

February/March 2008
Participating Pharmacy Newsletter



**CIGNA Pharmacy
Management**

900 Cottage Grove Road, B5PHR
Hartford, CT 06152
Facsimile 860.226.3535

Thank you for participating in the CIGNA HealthCare Pharmacy Network and for the services you provide our members. Updates in this newsletter include:

- ◆ Identifying member payment responsibility
- ◆ Ensuring the right member or dependant is charged on a claim
- ◆ Commercial return-to-stock reversal timing and processing assistance
- ◆ Helping Medicare Access Plus Rx members obtain Medicare Part B prescriptions
- ◆ Calling CIGNA Pharmacy Service Center to determine Medicare Part B vs. Part D Coverage
- ◆ Medicare return-to-stock reversal processing guidelines

COMMERCIAL & MEDICARE PHARMACY UPDATES

Member Responsibility Options

Copay or coinsurance information shown on a member's ID Card may not reflect the member's entire benefit. For example, the plan may have a deductible, or the cost of the prescription may be less than the member copay on the ID Card. If you or a member have a question concerning the member responsibility returned when processing a claim, please contact the appropriate team listed below.

Member Eligibility/Benefit Assistance

- ◆ CIGNA HealthCare 1.800.CIGNA.24 (1.800.244.6224)
- ◆ CIGNA Medicare Rx 1.800.222.6700
- ◆ CIGNA Medicare Access Plus Rx 1.800.577.9410

COMMERCIAL ONLY UPDATES

Claim processing information - Accurate Person/Suffix Code submission:

All CIGNA member ID's are a total of 11 characters in length. The member ID is alpha-numeric with a maximum of 9 characters and a two digit suffix code or person code. Please ensure that the member person code and date of birth match for accurate claim processing. Invalid person code entry not only causes the claim to be processed for the wrong member, but more significantly does not screen the correct member profile for clinical edits such as drug interactions, drug allergies and other edits included in prospective drug utilization review. Please emphasize to your staff the importance of submitting the correct person/suffix codes.

Return to Stock Claim Reversals

As outlined in our Program Requirements and Participating Pharmacy Manual and part of our Audit Program, the preferred method for processing reversals is online via our pharmacy claim system within 60 days of the claim fill date. If, however, you have claims that fall outside of the allowed timeframe, please create a spreadsheet with the pertinent claim detail information (at minimum: NABP, NDC, fill

February/March 2008

Participating Pharmacy Communication

date, Rx #, member name and ID) and forward to pharmacynetworkoperations@cigna.com, or mail to the below address for processing. We will then reverse the claims and you will see the adjustment reflected in a subsequent remittance advice.

CIGNA HealthCare
Pharmacy Network Operations, B5PHR
Attn: Sr. Network Coordinator
900 Cottage Grove Road
Hartford, CT 06152

MEDICARE ONLY UPDATES

Medicare Part B Claims for our Medicare Access Plus Rx members

Effective January 1, 2008, CIGNA added a new product to our Medicare line. This product, named CIGNA Medicare Access Plus Rx is a Private Fee-For-Service Plan that combines medical (Medicare Part B) and pharmacy (Medicare Part D) benefits for Medicare eligible members. Our current pharmacy claim processing system, however, does not have the capability for processing medical (Part B claims). As a result, you will no longer be able to process these claims by billing them electronically to Medicare Part B previously for traditional Medicare members. You will need to direct the member back to the Plan (CIGNA Medicare Access Plus Rx) for assistance in obtaining service from a DME, Consumable Supply, Home Infusion, or Specialty Service provider. Please see Member Eligibility/Benefit Contacts above for Plan assistance.

B vs. D Coverage Determinations

Medicare Part B vs. Part D claims should be processed based upon drug coverage according to CMS guidelines. Immunosuppressants, for example, may need additional review to determine Part B vs. Part D coverage. Pharmacists should contact the CIGNA Pharmacy Service Center for all drugs that require further review to determine coverage eligibility under Part B vs Part D. Claims should only be processed under Part D once it has been determined that the drug is Part D eligible and is covered under the member's Part D benefit.

Return to Stock Claim Reversals

As outlined in our Program Requirements and Participating Pharmacy Manual and part of our Audit Program, reversals must be processed online via our pharmacy claim system within 60 days of the claim fill date. Please do not send checks with claim detail.

Claim Processing Questions

- ♦ CIGNA Pharmacy help desk 1.800.558.9363 (for any other questions/issues)

Network Operations Contacts

- ♦ For contracting questions or to request a copy of the CIGNA HealthCare MAC List please send an email to pharmacynetworkoperations@cigna.com.
- ♦ If you have questions about our Audit Program please send an email to pharmacyaudit@cigna.com.
- ♦ For pharmacy questions on Medicare Part D, please call 1-800-558-9363.
- ♦ For more helpful information, visit our website at:
 - Commercial business - www.cigna.com/pharmacists
 - CIGNA Medicare Rx - www.cigna.com/sites/cignamedicare/index.html.
- ♦ For questions regarding the items in this newsletter, please contact Karen Stober at karen.stober@cigna.com or 860.226.5837

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