CIGNA eServices

CIGNA for Health Care Professionals Website
Direct Contracted Providers Only

After completing this eCourse, you will:

✓ Know how to view changes to CIGNA's standard fee schedules

✓ Understand how to request fee schedule information for one or more procedures

✓ Be familiar with how to request a copy of your participating provider agreement

Who's logged on: mmartin1

Popular Links

► **Provider Directory**
► **Drug List**
► **Forms**
► **Policies & Procedures**
► **Precertification**

CUSTOMER SERVICE

If you need...

► ...General assistance, call 1.800.88CIGNA (1.800.882.4462)
► ...Technical assistance with this site, call 1.800.261.6232
► ...Assistance with site navigation and registration *only*, call 1.800.853.2713

> If you work for a health care professional that is part of a medical group, you should register using the option **A medical group, hospital or ancillary facility**. This will ensure you have access to the claims and precertification data that you need.

Inquiry Tools

Help

- View Patient Eligibility and Benefits
- Estimate Patient Liability **NEW!**
- View and Submit Precertification Requests
- Search Claims by
  - Patient Name/ID
  - Claim/Reference Number
  - Provider Generated Patient Account Number
- View Claim Coding Edits

E-mail CIGNA

- Coverage Positions/Criteria
- Covered Services
- Fee Schedules

Direct Contracted Providers Only

- View Fee Schedule Change(s)
- Update Demographic Information
- Request a Copy of Participating Provider Agreement

> The **Direct Contracted Providers Only** section provides users the ability to:
>
> • View fee schedule changes
> • Update demographic information
> • Request a copy of participating provider agreement

Who's logged on:
mmartin1

Popular Links

► **Provider Directory**
► **Drug List**
► **Forms**
► **Policies & Procedures**
► **Precertification**

CUSTOMER SERVICE

If you need...

►...General assistance, call 1.800.88CIGNA (1.800.882.4462)
►...Technical assistance with this site, call 1.800.261.6232
►...Assistance with site navigation and registration *only*, call 1.800.853.2713

If you work for a health care professional that is part of a medical group, you should register using the option **A medical group, hospital or ancillary facility**. This will ensure you have access to the claims and precertification data that you need.

Inquiry Tools

Help

- View Patient Eligibility and Benefits
- Estimate Patient Liability **NEW!**
- View and Submit Precertification Requests
- Search Claims by
  ○ Patient Name/ID
  ○ Claim/Reference Number
  ○ Provider Generated Patient Account Number
- View Claim Coding Edits

E-mail CIGNA

Help

- Coverage Positions/Criteria
- Covered Services
- Fee Schedules

Click the **View Fee Schedule Change(s)** link to view fee schedule changes.

Direct Contracted Providers Only

- View Fee Schedule Change(s)
- Update Demographic Information
- Request a Copy of Participating Provider Agreement

CIGNA
A Business of Caring.

CIGNA for **Health Care Professionals**

eServices > Fee Schedule Changes

◀ **Log Out**

Who's logged on:
luckyp3

Popular Links

▶ **Provider Directory**

▶ **Drug List**

▶ **Forms**

▶ **Policies & Procedures**

▶ **Precertification**

Fee Schedule Changes

* Indicates required field

Help

* Provider ID — MAIN STREET MEDICINE INC

* Location — Connecticut

* ZIP Code — 06516

Continue

Select the **Provider ID**, **Location**, and **Zip Code** of your provider, and then click **Continue**.

Who's logged on:
mmartin1

Popular Links

► **Provider Directory**
► **Drug List**
► **Forms**
► **Policies & Procedures**
► **Precertification**

CUSTOMER SERVICE

If you need...

►...General assistance, call
1.800.88CIGNA
(1.800.882.4462)
►...Technical assistance with
this site, call 1.800.261.6232
►...Assistance with site
navigation and registration
only, call 1.800.853.2713

If you work for a health care professional that is part of a medical group, you should register using the option **A medical group, hospital or ancillary facility**. This will ensure you have access to the claims and precertification data that you need.

Inquiry Tools

Help

- View Patient Eligibility and Benefits
- Estimate Patient Liability **NEW!**
- View and Submit Precertification Requests
- Search Claims by
  - Patient Name/ID
  - Claim/Reference Number
  - Provider Generated Patient Account Number
- View Claim Coding Edits

E-mail CIGNA

Help

- Coverage Positions/Criteria
- Covered Services
- Fee Schedules

Direct Contracted Providers Only

- View Fee Schedule Change(s)
- Update Demographic Information
- Request a Copy of Participating Provider Agreement

Click the **Update Demographic Information** link to make changes to your demographic information, which is what appears in the Provider Directory.

7

To update demographic information with CIGNA, select the appropriate form based on the provider's status with CIGNA.

Note: Please review your listing in the Provider Directory before submitting your changes.

For contracted practitioners, enter the appropriate updates and click **Submit**.

Your updates will be processed within 14 business days.

For contracted facilities or other health care providers, enter the appropriate updates and click *Submit*.

Your updates will be processed within 14 business days.

Popular Links

► **Provider Directory**
► **Drug List**
► **Forms**
► **Policies & Procedures**
► **Precertification**

CUSTOMER SERVICE

If you need...

►...General assistance, call
1.800.88CIGNA
(1.800.882.4462)
►...Technical assistance with
this site, call 1.800.261.6232
►...Assistance with site
navigation and registration
only, call 1.800.853.2713

If you work for a health care professional that is part of a medical group, you should register using the option **A medical group, hospital or ancillary facility**. This will ensure you have access to the claims and precertification data that you need.

Inquiry Tools

Help

- View Patient Eligibility and Benefits
- Estimate Patient Liability NEW!
- View and Submit Precertification Requests
- Search Claims by
    ○ Patient Name/ID
    ○ Claim/Reference Number
    ○ Provider Generated Patient Account Number
- View Claim Coding Edits

E-mail CIGNA

Help

- Coverage Positions/Criteria
- Covered Services
- Fee Schedules

Direct Contracted Providers Only

- View Fee Schedule Change(s)
- Update Demographic Information
- Request a Copy of Participating Provider Agreement

To request a copy of a participating provider agreement, click *Request a Copy of Participating Provider Agreement*.

12

Request a copy of Participating Provider Agreement

Please allow 30 days to process your request. The information you provide below will be validated and, if accurate, you will receive a hard copy of your agreement via mail.

Requestor Information
Name: Lucky Precert
Phone Number: (860)226-7376 ext.
Email Address: amanda.kingston@cigna.com

Are the phone number and email shown correct? If not, please update them on your My Profile page.

* Indicates required fields   **Help**
Requestor Mailing Address:

* Mailing Address: [ ]

* City: [ ]

* State: [▼]

* Zip Code: [ ]

* Select the type of contract you are requesting:

○ Practitioner Agreement   ○ Group Agreement   ○ Facility   ○ Other

If you are requesting a Group or Facility Agreement, provide the name of the authorized designee.

Authorized Designee Name: Last: [ ]   First: [ ]   MI: [ ]

Provide information regarding the provider for whom you are requesting a contract copy.

* Provider Name (if applicable): Last: [ ]   First: [ ]   MI: [ ]

* Group/Facility Name (if applicable): [ ]

* Location: [▼]

* Provider Tax ID Number: [ ]

[Submit]

> To request a copy of your participating provider agreement, enter the appropriate information and click *Submit*.
>
> Please allow 30 days to process your request. The information you provide will be validated and, if accurate, you will receive a hard copy of your agreement in the mail.

13

Congratulations!

You've completed the
CIGNA for Health Care Professionals Website
Direct Contracted Providers Only eCourse.

Bookmark www.cignaforhcp.com today!