

THFMA Annual Payer Summit March 2015

CIGNA-HEALTHSPRING

GO YOU™

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Cigna-HealthSpring

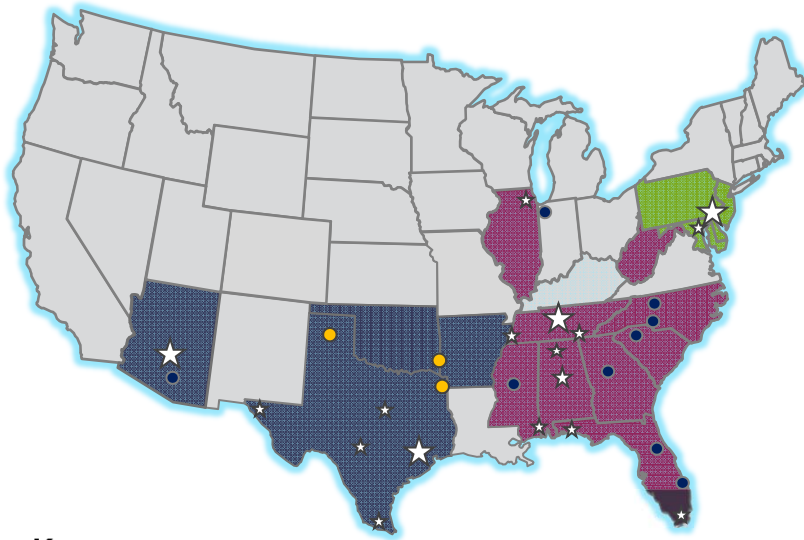
Cigna-HealthSpring is one of the leading health plans in the United States focused on caring for the senior population, predominately through Medicare Advantage and other Medicare and Medicaid products. Our concentration on this market has allowed us to develop a unique approach to healthcare coverage for beneficiaries.

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CIGNA-HEALTHSPRING...

is committed to helping our nation's seniors live healthier, more active lives through personalized, affordable and easy-to-use health care solutions



Key:

- ★ Existing Key Markets
- 2013 Expansion
- 2014 Expansion

OUR MISSION

We are dedicated to improving the health of the communities we serve by delivering the highest quality & greatest value in health care benefits & services.

OUR RESULTS

- ✓ Over 2 million seniors served
- ✓ Improved compliance in quality measures by over 30%
- ✓ High quality results with lower medical cost
- ✓ Better customer satisfaction

OUR BELIEF

We believe in revolutionizing the health care experience for our customers by empowering physicians



Go Deep



Go Global



Go Individual

Continue
Delivery System Engagement

Accelerate
Product Diversification & Market Expansion

Build
Deep Insights & Reach

We Develop and Manage Medical Care Delivery Systems



Cigna-HealthSpring Tennessee

2015 Medicare Advantage Service Area Counties

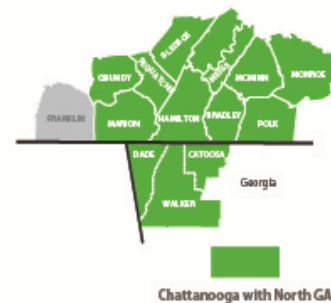
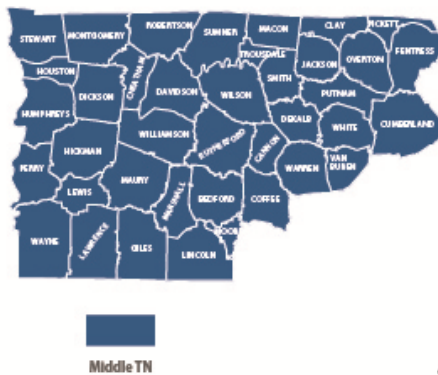


Arkansas Additions:

- Lawrence
- Greene
- Craighead
- Poinsett
- Mississippi

Removal for WTN:

- DeSoto (MS)
- Tate (MS)
- Marshall (MS)



Removal for ETN:

- Franklin



STAR RATING



***Cigna-HealthSpring of Tennessee is a 4 STAR Plan,
scoring in the top 20% of plans nationally.***

CMS evaluates the overall quality of MA plans through the STAR rating program.

The program aligns with our corporate vision by supporting continuous quality improvement and care coordination for our members.

Plans receive an overall rating based on performance in the following categories:

- Members' compliance with preventative care and screening recommendations
- Chronic condition management
- Plan responsiveness, access to care, and overall quality
- Customer service complaints and appeals
- Clarity and accuracy of prescription drug information and pricing

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Cigna-HealthSpring: More from Medicare

Cigna-HealthSpring continues a focus on preventive care:

- **\$0 monthly premium** plans available
- **\$0 co-pay** for routine, annual physical exams
- **Preventive** screenings & exams: *Pap & Pelvic, Prostate, Colorectal, Bone Mass, Mammography, AAA, Glaucoma*
- **Disease Management Programs**
- **Immunizations**
- **\$0 co-pay** for diabetic supplies (preferred vendors)
- **Transportation** (exclusions)
- **World-wide** Emergency & Urgent care
- **Coordinated-care** through PCP
- **Dental:** Preventive & Preventive Plus (exclusions)
- **Zero cost** Gym Membership (exclusions)
- **NO “3-day qualifying hospital stay”** required to admit Member to SNF

NETWORK ADMINISTRATORS

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Institutional Network Operations Team

Hospital and Ancillary Providers:

Management

Lisa Pirozzolo - Director, Network Operations

West TN Team

Suzette Stevens – Network Administrator, West Tennessee Region (ext. 505476)

Middle TN Teams

Jennifer Douglas – Network Administrator, Middle Tennessee Region (ext. 502421)

Mary Beth Liebhart – Network Administrator, Middle Tennessee Region (ext. 502819)

Lybronda Middlebrooks – Network Administrator, Middle Tennessee Region (ext. 502785)

Terri Ward – Network Administrator, East Tennessee Region (ext. 502752)

East TN Team

Lybronda Middlebrooks – Network Administrator, Knoxville Tennessee Region (ext. 502785)

Terri Ward – Network Administrator, Chattanooga Tennessee Region (ext. 502752)



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Network Administrators Role

- Contract negotiation and management
 - Current service area
 - Expansion service area
- Facilitate educational meetings with provider
 - On-site or webinar
 - Policy and procedure review
- Cigna-HealthSpring provider liaison
 - Issue resolution and troubleshooting
 - Claims, credentialing, health services, appeals, etc.

How to reach us.....

530 Great Circle Road
Nashville, TN 37228

Toll Free: (800) 230-6138

Local: (615) 291-7039

Fax: (615) 291-7547

Web: www.cignahealthspring.com

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Member Benefits

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TN 2015 MEMBER ID CARD



Plan ABC
HXXXX-XXX

Health Plan (80840): XXXXXXXXXX

Member ID: XXXXXXXXXX

Name: John A. Doe

PCP: John Smith

PCP Phone: 987-654-3210

Network: XXXXXXXXXX

RxBIN: XXXXXX
RxPCN: XXXXXX

Copays: PCP \$XX or \$XX

Specialist \$XX or \$XX

ER \$XX Urgent Care \$XX

Medicare_{Rx}
Prescription Drug Coverage

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Current Co-pay Administration

ER, Urgent Care, Observation

- If the Member is admitted within 24 hours, the Member cost-share is waived.

Ground and Air Ambulance

- Member cost-share is not waived if the Member is admitted.

Therapy (PT/ST/OT)

- When multiple therapies are performed on the same date and at the same place-of-service, one co-pay applies.

Outpatient Surgery

- Cost-share is dependent upon place of service (outpatient hospital vs. ambulatory surgery center)
- Cost-share is waived for surgical procedures incidental to colonoscopies only.
- The out-patient surgery co-pay will apply to nerve blocks.

Diagnostic Tests

- All endoscopic procedures, with the exception of colonoscopies, will require the diagnostic test cost-share

High-Tech Radiology

- 1) When **SINGLE** co-pay applies:
 - When ONE or MULTIPLE images are taken.
 - Test type are the SAME.
(CT/CTA, Nuclear Medicine, MRI/MRA **or** PET)
 - AND, test given on SAME day.
MONDAY ~ Mr. Smith has 3 CT scans of the head, chest and abdomen = **1 co-pay**.
- 2) When MULTIPLE co-pays apply :
 - When MULTIPLE images are taken.
 - Test types are DIFFERENT.
(CT/CTA, Nuclear Medicine, MRI/MRA **AND/OR** PET)
 - AND, tests given on SAME day.
TUESDAY ~ Mr. Smith has 1 Whole Body PET scan and 2 CTs of chest and abdomen = **2 co-pays**.
❖ **OR**, test types are the **SAME** and given on **DIFFERENT** days.

MONDAY ~ Mr. Smith has 3 CT scans of the head, chest and abdomen = **1 co-pay**.
TUESDAY ~ Mr. Smith has 1 Whole Body PET scan and 2 CTs of chest and abdomen = **2 co-pays**.
Mr. Smith has 3 co-pays.

Out-of-Pocket Maximum

- Once the Member reaches **\$4,400.00*** of out of pocket expenses (i.e., co-pays, co-insurance), the Member no longer has a cost share for those services included in the OOP max. Cigna-HealthSpring pays 100%.
- Services included in the out of pocket max: ambulance transports, dialysis, DME, home healthcare, hospital admissions, Infusion care, O&P, outpatient surgery, SNF stays, outpatient therapy visits, outpatient diagnostic tests
- Supplemental benefits are the only exclusion to the out of pocket max.
- Call **Provider Services** to verify how much of the out of pocket max has been met. Note all out of pocket information is based on processed claims as of the time that you inquire.

*Total Care - \$6,700.00

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HEALTHSPRING CONNECT


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HealthSpring Connect

<https://healthspring.hsconnectonline.com/HSCConnect/login.aspx>

 Contact


Sign-in

User Name:

Password:

[Forgot Password?](#)
Need an Account? Click [here](#).

Welcome to HSConnect!




The HSConnect portal allows participating providers access to customer information with more efficient tools, so you, the provider, can focus on patient care.

Welcome to HSConnect, should you need technical support assistance please contact us during our business hours of 7:00 a.m.-6:00 p.m CST., Monday through Friday.
1-866-952-7596 or email us at
HSCConnectHelp@hsconnectonline.com

Experience the Ease of HSConnect

| Your online solution for... | It's as easy as |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <ul style="list-style-type: none">Referrals Entry* and Inquiry | 1 Entering data |
| <ul style="list-style-type: none">Precertifications Entry* and Inquiry | 2 Attaching supporting clinical documentation |
| <ul style="list-style-type: none">Inpatient Authorization Inquiry | 3 Submitting information and receiving IMMEDIATE status response |
| <ul style="list-style-type: none">Eligibility Verification | |
| <ul style="list-style-type: none">Claims Payment Review | |



HSConnect is easy to use, HIPAA compliant, and provides enhanced efficiency and accuracy to your daily authorization process. Work with your provider representative and "Get Connected"

* Some features are subject to market availability, and not available for all markets. Please contact your HSConnect liason if you wish to learn more or utilize these features

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Locate a Member Part 1



1. Log into the HSConnect portal and accept the terms and conditions.
2. Select the **Member Search** link at the top of the Home Page. The Member Quick Search screen displays.
3. Enter a search term in at least one field. If you enter multiple fields, the search results only display those members where all fields match.
 - **Member Last or First Name:** Enter a full or partial name.
 - **Member DOB:** Use with the Name to narrow the search results.
 - **Member ID:** Enter the number with nine digits, an asterisk, and followed by the two digit suffix. For example **123456789**.
Note: Member ID is the preferred and most accurate search term.
4. Select **Search**. The search results display.
Note: If needed, select **Reset** to clear and enter new search terms. The following details apply to the search results:
 - If there are more than 100 matching search results, a message displays stating you have exceeded the current limit of 100.
 - Partial name matches may display, such as Rosemary when you only entered Mary.
 - Use the **First**, **Previous**, **Next**, or **Last** links to page through the search results if there are multiple pages.
5. From the Member Search Results, select the **Member ID**, **Member Name**, or **DOB** link to display that member's profile.

Member Quick Search

Member LastName Member

Member FirstName J

Member DOB mm/dd/yyyy

Member ID

HIC/Medicaid ID

Search Reset

Member Search Results (3 records)

| Member ID | Member Name | DOB |
|------------------------------|---------------|------------|
| 123456789*01 | MEMBER_JOANNA | 12/15/1931 |
| 33445566 | MEMBER_JAY | 12/15/1931 |
| 012345677*01 | MEMBER_JOHN | 11/04/1932 |

[First](#) [Previous](#) [Next](#) [Last](#)

9. The member coverage history displays. (Optional) Select the hide history link to hide this section of the screen.

| Eligibility History | | | | | | hide history |
|---------------------|--------------|-------------------|------------|------------|-------------|------------------------------|
| Group ID | Benefit Plan | Benefit Plan Type | Begin Date | End Date | Status Code | Desc |
| TN030*MA | TNPBP030 | TN PBP 030 POS | 01/01/2011 | 12/31/2013 | DISENROLLED | |
| | TNPBP02 | TN PBP 02 POS | 01/01/2014 | 12/31/2078 | | |
| | QMXBP2057 | | 01/01/2013 | 12/31/2013 | | |

10. View the co-pays the member pays for in-network, out-of-network, and referral services. For example, the Urgent Care co-pay in this example is \$35.
Note: To view additional Co-Pay Information please visit www.cignahealthspring.com website to select the member's plan and view specific details concerning the co-pays.

| Benefit Type | In Network | Out Network | Referral |
|-------------------------|--------------------------------------------------------------|--------------------------------------------------------------------|----------|
| CHIROPRACTIC | \$20 | 30% | N/A |
| CT Scan | \$0-200 | 30% | N/A |
| Deductible | \$0 | \$0 | N/A |
| DENTAL | -\$35 | Not covered | N/A |
| Emergency Room | \$65 | \$65 | N/A |
| Inpatient | \$275/day: days 1-6 \$0/day: days 7-90 | 30% | N/A |
| MENTAL HEALTH | \$35 | 30% | N/A |
| MRI | \$0-200 | 30% | N/A |
| Office Visit PCP | \$10 | 30% | N/A |
| Office Visit Specialist | \$35 | 30% | N/A |
| Out of Pocket | \$5500 which applies to In-Network Medicare-covered benefits | There is no maximum out of pocket cost for Out-of-Network benefits | N/A |
| Outpatient Surgery | \$300 for Outpatient Services and Observation | 30% | N/A |
| PHARMACY | Yes | No | N/A |
| Urgent Care | -\$35 | \$35 | N/A |
| VISION | \$0-35 | Not covered | N/A |

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Search for Claims and View Claim Detail Part 1

HSConnect

Welcome Nicole Provider Sign-out Profile Training Home FAQ Contact
You have 0 new messages.

Home | Enter New Referral | Enter New Precertification | Authorization Search | Member Search | **Claim Search**

- Log into the HSConnect portal and accept the terms and conditions.
- Select the Claim Search link at the top of the Home Page. The Provider Claim Search screen displays.
- Search for a claim(s) by using one of the following search methods:
 - Claim ID:** Enter the claim number assigned by Cigna-HealthSpring.
 - Check Number:** Enter the check number issued by Cigna-HealthSpring for payment on the claim.
 - Member ID and Begin/End Date:**
 - Enter the number assigned to the member by Cigna-HealthSpring (nine digits, an asterisk, and two digit suffix - for example **123456789**). If you do not know the number, select the **Find Member** link to search for the member.
 - (Optional) Enter a **Begin Date** and **End Date** range for the Dates of Service on the claim(s) to narrow the search results
 - Provider and Begin/End Date:**
 - Select the **Select Provider** link. The Search for Provider screen displays with the providers in your coverage group. If the provider you are looking for does not display, select the **Next** link until the provider displays. If you work in a very large provider group, you can use the text box to search by provider **Name** or **NPI**.
 - Select the **NPI** or **Provider Name** link for the applicable provider.
 - (Required) Enter a **Begin Date** and **End Date** range for the Dates of Service on the claim(s).
- Select **Search**. The search results display.
Note: If you searched by **Member ID** or **Provider** and there are more than 300 claims in the search results, you must narrow the date range.

Selected Provider Name: Provider ID:

Provider Claim Search

Claim Search

Claim ID: Check Number:

Begin Date: 01/01/2014 Provider:

End Date: 08/01/2014 Member ID: 012345677*01

Search for Provider

Name or NPI Good would return "Goode, John" as well as "Algood, John".

| NPI | Provider Name | Gender |
|----------------------------|----------------------------------|--------|
| 1234567890 | PROVIDER, NICOLE | |
| 1234567892 | DOE, KIRSTEN | F |
| 1234567893 | SMITH, JANE | F |

[First](#) [Previous](#) [Next](#) [Last](#)

Check Date: 8/16/2013

10

| Item | Sec Start | Sec End | Procedure | Aut Code | Qty | Diag | Co Pay | Co Ins | Est Amt | ESG Desc | Max Allow |
|------|-----------|-----------|-----------|----------|-----|----------|--------|--------|---------|-----------|-----------|
| 1 | 7/15/2013 | 7/15/2013 | 72110 | APC | 1 | \$500.00 | \$0.00 | \$0.00 | \$50.00 | OUTPATENT | \$50.00 |
| 2 | 7/15/2013 | 7/15/2013 | 72092 | APC | 1 | \$500.00 | \$0.00 | \$0.00 | \$50.00 | OUTPATENT | \$50.00 |
| 3 | 7/15/2013 | 7/15/2013 | 73010 | RT | 1 | \$400.00 | \$0.00 | \$0.00 | \$35.00 | OUTPATENT | \$35.00 |
| 4 | 7/15/2013 | 7/15/2013 | 72170 | APC | 1 | \$400.00 | \$0.00 | \$0.00 | \$35.00 | OUTPATENT | \$35.00 |
| 5 | 7/15/2013 | 7/15/2013 | 71100 | RT | 1 | \$325.00 | \$0.00 | \$0.00 | \$30.00 | OUTPATENT | \$30.00 |
| 6 | 7/15/2013 | 7/15/2013 | 6LR | NTS | 1 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | OUTPATENT | \$0.00 |

13. View the Remittance Advice Detail that displays the same details included on the original remittance advice to the provider.
14. (Optional) Select the Print Page link to print a copy of the remittance advice.
15. (Optional) Select the Return to Claim Detail link to continue reviewing the details for the previously selected claim.

13

14

15

Print Page Return to Claim Detail

Remittance Advice Detail

Payment Information

Check Or EFT Trace Number: 123456 Bulk Check Amount: \$4,617.16
 Payment Status: PAID Check Issue Or EFT Date: 8/16/2013

Payer Information **Payee Information**

Payer Name: ABC HEALTH LLC Payee Name: NICOLE PROVIDER
 Payee Address: P O BOX 123456

Provider Claim Information HENDERSONVILLE, TN

Need More Help? Contact the HSConnect Help Line: 866-952-7596 or E-mail HSConnectHelp@HealthSpring.com

HEALTH SERVICES

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POD/IPA CARE COORDINATION TEAM



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Chronic Care Programs

- ▶ **Virtual CHF Program**-Home based monitoring and educational program for patients with a diagnosis of CHF during and inpatient hospitalization. Program combines an educational curriculum, motivational message, and monitoring equipment.(bp, pulse, weight)
- ▶ **CROM Program**-Partnership that provides in home respiratory services to our members.
- ▶ **Aspire Health**-Home based palliative care for people with advanced disease and chronic illnesses. Anticipated to have life expectancy of 1 yr. or less. Co-management with the PCP.
- ▶ **Alegis**-Independent practitioner program in home, separate from PCP, which assesses and delivers care to members that have conditions/needs not easily met by the normal PCP model.

Prior Authorization

- A prior authorization may be required for services rendered.
- The Cigna-HealthSpring prior authorization list is available on our website www.cignahealthspring.com
- In order to process an authorization request the following information is needed:
 - Member name and Cigna-HealthSpring ID#
 - Name of ordering physician
 - CPT/Revenue/Per Diem code(s) & ICD-9 code(s)
 - Physician order
 - Recent office visit notes
 - Clinical documentation that supports the request (VERY IMPORTANT!)
 - CMN, if applicable
 - Requests missing this information may be delayed or returned for additional information.

MedSolutions

Cigna-HealthSpring and MedSolutions are working to assist you in providing high-quality, cost-effective usage of advanced imaging.

Authorization Required

All outpatient, non-emergent, diagnostic imaging services including:

- ▶ MR
- ▶ CT
- ▶ PET
- ▶ Cardiac Imaging (including nuclear cardiac imaging and echocardiography) services

Authorization Not Required

- ▶ Inpatient radiology
- ▶ Radiology testing done in the Emergency Room
- ▶ Observation level of care radiology

Urgent & Emergent

When advanced imaging is required in less than 48 hours due to a medically urgent condition, the referring physician's office must **call MedSolutions at 888-693-3211** for authorization. MedSolutions will render a decision within an expedited time frame **of receipt** of all necessary information. Please indicate clearly that the notification is for **medically urgent care**.

MedSolutions Contact Information

Phone: (888) 693-3211

Fax: (888) 693-3210

Website: www.medsolutionsonline.com

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myNEXUS

- myNEXUS™ is a technology-driven care management company combining intelligent technology with compassionate care offering home health care benefit management services for Cigna-HealthSpring Members
- In collaboration with providers, myNEXUS™ works to effectively and efficiently deliver quality Home Health Care services to members, fostering health and independence in their homes, improving outcomes and reducing readmissions
- Delegated for utilization management and claims payment for Cigna-HealthSpring
- All new orders and reauths for DOS on or after 1/1/2015 are managed by myNEXUS
- Includes pre-certification, concurrent and retrospective review
- All activities address applicable state, and federal regulatory requirements, in addition to URAC standards
- 3 Levels of Review; Level 3 Review by myNEXUS Medical Director
- Claims appeals from HHC Providers are managed by myNEXUS
- Member Services remain with C-HS

myNEXUS HH Authorization Process

1. The referring provider faxes the “*myNEXUS Authorization Request Form*”, including the following information:
 - Patient Demographics
 - Order for home health care indicating specific discipline needed
 - Diagnoses and pertinent clinical documentation to support the request
2. myNEXUS will receive the order from referring provider and then will send the order with the authorization for the Initial Evaluation and up to 2 visits to the HHC Provider. The HHC Provider will receive a “*Referral Authorization*” with confirmation of services.
3. myNEXUS will send the referring provider a “*Service Notification Letter*” with confirmation of the authorization.
4. Within 2 business days of the HHC’s initial evaluation, please complete and send the “*Clinical Summary and Recommendation Form*”.
5. myNEXUS will evaluate the medical necessity of the service and send a “*Referral Authorization*” to the HHC Provider within 48 hours of receipt of complete information for re-authorizations.
6. When the Member is discharging from your service, please send the NOMNC to the Member and notify myNEXUS of the discharge date and disposition.

Please Note:

- All home health care services provided in the home require authorization.
- If a request for HHC comes directly to you, you must contact myNEXUS to receive authorization prior to the start of care.
- DME authorizations remain with Cigna-HealthSpring.
- Infusion drug authorizations remain with Cigna-HealthSpring. The Infusion company will be responsible for contacting myNEXUS to coordinate home infusion nursing services.
- Authorizations will be based on specific and individual clinical indications for the Member.
- If the information provided does not support the authorization request, myNEXUS will notify you of insufficient information and you may provide additional supporting documentation.
- All services will continue to be provided by home health agency according to the current Cigna-HealthSpring Contract. (i.e. Psych visits, Power Wheel Chair Evaluations, etc.)
- Routine Wound Care Supplies are included in your per diem and no authorization is required.
- Non-routine Wound Care Supplies follow the current Cigna-HealthSpring process and are not included in the myNEXUS management services.
- Continue working with your Cigna-HealthSpring Institutional Administrator regarding all contracting questions, credentialing of new locations, and location demographic changes.

myNEXUS Contact Information

Phone: 844-411-9621

Fax: 844-411-9622

Website: www.mynexuscare.com

Note: All myNEXUS forms are available at the above website.

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CLAIMS SUBMISSION and EFT/ERA

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Claim Submission

ALL Cigna-HealthSpring guidelines must be met BEFORE you submit your claim to Cigna-HealthSpring (i.e., valid authorization number, referral, timely filing, etc). This includes initial claims, secondary claims, claims filed to an incorrect carrier, corrected claims, etc.

- If you have not received a Remittance Advice (RA) from Cigna-HealthSpring within 45 days, please check the status on-line via *HealthSpring Connect*
 - If your **paper** claim is not in our system, submit the claim to Cigna-HealthSpring within 120 days of the DOS.
 - If your **EDI** claim is not in our system, contact your EDI vendor immediately. Claims submitted via EDI are subject to the same timely filing guidelines, regardless of the source of the problem.
- Submit clean and clear forms

Contact your Network Administrator as soon as you discover a trend in claim issues

Claim Submission

Paper Claim Submission:

- Mail ALL Paper Claims to:
Cigna-HealthSpring
ATTN: CLAIMS DEPARTMENT
P.O. Box 981706
El Paso, TX 79998

Electronic Claim Submission:

- Submit ALL Electronic Claims to **Payor ID 63092**

Timely Filing Guidelines

| Type of Claim | TIMELY FILING POLICY |
|-----------------------------------|------------------------------------------------------------------------------|
| Initial Filing | 120 days from the date of service |
| Secondary Filing | 120 days from the date on the Primary carrier's Remittance Advice (RA) |
| Filed to Incorrect Carrier | 120 days from the denial date on the incorrect carrier's Remittance Advice * |
| Corrected Claims | 180 days from the date on the Cigna-HealthSpring Remittance Advice ** |

* **Claims filed to an incorrect carrier** - initial claim must have been submitted to the incorrect carrier within carrier's timely filing standards.

- Contact Health Services for prior authorization number BEFORE submitting claim.
- Denial from incorrect carrier **MUST** accompany claim for payment consideration

** **Corrected claims** - Submit the initial claim in it's entirety; i.e. not the correction, only

***Claims submitted to Cigna-HealthSpring after these time limits may NOT be considered for payment.
Please do not send claims denied for timely filing as appeals***

Electronic Funds Transfer/ Electronic Remittance Advice

➤ EFT Enrollment Process:

- If you are already enrolled with Emdeon for EFT:
- Complete the EFT payer add change delete authorization form at <http://www.emdeon.com/epayment/enrollment/EFTPCF.php>
- Under the change/add/delete section, the first two columns use the Cigna-HealthSpring information (52192 and Cigna-HealthSpring)
- The last two columns will be your information
- The document can be submitted electronically with eSign located at bottom of form window.

➤ If you are not enrolled with Emdeon for EFT, there are two methods to enroll for EFT:

- Emdeon ePayment Enrollment Form: <http://www.emdeon.com/epayment/enrollment/enrollform.php>
- Emdeon ePayment Enrollment Wizard Online: <http://www.emdeon.com/eft/index.php>

➤ ERA Enrollment Process:

- Download Emdeon Provider ERA Enrollment Form at the following location: <http://www.emdeon.com/resourcepdfs/ERAPSF.pdf>
- Complete and submit ERA Enrollment Form via Email or Fax to Emdeon ERA Group:
 - Email: batchenrollment@emdeon.com
 - Fax: (615) 885-3713

NOTE: ERA enrollment for all Cigna-HealthSpring health plans must be enrolled under Cigna-HealthSpring Payer ID “52192”.

Encounter Data Submissions

HL7 Formatting

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Provider Requirement-HL7

- Letter notification sent to providers in October 2014
- Due to Centers for Medicare and Medicaid Services (CMS) regulations, Cigna-HealthSpring will begin to implement front-end validation edits in accordance with the CMS implementation guide on all Electronic Data Interchange (EDI) transactions submitted to ensure all claims, lab results, eligibility and encounter data are compliant.
- Cigna-HealthSpring will use an edit tool to identify claims, lab results, eligibility and encounter data submitted that is not in accordance with the CMS implementation file.
- Incorrect formatting will result in a rejection of the file in its entirety as occurs today. In addition, a field record validation will occur and may result in a rejection.
- If a clearinghouse is used to submit electronic data on behalf of the provider; all file acknowledgements will be communicated back to the clearinghouse.
- The submitter will receive a TA1 acknowledgement confirming receipt of the submitted data file.
- The submitter will also receive a 999 acknowledgement. The 999 acknowledgment includes additional information about whether the received transaction had errors. This includes whether the transaction is in compliance with HIPAA requirements.

The 999 Acknowledgement may produce three results:

- Accepted (A)
- Rejected (R)
- Accepted with errors (E)

Provider Requirement HL7 Continued:

The table below provides specifics on schedule for effective dates, grace periods, and rejections commencement dates by each transaction type:

| Transaction Type | Go Live Date | Grace Period Begin Date | Grace Period End Date | Rejections Begin Date |
|--------------------------------------------------------------------|--------------|-------------------------|-----------------------|-----------------------|
| 5010 837 Institutional / Professional / Dental Claims & Encounters | 11/15/2014 | 11/15/2014 | 01/15/2015 | 01/16/2015 |
| <i>HL7 – Lab Results</i> | 11/15/2014 | 11/15/2014 | 01/15/2015 | 01/16/2015 |
| 5010 834 Eligibility (Membership Enrollments) | 12/12/2014 | 12/12/2014 | 02/12/2015 | 02/13/2015 |

- Additional information on HIPAA X12 format and EDI transactions can be found online at: www.cms.gov
- Cigna-HealthSpring is dedicated to making your transition to the use of HIPAA X12 format for EDI transactions as seamless as possible. If you have any questions regarding the required format or the EDI process, please contact the Cigna-HealthSpring Information Technology Help Desk at 1-866-780-8553. You may also visit the Cigna-HealthSpring website for schedule and additional details at www.cigna-healthspring.com.

Appeals/ Claim Reconsideration

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Appeals

An Appeal is the request for Cigna-HealthSpring to review a previously made decision. Cigna HealthSpring offers two forms of Appeal, Medical Necessity and Reconsideration.

| Type of Appeal | APPEAL POLICY |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Medical Necessity Appeals (inpatient / SNF / pre-service)</p> | <ul style="list-style-type: none"> ▪ Immediate submission required. ▪ Peer to Peer review may be requested by admitting physician for denials during this time. ▪ Resolution as expeditiously as the Member's health condition requires, but no later than <u>30 days</u> from the date the appeal request is received. |
| <p>Medical Necessity Appeals (post discharge / outpatient)</p> | <ul style="list-style-type: none"> • Must be submitted within <u>60 days</u> of the date of Cigna-HealthSpring's Notice of Denial of Medical Coverage. • Notice of denial must be received prior to submitting appeal. |
| <p>Reconsiderations (Claim and Payment Appeals)</p> | <ul style="list-style-type: none"> • Must be received within <u>180 days</u> from the date on the Cigna-HealthSpring Remittance Advice. • If appeal is upheld, there is no other level of appeal. |

Solutions Unit for Appeals

Medical Necessity

MAIL appeal to:

Cigna-HealthSpring
ATTN: Solutions Unit
P.O. Box 24087
Nashville, TN 37202-4087

E-MAIL secured appeal to:

FAX-SOL@healthspring.com

FAX appeal with fewer than 25 pages to:

(800) 931-0149

NOTE

- Request for Appeal or Reconsideration forms are available in the 2015 Cigna-HealthSpring Provider Manual on our website www.cignahealthspring.com.
- For additional information regarding appeals, please call (800) 230-6138.

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Claim Reconsiderations

MAIL reconsideration to:

**Cigna-HealthSpring
ATTN: Reconsiderations
P.O. Box 20002
Nashville, TN 37202-4087**

FAX reconsideration to:


(615) 401-4642

NOTE

- Request for Appeal or Reconsideration forms are available in the 2015 Cigna-HealthSpring Provider Manual on our website www.cignahealthspring.com.
- For additional information regarding reconsiderations, please call **(800) 230-6138**.

Request for Appeal or Reconsideration Form

Example



Complete the top section of this form completely and legibly. Check the box that most closely describes your appeal or reconsideration reason. Be sure to include any supporting documentation, as indicated below. Requests received without required information cannot be processed.

Request for Appeal or Reconsideration Please complete each box

| | | |
|------------------------------|-----------------|---------------------------------------------------------|
| Member Name (Last, First MI) | Claim number | Provider Name/Contact name |
| Member HealthSpring ID# | Provider NPI | Provider's contact phone number with area code () - |
| Member Date of Birth | Date of Service | Provider's contact email address |

Reason for Appeal:

- Medical Necessity
- Notification/Precertification
 - Include Precertification/Prior Authorization number
- Referral Denial
- Payer Policy

Reason for Reconsideration:

- Payment Issue
- Duplicate Claim
- Retraction of Payment
- Request for Medical Records
 - Include copy of letter/request received
- Request for Additional Information
 - Include copy of letter/request received
 - Provide missing or incomplete information
- Coding Dispute
- Timely Filing
 - RA, EOB, or other documentation of filing original claim
- Coordination of Benefits

Note: If you have multiple reconsideration requests for the same provider and payment issue, please indicate this in the notes below and include a list of the following: Member ID#, Claim #, and Date of Service. If the issue requires supporting documentation as noted above, it must be included for each individual claim.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Submit Appeals to:</p> <p>Cigna-HealthSpring Attn: Appeals Unit PO Box 24087 Nashville, TN 37202 Phone: 1-800-511-6943 Fax: 1-800-931-0149 Secure Email: FAX- SOL@healthspring.com</p> | <p>Submit Reconsiderations to:</p> <p>Cigna-HealthSpring Attn: Reconsiderations PO Box 20002 Nashville, TN 37202 Phone: 1-800-230-6138 Fax: 1-615-401-4642</p> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

If no additional documentation is required for your appeal or reconsideration request, fax in only this completed coversheet. You may use the space below to briefly describe your reason for appeal or reconsideration.

| |
|--|
| |
| |
| |

Definitions:

Payment Issue: Was not paid in accordance with the negotiated terms
 Coordination of Benefits: Could not fully be processed until information from another insurer has been received
 Duplicate Claim: The original reason for denial was due to a duplicate claim
 Medical Necessity: Medical clinical review
 Pre-Certification/ Notification of Prior-Authorization or Reduced Payment: Failure to notify or pre-authorize services or exceeding authorized limits
 Payer Policy Clinical: Incorrectly reimbursed because of the payers payment policy
 Referral Denial: Invalid or missing primary care physician (PCP) referral
 Request for additional information: Missing or incomplete information *reply via sender*
 Request for Medical Records: Please include copy of letter/request received
 Retraction of Payment: Retraction of full or partial payment
 Timely Filing: The claim whose original reason for denial was untimely filing

Thank You!!!

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