

ROSTER GUIDELINES AND PROCESS

For Groups in the Cigna Collaborative Care® Accountable Care program

May 2020

To help ensure your patients are properly aligned to your Group in the Cigna Collaborative Care® (CCC) Accountable Care (ACO)* program, it is important that you provide us with timely provider roster changes, including additions, terminations, and address updates. We use this roster information to:

- Publish the online directories for Groups in an Accountable Care program
- Develop accurate reports for your Group
- Process your Accountable Care program payment

Additionally, we will provide regular maintenance and an annual audit review to ensure the rosters are as accurate as possible. The guidelines in this document contain important information about the review process and how to submit roster updates.

Allowable provider specialties

The following primary care providers (PCP) may participate in the Accountable Care program. These providers will receive patient alignment for care coordination, payment, and reporting:

- Family practice
- General practice
- Internal medicine
- Geriatric medicine
- Pediatric medicine
- Adolescent medicine

The following mid-level practitioners and obstetrics/gynecology (OB/GYN) specialty types** receive patient alignment for care coordination, payment, and reporting, only if the patient is not aligned to a PCP:

- Family nurse practitioner
- Family nurse practitioner, primary care
- Adult nurse practitioner, primary care
- Gerontology nurse practitioner
- Physician Assistant
- Pediatric nurse practitioner, primary care
- Women's health nurse practitioner
- Gynecology (no obstetrics)
- Obstetrics/gynecology

The following specialty care providers will only affect reporting and are allowed on the program roster. The reporting available for these providers are Episode Treatment Group (ETG), Specialty Care Utilization, and Specialty Referral reports.

- Allergy and immunization
- Cardiology
- Cardiothoracic surgery
- Dermatology
- Endocrinology
- Gastroenterology
- General surgery
- Hematology and oncology
- Nephrology
- Neurology
- Neurosurgery
- Obstetrics/gynecology
- Ophthalmology
- Orthopedics and surgery
- Pulmonology
- Rheumatology
- Urology

**Referred to as Collaborative Accountable Care (CAC) in contract documents. Cigna Collaborative Care programs are Cigna's approach to achieving the same population health goals as Medicare accountable care organizations (ACOs).*

***Only Gynecology, Obstetrics/Gynecology and Women's Health Nurse Practitioner specialties are included in the alignment process. Midwifery and Obstetrics specialty types are not considered for alignment.*

Any specialties not listed in the above table should not be included in your Accountable Care program roster since they do not affect any reporting. This includes hospital-based, behavioral health providers, dental providers, and hospitalists (providers who do not see patients in a practice setting). In addition, please check before adding urgent care and primary care float providers to the roster for the Accountable Care program. Specialist providers who are included on the roster, will be aligned to patients in your Group and will be responsible for the patient’s cost and quality results.

Annual roster audits

Cigna will initiate a roster audit on an annual basis, which will coincide with your program anniversary date. At the time of the audit, your Group will be required to attest to the accuracy of the roster. This process ensures that our Accountable Care programs reflect accurate provider and patient alignment in our systems. Supplemental audits may be requested prior to your program anniversary date to maintain roster integrity throughout the year.

It is critical that we have an accurate provider roster to ensure the accuracy of:

- Patient alignment with providers in your Group
- Your performance reports
- Your value-based reimbursements
- Cigna online directories of provider groups in an Accountable Care program

Adding or removing providers from your roster

- Work with your Contracting and Provider Services team to establish a timely process for submitting roster updates in a way that best suits your situation.
- Any requests to add or remove providers from your Accountable Care roster must be submitted 30 days in advance of the effective date.
- If a provider or medical practice is required to sign an Election to Participate (ETP) form to participate in the Accountable Care program, it must be signed before you submit a request to update the program roster. This only applies to independent practice association (IPA) Accountable Care models.
- Providers can only participate in one Accountable Care program. This applies to PCPs and specialists. This does not affect their Cigna network participation.
- Refer to the submission guidelines in this document for the types of information to include in your roster update requests.

Updating provider demographics

- Provider demographic updates can be submitted at any time.
- Standard turnaround time for updates is 30 days.
- Provider demographic updates include:
 - Provider address
 - Provider telephone number
 - Provider specialty

Submission guidelines

The information you submit will depend on the type of update. As a best practice, please provide the information in an Excel-based format and refer to the following table for details.

Type of update	Information needed
<p>Provider is new to both the network and your Accountable Care program</p> <p>After the provider has been credentialed, the request to add the provider to the Accountable Care program must be submitted 30 days in advance of the requested effective date.</p>	<p>To add a provider to the network and the Accountable Care program:</p> <ul style="list-style-type: none"> • The standard information required to add a provider to the network • Confirmation as to whether you are adding them to the roster for the Accountable Care program (“yes” or “no”). If not, all providers should be automatically added. • Name of Accountable Care program Group • Provider name and National Provider Identifier (NPI) • Provider Taxpayer Identification Number (TIN) and TIN owner name • Provider specialty • Provider address (Street, City, State, ZIP code) • Subgroup information (if applicable)

Type of update	Information needed
<p>Provider already participates in the network, and joins your existing Accountable Care program</p> <p>After the provider has been credentialed, the request to add the provider to the Accountable Care program must be submitted 30 days in advance of the requested effective date.</p>	<p>To add a contracted provider to the roster:</p> <ul style="list-style-type: none"> • Name of Accountable Care program Group • Provider name and National Provider Identifier (NPI) • Provider Taxpayer Identification Number (TIN) and TIN owner name • Provider specialty • Provider address (Street, City, State, ZIP code) • Subgroup information (if applicable)
<p>Provider terminates from the network</p>	<p>To remove a provider from the network and the roster for the Accountable Care program:</p> <ul style="list-style-type: none"> • Name of Accountable Care program Group • Provider name and National Provider Identifier (NPI) • Subgroup information (if applicable) • Date they terminated from the network. <p>When a provider terminates from the network, their Accountable Care program affiliation will be terminated in our records. The network and the program termination dates may not be the same.</p>
<p>Provider terminates from the Accountable Care program, but is still participating in the network</p>	<p>To remove a provider from the program roster:</p> <ul style="list-style-type: none"> • A notification to terminate the Accountable Care program affiliation only • Name of Accountable Care program Group • Provider name and National Provider Identifier (NPI) • Subgroup information (if applicable) • Date the termination is effective <p>The actual termination date used to remove the provider from the roster will depend on the termination date requested, the date we process the request, and where we are in the Group's alignment processing cycle. Termination dates are always the last day of the month that it is processed in the system. The month the termination is requested may not be the same month it is processed due to alignment and payment cycling.</p>
<p>Provider changes subgroups within your program</p>	<p>To change a provider's subgroup:</p> <ul style="list-style-type: none"> • Name of Accountable Care program Group • Provider name and National Provider Identifier (NPI) • Provider Taxpayer Identification Number (TIN) and TIN owner name • Provider specialty • Provider address (Street, City, State, ZIP code) • Current and future subgroup information (if applicable)

Additional information

If you have any questions, please contact your Experience Manager or Experience Consultant.

Together, all the way.™



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.