

# 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

### **Direct Contracted Providers Only**

## 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
  - o Patient Name/ID
  - o Claim/Reference Number
  - o Provider Generated Patient Account Number
- View Claim Coding Edits

#### E-mail CIGNA

- Coverage Positions/Criteria
- Covered Services
- · Fee Schedules

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

#### Direct Contracted Providers Only

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

### **Viewing Fee Schedule Changes**

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#### E-mail CIGNA

Help

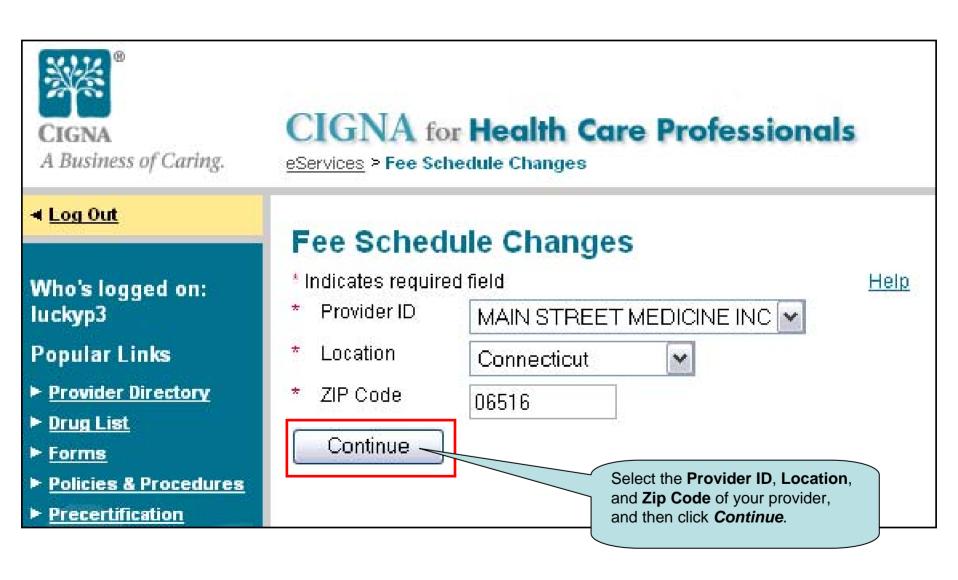
- Coverage Positions/Criteria
- Covered Services
- Fee Schedules

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

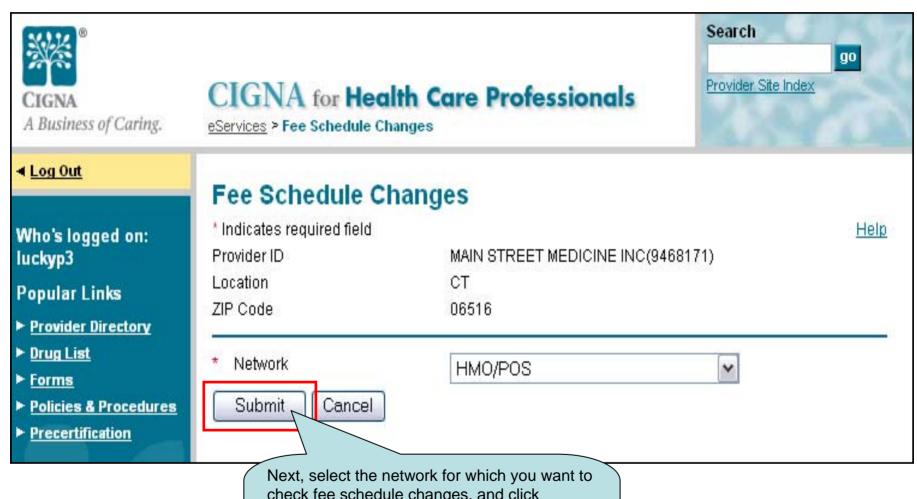
#### Direct Contracted Providers Only

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- Update Demographic Information
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## **Viewing Fee Schedule Changes**



## **Viewing Fee Schedule Changes**



Next, select the network for which you want to check fee schedule changes, and click **Submit**. The fee schedule changes will then be displayed.

**Note:** If there are no changes to the standard fee schedule, you will receive a message.

#### CIGNA for Health Care Professionals

#### www.cignaforhcp.com

## **Updating Demographic Information**

#### Who's logged on: mmartin1

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- ► Provider Directory
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#### **Direct Contracted Providers Only**

- View Fee Schedule Change(s)
- Update Demographic Information
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Click the *Update Demographic Information* link to make changes to your demographic information, which is what appears in the Provider Directory.

► Precertification

## **Updating Demographic Information**



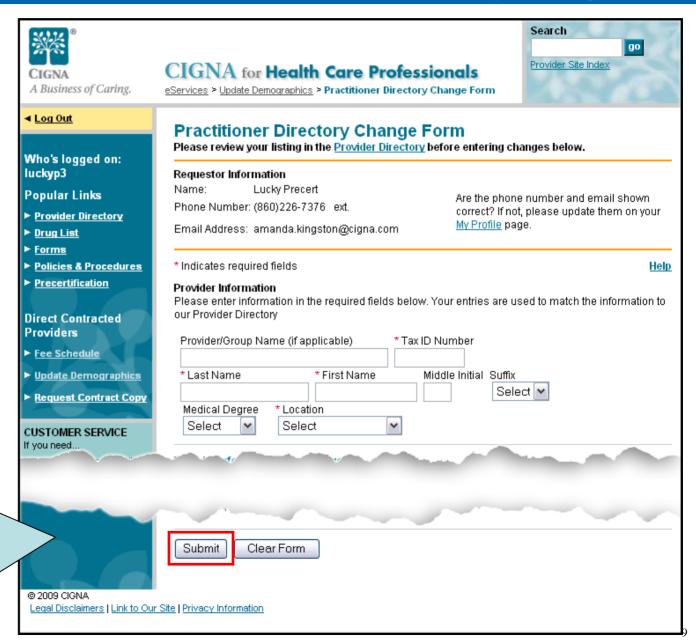
To update demographic information with CIGNA, select the appropriate form based on the provider's status with CIGNA.

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

#### CIGNA for Health Care Professionals

www.cignaforhcp.com

## **Practitioner Directory Change Form**

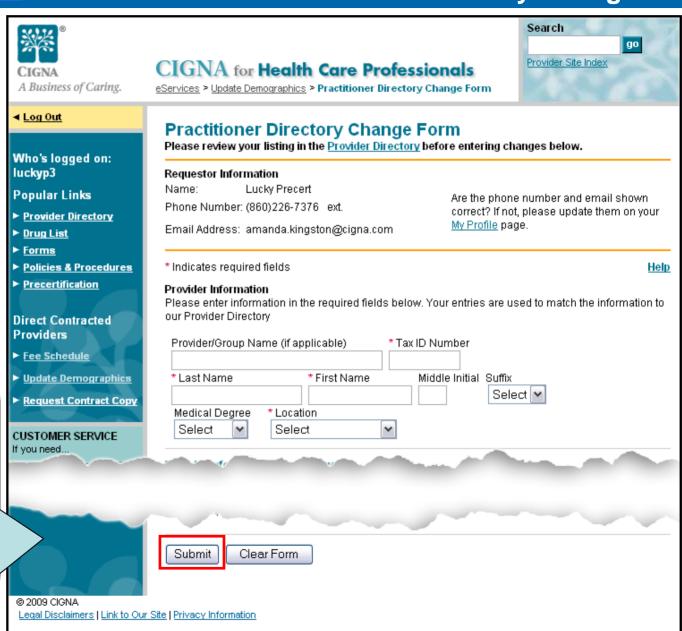


For contracted practitioners, enter the appropriate updates and click **Submit**.

Your updates will be processed within 14 business days.

## Facility/Other Health Care Provider Directory Change Form

www.cignaforhcp.com



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

Your updates will be processed within 14 business days.

with this site, call

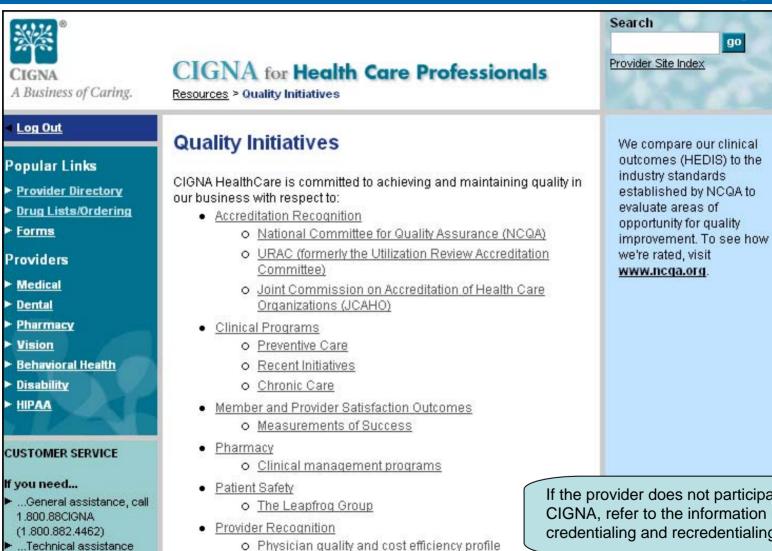
... Assistance with site navigation and registration

only, call 1.800.853.2713

1.800.261.6232

## **Non-Participating Providers**

go



o CIGNA Care Network

Medical Record Reviews

Provider Credentialing and Recredentialing

o Other important information

If the provider does not participate with CIGNA, refer to the information regarding credentialing and recredentialing.

## Request a Copy of Participating Provider Agreement

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

Help

#### Direct Contracted Providers Only

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#### 12

## Request a Copy of **Participating Provider Agreement**

	Name: Lucky Precert Phone Number: (860)226-7376 Email Address: amanda.kingst	correct? If not,	Are the phone number and email shown correct? If not, please update them on your My Profile page.			
	* Indicates required fields Requestor Mailing Address:				<u>Hel</u> j	
	* Mailing Address:					
	* City:					
	* State:					
	* Zip Code:					
To request a copy of your \participating provider agreement, enter the appropriate information	*Select the type of contract you are requesting:  O Practitioner Agreement O Group Agreement O Facility O Other					
and click <b>Submit</b> .	If you are requesting a Group o	r Facility Agreement, p	rovide the name of the a	authorized designee.		
	Authorized Designee Name:	Last:	First:	1	MI:	
Please allow 30 days to process your request.	Provide information regarding	the provider for whom	you are requesting a co	ntract copy.		
The information you	* Provider Name (if applicable)	): Last:	First:		MI:	
provide will be validated and, if accurate, you will	Group/Facility Name (if applicable):					
receive a hard copy of	* Location:	~				
your agreement in the mail.	* Provider Tax ID Number:					

Request a copy of Participating Provider Agreement

you will receive a hard copy of your agreement via mail.

Requestor Information

Please allow 30 days to process your request. The information you provide below will be validated and, if accurate,

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## Congratulations!

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

Bookmark <u>www.cignaforhcp.com</u> today!

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