

CIGNA FOR HEALTH CARE PROFESSIONALS WEBSITE ENHANCEMENTS

First and second quarter 2018

Together, all the way.



IN-NETWORK VERIFICATION

1. Click this question:
Am I in-network for this patient?
2. Choose a Taxpayer Identification Number (TIN) and a provider.

PATIENT AND PLAN DETAIL	
Patient Detail	Plan and Network Detail
Name: Jonathan Byrne ID#: 100698774 Am I in-network for this patient?	Plan Type: Cigna SureFit HRA Plan Funding Type: Fully Insured Plan Renews On: Calendar Year HRA: Yes HSA: No FSA: No Other Insurance: Unknown

IN-NETWORK VERIFICATION

Select a Tax Identification Number (TIN) and Provider
Select a TIN/Provider to see if the provider is in-network for the selected patient.

Patient Name: Julia Jacks | **Patient ID:** U92813249 02 | **Plan:** PPO Plus | **Network:** NN001

TIN 201707172
Provider/Group STEVE LEMI MD

Provider	Am I in-network for this patient?	Provider's contracted plan(s) & network(s)
STEVE LEMI MD	<input checked="" type="checkbox"/> You are in-network for this patient.	<ul style="list-style-type: none">▶ Cigna SureFit▶ PPO

3. A screen will appear with the answer.



NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS TAB

Links added to the provider and behavioral directories

NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS		
Medical Management Level : PHS+	In-Network	Out-of-Network
Failure to Notify Cigna	--	50%
Precertification not approved	--	100%
Additional days not approved	--	100%
Emergency Service Notification	48 hours	48 hours
Outpatient Precertification	Yes	Yes
Inpatient Precertification	Yes	Yes
Continued Stay Review	Yes	Yes
Referral Required	No	No

[View Coverage Positions](#)
[View Medical Precertification Information](#)
[View Referral Requirements](#)
[View Pharmacy Prior Authorization](#)
[Provider Directory](#)
[Behavioral Directory](#)

Note that the Behavioral Directory link will not display if the patient does not have the pharmacy benefit.



NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS TAB (CONT.)

Determine if a referral is required

A Yes or No indicator will indicate if a referral is required*.

NOTIFICATION, REFERRAL AND PRECERTIFICATION REQUIREMENTS		
Medical Management Level : PHS+	In-Network	Out-of-Network
Failure to Notify Cigna	--	50%
Precertification not approved	--	100%
Additional days not approved	--	100%
Emergency Service Notification	48 hours	48 hours
Outpatient Precertification	Yes	Yes
Inpatient Precertification	Yes	Yes
Continued Stay Review	Yes	Yes
Referral Required	No	No

* For most plans; does not include Cigna SureFit®.



FREQUENCY AND UTILIZATION INFORMATION

Available for certain benefits

View for skilled nursing, home health, durable medical equipment, short-term rehabilitation, chiropractic services, adult preventative care, allergies, and external prosthetics.

SHORT TERM REHABILITATION/THERAPY



This benefit cross-accumulates: In-Network applies toward Out-of-Network and Out-of-Network applies toward In-Network.

All Therapies	In-Network			Out-of-Network		
	Amount	Met	Remaining	Amount	Met	Remaining
Coinsurance	15%	--	--	35%	--	--
Maximum Days (Per Calendar Year)	60	10	50	60	10	50

-- Utilization Data is not available for this benefit.

SKILLED NURSING FACILITY

	In-Network			Out-of-Network		
	Amount	Met	Remaining	Amount	Met	Remaining
Coinsurance	15%	--	--	15%	--	--
Maximum Days (Per Calendar Year)	60	0	60	60	0	60

-- Utilization Data is not available for this benefit.



CIGNA OPIOID PLEDGE

SETTINGS AND PREFERENCES

Job Title Job Title
Edit your Job Title [Change](#)

Email amanda.kingston@cigna.com
Provide the email address where you will receive messages from Cigna. [Change](#)

Phone 860.226.6000 Ext.
Tell us the phone number where Cigna can contact you. [Change](#)

Your Office Address 900 Cottage Grove Road Bloomfield CT 06152
Add or edit your Address. [Change](#)

Pledge To Fight Opioid Addiction Select a Tax Identification Number

Pledge to fight Opioid Addiction by signing a Pledge for Cigna

Security & Online Access

Password (Expires in 35 Days) *****

[CLOSE WINDOW](#)

different practitioners or facilities), we can merge them. This will allow you to log in with a single user ID and password. Call Cigna Customer Support at 1.800.853.2713.

[▶ GET HELP FAST](#)

Your Office Address 900 Cottage Grove Road Bloomfield CT 06152
Add or edit your Address. [Change](#)

Pledge To Fight Opioid Addiction Select a Tax Identification Number

Please enter the name of the health care provider who you are making this pledge on behalf of. [View more](#) [Hide](#)
information on the [Pledge to Fight Opioid Addiction](#) webpage.

Provider name

I understand that by checking this box, we pledge to:

- Encouraging prescribers to individually sign the Surgeon General's "Turn the Tide" pledge (Turnthetide.org):
 - Educate ourselves to treat pain safely and effectively
 - Screen our patients for opioid use disorder and provide or connect them with evidence based treatment
 - Talk about and treat addiction as a chronic illness, not a moral failing
- Taking steps to improve the quality and coordination of care for patients receiving opioids.
- Reducing potentially avoidable opioid prescriptions when alternative therapies are available.

I agree that this authorization acts as my electronic signature.

[SUBMIT](#)



Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

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.

All models are used for illustrative purposes only.

THN-2018-521 © 2018 Cigna. Some content provided under license.

