



BETTER HEALTH. WE'RE IN IT TOGETHER.

Working together to provide affordable,
accessible, quality health care

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Together, all the way.



DIGITAL SOLUTIONS

Cigna for Health Care Professionals website (CignaforHCP.com)

Patient information and transactions

- Eligibility and benefits
- Patient out-of-pocket cost estimation¹
- Precertification submission and inquiry²
- Claims status inquiry
- Electronic funds transfer (EFT) enrollment and management
- Remittance reports

Resources

- eCourses
- Cigna drug list
- ID cards
- Clinical reimbursement and payment policies
- Forms
- Reference guides

Electronic data interchange (EDI) vendors

HIPAA³ 5010 transactions

- Eligibility and benefits inquiry and response (270/271)
- Health service review/precertification (278)
- Electronic claim submission (837)
- Claim acknowledgement (277CA)
- Claims status inquiry and response (276/277)
- Electronic remittance advice (835)
- Patient out of pocket cost estimation (Availity only)
- Electronic funds transfer enrollment and management (CAQH⁴ only)

Transaction availability varies EDI vendor.

For more information, visit [Cigna.com/EDIVendors](https://www.cigna.com/EDIVendors).

1 Medical and behavioral.

2 Medical.

3 Health Information Portability and Accountability Act

4 Council on Affordable Quality Healthcare[®]



PAYER SOLUTIONS

Third-party administrators

Cigna contracts with third-party administrators (TPAs), selected insurers, and claim administrators (referred to collectively as payers) to share the administration of self-funded administrative services only (ASO) plans. We also contract with several insurance companies that issue individual and group insurance policies.

For these relationships, we:

- Provide access to our network.
- Perform medical management and utilization reviews.
- Reprice claims according to our contracted rates and claims logic.
- Provide clinical appeals management.
- Provide contract dispute resolution.

TPAs and insurance companies:

- Maintain eligibility.
- Administer benefits.
- Pay claims for these shared accounts on their own systems.



PAYER SOLUTIONS (CONT.)

Points of interaction

Claim flow:

- Claims should be submitted to Cigna (payer ID 62308) or to the claims mailing address on the patient's ID card.
- Cigna prices the claims based on the network-contracted rates.
- The priced claim is forwarded to the payer for payment based on the patient's eligibility and benefits.
- The payer remits payment following contractually agreed-upon turnaround requirements.

Clinical and contract-related appeals:

- Appeals of clinical denials should be sent to Cigna using the contact information supplied in the denial letter(s).
- Appeals of application of contract rates should go to the address on the patient's ID card.
- Visit the secure Cigna for Health Care Professional website at CignaforHCP.com > Resources > Medical Resources > Medical Plans and Products > Payer Solutions for more information.

Contact the payer for:

- Eligibility
- Benefits
- Precertification
- Claims status
- Non-pricing appeals

The contact phone number is located on the patient's ID card.

Contact Cigna for:

- Reimbursement issues
- Pricing appeals
- General contract questions

The contact phone number for Cigna is 1.888.663.8081.



NATIONAL ANCILLARY PROGRAMS*

	Service	National ancillary provider*
Accessible Quality focused Cost efficient Patient oriented	Chiropractic	American Specialty Health®
	Durable medical equipment, home health care, infusion therapy	CareCentrix
	High-technology radiology and diagnostic cardiology	eviCore healthcare
	Laboratory	<ul style="list-style-type: none"> Laboratory Corporation of America® Quest Diagnostics, Inc.
	Musculoskeletal and pain management	eviCore healthcare
	Physical and occupational therapy	American Specialty Health

20% decrease in unnecessary radiology procedures¹

45%-80% savings with national labs over other lab services²

Up to \$50,000 per case savings using network-participating outpatient dialysis facility³

45%-50% savings on total chiropractic costs⁴

*List is not all-inclusive of all Cigna national ancillary providers. Ancillary health care professionals do not manage services in all states and markets.

1. Cigna internal analysis of full year 2013 book of business. Results may vary.

2. Savings estimate is based on an internal Cigna national study of 2013 lab utilization data, costs and discounts. Savings will vary.

3. eviCore healthcare, (formally CareCore | MedSolutions Management), internal analysis of full year 2013 book of business. Individual client savings/results may vary.

4. Cigna internal analysis of full year 2013 book of business chiropractic costs for managed business.



DEMOGRAPHIC CHANGES

Please notify us in writing 90 days before changing your office or billing address, telephone number, Taxpayer Identification Number (TIN), National Provider Identifier (NPI), or specialty.

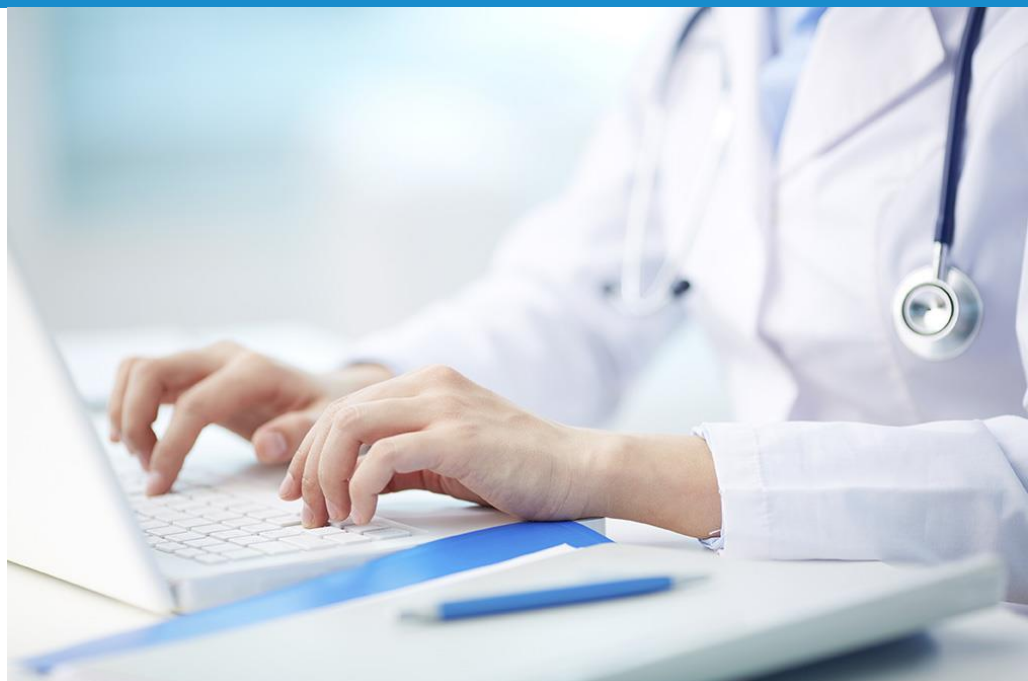
How you can submit changes*

Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Cigna
Provider Data Management
Two College Park Drive
Hooksett, NH 03106

Online: Log in to CignaforHCP.com > Working with Cigna > Profile Information: Update Directory Information



* Third-party vendor states are Idaho, Iowa, Montana, Nebraska, New Mexico, North Dakota and South Dakota. For these states, submit your changes directly to the third-party vendor.



ONBOARDING PROCESS STEPS

the process is
designed

from start to finish in

45* days

- Application intake
- Application review
- Credentialing verification
- Credentialing Committee review
- Post-determination activities
- In some states mid-level providers are included, depending on state requirements and Cigna's recruitment policies
- **For status of an application: email OnboardingStatus@Cigna.com**

Q&A

Thank you!

Together, all the way.



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

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