolled and also;
- Is enrolled in the program but has not responded to outreach efforts.

The TheraCare program can help you deliver quality health care to your patients by offering meaningful, patient-specific information and engaging your patient so you can best determine their optimal course of treatment.

To find out if your patient is eligible for the TheraCare program, log in to the CIGNA for Health Care Professionals website (www.cignaforhcp.com) and click View Member Eligibility and Benefits to search for the patient. After accessing your patient’s information, click Pharmacy Services. This section will show the patient’s eligibility for the TheraCare program based on elections made by their employer and includes all program features available to them including medication access (pharmacy networks) and prior authorization requirements for pharmacy-covered drugs.

Call 1-800-667-6521 for details about the TheraCare program or to recommend a patient be enrolled.

CIGNA Receives CORE Phase I Certification

CIGNA received CAQH® Committee on Operating Rules for Information Exchange® (CORE) Phase I Certification on April 21, 2010. We have received the health plan certification seal and are now exchanging electronic administrative data in compliance with CORE Phase I Operating Rules.

The CORE objectives are designed to generate cost savings, promote the adoption of a single set of rules and enhance interoperability in health care. In order to achieve these objectives, the CORE rules include both infrastructure and data content requirements that assist with securely streaming electronic patient data exchanges across the wide range of current information technology systems. The objectives of CORE align with CIGNA’s strategy to continue to reduce the complexity of doing business with us and help eliminate administrative burdens.

CIGNA CORE Phase I certification enhancements include the ability to provide you with more detailed copay and coinsurance information, as applicable, for:

- Chiropractic services
- Hospital outpatient services
- Emergency services
- Hospital inpatient services
- Professional office visits

The enhancement to provide more detailed copay and coinsurance information also applies to the CIGNA for Health Care Professionals website (www.cignaforhcp.com). CORE Phase I certification applies to CIGNA only. Great West Healthcare (now part of CIGNA), CIGNA International Expatiation Business, CIGNA Voluntary, CIGNA Medicare Access PFFS and CIGNA Medicare Advantage HMO in Arizona will make enhancements in support of CORE certification within 12 months.

To learn more about CAQH and the CORE initiative, go to www.caqh.org.

H1N1 Virus Occurrences

While media reports on the H1N1 virus have decreased significantly since last fall, the prevalence of H1N1 continues to be seen in the United States. In fact, in some communities, the virus remains very active and there continue to be individuals hospitalised with serious illness related to this infection.

CIGNA continues to refer health care professionals to the Centers for Disease Control (www.cdc.gov) for the most up-to-date information on the virus and for clinical guidance. In addition, as some states are seeing a higher prevalence in outbreaks, we recommend you check with your state and local government health departments. CIGNA supports the CDC guidelines on H1N1 vaccine administration and we encourage you to speak with your patients about the vaccine.

For details on proper coding for H1N1 vaccine claims, refer to the H1N1 Virus Vaccine Coding Instructions document available on the secure CIGNA for Health Care Professionals website: www.cignaforhcp.com and the Secure Provider Portal at www.greatwesthealthcare.com/providers.
California Language Assistance Law

California law requires health plans to provide Language Assistance Program (LAP) services to eligible enrollees with Limited English Proficiency (LEP). To meet this requirement, CIGNA provides language assistance services for eligible CIGNA participants including individuals covered by the CIGNA Health Care of California, Inc. (HMO) plan (including CIGNA "Network") and individuals covered under PPO plans situated in California.

CIGNA Language Assistance Program eligible enrollees are entitled to the following free services:

- 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:

- Informing or including the Language Assistance Program notification to eligible enrollees and other Health Care Professionals.
- Encouraging eligible enrollees to use CIGNA's free telephone interpreter services to help them communicate with their health care providers.
- For more information, refer to the CIGNA California Physician, Hospital, and Other Facilities Reference Guide or visit the CIGNA website: www.cigna.com > Health Professional > Medical > Policies and Procedures and Guidelines.

Reimbursement Policies / Clinical Claim Review Program

We have made several reimbursement policies available to provide a comprehensive understanding of our existing claim adjudication and reimbursement processes.

Reimbursement policies outline the criteria used to evaluate claims and are based on criteria developed through the Clinical Claim Review (CCR) program. The CCR program reviews claims for compliance with Medicare and Medicaid guidelines. The CCR Quick Reference Guide is available at the CIGNA Health Care Professionals website: www.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies.

To view these and other CIGNA reimbursement policies, access the website: www.cignaforhcp.com and click on Resources > Clinical Reimbursement Policies and Payment Policies. You may also contact CIGNA at 1-808-693-8081.

<table>
<thead>
<tr>
<th>Policy</th>
<th>Description</th>
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<tbody>
<tr>
<td>Ambulance Services</td>
<td>This policy outlines CIGNA's standards of reimbursement for ambulance transport services.</td>
</tr>
<tr>
<td>Dialysis Services and Supplies</td>
<td>This policy outlines CIGNA's standards of global fee reimbursement for primary dialysis services and supplies.</td>
</tr>
<tr>
<td>Laboratory Services</td>
<td>This policy outlines CIGNA's standards of reimbursement for laboratory services.</td>
</tr>
<tr>
<td>Hospital Room and Board, and Other Facility-Based Routine Services, Supplies, and Equipment</td>
<td>This policy outlines CIGNA's standards of reimbursement for services considered routine supplies and equipment, including room and board.</td>
</tr>
<tr>
<td>Implant Billing Requirements</td>
<td>This policy outlines CIGNA's standards of reimbursement for implants.</td>
</tr>
<tr>
<td>Pharmacy and Infusion Services</td>
<td>This policy outlines CIGNA's standards of reimbursement for pharmacy administration and infusion services.</td>
</tr>
<tr>
<td>Respiratory Services and Supplies</td>
<td>This policy outlines CIGNA's standards of reimbursement for respiratory services and supplies.</td>
</tr>
</tbody>
</table>
UPDATES

Tools for Improving Claim Processing

CIGNA uses ClaimCheck®, a code auditing software, to expedite accurate claim processing. CIGNA will update ClaimCheck® to Knowledge Base Version 45 and National Correct Coding Initiative (NCCI) Version 16.1 Column 1 Column 2 (Incidental) and Mutually Exclusive code edits on July 10, 2010.

You may view both ClaimCheck and NCCI code edits by using ClearClaim Connection™. 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.

More information about ClaimCheck and ClearClaim Connection is available on the secure CIGNA for Health Care Professionals website at www.cignaforhcmp.com > services > View Claim Coding Edits. If you are not currently registered for the CIGNA for Health Care Professionals website, you will need to complete the registration process to log in. Go to www.cignaforhcmp.com and click on Register Now, located in the left side bar.

CIGNA is a means to determine benefits available to your members. Please contact CIGNA for further information. CIGNA for Health Care Professionals website at www.cignaforhcmp.com > services > View Claim Coding Edits. If you are not currently registered for the CIGNA for Health Care Professionals website, you will need to complete the registration process to log in. Go to www.cignaforhcmp.com and click on Register Now, located in the left side bar.

Submit Information Changes

Have you recently changed addresses, specialties, phone numbers, tax identification numbers or have doctors left your group? It is important to notify CIGNA and the former Great-West Healthcare of these changes.

Demographic information is used to process claims, send you communications and is published on CIGNA and former Great-West Healthcare provider directories.

Submit changes electronically using the online form available on the CIGNA for Health Care Professionals website at www.cignaforhcmp.com and on the Great-West Healthcare website at www.greatwesthealthcare.com/providers.

For more information, call:

1-888-999-4444 for CIGNA changes.

1-888-663-8081 for former Great-West Healthcare changes.

CIGNA Medicare Access®

CIGNA Medicare Access® plan participants will have an ID card showing the plan name on the front and the provider’s name and address on the back of the card.

Call CIGNA Medicare Access Customer Service at 1-800-577-0410 to verify eligibility, benefits or claims status. Visit www.cignamedicare.com for additional information about CIGNA Medicare Access.

The correct ID for CIGNA Medicare Access electronic claims is 89033. All CIGNA Medicare Access electronic claims submitted using a paper ID other than 89033 will be rejected.

If your system uses the claim mailing address to identify where your electronic claims are sent, use the mailing address below to be sure your claims are sent to payer ID 89033.

CIGNA Medicare Access
PO Box 690018
San Antonio, TX 78269-6018

Modifier and Payment Policies

Updates and Reminders

CIGNA applies its reimbursement and modifier policies to claims submitted to Great-West Healthcare. While the policies have been in effect, follow the existing procedures for submitting claims. Refer to the Great-West Healthcare Integration News article in the July 2009 issue of Network News (www.cigna.com > Health Professionals > Newsletters) for detailed information about the reimbursement and modifier policy integration.

Modifier 59 Policy Supporting Documentation (UPDATE)

The list of code combinations requiring supporting documentation was reduced by approximately 25%, beginning May 17, 2010. Supporting documentation continues to be required on 79 code combinations, approximately 1% of claims submitted with a modifier 59. This update represents a significant reduction in the number of edits requiring documentation for dermatology services. The code pair list is available online with the Modifier 59 policy (www.cignaforhcmp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies).

Global Maternity Reimbursement Policy

In support of our efforts to build an open relationship and respond to requests for greater transparency into our policies, we have published a Global Maternity Reimbursement Policy. This policy is effective August 1, 2010 for CIGNA benefit plans and October 1, 2010 for former Great-West Healthcare benefit plans. It applies to claims processed on or after the effective date. This policy outlines CIGNA’s standards for reimbursement of global maternity services. To view the complete policy and other CIGNA reimbursement policies, access available resources as you do today:

CIGNA the secure CIGNA for Health Care Professionals website (www.cignaforhcmp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies) or 1-800-999-4442. If you are not currently registered for the website you will need to complete the registration process to log in. Go to www.cignaforhcmp.com and click on Register Now, located in the left side bar.

Former Great-West Healthcare:

www.greatwesthealthcare.com/providers or 1-800-663-8081.

Use the Network

CIGNA and former Great-West Healthcare, now part of CIGNA, contractually require participating providers to direct patient referrals to other in-network 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 providers helps preserve the intent of the participant to remain in-network for care, maximizing the benefits available through their CIGNA or Great-West Healthcare plans, and helping 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 who provide in-network services to individuals with Great-West Healthcare or GWH-CIGNA EID cards, access the online provider directory at www.greatwesthealthcare.com/providers.

Update: Reference Guides

New Reference Guides containing our administrative guidelines will be available soon. The new guides will include both CIGNA and former Great-West Healthcare information. State-specific Guides will continue to be available, where applicable. Please continue accessing the 2009 Guides until the updated versions become available.


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 anytime, anywhere – view up-to-date information online when you need to; and
- Receive time-sensitive information from us quickly and securely.

By registering, you will receive some correspondence electronically, including Network News and other select communications. Some 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 up to date.

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 on Register Now.

We've Got A New Look!

See our redesigned 'Resources' page on the CIGNA for Health Care Professionals website!

We understand you don't have time to search through pages of information to find what you're looking for. That's why we've redesigned the Resources page of the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com) to help you find what you need quickly and easily.

The redesigned Resources page has more descriptive topic categories and each category can be expanded or collapsed to view only the content you want to search. The redesigned page still contains all the CIGNA information you are used to seeing on the Resources page, including our policies, forms and Reference Guides. Additional information will continue to be added to keep you informed and up to date.

CIGNA is working to reduce the complexity of doing business with us. Our updated Resources page is one way we are providing helpful information and tools that can enhance your CIGNA experience!