ELECTRONIC DATA INTERCHANGE (EDI)

Eligibility and Benefits

What's Inside?

- Information needed to submit an inquiry
- What information you can request
- How to work with vendors for inquiries

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WELCOME

At Cigna, we want to help you make the most of your time and provide the tools to help lower your administrative costs.

Electronic data interchange (EDI) transactions can give you access to the information you need in seconds, allowing you to spend more time assisting your patients.

This course will provide you with information about our EDI eligibility and benefits services.

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WHAT IS EDI?

EDI is the electronic exchange of health care information between health care professionals and facilities, payers, and vendors.

Patient information is transferred between health care professionals and payers in a standardized and secure way.

Research* has shown that health care professionals who use EDI transactions can save time and money through:

- Reduced time spent on the phone
- Real-time access to view benefit specifics, including coordination of benefits, coinsurance and deductibles, and benefit maximums
- Reduced denials and claim rejections due to eligibility errors
- One user ID and password to access and interact with multiple health plans

Health Care Professional

Vendors → Vendors → Vendors

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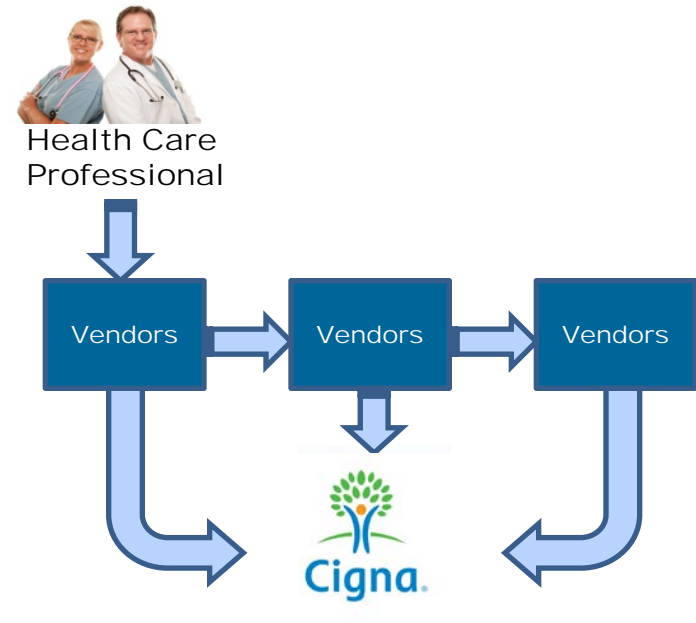
* Source: Milliman, "Electronic Transaction Savings Opportunities for Physician Practices," 2006.

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EDI 270 AND 271 INQUIRIES AND RESPONSES

You can submit eligibility and benefit inquiries through your clearinghouse, practice management system, or EDI vendor.

270: Use for eligibility and benefit inquiries of patients to Cigna

271: Your response from Cigna will appear in seconds

Cigna is a CAQH CORE® Phase I and Phase II certified health plan, exchanging electronic administrative data in compliance with CORE Phase I and Phase II Operating Rules.

These transactions allow you to obtain information about patient responsibility, including copayments, coinsurance, and deductible amounts.

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EDI 270 INQUIRIES

Information needed to submit a successful eligibility and benefit inquiry:

- Patient information using one of these search options:

• Patient ID number, with or without the suffix (e.g., U12345678 or U1234567**01**) • Patient date of birth • Patient first and last name
• Patient ID number, with or without the suffix (e.g., U12345678 or U1234567**01**) • Patient date of birth
• Patient ID number, with or without the suffix (e.g., U12345678 or U1234567**01**) • Patient first and last name
• Patient first and last name • Patient date of birth

- Eligibility inquiry as of date (if not supplied, the current date is used)

- Service type for the requested benefits
  - General health plan coverage (Service Type 30)
  - Cigna returns benefits as available in source systems
  - Specific benefit inquiries, including surgical, vision, allergy injections, dental, psychiatric
  - A complete list of all supported Service Type Codes can be found at Cigna.com > Health Care Professionals > Resources > Doing Business with Cigna > 5010 Transaction Standards > Eligibility and Benefit Inquiry and Response 270/271
  - Inquiries with a procedure code are not currently supported

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EDI 270 INQUIRIES

- This information can help you determine patient responsibility:
  - Eligibility status (active, inactive, non-covered)
  - Coverage effective and term dates
  - Patient insurance and plan types such as PPO, Network, or Choice Fund HRA Open Access Plus
  - Plan level copayment, coinsurance, deductible, and accumulator amounts
  - Benefit-specific copayment, coinsurance, deductible and accumulator amounts, if they are different than the plan level amounts
  - Indicator of different benefits for in-network and out-of-network
  - Visit limits, including remaining visits
  - Benefits that are part of a tiered or client specific network
  - Benefits that apply to that specific person on the request (For example, inquiries for a child will include well-child immunization benefits. These benefits would not be returned if the inquiry is for an adult.)

- Providing a Taxpayer Identification Number or National Provider Identifier (NPI) can assist us in identifying your network participation status.

- The Cigna Cost of Care Estimator® tool accurately estimates the cost of medical and behavioral services and the patient's anticipated payment responsibility. Medical and behavioral health care professionals can learn more by accessing the Cigna Cost of Care Estimator eCourse on the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > eCourses.

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EDI 271 RESPONSES

EDI responses provide additional information that you need to know about your patient, such as:

- Variations in benefit information by place of service (if available)
  - Employer group name and account number
  - Coordination of benefits information (Medicare Part A, Medicare Part B, or other)
  - When a Strategic Alliance applies (for example, HealthPartners or Tufts)
- Medical and behavioral responses include:
  - PHS and PHS+ medical management identification
  - Primary care physician, if one has been selected
  - For managed care patients – HMO code, network ID, line of business (for example, 018, VA085, Flex)
  - When a medical management carveout is applicable (for example, MVP)
- Dental responses include:
  - Primary dental office, if one has been selected
  - Dental procedure codes that correspond to the submitted service type code
  - Network information, such as if the patient is part of the Core or Radius Network
  - Patient charge schedule for DHMO patients

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WORKING WITH VENDORS

EDI offers flexibility in working with vendors of your choice.

- You can use one user ID and password to work with multiple payers, including Cigna.

- You do not have to purchase additional software to work with Cigna.

- You can connect directly to Cigna using the Post-n-Track® web service, or through an EDI vendor.

- The Post-n-Track web service is free to health care professionals in the Cigna network. To enroll contact Post-n-Track at 860.257.2030, or visit Post-n-Track.com/Cigna.

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WORKING WITH VENDORS TO SEND INQUIRIES

How does this work?

1. Cigna transmits eligibility and benefit information in the ANSI X12 format.

2. Your vendor reformats the information into a readable format.

3. How the information is displayed can vary by vendor.

Companion Guides, providing detailed information regarding our required data guidelines, are available from vendors who directly contract with Cigna to exchange eligibility and benefit inquiries and responses.

For the latest information on our EDI vendors and the transactions they support, visit Cigna.com/EDIvendors.

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Congratulations!
You've completed the
Electronic Data Interchange (EDI)
Eligibility and Benefits eCourse

Bookmark CignaforHCP.com today!

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