

CIGNA REFERENCE GUIDE

For physicians, hospitals, ancillaries and other
health care professionals

KANSAS and MISSOURI

Together, all the way.™

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Introduction

Inside the guide

The Reference Guide contains Administrative Guidelines and Program Requirements for the programs, policies, rules, and procedures pertaining to Cigna's insured or administered plans. We will give you advance notice of material changes to our Administrative Guidelines and Program Requirements.

Your Cigna Participating Provider Agreement and this Reference Guide describe many of the terms under which you agree to provide services to Cigna Plan Participants. Those terms include the reimbursement rates applicable to Covered Services provided to Participants. However, the actual benefits payable by a Payer for Covered Services provided to a Participant in all cases is determined by the terms of the Payer's Benefit Plan.

The Reference Guide applies to all Cigna business including plans for Participants with "GWH-Cigna" or "G" ID cards.

Our commitment and mission

We are committed to working with hospitals, ancillary facilities, physicians and other providers to help ensure that our customers (also referred to as "Participants" in your Cigna Participating Provider Agreement) have access to quality care and services. Your cooperation and compliance with the procedures outlined in this guide are essential to our keeping this commitment.

As part of our mission, we strive to help the people we serve improve their health, well-being and sense of security. We measure our performance through annual provider surveys and we welcome your feedback. Working together, we believe we can attain optimal outcomes.

Contact us

Please contact us if you have questions about the information in this guide, or our plans and programs. The terms of your agreement or applicable law supersede this guide if a conflict arises.

Notes

Not all Administrative Guidelines and Program Requirements are outlined in this guide. Other guidelines and requirements or updates may be posted on the Cigna for Health Care Professionals website at CignaforHCP.com or communicated through notifications we deliver by mail, email, phone, fax or in person.

State-Specific Information

In some cases, state law requirements supersede the policies and procedures outlined in this reference guide.

Note: These requirements apply only to the extent required by applicable law and may not apply to participants covered under self-funded plans.

Participating Service Area

The following counties are included in the Cigna Managed Care service areas (the service does also include some counties tied to the St. Louis market service area):

Kansas

Douglas	Franklin	Jackson
Jefferson	Johnson	Leavenworth
Miami	Osage	Shawnee
Wyandotte		

Missouri

Andrew	Barry	Buchanan
Cass	Christian	Clay
Clinton	De Kalb	Greene
Jackson	Jasper	Lafayette
Lawrence	Newton	Platte
Polk	Ray	Webster

The Cigna Open Access Plus (OAP) service area encompasses all counties within Greater Kansas City, Western Kansas and Western Missouri.

The Cigna PPO service area encompasses all counties within Greater Kansas City, Western Kansas and Western Missouri.

The GWH-Cigna service area encompasses all counties within Greater Kansas City, Western Kansas and Western Missouri. Please contact us at 1.866.494.2111 for more information.

Kansas Dispute Resolution Process

Kansas requires a single level appeals process for providers submitting on behalf of patients with Cigna coverage. See Dispute resolution section in All Other Administrative Guidelines Section of this guide.

Missouri Service Standards and Requirements

Participants must have access to medical care within a reasonable length of time. You should ensure participants have access to timely appointments and scheduling.

- Emergency care - a provider or emergency care facility shall be available twenty-four (24) hours per day, seven (7) days per week for participants who require emergency care.
- Urgent care for illness/injuries which require care immediately, but which do not constitute emergencies should have access to appointments within twenty-four (24) hours of contacting the provider.
- Routine care, with symptoms should be scheduled within five (5) business days from the time the participant contacts the provider.
- Routine care, without symptoms should be scheduled within thirty (30) days from the time the participant contacts the provider.
- Preventive screenings and physicals should be scheduled within thirty (30) days.
- Generally, obstetric prenatal care for non-high risk and non-urgent situations should be provided within one (1) week, seven (7) days for participants in the first or second trimester, and within three days in the third trimester.
- Emergency obstetrical care is subject to the same standards as emergency care, except that an obstetrician must be available twenty-four (24) hours per day, seven (7) days per week for enrollees who require emergency obstetrical care.
- For mental health care, telephone access to a licensed therapist shall be available twenty-four (24) hours per day, seven (7) days per week.

Missouri Claim Payment

Where Missouri statute applies, claims are processed in accordance with Missouri's prompt pay laws.

Missouri Credentialing Requirements

For practitioners defined in MO RSMo 376.1575, Missouri requires that the following be included in the credentialing process:

- Within two working days after receipt of a faxed or completed application, Cigna shall send a notice of receipt to the practitioner.
- Access to a provider web portal that allows the practitioner to receive notice of the status of an electronically submitted application must be made available - <http://www.cigna.com/healthcare-professionals/join-our-network>.
- Within 60 business days of the date of receipt of the completed application, Cigna must make a decision as to whether to approve or deny the practitioner's credentialing application.

Missouri Telehealth/Telemedicine

Missouri has minimum requirements for provision of covered services through telehealth or telemedicine.

Local Ancillary Relationships

High-Technology Radiology, Diagnostic Cardiology, and Musculoskeletal and Pain Management Services

eviCore healthcare (formerly CareCore | MedSolutions) provides high-quality, cost-effective benefit management services, including precertification, for high-technology radiology (e.g., MRI, CT, and PET scans), diagnostic cardiology, and musculoskeletal and pain management services for Cigna customers. To request precertification for these services, please visit myportal.medsolutions.com or call 888.693.3211.

Chiropractic Services

American Specialty Health

American Specialty Health (ASH) provides chiropractic network management, utilization management, and claims management services for patients with Cigna coverage in Missouri.

Patients residing in Missouri or with Cigna Open Access benefit plans may self-refer to a participating ASH provider. Missouri requires 26 direct access visits subject to medical necessity.

ASH administers in-network chiropractic benefits for Cigna Commercial HMO, Network, POS, Open Access, PPO, and Open Access Plus medical benefit plans. ASH Networks also reviews claims from non-participating chiropractors for medical necessity.

Vision Services

Vision Service Plan

Vision Services Plan (VSP) is our exclusive provider of in-network routine eye exams and well eye care services. Providers must contract with VSP to provide in-network routine eye exams and well eye care services to individuals with Cigna coverage. Providers who wish to dispense hardware and provide more services under well eye care should contract directly with VSP. For contracting or program questions, please contact VSP at 1.800.877.7195 or at vsp.com.

Additionally, Cigna is now directly contracted with DOs to provide primary medical eye care services and routine eye exams that fall under the medical plan benefit consistent with state regulations.

Individuals with Cigna coverage may self-refer to a participating VSP provider for routine vision exams or primary eye care as allowed by their Cigna plan benefits.

Physical, Occupational, and Speech Therapy Services

Cigna Participants only

For Physical, Occupational, and Speech Therapy services, please contact Cigna Customer Service at 1.800.88Cigna (882.4462).

Important Contact Information

Find the contact you need for information about your patients with Cigna coverage.* Please note that call, claim, and service channels may differ based on the Cigna participant's ID card.

If you want to:	Use the following:
<p>Update your contact or Provider Directory demographic information, or notify us of errors/changes to the way you are currently listed in our provider directories including:</p> <ul style="list-style-type: none"> • Name • Type/Degree • Specialty • Product and network tier • National Provider Identifier (NPI) number • Medical group or hospital affiliation • Office email address • Address • Office phone number • Whether you are accepting new patients 	<p>Log in to the Cigna for HealthCare Professionals website to use our updated online change form. If you haven't registered yet, please go to the registration page to begin the process.</p> <p>Or</p> <p>Email: Intake_PDM@Cigna.com Fax: 877.358.4301 Mail: Cigna Provider Data Management Two College Park Dr. Hooksett, NH 03106</p>
<p>Perform online transactions:**</p> <ul style="list-style-type: none"> • Verify patient eligibility • Inquire about patient coverage and covered services • Predict the total cost of service and patient liability for specific medical procedures • Request precertification for services • Inquire about precertification for services • View claim-coding policies and payment guidelines • Review medical or pharmacy coverage positions • View the prescription drug list • View sample ID cards • Obtain a Reference Guide • Request a copy of your contract • Request fee schedule information 	<p>Cigna for Health Care Professionals website: CignaforHCP.com</p>
<p>Perform Electronic Data Interchange (EDI) transactions:**</p> <ul style="list-style-type: none"> • Verify patient eligibility and coverage • Inquire about patient coverage and covered services • Check the status of a claim • Request precertification for services • Submit claims electronically • Receive electronic remittance advice • View list of EDI vendors 	<p>Cigna.com/EDIVendors</p>

How to Contact Us

If you want to:	Use the following:
Perform telephone transactions:** <ul style="list-style-type: none"> • Learn about electronic services • Verify patient eligibility and coverage • Check the status of a claim • Request precertification for services • Request an exception to the prescription drug list 	1.800.88Cigna (882.4462) For patients with GWH-Cigna or “G” ID cards: 866.494.2111 Customer Service numbers are also included on the patient’s ID card.
Submit a paper claim	Refer to patient’s ID card
Submit or inquire about an appeal or dispute	1.800.88Cigna (882.4462) Cigna National Appeals PO Box 188011 Chattanooga, TN 37422 Fax: 1.877.815.4827 For patients with GWH-Cigna or “G” ID cards: Cigna National Appeals PO Box 188062 Chattanooga, TN 37422-8062 Fax: 877.804.1679
Submit or inquire about provider credentialing	1.800.88Cigna (882.4462)
Obtain information about organ and tissue transplant network	Cigna <i>LifeSOURCE</i> Transplant Network® CignaLifeSOURCE.com 1.800.668.9682
Contact a dental network	Cigna.com 1.800.Cigna24 (244.6224) For patients with GWH-Cigna or “G” ID cards: 866.494.2111
Obtain other telephone numbers and addresses	Refer to the participant’s ID card

Other important contacts:	
Cigna Behavioral Health	CignaforHCP.com 800.926.2273
Cigna Home Delivery Pharmacy	800.285.4812
Cigna Specialty Pharmacy Services (specialty medications administered by injection or infusion, and certain oral medications)	800.351.3606
Medical management (including precertification)	CignaforHCP.com 800.88Cigna (882.4462) For patients with GWH-Cigna or “G” ID cards, 866.494.2111 Customer Service numbers are also included on the patient’s ID card.
eviCore healthcare (formerly CareCore MedSolutions) (for high-technology radiology, diagnostic cardiology, musculoskeletal, and radiation therapy services)	High-technology radiology, diagnostic cardiology, and musculoskeletal <ul style="list-style-type: none"> • 888.693.3297 • www.eviCore.com (for precertification) • medsolutions.com/implementation/Cigna (for general information) Radiation Therapy <ul style="list-style-type: none"> • 866.688.9250 • www.eviCore.com
Pharmacy prior authorizations (small molecule and specialty drug)	800.592.5108
TheraCare® (specialty therapy management program)	800.633.6521

[Click here](#) for a printer-friendly version of this “Important Contact Information.”

* Excluding customers with third party administrator plans.

**Not all transactions are available for all Cigna plans.

Demographic Information and Directories

We use your demographic information to:

- Publish online provider directories
- Send communications to providers
- Process claims

Notify us in writing 90 days before any changes to your practice demographic information. Examples of such changes include changes in address/office location, billing address, telephone number, tax identification number, specialties, and new individual NPI or organization NPI. It is also important for you to update your status if you are no longer accepting new patients as this element is included in provider directories and relied upon by consumers.

It is essential that you consistently identify yourself in written communications and claim submissions. Using abbreviations, variations of names, physician licensure or tax identification numbers not listed in a provider agreement may result in delayed changes to the provider directories and incorrect claim payments. The latest provider directory is available at Cigna.com.

Submit demographic changes to Cigna electronically by logging in to CignaforHCP.com > eServices > Working With Cigna > Update Directory Information.

You may also submit demographic changes using the following fax and email addresses:

- For Practitioner & Group Changes:
 - Fax: 1.877.358.4301
 - Email: Intake_PDM@cigna.com
- For Hospital & Ancillary Changes:
 - Fax: 1.646.459.2180

All Other Administrative Guidelines

[Click here](#) to access the remaining Administrative Guidelines applicable to your agreement with Cigna. These include program details and requirements for:

• Benefit Plan Designs and Features
• Cigna Products
• eServices for Health Care Professionals
• Provider Participation
• Credentialing
• Eligibility
• Medical Management Program
• Claims and Compensation
• Resolving Payment Questions
• Dispute Resolution
• Specialty Networks
• National Ancillaries
• Participant Information
• Prescription Drug Program
• Quality Management Program

Legal Statement

“Cigna” and the “Tree of Life” logo are registered service marks, and “Together, all the way.” is a service mark, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries and not by Cigna Corporation. Such operating subsidiaries include 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 and Cigna Dental Health, Inc.

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