

Arkansas Medical Society

2023



Agenda



COVID-19 update

Where to find helpful information

Improvements in precertification and prior authorization

Cigna Healthcare Payer Solutions and Shared Administration Accounts

Reimbursement policy updates & Resources

COVID-19

As of August 1, 2023 dates of service, Cigna Healthcare reimburses providers for covered COVID-19 related services (e.g., vaccine administration, infusion treatments, and COVID-19 testing) at contracted rates.

For more information, visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Medical Resources > Doing Business with Cigna > [Cigna's response to COVID-19](#).



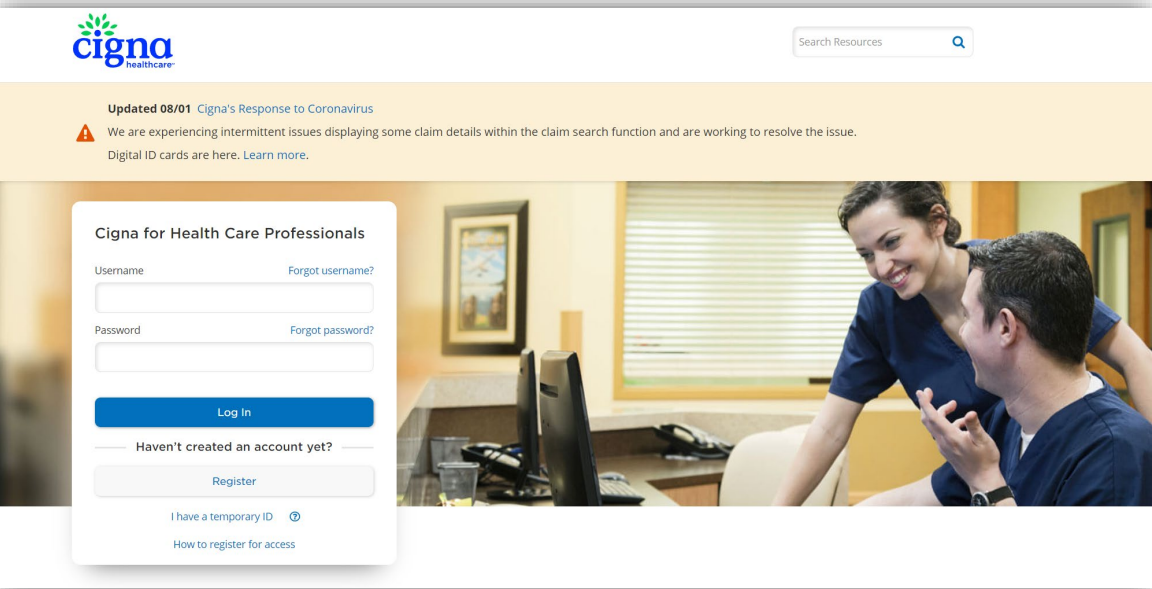
Where to find helpful information

For commercial plans and eviCore healthcare services

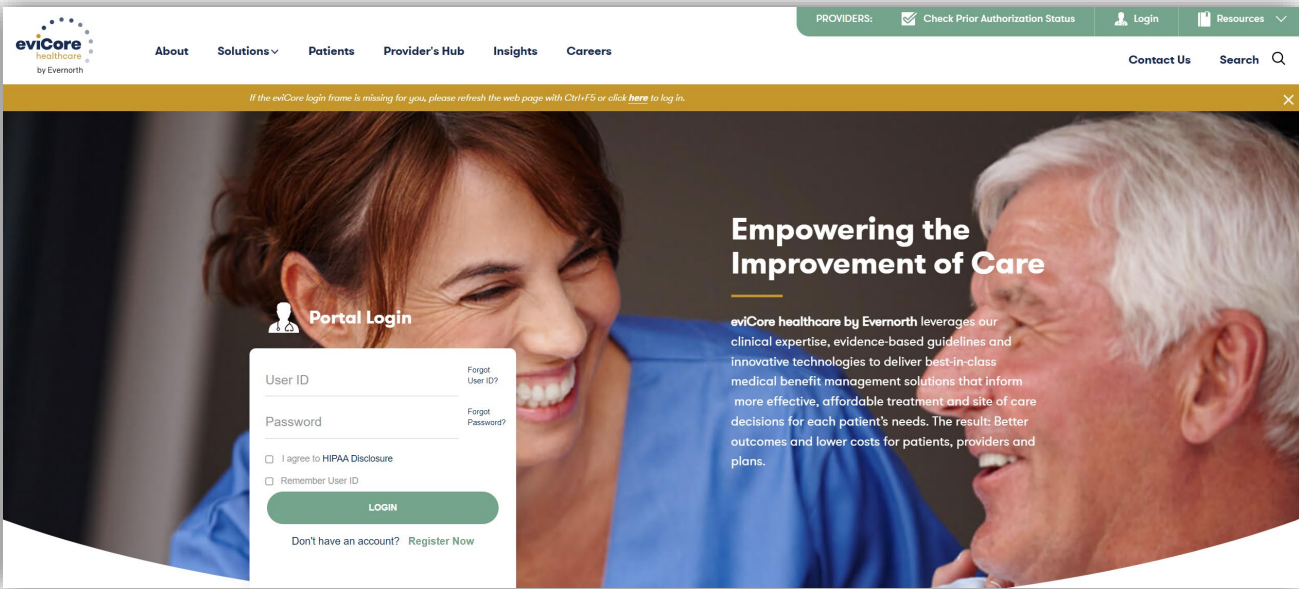


Online resources

Cigna for Health Care Professionals website
(CignaforHCP.com)



eviCore healthcare by Evernorth website
(eviCore.com)



CignaforHCP.com quick access links



Find the right forms

Quickly locate the forms you need for authorizations, referrals, or filing or appealing claims with our Forms resource area.



Review coverage policies

Access information on Cigna standard [health coverage plan provisions](#) and medical coverage policies with our extensive Coverage Policies resource area.



Clinical reimbursement & payment policies

Find [appeal policies](#), [claim editing procedures](#) and [laboratory and reimbursement information](#) critical to working with Cigna.



Precertification process

Learn what services require [precertification](#) and how to properly request it for medications, medical procedures, and services managed by delegated ancillary vendors.



Get questions answered

Our [Resource](#) library has access to many forms and information that you can access before logging in.



Join the Cigna network

Become a contracted Cigna provider! Choose your field to get started: [Medical](#), [Dental](#) or [Behavioral](#).

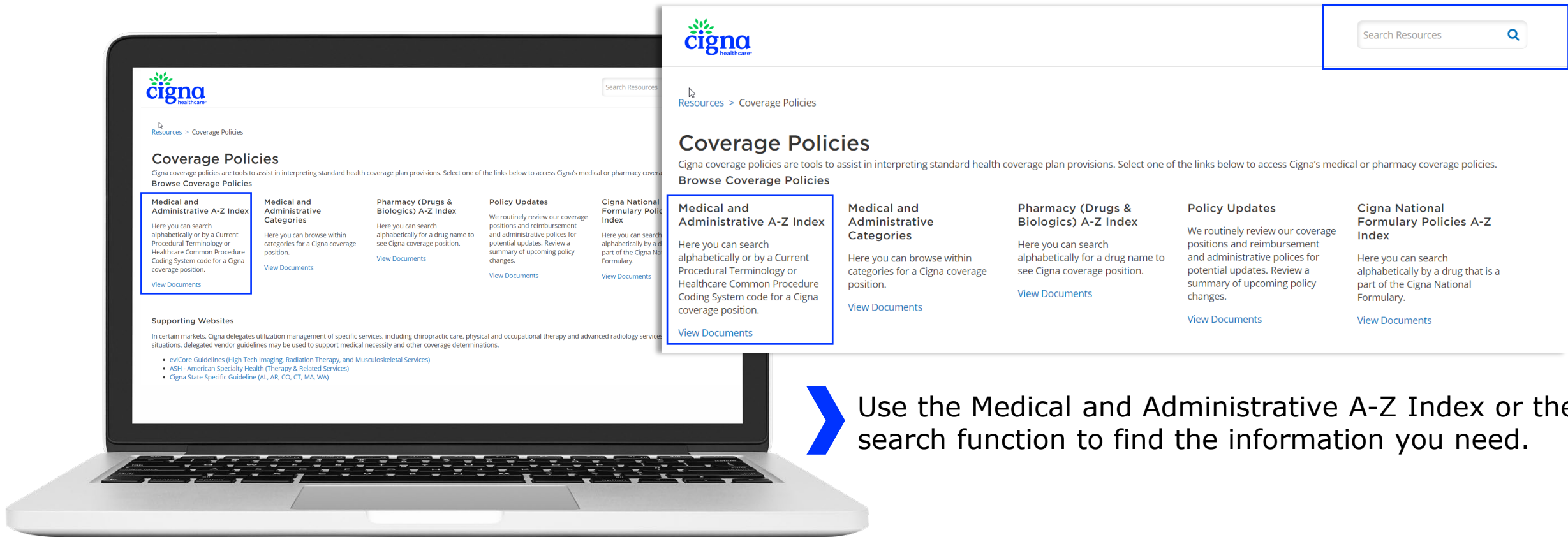
Read the latest news

Read our current newsletters for [Medical](#), [Dental](#) or [Behavioral](#) providers.

Find care for patients

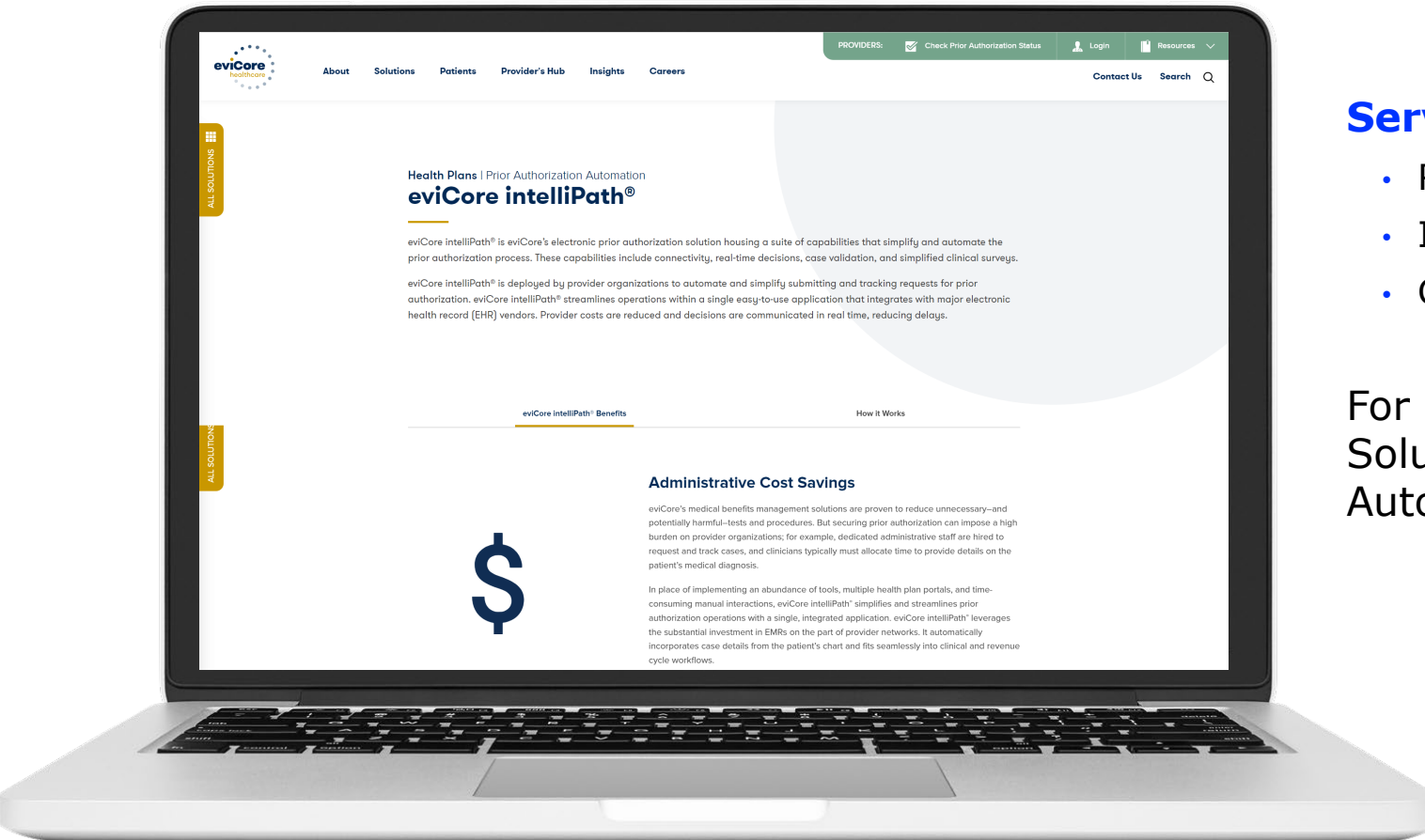
[Find a health care professional](#) in your patients' network. Select a directory, and find network participating health care professionals that best fit your patients' needs, based on their coverage.

Coverage policies on CignaforHCP.com



Use the Medical and Administrative A-Z Index or the search function to find the information you need.

eviCore – Is precertification required?



Services provided by eviCore

- Radiology imaging
- Integrated oncology management
- Gastroenterology

For more information, visit eviCore.com > Solutions > Providers > Prior Authorization Automation > [eviCore IntelliPath®](https://eviCore.com/intelliPath).

Precertification

For commercial plans and eviCore healthcare services



Precertification (i.e., prior authorization)

Benefits

- Provides information for providers and patients regarding the coverage of services
- Assists patients in receiving disease management, case management, and other available services
- Avoids services that may not be covered and unplanned charges for the patient
- Facilitates timely payment of claims to all providers
- Reduces duplicity
- Patients receive evidence-based medicine/care
- Prior authorization process supports the quality pillar of evidence-based care/guidelines



Precertification can improve the affordability of health care. Importantly, this does not always equate to finding a lower-cost alternative. Often, we may recommend using the more expensive option first, which eliminates unnecessary and potentially harmful steps – saving time and costs while improving outcomes.

Submitting precertification requests – commercial medical plans

Use one of the following options to submit precertification requests for services for your patients with **commercial medical plans**.

- Use your practice management system or vendor – Health Care Request and Response (ANSI 278)
- Log in to CignaforHCP.com > Patients > View and Submit Precertification
- Call **800.88Cigna (882.4462)**
- Log in to eviCore.com based on service type

Refer to Cigna Healthcare’s coverage policies on CignaforHCP.com to identify all required information.



How to appeal a decision: Log in to CignaforHCP.com > Patients > Search Patients > Precertification. After selecting the precertification you would like to appeal, click the “Start Appeal” button and follow the steps.



Submitting precertification requests – eviCore

eviCore services include cardiology, durable medical equipment, gastroenterology, home health, medical oncology, musculoskeletal, radiation oncology, radiology, and sleep.

1

Log in to
eviCore.com

2

If a staff member is creating the request, they should use the [clinical worksheets](#)

3

Upload any additional information required to the Certification Summary page



Refer to [eviCore's checklist](#) to learn how to speed up the prior authorization process.



How to appeal a decision

Any requests submitted via eviCore can be [appealed](#).

New precertification dashboard on CignaforHCP.com

Precertification will
be added to the
dashboard



Patients Recent				Recent Flagged	
🚩	FIRSTNAME LASTNAME Covered	DATE OF BIRTH 00/00/0000	PATIENT ID 0123456789		
🚩	FIRSTNAME LASTNAME Covered	DATE OF BIRTH 00/00/0000	PATIENT ID 0123456789		
🚩	FIRSTNAME LASTNAME Covered	DATE OF BIRTH 00/00/0000	PATIENT ID 0123456789		
🚩	FIRSTNAME LASTNAME Covered	DATE OF BIRTH 00/00/0000	PATIENT ID 0123456789		
🚩	FIRSTNAME LASTNAME Covered	DATE OF BIRTH 00/00/0000	PATIENT ID 0123456789		
Claims Recent				Recent Flagged	
🚩	FIRSTNAME LASTNAME PATIENT ID 0123456789	Processed CLAIM REFERENCE 1709142201606	SUBMITTED AMOUNT \$392.00	DATE(S) OF SERVICE 09/13/2022	
🚩	FIRSTNAME LASTNAME PATIENT ID 0123456789	Paid CLAIM REFERENCE 7192223691347	SUBMITTED AMOUNT \$52,534.10	DATE(S) OF SERVICE 07/19/2022- 08/16/2022	
🚩	FIRSTNAME LASTNAME PATIENT ID 0123456789	In-Process CLAIM REFERENCE 222431707500	SUBMITTED AMOUNT \$264.00	DATE(S) OF SERVICE 09/17/2022	
🚩	FIRSTNAME LASTNAME	Processed			
Precertifications Recent				Recent Flagged	
🚩	ALLISON ADAMS PATIENT ID 123456789	Approved PRECERTIFICATION NUMBER #12345678	REQUESTING PROVIDER JOHNATHAN, JONES SERVICING PROVIDER MURRAY, MARY	DATE(S) OF SERVICE 00/00/0000 - 00/00/0000	
🚩	ALLISON ADAMS PATIENT ID 123456789	Approved PRECERTIFICATION NUMBER #12345678	REQUESTING PROVIDER JOHNATHAN, JONES SERVICING PROVIDER MURRAY, MARY	DATE(S) OF SERVICE 00/00/0000 - 00/00/0000	
🚩	ALLISON ADAMS PATIENT ID 123456789	Approved PRECERTIFICATION NUMBER #12345678	REQUESTING PROVIDER JOHNATHAN, JONES SERVICING PROVIDER MURRAY, MARY	DATE(S) OF SERVICE 00/00/0000 - 00/00/0000	
🚩	ALLISON ADAMS PATIENT ID 123456789	Approved PRECERTIFICATION NUMBER #12345678	REQUESTING PROVIDER JOHNATHAN, JONES SERVICING PROVIDER MURRAY, MARY	DATE(S) OF SERVICE 00/00/0000 - 00/00/0000	
Manage User Access					

Messages

Sort: All

Claims: 00/00/0000
Paid Claim Notification
Multiple claims completed processing... >

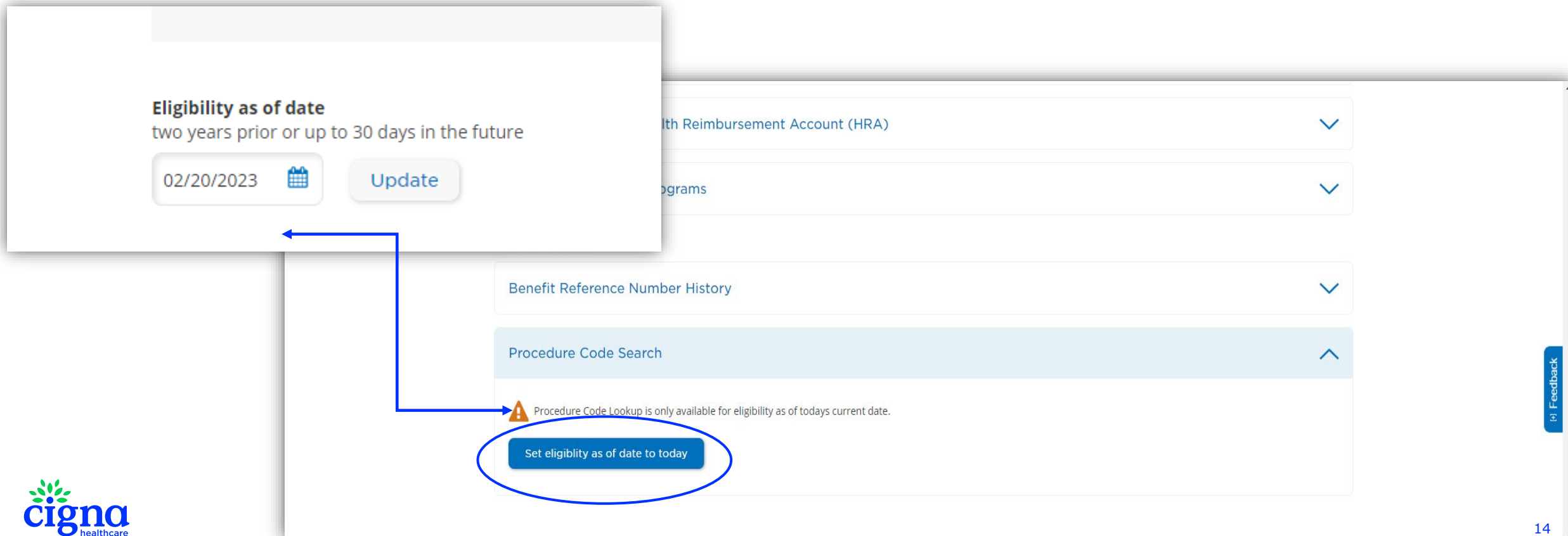
Claims: 00/00/0000
Paid Claim Notification
Multiple claims completed processing... >

Claims: 00/00/0000
Paid Claim Notification
Multiple claims completed processing... >

Claims: 00/00/0000
View Message Center

Eliminate scrolling to set eligibility date to current date

Users are now able update the eligibility date to today by clicking the “Set eligibility as of date to today” button. This updates the calendar to the current date without scrolling back to the top of the screen.



Starting an appeal from the Precertifications page

Current experience: User must go into the precertification to start an appeal.

Cigna

healthcare

Search Resources

Logout

testing person

Dashboard

Patients

Claims

Reports

Working With Cigna

Resources

Updated 01/13

Cigna's Response to Coronavirus

Digital ID cards are here. [Learn more.](#)

Patient Search >

Cigna Medical

Behavioral

View Claims

Precertifications

Precertifications

Precertification Number	Status	Start Date	End Date	Requesting Provider	Servicing Provider	Place of Service
#B6jTWHK1	Approved	2021/02/25	2021/04/26	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6kj34K1	Approved	2021/04/27	2021/05/06	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6Kj79K1	Approved	2021/05/07	2021/05/16	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6kj8CK1	Approved	2021/05/12	2021/05/24	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Inpatient
#B6KRTVK1	Void	2021/05/13	2021/05/14	KRISHNADASAN, RAVITHARAN	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Inpatient
#B6KWMK1	Approved	2021/06/18	2022/06/17	HUSNAIN, MUHAMMAD	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient
#B6MDZTK1	Approved	2021/10/12	2021/11/11	GOWIN, KRISSTINA	BANNER UNIVERSITY MEDICAL CENTER TUCSON	Hospital: Outpatient

Cigna

healthcare

Search Resources

Logout

Doc Test

Dashboard

Patients

Claims

Reports

Working With Cigna

Resources

Updated 8/23

Cigna's Response to Coronavirus

JOHN DOE > Pre-cert AB0123456789

Precertification #AB0123456789

Training Materials

Denied

Reasoning for status goes here.

Precertification & Patient Details

Appeal History (0)

Patient

Plan

Patient DOB

Patient ID

JOHN DOE

Open Access Plus

00/00/0000

123456789

See Coverage Policy

Place of Service

Requesting Provider

Servicing Provider

Diagnosis Code

Hospital - Outpatient

Hospital - Outpatient

Hospital - Outpatient

012.3

Service Lines

Please select procedure lines or all to start an appeal

Appeal	Code	Description	Status	Service Type	Date(s) of Service	Stay Level	Units Approved/ Requested	Level of Urgency
<input type="checkbox"/>	71260	CT THORAX W/ DYE	--	--	00/00/0000-00/00/0000	--	--	--

Start Appeal

Site tour

Quick website overview

Education and training tutorials

Medical

Dental

Behavioral

Website access manager resources

Resources page & webinars

Tutorial

Other Cigna websites

Medicare Providers

Cigna Global Health Benefits

Follow us

Informa

reform

CS&H

SECURED

Norton

SECURED

About SSL

Certificates

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15

Starting an appeal from the Precertifications page

Search Resources

Q

Logout

testing person

Dashboard

Patients

Claims

Reports

Working With Cigna

Resources

Updated 4/23

Cigna's Response to Coronavirus

Patient Search > U42351673 01

John Doe

Cigna Medical

Behavioral

View Claims

Precertifications

Precertifications

Flag	Precertification Number	Status	Patient	Date of birth	Dates of Service	Tax Identification Number (TIN)	Requesting Provider	Servicing Provider	Place of Service	Appeal
P	#OP0649984901	Approved	John Doe 0123456789	00/00/0000	2020/09/16 - 2020/09/16 -	0123456789	JANE JONES	ROBERT RED	Hospital - Outpatient	Appeal
P	#OP0649984902	Approved	John Doe 0123456789	00/00/0000	2020/09/16 - 2020/09/16 -	0123456789	ALEX ADAMS	Not Available	Hospital - Outpatient	Appeal

Site tour
(4 minute video)

Quick website overview

Education and training
tutorials

(videos approx. 5 minutes each)

Medical

Dental

Behavioral

Website access manager
resources

Resources page & webinars

Tutorial

Other Cigna websites

Medicare Providers

https://medicareproviders.cigna.com

Cigna Global Health Benefits

https://provider.cignaenvoy.com

Follow us

Informed
on
reform

CACH
CORE

Norton
SECURED

powered by VeriSign

About SSL
Certificates

Future experience:
Users will now be
able to start an
appeal from the
Precertifications tab.



CHCP.com and Third-Party Administrators

Cigna Healthcare Payer Solutions and Shared Administration Accounts



Cigna Payer Solutions

Claims and appeals: Points of interaction



Claim flow

- Provider submits claim electronically to Cigna Healthcare (payer ID 62308) or to the address on the patient's ID card.
- Cigna Healthcare prices the claim based on the network-contracted rate, and forwards it to the payer for reimbursement based on the customer's eligibility and benefits.
- The payer remits payment following contractually agreed-upon turnaround requirements.

Where to send appeals

- Send appeals of **clinical denials** to Cigna Healthcare using the contact information supplied in the denial letter(s).
- Send **appeals of application** of contract rates to the address on your patient's ID card.

Contact payer for:

- Eligibility
- Benefits
- Precertification
- Claims status
- Non-pricing appeals

Call the phone number on the patient's ID card.

Contact Cigna Healthcare for:

- Reimbursement issues
- Pricing appeals
- General contract questions

Call **888.663.8081**.

Identifying the type of account

Payer Solutions or Shared Administration

Patient Search

MODIFY SEARCH

NEW SEARCH

[-] HIDE RESULTS

?

PATIENT RESULTS AS OF 04/25/2019									
	Patient ID	Date of Birth	Patient Last Name	Patient First Name	Coverage From	Coverage To	Coverage Status	Account	Notes
	N3			Allan	09/01/2011	Present	Shared Administration/ Alliance Patient	BENEFIT PLAN	
	24			Shelia	01/01/2018	Present	Payer Solutions		




Patient Search results

When searching for a patient, the **Coverage Status** column indicates if the plan is Shared Administration or Payer Solutions.

Identifying a patient with third-party administrator (TPA) coverage

Martha Brown  [VIEW DETAILS IN NEW TAB](#)

COVERAGE DETAILS **ESTIMATE COSTS** **VIEW CLAIMS**

[DETACH](#) [USEFUL LINKS](#)  

ELIGIBILITY AS OF:  **Patient ID:** U92810582 01 **Coverage From:** 07/01/2013 **Coverage To:** Present
Account #: **Account Name:** **Plan:**

 TZ RESOURCEONE ADMINISTRATORS is responsible for administering various aspects of this patient's plan, which may include claim processing, utilization management or eligibility verification. For additional coverage information, call 800.967.2077.

 This is not a guarantee of coverage or that the coverage amounts shown will remain unchanged until the date services are rendered. Any claim submitted is subject to all plan provisions including eligibility requirements, exclusions, limitations and state mandates. Coverage will be determined on the basis of the facts existing when services are rendered.



Patient Eligibility and Benefits page

Under the **Coverage Details** section, when the patient's benefits are not managed by Cigna Healthcare, the website will indicate the TPA name and phone number.

Resource pages

Payer Solutions and Shared Administration

Medical Plans And Products

An overview of more than 10 Cigna medical plans including indemnity, HMO and network, Medicare, open access, PPO and more.

Document Title	Document Type	Document Size	Last Updated
Cigna Choice Fund®	Online Resource	--	04/12/2016
Cigna Medicare Advantage Plans (Part C)	Online Resource	--	04/13/2020
Cigna Medicare Advantage Plans - Employer Group	Online Resource	--	04/13/2020
Cigna Indemnity Vision Care	Online Resource	--	
Cigna Medicare Surround®	Online Resource	--	09/16/2014
Cigna Network Vision	Online Resource	--	04/12/2016
Cigna Vision Plans	Online Resource	--	04/12/2016
Cigna Vision PPO	Online Resource	--	04/12/2016
HMO and Network	Online Resource	--	04/07/2020
Cigna SureFit®	Online Resource	--	06/16/2021
Indemnity	Online Resource	--	04/07/2020
LocalPlus®	Online Resource	--	02/26/2020
Open Access Plus	Online Resource	--	04/07/2020
Cigna + Oscar Plans	Online Resource	--	10/01/2020
Payer Solutions	Online Resource	--	01/04/2022
Point of Service (POS)	Online Resource	--	04/07/2020
Preferred Provider Organization (PPO)	Online Resource	--	04/07/2020
Shared Administration Repricing	Online Resource	--	12/22/2021
Strategic Alliances	Online Resource	--	09/07/2020
Viant/Beech Street Client Listing	Online Resource	--	



Resource web pages exist for each plan type

Each web page has a link to a list of active Payer Solutions and Shared Administration accounts. The lists contain contact information, including TPA website links, when available.

For more information, visit CignaforHCP.com > Get questions answered: Resource > Medical Resources > Medical Plans and Products.

Recent policy updates

Coverage and reimbursement policies and
precertification updates



Reimbursement policy updates



Anesthesia claims submitted with unbundled codes

Effective October 14, Cigna Healthcare will administratively deny the unbundled Current Procedural Terminology (CPT®) code when billed with one or more anesthesia codes by the same provider on the same day. The Anesthesia Services (R39) reimbursement policy will be updated to reflect this change.

Reimbursement for claims submitted with modifier AD

Effective October 14, Cigna Healthcare will reduce reimbursement to four units for anesthesia claims submitted with modifier AD and CPT codes 00100–01999. The Anesthesia Services (R39) and Healthcare Common Procedure Coding System (HCPCS) National Level II Modifiers reimbursement policies will be updated to reflect this change.

Somatic nerve injection claims submitted with unbundled codes

Effective November 12, Cigna Healthcare will implement a new reimbursement policy, Professional Bundled Services (R44), that will administratively deny the unbundled imaging CPT code when billed with one or more somatic nerve injection codes by the same provider on the same day.

Arkansas Prior Authorization Exemption Program

Arkansas Gold Carding Law



Overview of Arkansas Provider Prior Authorization Exemption Process:

Once Providers submit Preauthorization requests, they should expect Cigna to respond using the following process:

- A provider is not required to request an exemption to qualify for the exemption.
- Cigna will determine Providers who submit authorization requests for Medical services and Providers who submit authorization requests for Behavioral services.
- Cigna will determine Provider/Physician/Facility Preauthorization Exemption for Specific Health Care Services.
- Cigna will Communicate status to Providers via notification letters.
- Cigna will apply Provider/Physician Preauthorization Exemption for Specific Health Care Services in Cigna systems with first exemption period valid until 9/30/2024.
 - *Internal Staff can provide information to providers/physicians about the preauthorization exemption process using their chosen communication method.*
- Provider evaluations to take place once per year using 6 months of data, exemptions beyond 9/30/2024 will be valid for 12 months.

Appeals:

- At the insurer's expense, a provider has a right to a review of a reversal of a prior authorization exemption within twelve (12) months of receiving proper notice of rescission from an insurer, to be conducted by an independent review organization (IRO). The IRO will complete an expedited review no later than the thirtieth day after the date a provider files the request for a review. The insurer is bound by the decision of the IRO.

Impacted Arkansas Groups:

Impacted Arkansas Plans:

- Fully Insured Group Plans
- Fully Insured Individual Plans (Cigna does not participate in the marketplace in Arkansas)
- Fully Insured Plans Issued Outside State Insuring Residents in This State
- Self-Funded Non-Federal Government Plans

Plans Not Impacted:

- Dental & Vision Policies
- Federal Employee Plans
- Self-Funded ERISA Plans
- Prescription Plans (Until January 1, 2025)

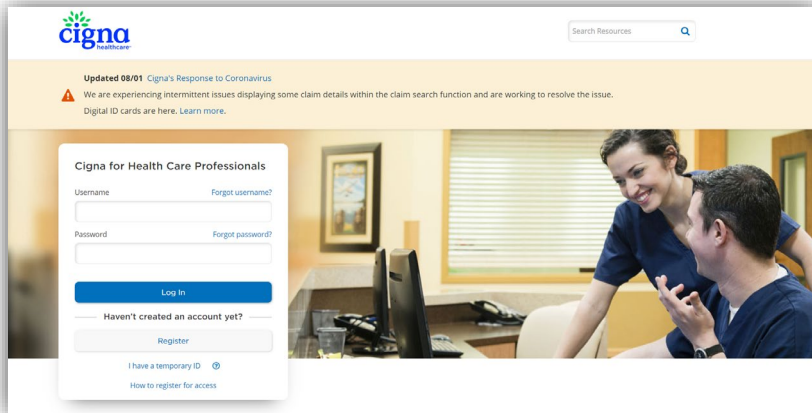


Additional provider resources

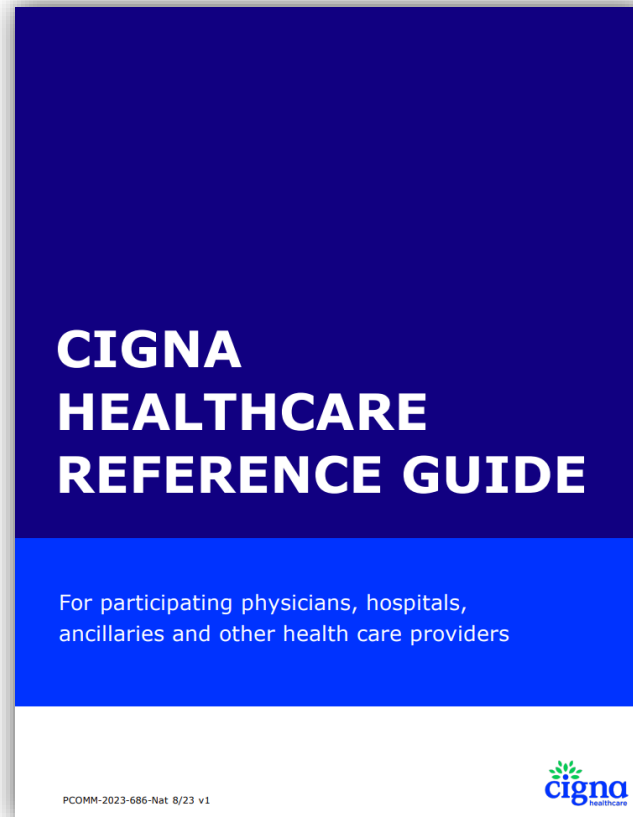


Provider resources

Provider portal (CignaforHCP.com)



Cigna Healthcare Reference Guide



[CignaforHCP.com](https://cignaforhcp.com) > Resources > [Reference Guides](#)

Cigna Healthcare Network News for Providers



[Cigna.com](https://cigna.com) > For Providers > Provider Resources > [Cigna Healthcare Network News for Providers](#)

To be added to the quarterly distribution, email NetworkNewsEditor@Cigna.com.

Contacts and support



Resource	Contact information
Webinars	CignaforHCP.com > Education and training tutorials
Digital solutions <ul style="list-style-type: none">• Electronic claims submission• EFT payment and remittance reports• ePrescribing	CignaforHCP.com > Get questions answered: Resource > Medical Resources > Doing Business With Cigna
Your electronic data interchange (EDI) vendor	Don't have an EDI vendor? Visit Cigna.com/EDIVendors .
Cigna Healthcare Customer Service	800.88Cigna (882.4462)
Your Provider Relations Executive	Lindy Alexander Email: Lindy.Alexander@Cigna.com Phone: 479.225.4297

Questions?



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