

ELECTRONIC DATA INTERCHANGE ELIGIBILITY AND BENEFITS

- What's Inside?
- Information needed to submit an inquiry
 - Information you can request
 - How to work with vendors for inquiries

WELCOME

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.



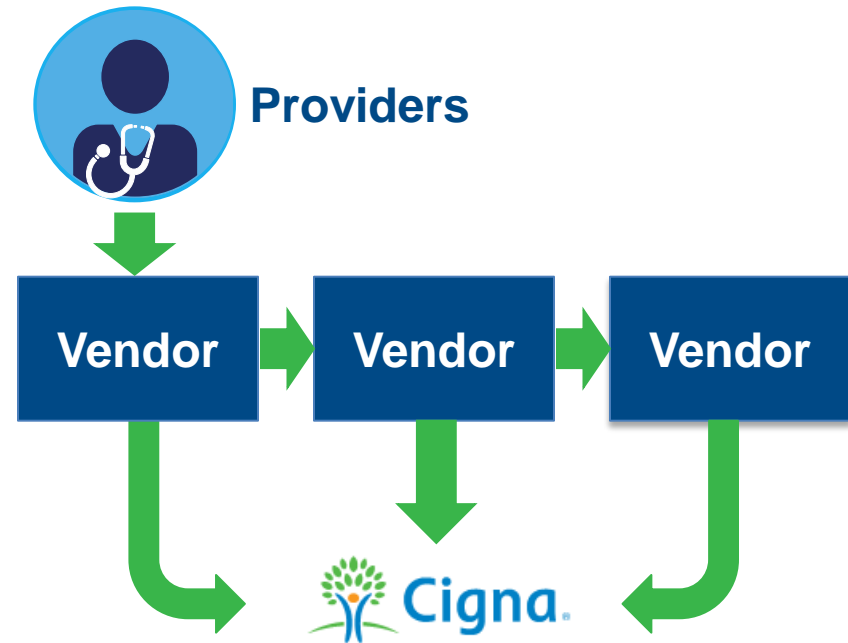
WHAT IS EDI?

EDI is the electronic exchange of health care information between providers, 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



* Source: Council for Affordable Quality Healthcare (CAQH), "2013 U.S. Healthcare Efficiency Index®", 2014

EDI 270 AND 271 INQUIRIES AND RESPONSES

To obtain information about your patient's responsibility – including copayments, coinsurance, and deductible amounts – you can submit a 270 transaction through your clearinghouse, practice management system, or EDI vendor. In response, Cigna will send you a 271 transaction.

- 270:** Use for eligibility and benefit inquiries of patients to Cigna
- 271:** Your response from Cigna, which will appear in seconds

Cigna is a CAQH* CORE® Phase I and Phase II certified health plan, which means it exchanges electronic administrative data in compliance with CORE Phase I and Phase II Operating Rules.

EDI 270 INQUIRIES



Inquire by patient information using one of these search options:

- Patient ID number, with or without the suffix (e.g., U12345678 or U1234567801)
 - Patient date of birth
 - Patient first and last name
-
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 - Patient date of birth
-
- Patient ID number, with or without the suffix (e.g., U12345678 or U1234567801)
 - Patient first and last name
-
- Patient first and last name
 - Patient date of birth

Information needed to submit a successful eligibility and benefit inquiry:

- 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 will return benefits as available in source systems
 - Include specific benefit inquiries, such as surgical, vision, allergy injections, dental, and psychiatric
 - A complete list of all supported service type codes can be found at [Cigna.com](https://www.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
- **Optional:** Provide a Taxpayer Identification Number (TIN) or National Provider Identifier (NPI), which can help us to identify your network participation status.



EDI 271 RESPONSES

Information contained in the 271 response can help you determine patient status and responsibility



- Eligibility status (active, inactive, or not covered)
 - Coverage effective and termination dates
 - Patient insurance and plan types such as preferred provider organization (PPO), Network, or Cigna Choice Fund® health reimbursement account (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 the specific person on the request (For example, inquiries for a child will include well-child immunization benefits. However, these benefits will not be returned if the inquiry is for an adult.)



EDI 271 RESPONSES (CONT.)

The 271 response provides additional information you need to know about your patient:

- 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 Health Plan)

Medical and behavioral responses include:

- Medical management identification: Care Management Complete, Care Management Preferred, Personal Health Solutions, and Personal Health Solutions Plus
- Primary care physician, if one has been selected
- For managed care patients: HMO code, network ID, and line of business (for example, 018, VA085, Flex)
- When another entity other than Cigna manages the eligibility and benefits (for example, MVP® Health Care)

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



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 1.860.257.2030 or visit Post-n-Track.com/Cigna.



WORKING WITH VENDORS TO SEND INQUIRIES

How does it work?

1. Cigna transmits eligibility and benefit information in the ANSI X12 format.
2. Your vendor reformats the information into a readable format. How the information is displayed can vary by vendor.

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

Companion Guides – which provide detailed information about our required data guidelines – are available from vendors that directly contract with Cigna to exchange eligibility and benefit inquiries and responses.



CONGRATULATIONS!

You've completed the
Electronic Data Interchange
Eligibility and Benefits eCourse

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