

NetworkNews

July 2010

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

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 our secure website for customers, beginning 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 plan designs 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.mycigna.com by a Tree of Life symbol. Individuals are informed that the 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 quality 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 Home;
- 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.cignaforhcp.com > Resources > Clinical Health and Wellness Programs > CIGNA Care Designation). Call the CIGNA Customer Service Center at 1.800.88CIGNA (882.4462) if you do not have internet access. ■



Health Care Reform Legislation

CIGNA recognizes the historical significance of the enactment of the Patient Protection and Affordable Care Act, which expands access to many Americans who currently do not have health insurance coverage.

As health care regulations are announced and CIGNA business decisions are made, we will keep you informed and will work with you as the new law becomes reality.

Visit www.cigna.com and click 'Informed on Reform' in the center of the page, or visit www.informedonreform.com for the latest news and information about the Patient Protection and Affordable Care Act. Click the 'Health Care Professionals' tab to see specific information that may affect you. New material will be added to the site as the legislation evolves. ■



CIGNA

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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 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 1.800.88CIGNA (882.4462). ■

* These conditions include acid-related stomach disorders, atrial fibrillation, decubitus ulcer, fibromyalgia, hepatitis C, inflammatory bowel disease, irritable bowel syndrome, osteoarthritis, osteoporosis and urinary incontinence.

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 (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 (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 well visits, routine immunizations and routine screenings for symptom-free or disease-free individuals. Preventive Care services generally include additional immunization and screening services for symptom-free or disease-free individuals at increased risk for a particular disease. Most CIGNA plans cover the full cost of preventive care services for individuals with CIGNA coverage.

Coding Preventive Care services is the key to accurate payment for those services. Preventive Care services must be submitted with an ICD-9 code that describes encounters with health services that are not for the treatment of illness or injury. These diagnosis codes must be identified as the primary diagnosis code on the claim form. If claims for Preventive Care services are submitted with diagnosis 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 patients' claims will be paid using their normal medical benefits rather than enhanced Preventive Care coverage. Use CPT coding designated as "Preventive Medicine Evaluation and Management Services" to differentiate preventive services from problem-oriented Evaluation and Management office visits (99381-99397, 99461, 99401-99404, S0610, S0612).

Additional services not covered as 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 1.800.88CIGNA (882.4462). For additional information on preventive care, including A Guide to CIGNA's Preventive Health Benefits for Health Care Providers, visit www.cigna.com/health/provider/medical/care_guidelines.html.

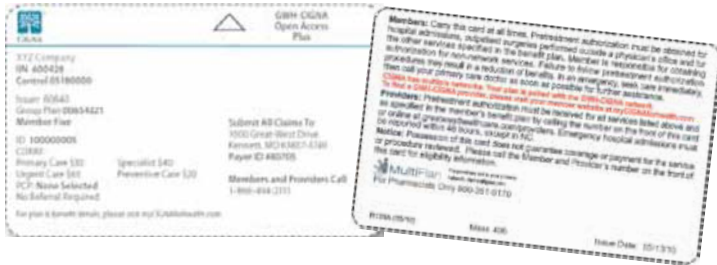
For individuals with Great-West Healthcare coverage, visit www.greatwesthealthcare.com/providers for benefit and eligibility information, or call 1.800.663.8081. ■

Preventive Medicine Evaluation and Management Services CPT Codes

99381-99397
99461
99401-99404
S0610
S0612

Know Your Network

ID cards issued to your patients in former Great-West Healthcare plans are changing throughout 2010 to show the CIGNA logo only, along with the GWH-CIGNA network indicator. It's important for you to be able to identify whether you are considered in-network for patients with these cards. Your patient's ID card is key in making this determination. See the sample ID card below.



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

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

Health care professionals **who have been notified** in writing that individuals covered under plans formerly administered by Great-West Healthcare are now covered under your CIGNA participating provider agreement are **in-network** for individuals presenting a Great-West Healthcare or GWH-CIGNA ID card.

Beginning in late June, the GWH-CIGNA ID cards include additional language on the back to help customers identify the correct network for their plan and direct them to www.myCIGNAforhealth.com to access the directory of health care professionals. See copy in red on the sample ID above:

CIGNA has multiple networks. Your plan is paired with the GWH-CIGNA network. To find a GWH-CIGNA provider, please visit your member website at www.myCIGNAforhealth.com.

If a patient presents the CIGNA ID card (pictured at right) and you have an agreement with:

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

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

- Network
- Claim address
- Payer ID number
- Customer Service number
- Secure web address for precertification and claim submission, and more.

For more information, contact us:

CIGNA 1.800.88CIGNA (882.4462)
www.cignaforhcp.com

GWH-CIGNA 1.800.663.8081
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 "GWH-CIGNA" network indicator and the CIGNA logo. The GWH-CIGNA network indicator identifies the card holder has 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 possible 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.

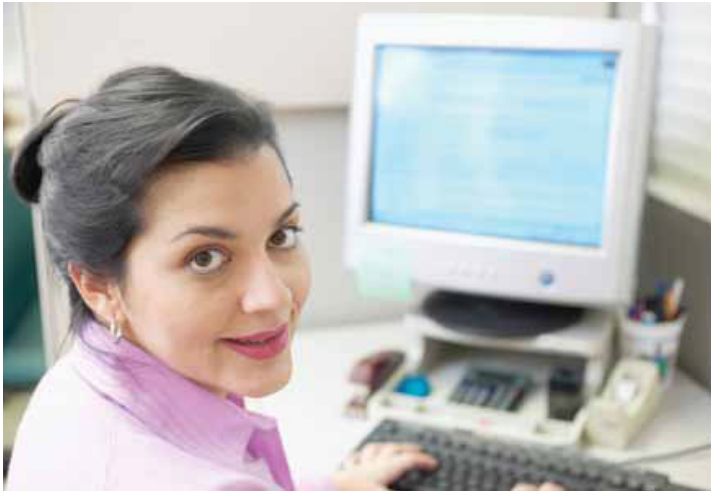
The program focuses on 31 chronic illnesses, acute conditions and disease prevention including diabetes, COPD, hypertension, depression, high cholesterol and more, addressing over 300 potential clinical gaps and preventive treatments. *Well Informed* then communicates this information to you and your 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, 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 continually strives to improve your online experience and make it easier to do business with us. We heard your feedback and have made the following enhancements to the Secured Provider Portal (SPP):

SPP PAGE	ENHANCEMENT
Eligibility & Benefits Inquiry	New selections allow you to choose one of three different search options, requiring only two fields for improved search functionality. <ul style="list-style-type: none"> 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
Eligibility & Benefits Detail	Improved layout allows you to select only the benefits you want to see when search detail is returned.
Eligibility & Benefits Effective Date	The detail screen shows you the effective date of the patient's current plan with CIGNA.
Claim Inquiry Search	New selections allow you to choose one of three search options, requiring two fields for improved search functionality when submitting a Claim Inquiry. <ul style="list-style-type: none"> 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
Claim Inquiry Response	A new field shows you the "Claim Received Date" in the Claim Detail responses.
Precertification	An automatic acknowledgement email will be sent to you after a precertification request is submitted.

Thank you to everyone who participated in the survey. ■



HIPAA 5010/ICD-10

Progress continues on the federally mandated requirements to upgrade from the HIPAA 4010 Electronic Data Interchange transactions to the HIPAA 5010 version and support the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) for diagnosis coding and the International Classification of Diseases, 10th Revision, Procedural Coding System (ICD-10-PCS) for inpatient hospital procedure coding. Both of these federally mandated changes 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:

- More accurate payments for new procedures
- Fewer miscoded, rejected and improper reimbursement claims

- 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/or are impacted by ICD codes. We are continuing dialogue through targeted communications and survey outreach to help address concerns and to assess their ability to be compliant.

Last year, we conducted an awareness campaign through this newsletter and our secure CIGNA for Health Care Professionals website (www.cignaforhcp.com) to provide baseline information about the new rules 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 for Health Care Professionals website (www.cignaforhcp.com > Resources > Communications > HIPAA 5010/ICD-10 Updates) or call 1.800.88CIGNA (882.4462) if you have questions about the changes required or CIGNA's readiness to support the required changes. The FAQs are updated quarterly. ■

The following electronic transactions are impacted by the required changes:

835	Health care claim payment/remittance advice
837	Health care claims/encounters (institutional, professional and dental)
270 / 271	Eligibility inquiry and response
276 / 277	Health care claim status request and response
278	Health care services – authorization request and response payment

CIGNA and Humana Form Alliance on Retiree Solutions

CIGNA recently announced an alliance with Humana to offer Humana's 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 our employer clients.

This alliance will have no immediate impact on current individual or group CIGNA Medicare Access (PFFS) plan customers or current CIGNA Medicare Rx (PDP) customers. You should continue to see patients covered by CIGNA Medicare Access PFFS plans as you do today. No changes have been made to our CIGNA Medicare Access Terms and Conditions of payment. All CIGNA

Medicare Access ID cards remain the same, the existing CIGNA 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 HealthCare of Arizona HMO is not included in the CIGNA and Humana alliance.

For information about Humana Medicare Advantage plans, network contracting, claims, benefits or eligibility, call Humana's Group Medicare Customer Center 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 credentialing questions only, go to www.humana.com, or call 1.800.626.2741. ■

CIGNA Endorses and Supports the Leapfrog Group Initiatives

CIGNA uses hospital performance information collected from the Leapfrog Hospital Survey in our Centers of Excellence Hospital Value Profile. This self-reported public data is one of the criteria used to assess participating hospitals for the CIGNA Center of Excellence designation. Last year, 1,244 hospitals in 48 states voluntarily completed The Leapfrog Hospital Survey.

The Leapfrog Group, a non-profit organization, is committed to improving the quality of health care and patient safety while helping individuals make more informed health care choices. Leapfrog and its members work together to help:

- Reduce preventable medical mistakes and improve the quality and affordability of health care;
- Encourage public reporting of health care quality and outcomes;
- Reward doctors and hospitals for improving the quality, safety and affordability of health care; and
- Inform individuals about the benefits of making smart health care decisions.

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

their progress on implementation of the four Leaps:

1. Computer Physician Order Entry (CPOE): A system that provides physicians with an electronic application.
2. Intensive Care Unit (ICU) Physician Staffing: The Leapfrog Group calls for intensive care units to be staffed with physicians who specialize and are certified in intensive care.
3. Evidence-Based Hospital Referrals: Patients with certain high-risk conditions who are treated at hospitals are shown to have a higher level of positive clinical outcomes. The Leapfrog Group tracks the following procedures and conditions:
 - Coronary Artery Bypass Graft
 - Percutaneous Coronary Intervention
 - Abdominal Aortic Aneurysm Repair
 - Pancreatic Resection
 - Esophagectomy
 - Aortic Valve Replacement
 - Bariatric Surgery
 - High-Risk Deliveries
4. National Quality Forum (NQF) Safe Practices: NQF endorses 34 Safe Practices that tend to reduce the risk of harm in certain patient care processes, systems or environments.

Additional Information

Visit www.leapfroggroup.org for more information. ■



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, 2010.

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
Erythropoietin's
Growth Hormone Deficiency (Adult & Pediatric)
Hemophilia
Hepatitis C
Inflammatory Bowel Disease
Multiple Sclerosis
Oral Oncolytics
Psoriasis
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 patients 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 1.800.633.6521 for details about the TheraCare program or to recommend a patient be enrolled. ■

CIGNA Receives CORE Phase I Certification



A CAQH Initiative

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 streamlining 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's 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
Emergency services
Hospital inpatient
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 Expatriate 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 hospitalized 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 at www.cignaforhcp.com and the Secured 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 HealthCare 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; and
- Notification of rights to Language Assistance Program services.

California Capitated Provider Groups are responsible for:

- Inserting or including the Language Assistance Program notification to English vital documents sent to covered HMO individuals; and
- Encouraging physicians to offer CIGNA's free telephone interpreter services to LEP patients and if refused, document Patient Refusal in the patient medical record.

For more detailed information, refer to the CIGNA California Physician, Hospital, Ancillaries, and other Health Care Professionals Reference Guide or visit the CIGNA website, www.cigna.com > Health Professional > Medical > Policies and Procedures and Guidelines or

follow the link: www.cigna.com/customer_care/healthcare_professional/medical/policies_procedures_guidelines.html

Racial and Linguistic Diversity at a Glance:

CIGNA collects language preference, race and ethnicity data for California eligible enrollees.

Language

CIGNA uses California demographic data as a proxy for our customer base until we have a statistically valid number of enrollee language preference records. The following is an overview of that data:

- 42% of the California population (over 5 years old) speak a language other than English
- Spanish (28%) and Cantonese/Mandarin (3%) are the top languages spoken in California

Racial/Ethnic composition for CIGNA California customers

The following data is an indirect estimation (derived from a methodology using a combination of Census geocoding and surname recognition):

- 47% Caucasian
- 22% Hispanic
- 17% Asian
- 4% African American
- 2% Other (Native American, Alaskan Native, those with two or more races/ethnicities)
- 7% Unknown ■

Reimbursement Policies / Clinical Claim Review Program

We have made several reimbursement policies available to promote increased understanding of our existing claim adjudication and reimbursement processes.

Reimbursement policies outline the criteria used to evaluate claims including those identified through the Clinical Claim Review (CCR) program. The CCR program reviews facility claims with submitted charges of \$75,000 or greater for billing and coding accuracy. The CCR Quick Reference Guide is available on the CIGNA for Health Care Professionals website (www.cignaforhcp.com) > Resources > Clinical Reimbursement Policies and Payment Policies).

To view these and other CIGNA reimbursement policies, access available resources as you do today:

CIGNA: the CIGNA for Health Care Professionals website (www.cignaforhcp.com) > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies) or 1.800.88CIGNA (882.4462). If you are not currently registered for the 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.

Former Great-West Healthcare: www.greatwesthealthcare.com/providers or 1.800.663.8081. ■

Policies and brief descriptions:

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

ADMINISTRATIVE

Precertification of Coverage

CIGNA continually reviews its precertification process and requirements to help support access to quality care for plan participants. The list of services that require precertification will be updated to remove 26 codes and add seven codes, effective September 15, 2010.

Codes that will no longer require precertification

20986, 20987, 53853, 61796, 61797, 61798, 61799, 61800, 67912, 67921, 67922, 90779, 93760, 96904, 0096T, C9003, C9237, E2101, J0850, J7341, J7343, J7344, Q4096, Q4097, S1030, S1031

Additional codes that will require precertification

33975, 55970, 55980, 56620, 92971, G0166, K0606

Log in to www.cignaforhcp.com > Precertification under 'Popular Links' to view the list of services requiring precertification of coverage. 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. You can also access the list through the former Great-West Healthcare website, www.greatwesthealthcare.com/providers.

Reminder: CIGNA and the former Great-West Healthcare 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. ■

UPDATES

Tools for Improving Claim Processing

CIGNA uses ClaimCheck®, a code auditing software, to expedite accurate claim processing. CIGNA will update ClaimCheck 8.5 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 19, 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 prior to submitting a claim. Clear Claim Connection shows NCCI edit definitions and the rationale behind a ClaimCheck edit.

More information about ClaimCheck and Clear Claim Connection is available on the secure CIGNA for Health Care Professionals website at www.cignaforhcp.com > eServices > 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.cignaforhcp.com and click on **Register Now**, located in the left side bar.

To learn more about code edits on claims associated with Great-West Healthcare ID cards or GWH-CIGNA ID cards, visit the Secured Provider Portal at www.greatwesthealthcare.com/providers > Tools & Resources > Clinical Edit Verification.

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

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 form available 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 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 payer ID, address and dedicated Customer Service number on the back of the card.

Call CIGNA Medicare Access Customer Service at 1.800.577.9410 to verify eligibility, benefits or claims status. Visit www.cignamedicare.com for additional information about CIGNA Medicare Access.

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.

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 ■

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 integrated, 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.cignaforhcp.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, effective August 1, 2010 for CIGNA benefit plans and October 1, 2010 for former Great-West Healthcare benefit plans, 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.cignaforhcp.com > Resources > Clinical Reimbursement Policies and Payment Policies > Modifiers and Reimbursement Policies) or 1.800.88CIGNA (882.4462). If you are not currently registered for the 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.

- **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 participant 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 them to minimize their out-of-pocket expenses.

For a complete listing of:

- CIGNA participating physicians and facilities, access the CIGNA online provider directory at www.cigna.com.
- Participating physicians and facilities who provide in-network services to individuals with Great-West Healthcare or GWH-CIGNA ID cards, access the online provider directory at www.greatwesthealthcare.com/providers. ■

Update: Reference Guides

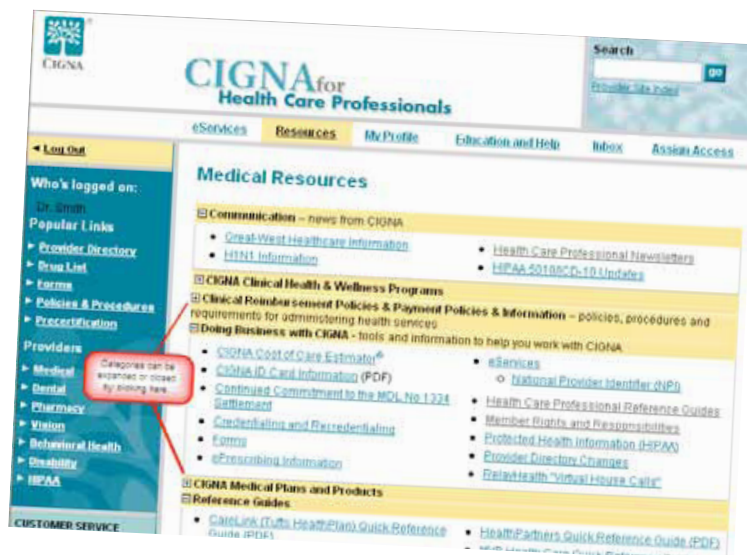
New Reference Guides containing our administrative guidelines will be available soon. The new Guides will include both CIGNA and former Great-West Healthcare information. State-specific Guides will continue to be available, where applicable.

Please continue accessing the 2009 Guides until the updated versions become available.

- **CIGNA for Health Care Professional Reference Guide** – visit www.cignaforhcp.com > Resources > Reference Guides > Health Care Professional Reference Guide. To request a hard copy or a CD-ROM call 1.877.662.8041.
- **Great-West Healthcare, now part of CIGNA Reference Guide** – visit www.greatwesthealthcare.com/providers > Tools & Resources > Healthcare Professional Reference Guide. To request a hard copy, call 1.888.663.8081; CD-ROM not available. ■

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**.

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'. ■



ACCESS NETWORK NEWS ONLINE



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