WELCOME TO CIGNA

Working together to provide affordable, accessible, quality health care

July 2015
Better health. We’re in it together.

- Better health. We’re in it together.
- Delivery system and network solutions
- National Ancillaries
- Precertification and Coverage Reminders
- Claims submissions & payments
- Electronic services
- Your patients, our customers
- Keeping you updated

Note: Some of the content contained within will required you to have access as a registered user. If you are not already registered for CignaforHCP.com or need to register a new member please visit: www.cignaforhcp.com
OUR COMMITMENT TO YOU:

We’re here to **support** and **collaborate** with you to make it easier to **deliver** personalized care, **strengthen** patient relationships and achieve **better** health outcomes.
Better health.
We’re in it together.

“I’m excited because our partnership with Cigna is going to make sure that we’re viable, that we’re providing affordable care with good access with good quality … I definitely applaud you for not taking a back seat with regards to changing this industry for the better.”

“Cigna is the plan where we have an outstanding relationship and a well-focused team. Cigna brings expertise and stability in their team and a strong partnership mentality.”
A pledge to provide patient care with the utmost respect, sympathy and a commitment to total health.

A commitment to helping people improve their health, well-being and sense of security.

Our shared goal: patient health and wellness.
DELIVERY SYSTEM AND NETWORK SOLUTIONS

Driving higher quality, lower cost and better experience
ID card brochure

Please print a copy of the Cigna identification card brochure

Cigna customers can download the myCigna Mobile App to their smartphone to access ID cards in one convenient location. Click button for a short video on how the customer APP works.

Related Information

- Coinsurance and deductibles should not be collected at the time of service unless you have accessed the Cigna Cost of Care Estimator® on the secure Cigna for Health Care Professionals website (CignaforHCP.com) to obtain an estimate of the patient’s out-of-pocket costs, and provide it to the patient.

- For patient coverage and precertification requirements, use CignaforHCP.com.

- For claims, use electronic claim submission (for details, see the Claim Submission section.)
Participants with GWH-Cigna or “G” ID cards

• Cigna contracts with TPAs, selected insurers, and claim administrators (referred to collectively as “payers”) to share the administration of their self-funded and insured plans.
• Cigna provides access to the GWH-Cigna PPO network, performs medical management and prices claims according to our negotiated rates.
• For some clients, Cigna also provides stop loss insurance, chronic condition management and pharmacy benefits as well as other products.
• Our contracted payers maintain eligibility, administer benefits and process claims for these shared accounts on their own systems.
• We require our payer partners to provide frequent eligibility information updates to minimize late identification of non-covered employees.
• Plan designs require an in- and out-of-network benefit differentials.
• A pre-contract checklist is completed to help ensure that payers meet our standards for claim payment accuracy, payment turnaround time, and call statistics.
• We audit our contracted payers regularly to help ensure compliance with contract requirements standards.
• The customers enrolled through these payers are “Participants” as defined by your agreement with Cigna.
• Cigna’s team is available to support health care professionals with contract-related questions. For claim-related inquiries, contact the TPA listed on the customer’s ID card.
Cigna offers delivery system engagement models across the spectrum of “volume to value” and will help providers move toward a greater value orientation, which is our primary focus.

On the left side of the scale are arrangements that are still much more focused on reimbursing providers based on volume of services provided. The further along the spectrum we move, the higher degree of collaboration and risk-sharing on the part of the provider, with payment based on clinical outcomes not volume of services rendered.
our strategic alliances network coverage for multisite clients

Tufts Health Plan (CareLinkSM) in Massachusetts and Rhode Island

Health Alliance Plan (HAP) in SE Michigan

HealthPartners in Minnesota, Western Wisconsin and North Dakota

MVP/Preferred Care in upstate New York
Cigna-HealthSpring® (formerly known as HealthSpring) is Cigna’s seniors business and primarily serves Medicare and Medicaid customers. Cigna-HealthSpring offers a national stand-alone prescription drug plan and operates Medicare Advantage.

Continue to use the separate contact information:

- For Cigna customer service, call 800.88Cigna (882.4462)
- For Cigna-HealthSpring, call your representative or health care professional customer service at 800.230.6138
Cigna Global Health Benefits® provides coverage for:

- Expatriate employees and dependents living outside the United States when they return to the United States for care
- Foreign nationals and dependents working in the United States
- American employees living outside the country, working for defense contractors with dependents living in the United States
Reduced administrative burden through proactive prescription refills, renewals and prior authorization support

Easy access to obtain and submit prescription requests with online and faxable order forms, pharmacists available 24/7, and ePrescribe technology

Fill and dispense specialty and non-specialty medications together providing a “one-stop shop”

Provide Medicare Part D and Part B prescription claim processing

Collaborate on specialty drug choice and infusion site

Provide high access to the limited distribution network through deep manufacturer relationships with extensive reporting on Risk Evaluation and Mitigation Strategies (REMS)

Unique fee schedule discounts for specialty drugs

Alignment with value-based collaboration model
We provide added support by helping your patients better understand their condition, medications, side effects and the importance of adherence through our therapy management teams:

- Injection training in your office or your patient’s home
- Reliable service and convenient delivery directly to your patient’s home
- Refill reminders to help keep patients adherent
NATIONAL ANCILLARY PROGRAMS

Lowering costs without sacrificing quality
### National Ancillary Programs*

<table>
<thead>
<tr>
<th>Service</th>
<th>Ancillary Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health, durable medical equipment and home infusion therapy services</td>
<td>CareCentrix</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>American Specialty Health; Healthways</td>
</tr>
<tr>
<td>Physical and occupational therapy (PT/OT)</td>
<td>OrthoNet; American Specialty Health</td>
</tr>
<tr>
<td>Radiology/Imaging</td>
<td>eviCore healthcare (formally CareCore</td>
</tr>
<tr>
<td>Lab</td>
<td>LabCorp; Quest</td>
</tr>
<tr>
<td>Dialysis</td>
<td>DaVita; Fresenius</td>
</tr>
<tr>
<td>Hearing</td>
<td>Amplifon Hearing Health Care (formerly HearPO)</td>
</tr>
</tbody>
</table>

**Key Points**

- **20% decrease in unnecessary radiology procedures**¹
- **45%–80% savings with national labs over other lab services**²
- **Up to $50,000 per case savings using in-network outpatient dialysis facility**³
- **45%–50% savings on total chiropractic costs**⁴

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¹ List is not all-inclusive of all Cigna national ancillary providers. Ancillary providers do not manage services in all states and markets.

² Cigna internal analysis of full year 2013 book of business. Results may vary.

³ Savings estimate is based on an internal Cigna national study of 2013 lab utilization data, costs and discounts. Savings will vary.

⁴ Cigna internal analysis of full year 2013 book of business chiropractic costs for managed business.
Some Cigna clients use separate vendors for specialty services such as vision, chiropractic care, and mental health or substance abuse. Before referring your patient, verify coverage and the vendor network.

<table>
<thead>
<tr>
<th>For patients with Cigna ID cards</th>
<th>For patients with GWH-Cigna or “G” ID cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visit the Cigna for Health Care Professionals website (<a href="http://CignaforHCP.com">CignaforHCP.com</a>)</td>
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</tr>
<tr>
<td>• Call 800.88Cigna (882.4462)</td>
<td>• Call 866.494.2111</td>
</tr>
<tr>
<td>• Access through your electronic clearinghouse or vendor</td>
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</tr>
</tbody>
</table>

Check the back of the patient’s ID card or CignaforHCP.com for coverage and precertification requirements; the website will have the most up-to-date information.

Submit requests for elective procedures at least 72 hours before the scheduled service.
PRECERTIFICATION AND COVERAGE REMINDERS

Lowering costs without sacrificing quality
Precertification

• Check the back of the patient’s ID card or CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies for coverage and precertification requirements. The website will have the most up-to-date information.
• Submit requests for elective procedures at least 72 hours before the scheduled service.

For patients with Cigna ID cards:
  – Log in to CignaforHCP.com > Patients > View & Submit Precertifications, or
  – Call 800.88Cigna (882.4462)

For patients with GWH-Cigna or “G” ID cards:
  – Call 866.494.2111
  – All changes and updates to precertification can be viewed by logging in to CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Precertification Policies
  – To learn more about online precertification, click here: https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/onlinePrecertification.pdf

The referring physician is responsible for obtaining approval for all services that require precertification prior to services being rendered.
Precertification changes

To ensure that we are using the most current medical information available, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we plan to update our precertification list, as follows:

- On January 1, 2015, the American Medical Association (AMA) and Centers for Medicare & Medicaid Services (CMS) released 131 new CPT® and HCPCS codes. These codes were reflected on our precertification list this month.*

- On February 16, 2015, we will include 35 additional codes that require precertification. At that time, we will also remove 53 codes from the precertification list.**

- On April 14, 2015, we will include one additional code that requires precertification, J9010 (Alemtuzuman [Lemtrada]).

To view an outline of these monthly precertification updates, as well as the complete list of services that require precertification of coverage, please log in to CignaforHCP.com and click on Precertification Policies under Useful Links. If you are not currently registered for the website, you will need to register to log in. Go to CignaforHCP.com and click on “Register Now.”

* 24 of these codes are managed by our radiation therapy ancillary provider, eviCore healthcare, (formally CareCore | MedSolutions).

** Removal of codes from the precertification list is not a guarantee of coverage or payment. Codes may be subject to code editing, benefit plan exclusions, and post-service review for coverage.
Important coverage reminders

• We contractually require participating providers to direct participant referrals to other participating, contracted physicians and facilities, except in the case of an emergency, as otherwise required by law, or when approved by us in advance of the service being provided.

• Referring individuals to other in-network providers helps them maximize their benefits while minimizing their out-of-pocket expenses.

• If you refer out of the Cigna network, tell your patient the provider is not contracted with Cigna and that they may be responsible for higher out-of-pocket expenses, or services may not be covered.

• Coverage may vary depending on where services are rendered; for example outpatient hospital, office visit or surgery center.

• Current coverage information can be found on CignaforHCP.com.

• Another helpful tool is our Dollars and Sense brochure, click here: http://totalhealthandnetwork.healthcare.cigna.com/Documents3/TMC/8290 54_a_dollarssense_5ways__12142010.pdf
CLAIMS SUBMISSION
AND PAYMENTS
When to file claims to Cigna

It’s best to submit claims as soon as possible. If you’re unable to file a claim right away, Cigna will consider:

• Participating health care professional claims submitted three (3) months (90 days) after the date of service;

OR

• Out-of-network claims submitted six (6) months (180 days) after the date of service.

• If services are rendered on consecutive days, such as for a hospital confinement, the limit will be counted from the last date of service. For more information about timely filing, click here: http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/clinical-payment-and-reimbursement-policies/claim-policies-procedures-and-guidelines/when-to-file
How to submit claims to Cigna

Cigna strongly encourages you to submit claims electronically, including coordination of benefits (COB) claims.

- **Using Cigna Payer ID 62308**, for medical, behavioral (including employee assistance program), dental, and Cigna-HealthSpring, there are two easy ways to submit electronic claims to Cigna:
  - Direct electronic claim submission
  - Electronic claim filing through an electronic data interchange (EDI) vendor

- **Direct electronic claim submission**: Submit electronic claims directly to Cigna using the Post-n-Track® web service. This free, easy to use option is available through Post-n-Track® for sending HIPAA standard ANSI 837 claim files. Enroll now at [www.Post-n-Track.com/Cigna](http://www.Post-n-Track.com/Cigna)

- **Electronic claim filing through an EDI vendor**: If you prefer to have a third party submit your claims to Cigna, you can still enjoy all the benefits of electronic filing. This link will take you to a full listing of those vendors. [www.Cigna.com/EDIvendors](http://www.Cigna.com/EDIvendors).

- **Paper filing**: We strongly encourage you to submit claims electronically through a clearinghouse or web service to save time and money; however, if you need to file a paper claim please visit [http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/doing-business-with-cigna/how-to-submit-claims-to-cigna](http://www.cigna.com/healthcare-professionals/resources-for-health-care-professionals/doing-business-with-cigna/how-to-submit-claims-to-cigna) for a link to the appropriate forms.

Claim submission and appeals

- For administrative services only (ASO) plans,* if Cigna is the:
  - Primary payer, then claims must be submitted within 90 days** of the date of service
  - Secondary payer, then the claim must be submitted within 90 days of the date of receipt of the explanation of payment (EOP) from the primary payer

- To help ensure timely and accurate payments, include complete and correct information on each claim submission:
  - Contracted Taxpayer Identification Number (TIN)
  - National Provider Identifier (NPI)
  - Health care professional’s name as reported to Cigna
  - TIN owner’s name, billing address, and telephone number as reported to the Internal Revenue Service

- Your organization may have more than one organization or Type 2 NPI. Use the most appropriate organizational NPI as your primary identifier when submitting the “Billing Provider” on claims. The federal TIN must also continue to be included for tax reporting purposes.

- Cigna accepts CMS-1500 forms for professional claims and UB-04 forms for institutional claims; Cigna also accepts older versions of these claim forms.

<table>
<thead>
<tr>
<th>Payer ID</th>
<th>Claim Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>62308</td>
<td>Medical, behavioral (including employee assistance program), dental and Cigna-HealthSpring Arizona Medicare</td>
</tr>
</tbody>
</table>

- Appeals:
  - Our process offers a single level of appeal
  - Must be initiated within 180 calendar days of the date of the initial payment or denial decision
  - Decisions are made and communicated within 60 days of appeal receipt

For more information visit:
CignaforHCP.com > Useful Links > Policies and Procedures > Claim Appeals Policies and Procedures
Sample explanation of payment

• We provide an explanation of payment (EOP) for all claims submitted.

• We strongly encourage you to enroll in electronic funds transfer (EFT) and electronic remittance advice (ERA). When used together, you can get paid faster and shorten your payment cycle.

• There are two options to enroll in EFT:
  – Enroll in EFT directly with Cigna by logging in to CignaforHCP.com > Working with Cigna > Enroll in Electronic Funds Transfer (EFT) Options.

• To enroll in ERA with Cigna, contact your EDI vendor.
Claim submission tips

• Both primary and secondary (COB) claims can be submitted to us electronically.

• You don’t have to submit Medicare Part A and Part B coordination of benefits agreement (COBA) claims to us. The Medicare explanation of benefit (EOB) or electronic remittance advice (ERA) will show that those claims are forwarded to us by the CMS Medicare Crossover (COBA) process.

• For administrative services only (ASO) plans,* if Cigna is the:
  – Primary payer, then claims must be submitted within 90 days** of the date of service
  – Secondary payer, then the claim must be submitted within 90 days of the date of receipt of the explanation of payment (EOP) from the primary payer

• To help ensure timely and accurate payments, include complete and correct information on each claim submission:
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  – Health care professional’s name as reported to Cigna
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Your organization may have more than one organization or Type 2 NPI. Use the most appropriate organization NPI as your primary identifier when submitting the “Billing Provider” on claims. The federal TIN must also continue to be included for tax reporting purposes.

*Fully insured plans are not subject to the timely filing timeframe
**Unless a longer period is required by applicable law
To file an appeal

• Appeals:
  – Our process offers a single level of appeal
  – Must be initiated within 180 calendar days of the date of the initial payment or denial decision
  – Decisions are made and communicated within 60 days of appeal receipt

• For more information visit:
  – Health care professionals should submit all appeal requests on a “Request for Provider Payment Review Form,” which can also be found on the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Forms Center > Medical Forms). This form will help us understand the circumstances around your appeal request in order to conduct a thorough review.

• For additional information on how to submit an appeal, please review the Claim Adjustment & Appeals Guidelines on CignaforHCP.com > Resources > Clinical Reimbursement Policies and Payment Policies > Claims Appeals Policies and Procedures > Appeal Policy and Procedures.

• Note: Appeals policies may vary by state; statute supersedes Cigna policy. For details on state-specific dispute policies, see the claim appeal information posted on the website.
Demographic changes

Please notify us in writing **90 days before** changing your office or billing address, telephone number, Tax Identification Number, National Provider Identifier (NPI) or specialty. You can submit your demographic changes by phone, fax or email. Refer to the chart below to identify the contact information for your state.

<table>
<thead>
<tr>
<th>State and territories</th>
<th>Submission options</th>
</tr>
</thead>
</table>
| CT, DE, IL, IN, ME, MA, MI, NH, NJ, NY, OH, PA, RI, VT, WI, or WV | • Patients with GWH-Cigna or "G" ID cards phone: 888.663.8081  
• Cigna phone: 800.882.4462  
• Fax: 877.358.4301  
• Email: Intake_PDM@Cigna.com  
• Mail: Cigna Provider Data Management  
  2 College Park Drive  
  Hookset, NH 03106 |
| AL, AR, FL, KY, LA, MD, MS, NC, OK, PR, SC, TN, TX, USVI, VA, or Washington DC | • Patients with GWH-Cigna or "G" ID cards phone: 888.663.8081  
• Cigna phone: 800.882.4462  
• Fax: 888.208.7159  
• Email: Intake_PDM@Cigna.com  
• Mail: Cigna Provider Data Management  
  2701 North Rocky Pointe Dr. Ste 800  
  Tampa, FL 33607 |
| AL, AZ, CA, CO, KS, MO, NV, OR, WA, or WY | • Patients with GWH-Cigna or "G" ID cards phone: 888.663.8081  
• Cigna phone: 800.882.4462  
• Fax: 860.687.7336  
• Email: Intake_PDM@Cigna.com  
• Mail: Cigna Provider Data Management  
  400 North Brand Blvd., Ste 300  
  Glendale, CA 91203 |
Payer Solutions points of interaction

Claim flow:
• Claims should be submitted to Cigna
  – Via electronic payer ID 62308 or
  – To the claims mailing address on the patient’s ID card
• Cigna prices the claims based on the network contracted rates
• The priced claim is then forwarded to the payer for payment based on the patient’s eligibility and benefits
• The payers then remit payment following contractually agreed upon turnaround requirements

Clinical and contract-related appeals:
• Appeals of clinical denials should be sent to Cigna using the contact information supplied in the denial letter(s)
• Appeals of application of contract rates should go to the address on the patient’s ID card

Contact the payer* for:
• Eligibility
• Benefits
• Precertification
• Claims status
• Non-pricing appeals

* The contact phone number is located on the patient’s ID card

Contact Cigna* for:
• Reimbursement issues
• Pricing appeals
• General contract questions

* The contact phone number for Cigna is 888.663.8081
ELECTRONIC SERVICES

Additional detail slides
#2 overall rank among eight major payers* for ease of doing business

Cigna also earned the class rank for denial rate and the #2 rank for first pass resolve rate and eService enrollment efficiency.

Please visit our landing zone for more information: http://www.cigna.com/healthcare-professionals/network-benefits/eservices

* 2014 PayerView Report Card by athenahealth
Cigna eServices

helping you streamline workflow and increase productivity

- Cigna for Health Care Professionals website
- Electronic data interchange
- Eligibility and benefits
- Online precertification
- Electronic claims submission and claims status inquiry
- Patient out-of-pocket cost estimator
- Electronic funds transfer (EFT) and electronic remittance advice (ERA)
- Online remittance reports
Electronic transaction cost savings opportunities

- Paper payments: $1.83 per payment
- Electronic: $0.30 per payment
- Savings with EFT: Up to $1.53 per payment (84%)*

- Faster payments
- Same-day access to funds
- Easier payment reconciliation

Sources: CAQH, Index; Milliman, Inc.
* Health care professional and facility (provider-facility) savings estimates are based upon a cost analysis prepared for CAQH by Milliman, one of the world’s largest providers of actuarial and related products and services. Full CAQH U.S. Healthcare Efficiency Index: http://caqh.org/EfficiencyIndex.php.
Electronic transaction cost savings opportunities

Significant savings are available to health care professionals who choose electronic over manual transactions

Where’s the proof?
The 2014 Council for Affordable Quality Healthcare (CAQH) U.S. Healthcare Efficiency Index® (Index) tracks and reports progress by the health care industry in its ongoing transition from manual to electronic administrative transactions. It also calculates savings the health care industry could obtain by adopting electronic administrative transactions.

The Index reports projected provider annual savings opportunities for these electronic transactions:

- Claim submission $540 million
- Eligibility & benefit verification $3.5 billion
- Prior authorization $450 million
- Claim status inquiry $450 million
- Claim payment $710 million
- Remittance advice $1.5 billion

TOTAL $7.17 billion

Here’s where to find it:
http://caqh.org/EfficiencyIndex.php

CAQH Savings Calculator
Click this box to calculate your organization’s potential savings.
# Electronic Transaction Savings Opportunities

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Est. provider cost</th>
<th>Est. potential savings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Claim Submission</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual</td>
<td>$2.39</td>
<td>$2.23</td>
</tr>
<tr>
<td>Electronic</td>
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<td></td>
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<tr>
<td><strong>Eligibility &amp; Benefit Verification</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manual</td>
<td>$3.53</td>
<td>$3.07</td>
</tr>
<tr>
<td>Electronic</td>
<td>$0.46</td>
<td></td>
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<tr>
<td><strong>Prior Authorization</strong></td>
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<tr>
<td>Manual</td>
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<td>Electronic</td>
<td>$5.14</td>
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<td><strong>Claim Status Inquiry</strong></td>
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<tr>
<td>Manual</td>
<td>$2.87</td>
<td>$1.23</td>
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<tr>
<td>Electronic</td>
<td>$1.64</td>
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<tr>
<td><strong>Claim Payment</strong></td>
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<td></td>
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<tr>
<td>Manual</td>
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<td>$3.04</td>
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<td>Electronic</td>
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<tr>
<td><strong>Remittance Reports</strong></td>
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<tr>
<td>Manual</td>
<td>$5.36</td>
<td>$4.17</td>
</tr>
<tr>
<td>Electronic</td>
<td>$1.19</td>
<td></td>
</tr>
</tbody>
</table>

Sources: CAQH, Index; Milliman, Inc.
Health care professional and facility (provider-facility) savings estimates are based upon a cost analysis prepared for CAQH by Milliman, one of the world’s largest providers of actuarial and related products and services. Full CAQH U.S. Healthcare Efficiency Index: [http://caqh.org/EfficiencyIndex.php](http://caqh.org/EfficiencyIndex.php).
## eServices overview

Tools that help streamline your office workflow and increase productivity

<table>
<thead>
<tr>
<th>Solution</th>
<th>What it does and how it benefits you</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cigna for Health Care Professionals website</strong></td>
<td>• Access patient eligibility, benefits, claim status, resource information and much more 24/7 at CignaforHCP.com. For an overview of the website, click here: <a href="https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/websiteOverview.pdf">https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/websiteOverview.pdf</a></td>
</tr>
</tbody>
</table>
| **Electronic data interchange**               | • Reduce time and costs by accessing eligibility, benefits, claims, and more  
• Transmit health care information quickly and securely between providers, payers, and vendors  
• To learn more about EDI vendors, click here: [Cigna.com/EDIvendors](https://cigna.com/EDIvendors).                                                                                                                             |
| **Eligibility and benefits**                  | • Easily access detailed patient coverage and benefit information  
• To learn more about Eligibility and Benefits, click here: [https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/eligibility.pdf](https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/eligibility.pdf) |
| **Patient out-of-pocket cost estimator**      | • Use the Cigna Cost of Care Estimator® tool to provide patients with accurate medical and behavioral out-of-pocket estimates and facilitate financial discussions before care, at check-in, or check-out  
• To learn more about the Cigna Cost of Care Estimator, click here: [https://cignaforhcp.cigna.com/secure/content/pdf/resourceLibrary/eCourses/usingThisWebsite/medical/cignaCostOfCareEstimator.pdf](https://cignaforhcp.cigna.com/secure/content/pdf/resourceLibrary/eCourses/usingThisWebsite/medical/cignaCostOfCareEstimator.pdf) |
| **Online precertification**                   | • Easily submit and track medical and behavioral precertification requests  
• To learn more about online precertification, click here: [https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/onlinePrecertification.pdf](https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/usingThisWebsite/onlinePrecertification.pdf) |
# eServices overview

## Tools that help streamline your office workflow and increase productivity

<table>
<thead>
<tr>
<th>Solution</th>
<th>What it does and how it benefits you</th>
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<tbody>
<tr>
<td><strong>Electronic claims submission and claims status inquiry</strong>&lt;br&gt;• Decrease the chance of transcription errors or missing data&lt;br&gt;• Track claims received electronically, which are automatically archived before processing&lt;br&gt;• View, track and monitor claim status reports&lt;br&gt;• Save time on resubmissions – incomplete or invalid claims can be reviewed and corrected online&lt;br&gt;• To learn more about electronic claims submission, click here: <a href="https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/medBehaviorClaimSubmit.pdf">https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/medBehaviorClaimSubmit.pdf</a>&lt;br&gt;• To learn more about claims status inquiry, click here: <a href="https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/edi.pdf">https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/edi.pdf</a></td>
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<td><strong>Electronic funds transfer (EFT) and electronic remittance advice (ERA)</strong>&lt;br&gt;• Receive and reconcile your payments faster with EFT and ERA&lt;br&gt;• Use ERA with your accounts receivable system to help save time and reduce costs and posting errors&lt;br&gt;• EFT deposits claim payments directly into your bank account, avoiding mail delays. Funds are available the day of the deposit, which increases efficiency and improves cash flow&lt;br&gt;• To learn more about EFT and online remittance reports, click here: <a href="https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDieftorr.pdf">https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDieftorr.pdf</a>&lt;br&gt;• To learn more about ERA, click here: <a href="https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDipra.pdf">https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDipra.pdf</a></td>
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<td><strong>Online remittance reports</strong>&lt;br&gt;• Get detailed payment information at your fingertips and access to your remittance reports the same day you receive your electronic payment&lt;br&gt;• To learn more about online remittance reports, click here: <a href="https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDieftorr.pdf">https://cignaforhcp.cigna.com/public/content/pdf/resourceLibrary/global/eDieftorr.pdf</a></td>
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Information. Delivered.
CignaforHCP.com and our trading partners

Delivery of information through CignaforHCP.com

- **Patient Information and Transactions**
  - Eligibility and benefits
  - Patient out-of-pocket cost estimation (medical, behavioral)
  - Precertification submission and inquiry (medical)
  - Claims status inquiry
  - Electronic funds transfer enrollment and management
  - Remittance reports
- **Resources**
  - eCourses
  - Cigna formularies/drug list
  - ID cards
  - Clinical reimbursement and payment policies
  - Forms
  - Reference guides

Trading Partners/EDI Vendors

Delivery of information through HIPAA 5010 transactions

- Eligibility and benefits inquiry and response (270/271)
- Health service review/precertification (278)
- Electronic claim submission (837)
- Claim acknowledgement (277CA)
- Claims status inquiry and response (276/277)
- Electronic remittance advice (835)
- Patient out of pocket cost estimation (Availity only)
- Electronic funds transfer enrollment and management (CAQH only)

Transaction availability varies by partner/vendor.
For more information, visit [Cigna.com/EDIvendors](http://Cigna.com/EDIvendors).

For more information on EDI, click here: [CignaforHCP.Cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/EDI_eligibility.pdf](http://CignaforHCP.Cigna.com/public/content/pdf/resourceLibrary/eCourses/medical/ediOptions/EDI_eligibility.pdf)
eServices support

- Your Experience Manager or Experience Consultant
- Webinars (CignaforHCP.com > News You Can Use)
- General eServices product information (CignaforHCP.com > Resources > Doing Business with Cigna > eServices)
- eCourses (CignaforHCP.com > Resources > Doing Business with Cigna > eServices)
- EFT payment calendars (CignaforHCP.com > Resources > Doing Business with Cigna > eServices)
- Your EDI vendor

Don’t have an EDI vendor?
Visit Cigna.com/EDIvendors for more information
Additional eServices reference materials and education

Step by Step modules:

- CHCP Website Overview
- CHCP Registration and Login Overview
- CHCP Eligibility and Benefits Overview
- CHCP Cost of Care Estimator
- CHCP Website User Tools
- CHCP Health Care Professional Directory
- HCP Cultural Competency Training

Brochures

- eServices Overview Brochure
- Cigna for Health Care Professionals Website
- Eligibility and Benefits Inquiry
- Cigna Cost of Care Estimator
- Precertification One Sheet
- Electronic Claims Submission
- Claims Status Inquiry
- EDI Overview
- Electronic Remittance Advice (ERA)
- Electronic Funds Transfer (EFT)
- Online Remittance Reports
YOUR PATIENTS, OUR CUSTOMERS

Support, advocacy and resources
Chronic condition support
True engagement and real support by a dedicated health advocate

We weave all the health issues affecting a chronic individual into one ongoing conversation.
• Providing comprehensive health management tailored to each customer’s preferences.
• Delivering continuous, personalized support through a dedicated health advocate.

Advocacy plan
Managing the whole person – not just the disease – by examining the complete picture of a person’s health, weaving together behavioral, lifestyle, social and physical factors to create one dynamic, integrated, custom-fit advocacy plan.

Considering the severity of a person’s condition and their willingness to change, we create a plan that helps them successfully reach their health goals.

Active coaching, self-guided support, and cutting-edge technology helps maximize outreach and outcomes.

Dedicated health advocate
Using a one-on-one approach that helps create strong relationships, advocates establish trust and drive higher engagement.

Combining clinical expertise, evidence-based practices and extensive experience, our multidisciplinary health advocates manage health to activate behavior change.
Outreach is triggered by the following conditions

- Asthma
- COPD (emphysema and chronic bronchitis)
- Low back pain
- Metabolic syndrome
- Osteoarthritis
- Peripheral arterial disease
- Behavioral
  - Anxiety
  - Bipolar disorder
  - Depression
- Diabetes mellitus:
  - Type 1
  - Type 2
- Cardiac concerns:
  - Acute myocardia infarction
  - Angina
  - Congestive heart failure
  - Coronary artery disease
  - Heart disease
Prevention and wellness support

Helping individuals achieve personal health through comprehensive, personalized health coaching

By partnering with healthy and at-risk individuals and coaching them toward better health, Cigna Health Advisor℠ effectively changes behaviors, improves health and lowers costs by:

**Identifying individuals**
Targets the conditions and unhealthy behaviors that turn healthy and at-risk individuals into high-risk individuals

**Engaging support**
Incorporates individuals’ total health support needs and uses coaches to create one-on-one relationships

**Changing behaviors**
Coordinates interventions to change behaviors based on identified needs, shifting people from at-risk, or “seemingly healthy,” to healthy.
Healthy Pregnancies, Healthy Babies
Support to reduce the risk of preterm and low birth weight babies

Pregnancy is a life-changing, medical event. While most women have healthy, uncomplicated pregnancies, others may need specialized care to deliver healthy babies.

Cigna Health Pregnancies, Healthy Babies® focuses on:

• Early risk identification
• Appropriate care and treatment coordination
• Preventive care and healthy lifestyle education
• Condition support coaching

Women call to enroll or are identified through referrals. Once enrolled:

• Each woman speaks with a maternity specialist, trained as a nurse, who assesses her possible risks
• The nurse then develops a personalized advocacy plan and follow-up outreach schedule to address those risks
• Participants will receive prenatal education and care support based on their level of risk.
• After the baby is born, the same nurse contacts the mother to screen for postpartum depression and offer support

According to the March of Dimes®, being born more than three weeks early is the leading cause of newborn death. And babies who survive an early birth often face the risk of lifetime health challenges. In 2007, the average medical costs for a preterm baby’s first year were $49,033 – more than 10 times higher than they were for a healthy, full-term baby.
Health advocacy
Tools and resources driving health and wellness

What is your stress level?
See the tool

How much is smoking costing you?
How much money do you spend on cigarettes? Smoking is costing you even more when you consider the illnesses it can cause.
See the tool

Fighting mental health stigma
Dr. Stuart Lustig

When kids are bullied at school
Dr. Stuart Lustig

Bad news from the teacher
Dr. Stuart Lustig
Additional health advocacy information

Cancer Support Program
• For patients, for families, for every step of the way.
• The Cigna Cancer Support Program works with individuals and families who have been affected by any type of cancer. We provide access to nurses who are specially trained in oncology, as well as personalized care plans based on each person’s risk level and specific care needs.
• eCourse: http://www.brainshark.com/cigna/cancersupport/zG3zCtXSDz32VNZ0?intk=68319591
• Cancer Support Program Sales Sheet Link: https://cigna-all.custhelp.com/app/answers/detail/a_id/7772

Case Management Program
• Cigna supports participant and family decision making. So we want to help you access the information you need to make the right health care choices for you. We also want you to know your rights in the case management process.
• eCourse: http://www.brainshark.com/cigna/vu?pi=zFSzSZ46kz32VNZ0&intk=200132155
• Case Management Program Sheet: https://cigna-all.custhelp.com/app/answers/detail/a_id/60126

Lifestyle Support
• Cigna Lifestyle Support Programs for tobacco cessation, weight management and stress management engage individuals early and provide the support and coaching they need to make lasting behavior changes. These changes result in decreased medical costs and improved productivity.
• eCourse: http://www.brainshark.com/cigna/lifestylemanagement/zFSzbDdB6z32VNZ0?intk=689069424
Shaping healthier behavior through technology

YOUR HEALTH HAS MET ITS APP®

Coach by Cigna
only available on the new Galaxy S 5
24-Hour Health Information Line™
Here for your patients any hour of the day, any day of the week

Specialists available **24 hours a day, seven days a week** help your patients:

**Understand** and make informed decisions about symptom-based health issues.

Choose the right care in the right setting at the right time:
- ER
- Urgent care center
- Doctor appointment
- Home treatment options
- 911

**Access** a variety of online tools to help them become more engaged in their own health care.

Helping patients reach our Health Information Line is easy. Just tell them to call **800.Cigna24** or the toll-free number on their ID card.
KEEPING YOU UPDATED

The latest information on policy and coverage updates
resources for you

- Use material in meeting packet
- Go to CignaforHCP.com
- Quarterly Network Newsletter

Email: NetworkNewsEditor@Cigna.com to be added to the distribution
resources
for your patients
with Cigna coverage

• Cigna.com
• Cigna.com/healthwellness
• 800.Cigna24
• Health advocacy
• Technology
• Supportive programs
ICD-10 update
What has Cigna done to prepare?

- Cigna has taken the following steps to prepare for ICD-10 implementation:
  - Completed remediation of system applications that support:
    - Claim intake
    - Benefit plan setup
    - Precertification and authorizations
    - Claim processing and payment
    - Financial and reporting databases
  - Upgraded vendor applications for claim editing and clinical bundling
  - Updated business processes and policies to support the new ICD-10 code set
  - Created a cross-organizational task force to oversee code translations for all business processes and systems
  - Performed analysis on inpatient hospital diagnosis related group payment impacts

If you have questions about ICD-10 implementation, please contact your Cigna representative, or call customer service at 800.88Cigna (882-4462).
Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

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