



CIGNA HealthCare NETWORK NEWS

Information for Health Care Professionals

You Asked...And We Listened

Building solutions to improve your service experience

Based on provider surveys and your ongoing dialogue with CIGNA HealthCare, we continue to introduce service and process improvements to make it easier for you to interact with us, allowing you to spend more time caring for patients. We're improving several key areas, including:

- **Responsiveness** – resolving your issues quickly.
- **Communications** – delivering timely and pertinent updates.
- **Electronic tools** – giving you access to information and transactions.

You have easy access to information using these resources.

Call 1.800.88CIGNA (882.4462)

Use this number to call for questions or general information or specific details about member eligibility, benefits and claims, or to precertify coverage.

Log in to www.cignaforhcp.com

The CIGNA for Health Care ProfessionalsSM secure Web site gives you:

- Fee information for up to 25 codes at once (instead of 10). Or, you can request this information for a range of codes based on your specialty. Fee schedule may be available as much as 90 days in advance of the effective date. (Available for practitioners only.) **New.**
- Access eligibility, benefits, and claim status.
- View information about the CIGNA HealthCare provider claim coding policies.
- E-mail questions about specific member benefits and covered services. Non-hospital providers can also e-mail questions about claim coding logic.
- Request a copy of your contract.

Registration is easy! Just visit www.cignaforhcp.com for more information.

Stay tuned for more information about other ways we're making it easier for you to interact with CIGNA.

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CIGNA HealthCare
A Business of Caring.

Change in Coverage for Self-Administered Injectable Medications

CIGNA is changing coverage for self-administered injectable medications.* Beginning July 1, 2005, a defined list of injectable medications will no longer be covered under the CIGNA medical plan, but will be covered under the CIGNA Pharmacy Plan. This change also applies to specialty pharmacies you and your patients may use to obtain these medications under a CIGNA medical plan. This change in plan design, implemented in accordance with CIGNA customer renewal dates, is consistent with market direction and in response to CIGNA customer expectations.

Beginning July 1, 2005, medical plans that have implemented this benefit change will no longer cover the cost of these medications. To be covered under the CIGNA Pharmacy Plan, these medications must be obtained either from a retail pharmacy or the CIGNA Tel-Drug Specialty Pharmacy subject to the terms of the

patient's plan. If required, you may continue to administer these medications and you will be reimbursed for related administration costs. However, medical plans that have implemented this benefit change will no longer reimburse you for the cost of these medications.

If your patient's pharmacy benefit is provided by a company other than CIGNA, contact the pharmacy provider for information about coverage for these medications.

To order from CIGNA Tel-Drug Specialty Pharmacy, fax a signed prescription form to 1.800.351.3616. To request an injectable medication order form, call CIGNA Tel-Drug at 1.800.351.3606 or visit www.cigna.com and select "Drug Lists/Ordering" under Popular Links.

If you have questions about this change, call 1.800.88CIGNA (882.4462).

Self-Administered Injectable Medications Covered Through CIGNA Pharmacy Plan

Effective July 1, 2005

Actimmune	Edex	Infergen	Peg Intron	Saizen
Apokyn	Enbrel	Kineret	Pegasys**	Serostim
Avonex	Forteo	Miacalcin	Protropin	Somavert
Betaseron**	Fuzeon	Norditropin	Raptiva	Supprelin
Calcimar	Genotropin	Nutropin**	Rebetron	Tevtropin
Caverject	Humatrope**	Nutropin AQ**	Rebif	Xolair
Copaxone**	Humira**	Nutropin Depot**	Roferon-A	

* Does not apply to members covered by a capitated risk group that has accepted responsibility for injectable medications.

** Preferred specialty pharmaceuticals. The decision of which drug to prescribe is up to you based on your independent clinical judgment. For a complete list of CIGNA's specialty pharmaceuticals, visit www.cigna.com and select "Drug Lists/Ordering" under Popular Links. CIGNA HealthCare reserves the right to make changes to the Preferred Specialty Pharmaceutical List without notice. CIGNA HealthCare may receive payments from manufacturers of medications on the Preferred Specialty Pharmaceutical List. These payments may or may not be shared with the member's benefits plan depending on the plan's arrangement with CIGNA HealthCare. Depending upon plan design, market conditions, the extent to which manufacturer payments are shared with the member's benefits plan, and other factors as of the date of service, the preferred medication may or may not represent the lowest cost medication within the therapeutic class for the member and/or benefit plan.



CIGNA Care Network®

In 2005, CIGNA HealthCare introduced the CIGNA Care Network to help consumers make more informed health care decisions by encouraging use of specialists that achieve the highest scores on our quality and efficiency measures. Introduced in a few geographic markets this year, CIGNA is offering this plan in more areas in 2006. In addition to expanding to new areas, the 2006 updated benefit design reflects feedback from physicians and employer groups.

CIGNA Care Network geographic areas

The geographic areas for CIGNA Care Network, including those that will be new in 2006, appear below. In 2006, CIGNA Care Network will be offered in all 16 areas.

Introduced in 2005

Dallas/Forth Worth, TX	South Florida
New York	Houston, TX
Phoenix, AZ	Orlando, FL
Fairfield County, CT	Tampa Bay, FL
Northern New Jersey	

New for 2006

Columbia, SC	Spartanburg, SC
Orange County, CA	Greenville, SC
Los Angeles, CA	Maine
(PPO/OAP plans only)	Richmond, VA

How does it work?

The CIGNA Care Network designation applies to 21 specialties. For these specialties, members may select a CIGNA Care Network-designated physician or a non-CIGNA Care Network physician. For all other specialties and for facility services, there is no CIGNA Care Network designation at this time.

The CIGNA Care Network plan treats all contracted providers, whether or not designated as CIGNA Care Network, as in-network providers and usual contracted rates apply. If you are a CIGNA Care Network-designated physician, member copayment and coinsurance levels will be lower.

What are the 21 specialties?

Allergy/Immunology	Neurosurgery
Colon & Rectal Surgery	Orthopedics & Surgery
Endocrinology	Urology
Hematology/Oncology	Cardiothoracic Surgery
Neurology	Ear, Nose & Throat
Ophthalmology	General Surgery
Rheumatology	Nephrology
Cardiology	Obstetrics/Gynecology
Dermatology	Pulmonology
Gastroenterology	Vascular Surgery
Infectious Disease	

What this means for you

If you are a physician in a region listed above, you will receive more detailed information in the next several months. If you are not in one of these regions, we will keep you informed about CIGNA Care Network and any plans to expand into your area.

For more information about the CIGNA Care Network, visit our Web site at:

<http://www.cigna.com/health/provider/medical/CIGNACare.html>.

CIGNA Choice FundSM – Consumer-Directed Plan

CIGNA HealthCare has introduced two CIGNA Choice Fund options for 2005 – a Health Reimbursement Arrangement (HRA) and the federally created Health Savings Account (HSA).

In many instances, you will be reimbursed directly for coinsurance and deductibles, reducing the need to collect from the patient.

What You Need to Know

- For these patients, Choice Fund appears on the front of the member identification card.
- As with all other CIGNA HealthCare plans with deductibles and coinsurance, do not collect deductibles or coinsurance at the time of service. (These plans generally do not have copayments.)
- Your Explanation of Payment (EOP) will show the member responsibility, if any is due. In many instances, CIGNA will reimburse you directly from the HRA or HSA. If funds are available in the HRA or HSA, you will receive an EOP from the medical plan and one from the HRA or HSA. Remark codes clearly identify that the claim was forwarded to the HRA or HSA for payment.
- Under most plans, covered preventive care services are reimbursed at 100%, with no copayment, coinsurance or deductible.

For more information, visit our Web site at <http://www.cigna.com/health/consumer/medical/ccf.html> or contact CIGNA Provider Services at 1.800.88CIGNA (882.4462).

Introducing Open Access Plus In-Network

Some of your patients may have health care coverage under a new CIGNA HealthCare plan called Open Access Plus In-Network. This plan is similar to the Open Access Plus plan with one key difference: Open Access Plus In-Network plans only cover care received from a participating provider in the CIGNA HealthCare network (except for emergency services).

The two plans share many common traits:

- Choosing a primary care physician is encouraged but not required.
- Referrals are not required.
- Certain inpatient services need to be precertified and outpatient services may need to be precertified depending on the plan.

Your patients covered under the CIGNA HealthCare Open Access Plus In-Network plan will have ID cards indicating “OA Plus In-Network” on the card.

Keep in mind:

- Members in this plan are not covered for services received from an out-of-network provider (except for emergency services). (Access the latest information from our online Provider Directory at www.cignaforhcp.com, our provider Web site.)
- Precertification is required for inpatient services and may be required for outpatient procedures and services. (The ID card will indicate any precertification requirements.)
- If you are a participating provider in our Open Access Plus plans today, you automatically are a participating provider with this new Open Access Plus In-Network plan. The same contract and reimbursement rates that apply to our Open Access Plus plans apply to the new Open Access Plus In-Network plan.

Strategic Alliances

Later this year, you may begin seeing CIGNA ID cards that include the logo of another health plan. These ID cards indicate that the member participates with CIGNA through a **strategic alliance**.

Under a **strategic alliance**, CIGNA and another health plan jointly offer benefit plans to employer groups. In the other plan's local geographic area, alliance members will access care using the other plan's network of participating providers. However, in all other locations, alliance members will access care through the CIGNA network of participating providers.

CIGNA recently announced a strategic alliance with Tufts Health Plan in Massachusetts and Rhode Island and a similar affiliation with Health Alliance Plan in Southeastern Michigan. Providers in Massachusetts, Rhode Island, Southeastern Michigan will receive more detailed information from CIGNA.

Shared Administration

CIGNA has also begun working with new groups that may use a third party to provide certain services, such as claim processing or eligibility verification. In this case, the member's ID card may include the third party's name and will tell you how to verify eligibility, obtain precertification and submit claims.



What this means to you

Under these initiatives, certain services, such as claim processing and customer service, may be performed by a third party. In those circumstances, those services will be performed in a manner consistent with CIGNA standards.

What you need to do

Please check each member ID card before providing services. The member ID card will tell you where to call for verification, authorization or customer service and where to submit claims.

If you have questions about these new initiatives, please call 1.800.88CIGNA (882.4462).

ADMINISTRATIVE UPDATES

Important Information About Precertification

CIGNA HealthCare Precertification Check List

Follow these simple steps before calling for precertification.

- Check the CIGNA member ID card to determine precertification requirements (inpatient only vs. inpatient and outpatient). If precertification is not required, you do not need to contact CIGNA HealthCare.
- Have available the patient name and identification number from the CIGNA HealthCare ID card for precertification.
- Have available the treating provider name and CIGNA HealthCare provider number or tax identification number.

If your request is for a diagnostic study or therapeutic procedure.

- What procedure code(s) are you requesting?
- What diagnosis do you suspect/want to exclude?
- What finding on the study do you expect/want to exclude to assist with the above?
- What are the objective findings?
- What is the severity of the symptoms?
- What is the duration of the symptoms?
- What conservative treatment(s) has been done?
- What previous diagnostic studies have been done?

If your request is for an inpatient stay.

- What is the reason for the admission?
- What is the current condition requiring the stay?
- What treatments are being received that you believe cannot be supplied in another setting (home care, skilled nursing facility, sub-acute care setting)?

If your request is for continued stay review following surgery.

- What treatments are being received that you believe cannot be supplied in another setting (home care, skilled nursing facility, sub-acute care setting)?

For precertification, call 1.800.88.CIGNA (882.4462).

Changes in Codes for Precertification

CIGNA HealthCare continually reviews our precertification process and requirements. As part of our most recent review, beginning July 1, 2005, we are updating our standard list of services and procedures requiring precertification.*

These changes will begin for requests submitted on or after July 1, 2005. (Please note the effective date is based on date submitted, not date of service.)

The following categories have been completely removed:

Physical therapy	Custom fabricated/molded cranial orthoses
Occupational therapy	Custom/non-referred shoe types
Compressors/nebulizers	Unspecified orthoses
Pneumatic appliances	Non-specified prosthetic codes
Glucose monitors and ultraviolet lights	Genetic testing – non-specific
Jaw mobility	Genetic testing – specific

We re-categorized certain procedures so you can locate them more easily. In addition, some codes previously categorized as “unlisted” and new technologies recently categorized as “experimental” have been added. For a complete list of procedures requiring precertification, go to www.cignaforhcp.com and access link to Precertification under “Look up information under” in the site index. You must be a registered user of www.cignaforhcp.com to access this information.

General information

CIGNA HealthCare plans require non-emergent inpatient precertification. Please notify us of all urgent and emergent admissions, including observation, within one business day of the admission. Some plans require both inpatient and outpatient precertification.

For plans designated Personal Health Solutions (PHS), precertification is not required for outpatient services, however, these services may be subject to retrospective review for medical necessity.

For plans designated Personal Health Solutions Plus (PHS+), precertification is required for specified outpatient services.

Applicable Law/Benefit Plan

Please note the above requirements are subject to applicable law and the terms of the benefit plan.

* Does not apply to provider groups to which CIGNA HealthCare has delegated responsibility for utilization management under a risk contract. If you participate in such a group, please continue to follow your group’s processes.



Home Health Services

Gentiva Health Services and its CareCentrix network providers continue to be CIGNA's primary source nationally for traditional home health services, home infusion therapies and durable medical and respiratory equipment for our members.*

By choosing Gentiva for home health care services, your patients covered by a CIGNA HealthCare plan are eligible for coverage at the highest benefit level with the lowest out-of-pocket expense for the referred service.

To arrange home health care, contact Gentiva at the telephone number listed below for your location and patient's plan type:

1.800.411.2305

HMO

AR, CT, DE, KY, MD, MS, NY, NJ, PA, OH, MA, ME, MI, NH, RI, TN, VA, VT, WV

PPO

CT, DC, DE, KY, MA, ME, MD, MI, NY, NH, NJ, OH, PA, RI, VA, VT, WV

1.800.453.8003

HMO

IA, IL, IN, KS, OK, LA, MO (except St. Louis), NM, TX, WI

PPO

IA, IL, IN, KS, LA, NM, TX, WI

1.800.666.6127

HMO

AZ, CA (Northern), IL (Mattoon area), MO (St. Louis), UT

PPO

AZ, CA, MO, UT

1.888.999.2422

HMO

AL, CO, FL, GA, SC

PPO

AL, AR, CO, FL, GA, ID, MN, MS, MT, ND, NE, NV, OK, OR, SC, SD, TN, WA, WY

* The Gentiva CareCentrix Network is not available in North Carolina, Southern California and the Pacific Northwest for HMO participants.

Participating providers offer the best value to your patients

If your patients use non-participating providers, they usually are responsible for higher out-of-pocket expenses or the services may not be covered. Use participating providers (including outpatient radiology facilities, assistant surgeons, and anesthesiologists) whenever available. If it is necessary to use a non-participating provider, such as an assistant surgeon or anesthesiologist, inform your patient. You or the patient can call the telephone number listed on the CIGNA HealthCare identification card to determine benefits for services received from an out-of-network provider.

Using Alternate Member Identifiers

On January 1, 2005, CIGNA began to roll out alternate member identifiers (AMIs) on member ID cards and correspondence, replacing Social Security numbers, to help prevent identity theft. These nine-digit CIGNA-generated alpha numeric identifiers begin with the letter U and are followed by eight numbers, such as U01234567. Please note: Until the roll out of AMIs is complete, the Social Security number remains valid for many members.

Many of the new AMIs begin with U0 (zero). In some cases, when entering the identification number the capital letter O is being used in error instead of the number 0 (zero) for claim submissions.

If your CIGNA claim submissions are rejected for 'invalid ID' please ensure that you or your staff have entered the correct AMI – U0 (zero), rather than UO (capital letter O).

If you've tried this solution, and your claims continue to reject, call 1.800.88.CIGNA (882.4462).

In addition, you may submit the subscriber ID with or without the subscriber relationship suffix on the member ID card (for example U0123456701).

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CIGNA HealthCare
A Business of Caring.

Easier to do business with us

Simpler claims submission and referral process

Faster payments and more efficient telephone services

"CIGNA" or "CIGNA HealthCare" refers to various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. These subsidiaries include Connecticut General Life Insurance Company, Tel-Drug, Inc. and its affiliates, CIGNA Behavioral Health, Inc., Intracorp, and HMO or service company subsidiaries of CIGNA Health Corporation and CIGNA Dental Health, Inc. In Arizona, HMO plans are offered by CIGNA HealthCare of Arizona, Inc. In California, HMO plans are offered by CIGNA HealthCare of California, Inc. In Virginia, HMO plans are offered by CIGNA HealthCare of Virginia, Inc. and CIGNA HealthCare Mid-Atlantic, Inc. In North Carolina, HMO plans are offered by CIGNA HealthCare of North Carolina, Inc. All other medical plans in these states are insured or administered by Connecticut General Life Insurance Company.

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