

NetworkNews

FOR HEALTH CARE PROFESSIONALS PARTICIPATING IN THE CIGNA AND FORMER GREAT-WEST HEALTHCARE NETWORK

H1N1 Vaccine – CIGNA to Provide Coverage



To help reduce barriers for participants to receive the H1N1 vaccine, CIGNA is covering the H1N1 vaccine under the preventive care benefit for all participants. CIGNA will reimburse health care professionals for the administration of the H1N1 vaccine to all participants covered under a fully insured CIGNA medical benefit plan. CIGNA coverage for H1N1 vaccine administration will not be subject to plan deductibles, copays or coinsurance.

CIGNA is strongly recommending all self-funded plans administered by CIGNA – where the employer makes coverage decisions – to also provide coverage for the administration of the vaccine. Certain self-insured benefit plans administered by CIGNA may not adhere to this recommendation.

The government is making the vaccine available at no cost to health care professionals; therefore, CIGNA will only provide coverage for the administration of the vaccine, in accordance with the current recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP).

Coverage Guidelines

CIGNA has developed detailed coding guidelines for the prophylactic administration of the H1N1 vaccine.

Access the guidelines on our secure websites, CIGNA for Health Care Professionals (www.cignaforhcp.com > News You Can Use column > H1N1 Vaccine Coding Instructions) and the Secured Provider Portal (www.greatwesthealthcare.com/providers > Important Updates > H1N1 Vaccine Coding Instructions). Follow the detailed coding guidelines for accurate claim processing.

Additional Information

Health care professionals should follow the current recommendations of the CDC’s Advisory Committee on Immunization Practices (ACIP) for H1N1 vaccine administration.

CIGNA also provides coverage for antiviral therapy (Tamiflu® [oseltamir] and Relenza® [zanamivir]) for plan participants covered under a CIGNA Prescription Drug Plan.

Refer to the Centers for Disease Control and Prevention (CDC) website for the most up-to-date information on the H1N1 virus.

- CDC Swine Flu home page
- Clinical & Public Health Guidance

Helpful information for your patients, including “H1N1 Virus: What you should know,” is available on www.cigna.com. ■

Go Green! Go Electronic!



You can now receive *Network News* electronically every other month. To access and receive information such as our newsletter, important updates and new services, simply log in to the CIGNA for Health Care Professionals website (www.cignaforhcp.com) and register. If you are a registered user, please check the ‘My Profile’ page to make sure your information is accurate. 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’. ■

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HEDIS® 2010 Changes

CIGNA appreciates your continued commitment to provide quality care to CIGNA participants. The following information includes upcoming 2010 Health Care Effectiveness Data and Information Set (HEDIS) changes and lists additional documentation that CIGNA may request or collect.

HEDIS Measure	Changes and Documentation Essentials
Adult Body Mass Index (BMI) Assessment	<ul style="list-style-type: none"> Documentation should include date of the BMI and the value
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	<ul style="list-style-type: none"> Documentation should include date and value of BMI percentile Date of nutritional counseling Date of physical activity counseling
Childhood Immunizations	<ul style="list-style-type: none"> Additional measures include: <ul style="list-style-type: none"> Hepatitis A vaccination (two doses) Rotavirus vaccination (indicate if two-dose or three-dose regimen administered) Influenza vaccination (two doses between 6–24 months)
Immunizations for Adolescents	<ul style="list-style-type: none"> Meningococcal vaccination between ages 11-13 Tetanus, Diphtheria, Acellular Pertussis or Tetanus-Diphtheria vaccination (Tdap/Td) between ages 10–13
Comprehensive Diabetes Care	<ul style="list-style-type: none"> New criteria for Hemoglobin A1c (HbA1c) rate < 7.0% requires additional information: past medical and surgical history, complete problem list and medication list
Controlling High Blood Pressure	<ul style="list-style-type: none"> No changes from the 2009 measure
Colorectal Cancer Screening	<ul style="list-style-type: none"> Type of Fecal Occult Blood Test (FOBT) determines the number of samples required for HEDIS compliance: <ul style="list-style-type: none"> Guaiac FOBT (gFOBT) requires three samples be returned Immunochemical FOBT (iFOBT) requires only one sample Identify which type of FOBT was completed Double Contrast Barium Enema (DCBE) is no longer acceptable evidence of colorectal cancer screening
Postpartum Care	<ul style="list-style-type: none"> No changes from the 2009 measure

For more information, visit http://www.cigna.com/customer_care/healthcare_professional/medical/commitment_to_quality.html. ■



Durable Medical Equipment Provider Transitioning to CareCentrix

Beginning February 1, 2010, CareCentrix will be the exclusive participating health care professional of durable medical equipment (DME) for CIGNA participants. CareCentrix is already the exclusive participating health care professional of home health and home infusion services for CIGNA participants. As of February 1, CareCentrix will provide the following services:

- Durable medical equipment (e.g., beds, wheelchairs, walkers)
- Respiratory equipment (e.g., O2 CPAP, ventilators)
- Enteral nutrition (e.g., pumps and nutritional support)
- Home health care (e.g., nursing, therapies, social work and home health aides)
- Home infusion products
- Other specialty services (e.g., insulin pumps and supplies, CPM machines and supplies, wound vacuums and supplies)

CareCentrix will coordinate, manage and integrate DME and benefits for all CIGNA participants through its network of contracted health care professionals. For new service requests on or after February 1, 2010, contact CareCentrix by telephone at 1.800.218.2505. Precertification may be required for new service requests. Always refer to the CIGNA provider directory for a list of participating health care professionals when referring your patients with CIGNA ID cards for durable medical equipment, home health and home infusion services. CIGNA will continue to support you in the delivery of quality health care to your patients.

As a reminder, this past June 1, 2009, CareCentrix became the exclusive participating health care professional of home health, home infusion and durable medical equipment services for Great-West Healthcare participants. ■

Progress on 5010/ICD-10 Upgrades

The Federal Government has mandated adoption of updates to the HIPAA Transaction and Code Set standards (HIPAA 5010) and new Diagnosis and Procedure Coding standards (ICD-10). Implementation dates are January 1, 2012 for HIPAA 5010 and October 1, 2013 for ICD-10.

CIGNA is well underway in preparing for implementation of these changes. We have recently completed the strategy and assessment part of our planning and beginning to prepare for the implementation phase. We will continue to keep you updated as we move forward with planning.

These mandated changes apply to the health care industry. You are most likely aware of these changes and have begun preparing your office or organization and speaking with your vendors to plan for the upgrades. We created a HIPAA 5010/ICD-10 page on the CIGNA for Health Care Professionals website (www.cignaforhcp.com > Resources > HIPAA5010/ICD-10 Information) to provide you with helpful information and frequently asked questions. Check the site often for updates and new information. ■

Hypertension Management

Hypertension is one of the most frequent diagnoses associated with medical claims submitted to CIGNA. Achieving good control of hypertension can be challenging, and requires collaboration between the patient and physician to address both clinical and self-management goals.

Based on CIGNA 2009 Health Care Effectiveness Data and Information Set (HEDIS®) results, on average only 68% of participants with hypertension covered by a CIGNA administered plan meet the National Committee for Quality Assurance (NCQA) criteria standards of a blood pressure reading of 139/89 or less. The American Heart Association (AHA) recommends a normal blood pressure reading should be less than 120/80. Early and persistent treatment of hypertension to reach and maintain target levels is a key to reducing cardiovascular and renal morbidity and mortality.

- Most individuals will require a combination of two to four antihypertensive agents to reach appropriate blood pressure goals.¹
- According to the National Institutes of Health (NIH) more children are now overweight or obese, resulting in pre-hypertension and hypertension becoming common at younger ages. African-American and Mexican-American youths are more likely to have hypertension and pre-hypertension, and boys have a higher risk than girls. Clinical cardiovascular risk assessments completed earlier can help identify and treat pre-hypertension and hypertension.²
- Errors that may occur with blood pressure reading are attributed to an overestimation or underestimation of blood pressure reading when taken during an office visit.³

- **Be persistent** in continuous treatment of hypertension to reach and maintain a target blood pressure.

For additional information about hypertension management:

- **Advances in Hypertension – Focus on Cardioselective Beta-Blockers** http://clinicalwebcasts.com/cvr_023.htm (CME of 1.0, valid until February 1, 2010)
- **Focus on Cardioselective Beta-1-Blockers for Hypertension Management in the African American Population** http://clinicalwebcasts.com/cvr_008.htm (CME of 1.0, valid until February 1, 2010)
- **American Heart Association:** <http://www.americanheart.org/presenter.jhtml?identifier=2125>
- **The International Society on Hypertension in Blacks (ISHIB):** http://www.ishib.org/HI_forpro.asp
- **National Heart Lung and Blood Institute:** http://www.nhlbi.nih.gov/health/pubs/pub_prof.htm#hbp ■

¹ Douglas, J., Bakris, G., Epstein, M., Ferdinand, K., Ferrario, C., Flack, J., et al. (2003). Management of high blood pressure in African Americans. *Arch Intern Med*, 163, 525-541

² National Institutes of Health. (2009). Heart & vascular diseases: high blood pressure. Retrieved August 8, 2009 from http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_All.html

³ American Family Physician. (2009). Practice guidelines: new AHA recommendations for blood pressure measurement. Retrieved September 4, 2009 from <http://www.aafp.org/afp/20051001/practice.html>

CIGNA LifeSOURCE Transplant Network®

The CIGNA LifeSOURCE Transplant Network® offers access to over 400 transplant programs at more than 115 Centers of Excellence. These facilities have experienced, dedicated staff with transplant-specific knowledge in case management, contracting, benefit design support, quality assurance, claims re-pricing and clinical support.

CIGNA LifeSOURCE transplant facilities and programs offer participants a higher benefit level and lower out-of-pocket costs compared to non-LifeSOURCE transplant facilities and programs, including a travel/lodging benefit if the facility is more than 60 miles from their home.

Facilities that are part of the CIGNA LifeSOURCE network are fully credentialed and must meet specific guidelines in order to participate in our network. We have chosen to contract with them because of their successful outcomes and volumes.

Visit CIGNA LifeSOURCE online at www.cignalifesource.com and click on the 'Our Network' tab to see a full list of centers and learn more about participating facilities. The website offers valuable transplant information and resource materials for you and CIGNA plan participants. You can also email lifesourceweb@cigna.com, or call 1.800.668.9682. ■



CIGNA Health Advocacy

Keeping Patients Healthy

One of CIGNA's goals is to help the people we serve improve their health, well-being and security. By working with you, together we can help you attain better outcomes for your patients with CIGNA coverage through programs that can engage them to be more active in their health care.

For a sample of programs and information available to patients with CIGNA coverage, access www.cigna.com and click on 'Health and Money'.

In upcoming editions of *Network News* we'll highlight CIGNA health advocacy programs and initiatives that can help support your care management efforts. ■

CIGNA Health Advocacy programs and services for patients with CIGNA coverage who are sick/unwell

Case Management

Disease Management

Utilization Management

CIGNA Health Advocacy programs and services for patients with CIGNA Coverage who are healthy or at-risk

Wellness

Health Promotion

Lifestyle Behavior Change

Spanish Language Health Assessment Now Available

CIGNA participants now have access to an online Spanish-language Health Assessment (HA), in addition to the paper version. The HA provides participants with information to help set, monitor and achieve personal health goals. We encourage participants to share the assessment with you.

The Spanish language HA is another way CIGNA provides information that meets social, cultural and linguistic needs. To access Cultural Competency and Health Literacy Resources for you and your office staff, including online courses with CME credits, go to www.cignaforhcp.com and click on the 'Resources page'. ■



CIGNA Presents Advance Payment Methods to White House Panel

CIGNA's National Medical Director for Performance Measurement and Improvement, Dick Salmon, MD, PhD, recently presented to a White House panel about CIGNA's efforts to create a different physician payment policy for Accountable Care Organizations – also known as “medical homes.” CIGNA was the only national health service company to be invited to take part in the event, which was organized by the White House Office of Health Reform.

Dr. Salmon co-presented with Dr. Barbara Walters of the Dartmouth-Hitchcock Clinic, focusing on a joint medical home pilot (Refer to the November 2008 edition of *Network News*, available online at www.cigna.com > Health Care Professionals > Newsletters > November 2008 for a story on the Dartmouth-Hitchcock pilot.). The presentation by Drs. Salmon and Walters focused on three key themes about the health plan/physician group partnership:

- **Clinical collaboration:** CIGNA has integrated case management, disability management and wellness resources as a clinical extension of the Dartmouth-Hitchcock Clinic. In addition, CIGNA is leveraging plan informatics, gaps in care and predictive models to enable the Dartmouth-Hitchcock success.
- **Payment reform:** By requiring improvements in both affordability and quality (guaranteeing positive impact on total medical cost), and paying rewards through a current procedural

terminology (CPT) code, we will begin to shift payment away from a fee-for-service model.

- **Enhanced Dartmouth-Hitchcock case management:** Dr. Walters described the case of a diabetic struggling with depression. Through counseling, it was determined that a key issue causing the depression was illiteracy.

“The case management example showed the value of physician groups collaborating on patient care with health plans and was extremely well received by the panel,” said Dr. Salmon. “Today’s health care system is complex and fragmented, with little coordination of care, so what’s best for the patient is easily overlooked. The patient-centered medical home concept is a promising approach to improving the delivery and coordination of care by focusing more on the patient-doctor relationship. The medical home pilot programs we are implementing with committed, forward-thinking organizations like Dartmouth-Hitchcock are invaluable to advancing primary care in the U.S.”

In addition to the Dartmouth-Hitchcock pilot, CIGNA is currently participating in a single-payer initiative in Texas and four multi-payer initiatives – Pennsylvania, Vermont, Colorado and New Hampshire. Five other initiatives are currently in the planning stages. ■

CIGNA Medicare Access® ICD-9 Progress Note Documentation Tips

Risk-related ICD-9 codes are necessary for the Centers for Medicare and Medicaid Services (CMS) to assess the costs of treating beneficiaries in a Medicare Advantage plan and to reimburse you accordingly. Below are some tips that can help you correctly document Progress Note information for CIGNA Medicare Access plan participants.

Documentation

- Progress Notes **must** include the patient’s name, date of birth (DOB) or medical record number, and the date of visit (including month, day and year).
- If the Progress Note is more than one page or is a two-sided page, the pages must be numbered or the health care professional must sign each page.
- Each Progress Note must be complete and not refer to prior Progress Notes or problem lists.
- Conditions that are currently under treatment should not be documented as “History of” since this could mean the patient no longer has the condition.
- The patient’s current conditions and status of all **chronic** conditions should be listed for each visit.
- Progress Notes can be revised within 30 days of a visit by adding additional information, along with a supporting explanation, signature and date. If a revision is needed after 30 days, the patient should be seen again.
- Progress notes should be amended when lab or radiology reports are received after a visit. Only signs and symptoms of a suspected diagnosis can be coded until a diagnosis is confirmed.

- Terms such as “probably,” “perhaps,” “pre-,” “possible,” and “borderline” can be used to identify a need for further testing; however, these do not represent reportable diagnoses.

Abbreviation

- Use only **standard** medical abbreviations, acronyms, or symbols such as COPD and CHF.
- Arrows should not be used in place of “hyper-” and “hypo-,” as they could be interpreted as an elevated condition.

Signature

- The physician’s **signature** and **credentials** must be clearly identified on each entry on the Progress Note. Examples of acceptable signatures and credentials:
 - “Electronically signed by” John Doe, MD 1/1/09 3:30 pm
 - “Authenticated by” John Doe, MD 1/1/09 3:30 pm
 - “Dictated by” John Doe, MD 1/1/09 3:30 pm
- A signature stamp, a typed name or a signature without credentials is **unacceptable**.
- If a Physician Assistant provides services, a physician may be required to co-sign the Progress Note. This may vary from state to state.

Additional Resources

- <http://www.cdc.gov/nchs/datawh/ftpserv/ftpicd9/icdguide08.pdf>
- www.hcblog.com ■

Procedure Code Lookup for Online Precertification

Submitting precertification online is quick and convenient. However, entering the incorrect procedure code, or no code at all, will prevent us from providing you with an immediate response, thereby ‘pending’ your request.

Using the Procedure Code Search feature in NaviNet, you can look for the CPT code you need by entering a description of the

procedure using medical terminology. The feature provides you with a list of codes and their descriptions, helping you to select the appropriate code.

Online precertification is available when you log in to the CIGNA for Health Care Professionals website (www.cignaforhpc.com) and click ‘View and Submit Precertification Requests.’ ■

CIGNA Medicare Access Payer ID

The correct payer ID for CIGNA Medicare Access electronic claims is 86033. All CIGNA Medicare Access electronic claims submitted using a payer ID other than 86033 will be rejected, resulting in a claim rejection message, effective August 3, 2009.

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 86033:

CIGNA Medicare Access
PO Box 696018
San Antonio, TX 78269-6018

CIGNA Medicare Access plan participants will have an ID card showing the plan name on the front and the payer ID and address on the back.

Contact CIGNA Medicare Customer Service at 1.800.577.9410 if you have questions. ■

CIGNA Medicare Access®

	Office Visit	<\$10>
	Specialist	<\$25>
	Emergency	<\$50>

<Group> <3456789>

ID#	<U1213456789 01>	
Name	<Joe B Smith>	H2762-4638c
Issuer	<XXXXXX>	PBP# <PBP>

CIGNA Medicare Access is insured by Connecticut General Life Insurance Company.

CIGNA Medicare Access Plus RxSM

	Office Visit	<\$10>
	Specialist	<\$25>
	Emergency	<\$50>
	Rx	<\$10/20/30/40>

<Group> <3456789>

ID#	<U1213456789 01>	
Name	<Joe B Smith>	H2762-4639c
Issuer	<XXXXXX>	PBP# <PBP>

CIGNA Medicare Access Plus Rx is insured by Connecticut General Life Insurance Company.

www.cignamedicare.com

Customer Service: <1-800-577-9410>	Medical Claims: <PO Box 696018>
TTY: <1-800-576-1314>	San Antonio, TX
Payer ID: 86033	78269-6018>

Please call Customer Service to notify CIGNA of all facility admissions and to learn about programs that may be of assistance.

Provider: Treating a member under CIGNA's PFFS plan means acceptance of our Terms and Conditions of payment. Please call Customer Service or visit our website at www.cignamedicare.com for more information.

www.cignamedicare.com

Customer Service: <1-800-577-9410>	TTY: <1-800-576-1314>
Pharmacy Help Desk: <1-800-558-9363>	
Medical Claims: <PO Box 696018, San Antonio, TX, 78269-6018>	
Pharmacy Claims: <Pharmacy Service Center, PO Box 5950, Scranton, PA 18505-5950>	

Payer ID: 86033

Please call Customer Service to notify CIGNA of all facility admissions and to learn about programs that may be of assistance.

Provider: Treating a member under CIGNA's PFFS plan means acceptance of our Terms and Conditions of payment. Please call Customer Service or visit our website at www.cignamedicare.com for more information.

Doing Business... Made Easier

CIGNA is working to improve the way we interact with health care professionals to help enhance their CIGNA experience and reduce the cost and complexity of doing business with us. CIGNA supports the use of electronic data exchange and self-service capabilities and is currently participating in multiple industry initiatives to help create a more streamlined process for you to interact with carriers.

- CIGNA is one of the participating health plans in the **America's Health Insurance Plans (AHIP) Task Force** to help simplify administrative complexity and enable health care professionals to use a single website and/or service to electronically interact with health plans across 15 administrative and clinical capabilities.

CIGNA is currently involved in AHIP pilot programs in Ohio and New Jersey to test methods for physicians to reach insurers online simply and quickly, supporting administrative simplification. Pilots will be held in additional states in the coming months.

- CIGNA is undertaking the necessary steps to obtain Phase I certification from

the Committee on Operating Rules for Information Exchange (**CORE**). The goal of CORE is to develop voluntary business rules to make electronic data transactions between health care professionals and insurers more predictable and consistent. Meeting these standards and achieving CORE certification will also enable us to participate in the AHIP Administrative Simplification process.

- **The Medical Group Management Association (MGMA) launched Project SwipeIT** to get health plans, vendors and health care professionals to initiate processes to adopt and use standardized machine-readable patient health-insurance identification (ID) cards by January 1, 2010. Swipe card capability is proposed for a later phase of CORE certification. CIGNA is exploring this and speaking with MGMA to determine benefits from this technology.

Although these initiatives toward simplified multi-payer capabilities are in the early stages, we also continue to make improvements to the CIGNA for Health Care Professionals (www.cignaforhcp.com) website.

- We offer the **CIGNA Cost of Care Estimator**, an online tool that provides you with an estimate of the total costs for medical services based on the plan participant's specific CIGNA health plan. The Estimator is available on www.cignaforhcp.com.

- CIGNA will soon join forces with **OneHealthPort**, which offers health care professionals an easy and secure way to gain access to the websites of local health plans, hospitals and other

participating organizations using one common security solution. Subscribers register only once through the OneHealthPort website and are issued a digital ID that provides single sign-on across all participating sites. Most of CIGNA's online services for health care professionals will be available through OneHealthPort.

We will continue to keep you informed as these industry initiatives develop and as new capabilities become available. ■



Great-West Healthcare Integration News

As we continue to integrate Great-West Healthcare with CIGNA, you will notice the CIGNA logo on correspondence, print materials and customer communications. We will begin to remove the Great-West Healthcare logo from communications and refer to former Great-West Healthcare as GWH-CIGNA. Read below for information on upcoming changes.

Understanding New ID Cards – GWH-CIGNA Network

The Great-West Healthcare name and logo will be eliminated from select ID cards and Explanation of Payments (EOPs) beginning in January 2010. As patients renew their coverage, their new ID cards will show the network designation “GWH-CIGNA” and display only the CIGNA logo. The EOPs for these patients’ claims will show only the CIGNA logo.

What this means to you

While the name and logo will change, all other information remains the same, including claim and service contacts. Continue to use the information found on the ID card for contact information for precertification, customer service and claims.

How to identify the new ID card

You can identify a participant with coverage from the former Great-West Healthcare by “GWH-CIGNA” displayed at the top of the card. Former Great-West Healthcare claim address, payer ID and customer service number on the card remain the same.

In-Network or Out-of-Network?

If you participate with CIGNA only, it’s important to know that you are considered out-of-network for services you provide to GWH-CIGNA participants. While the new GWH-CIGNA ID card includes the CIGNA logo, the layout is distinct from other CIGNA cards. Participants presenting the GWH-CIGNA card can access in-network services from providers in the former Great-West Healthcare network. ■

Sample new ID card for GWH-CIGNA plan participants:

XYZ Company
IIN 600428
Control 05180000

Issuer 80840
Group Plan 00654321
Member Five

ID 100000005
COPAY:
Primary Care \$30
Urgent Care \$65
PCP: None Selected
No Referral Required

Specialist \$40
Preventive Care \$20

Submit All Claims To
1000 Great-West Drive
Kennett, MO 63857-3749
Payer ID #80705

Members and Providers Call
1-866-494-2111

For plan & benefit details, please visit myCIGNAforhealth.com

Members: Carry this card at all times. Pretreatment authorization must be obtained for hospital admissions, outpatient surgeries performed outside a physician’s office and for the other services specified in the benefit plan. Member is responsible for obtaining authorization for non-network services. Failure to follow pretreatment authorization procedures may result in a reduction of benefits. In an emergency, seek care immediately, then call your primary care doctor as soon as possible for further assistance. We encourage you to use a primary care physician as a valuable resource and personal health advocate.

Providers: Pretreatment authorization must be received for all services listed above and as specified in the member’s benefit plan by calling the number on the front of this card or online at greatwesthealthcare.com/providers. Emergency hospital admissions must be reported within 48 hours.

Notice: Possession of this card does not guarantee coverage or payment for the service or procedure reviewed. Please call the Member and Providers number on the front of this card for eligibility information.

MultiPlan For providers not in your primary network, visit multiplan.com

For Pharmacists Only 1-800-XXX-XXXX

R318 (7/09) Mask 407 Issue Date: 05/08/09

What’s changing

- ① Network Name
- ② Logo

What’s staying the same

- ③ Claim address
- ④ Payer ID number
- ⑤ Customer Service number
- ⑥ Third party vendor logo, if applicable
- ⑦ Provider web address

Open Access Product Name Change

The Great-West Healthcare Open Access (OA) product name has changed to Open Access Plus (OAP). Only the product name has changed; the plan features remain the same. GWH-CIGNA participants will continue to have the same benefits. There are no changes to your reimbursement under the former Great-West Healthcare provider agreements as a result of this product name change.

“OAP” will be seen on GWH-CIGNA ID cards as new or renewing cards are issued. Additionally, the Great-West Healthcare online provider directory, available at www.greatwesthealthcare.com, now offers the option of “Open Access Plus/Open Access” in the “Select a Network” drop-down menu. “Open Access” is no longer listed as a separate option. ■

For More Information

Helpful documents, including a Contact Support Tool and Frequently Asked Questions are available on each website. We will communicate changes that may impact you and your practice over the coming months. Continue to visit us online for additional information:

	CIGNA for Health Care Professionals 1.800.88CIGNA (882.4462)	Great-West Healthcare Secure Provider Portal 1.800.663.8081
Web Address	www.cignaforhcp.com	www.greatwesthealthcare.com/providers
Contact Support Tool & Frequently Asked Questions	Click on 'Important Information: Great-West Healthcare is now part of CIGNA' in the <i>News You Can Use</i> column	Information located on the main web page

Pharmacy Transition to CIGNA Pharmacy

CIGNA Pharmacy Management has taken the place of Express Scripts (ESI) as the pharmacy benefits manager for individuals with Great-West Healthcare ID cards with pharmacy benefits. Contact CIGNA Pharmacy for precertification, exception requests and to order specialty medications. Health care professionals who order and administer injectable medications to their patients in the office should contact CIGNA Specialty Pharmacy at 1.800.351.3606 to order specialty medications.

All plan participants with pharmacy benefits have received a new ID card that indicates CIGNA Pharmacy.

CIGNA Pharmacy Management plan participants will now access www.myCIGNAforhealth.com (formerly MyGreatWest.com) for pharmacy benefits. Here, they’ll gain access to CIGNA’s award-winning online Prescription Drug Price Quote Tool. This tool allows users to see real-time drug pricing information about their medications and lower-cost drug options. The information available through the Prescription Drug Price Quote Tool can support patient-physician discussions about medication options. ■

1099s: What to Expect

Health Care Professionals in the Great-West Healthcare network will receive multiple 1099s for the 2009 tax year. You may receive multiple 1099s for Great-West Healthcare Employer Identification Numbers (EINs) that represent information from January 1 – April 30. For the May 1 – December 31 time period, expect the following based on your participation:

- If you participate in both the CIGNA and Great-West Healthcare networks, a 1099 for CIGNA’s EIN will represent all payment activity from the CIGNA EIN for the entire year, combined with data formerly reported with Great-West Healthcare EINs.
- If you participate in the Great-West Healthcare network only, a 1099 for CIGNA’s EIN will represent information from May 1 – December 31. ■

ADMINISTRATIVE UPDATES

Modifier and Payment Policies

CIGNA now applies its reimbursement and modifier policies to Great-West Healthcare claims as of August 6, 2009. While the policies have been integrated, the procedure for submitting claims remains the same. Refer to the Great-West Healthcare Integration News article in the July issue of the *Network News* for detailed information about the reimbursement and modifier policy integration.

Modifier 25 Policy and Modifier 59 Policy Updates

A significant reduction in the supporting documentation requirements for Modifier 25 and Modifier 59 was made in April 2009. For a complete list of 200 current code combinations that require supporting documentation when modifiers 25 or 59 are billed, log in to the secure CIGNA for Health Care Professionals website (www.cignaforhcp.com) and click Resources > Claim Editing Procedures. CIGNA continues to dialogue with physicians on more efficient ways to monitor correct use of modifiers with claim submission.

Continue to submit claims electronically to CIGNA, even if supporting documentation is required. Indicate in Box 19/Loop 2300 of the electronic claim that the documentation will be sent through another channel. The indicators on the electronic claim include the delivery method for sending the attachment (i.e., fax, mail), as well as the description code for the type of attachment (i.e., physicians' report, operative notes). Supporting documentation can be faxed to CIGNA at 1.570.496.2945 or sent by mail to the CIGNA address on the back of the participant's ID card.

New Reimbursement Policies

■ National Correct Coding Initiatives (NCCI) Editing for Facilities Policy

A NCCI Editing for Facilities Policy will be implemented beginning December 1, 2009.

■ Refractive Vision Services

The Refractive Vision Services policy is a guideline of current processes for CIGNA's handling of claims for refractive vision services. The policy was established to promote transparency of existing processes and is not a change in policy or reimbursement.

Visit www.cignaforhcp.com and click 'Resources' > 'Modifiers and Reimbursement Policies' for more information on CIGNA Modifiers and Reimbursement Policies or to view the policies. ■

Reference Guides Available Online

The CIGNA Health Care Reference Guides are available on the CIGNA for Health Care Professionals website at www.cignaforhcp.com under the Resources tab, 'Look up information about', 'Provider Reference Guides'. The CIGNA guides can be downloaded and printed. To request a hard copy or a CD-ROM, call 1.877.662.8041. For other assistance, call 1.800.88CIGNA (882.4462).

The Great-West Healthcare, now part of CIGNA, Reference Guide is also available. Participating health care professionals in the former Great-West Healthcare network can download and print the Great-West Healthcare guide at www.greatwesthealthcare.com/providers. To request a hard copy, call 1.888.663.8081. ■

Submitting 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 in CIGNA and former Great-West Healthcare provider directories.

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

For more information, call:

■ 1.800.88CIGNA (882.4462) for CIGNA changes.

■ 1.888.663.8081 for Great-West Healthcare changes. ■

Tools for Improving Claim Processing

CIGNA uses ClaimCheck®, a code auditing software, to expedite accurate claim processing. The ClaimCheck 8.5 Knowledge Base Version 43 with National Correct Coding Initiative (NCCI) Version 15.2 was implemented on August 17. The next implementation, to Knowledge Base Version 44 with NCCI Version 15.2, is scheduled to occur on February 15, 2010.

You may view both ClaimCheck and NCCI code edits by using Clear Claim 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. Clear Claim Connection then presents NCCI edit definitions or the clinical rationale behind a ClaimCheck edit.

Both ClaimCheck and Clear Claim Connection information is available on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com. To view, click on 'eServices > View Claim Coding Edits.'

Note: Claim coding edit results are guidelines and are not a guarantee of an actual claim payment. ■

Precertification of Coverage

CIGNA continually reviews its precertification process and requirements in an effort to support access to quality care for plan participants. Updates to our precertification requirements are made throughout the year, most recently in August 2009.

The next precertification requirements update is scheduled to occur on January 1, 2010. The January update will include additions and removals based on the CIGNA review process, as well as incorporate new 2010 Current Procedural Terminology (CPT®) and Healthcare Common Procedure Coding System (HCPCS) codes that require precertification.

To view the existing list of services requiring precertification of coverage and planned updates, log in to www.cignaforhcp.com and click on 'Precertification' under 'Popular Links'. You can also access the list through the former Great-West Healthcare website, www.greatwesthealthcare.com/providers. 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.cignaforhcp.com and click on 'Register Now', located in the left side bar.

Reminder: As of January 1, 2009, CIGNA and the former Great-West Healthcare now use one combined precertification list. The process for obtaining precertification has not changed. Contact CIGNA, former Great-West Healthcare or the authorized delegate, as you do today, to request precertification. ■

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 or as otherwise required by law or unless approved by CIGNA in advance of the service being provided. Failure to adhere to this requirement may result in further action up to and including termination from the network.

Referring participants to other participating providers helps your patients maximize the benefits available through their CIGNA or Great-West Healthcare plans and minimize their out-of-pocket expense.

For a complete listing of CIGNA participating physicians and facilities, access the CIGNA online provider directory at www.cigna.com. For a complete listing of Great-West participating physicians and facilities, access the Great-West online provider directory at www.greatwesthealthcare.com/providers. ■

CIGNA Offers Learning Opportunities Developed With You in Mind

We have expanded the list of eCourses available on the CIGNA for Health Care Professionals website (www.cignaforhcp.com). To access, simply log in to the site and click on the 'Education and Help' section. You'll find a list of free online courses available for immediate access or download. Current course offerings are:

General Courses

- CIGNA Provider Overview **Recently Updated!**
- Laboratory Referrals
- Appeal Process **New!**

Using the Website (Medical Health Care Professionals)

- Website Overview
- Eligibility and Benefits
- Claim Status Inquiry
- Online Precertification
- Registration and Log In
- Managing Access
- CIGNA Cost of Care Estimator **New!**

Several eCourses are also available for download in Spanish for bilingual users.

We Want to Hear From You

You can share your opinions on our educational offerings and help us create new, relevant courses. To help us continue to improve education, click on 'Share your feedback' next to any course on the 'Education and Help' page.

If you are not already registered for the CIGNA for Health Care Professionals website, click on 'Register Now' to enroll. A 'Registration and Log In' course is available on the home page to assist you during the registration process.

Remember to visit the website regularly for new eCourses. ■



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Health Care Professionals is referred to in contracts as "provider" ■

ACCESS THE ARCHIVES!

To access articles from previous issues of *Network News*, visit www.cigna.com and click on 'Health Professionals' and 'Newsletters.' Article topics are listed for each of the archived issues.

To access the current *Network News* on the Great-West Healthcare website, visit www.greatwesthealthcare.com/providers and click on the 'Health Care Professional Newsletter' link under 'Important Updates.' ■

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