

SECTION 2

Practitioner Network





Practitioner Selection

The foundation of the CIGNA approach to quality management is identifying, credentialing, and contracting with professionals who deliver care consistent with our clinical quality program. Our goal is to establish and maintain a panel of professionals whose standards of practice individually and collectively are consistent with CIGNA's standards.

The CIGNA network is comprised of physicians, psychologists, nurse practitioners, physician assistants, and masters level clinicians. In order to be considered for inclusion, all individual professionals, with the exception of physician assistants, must be currently licensed to practice independently in the state(s) in which they will be contracted with CIGNA, have a minimum of two (2) years post-licensure experience, and maintain a minimum practice of 24 clinical hours per week, including both outpatient and/or inpatient work. If the professional provides services from a home-based office, the office must meet the following requirements:

- The office must be used solely for practice.
- Any patient areas (treatment rooms, waiting rooms, bathrooms, etc) must be clean, and free of smoke, animals (except service) and personal effects.
- The office must have a waiting room separate from the living area that offers privacy from the treatment room during appointment hours.
- The office telephone line must be on a separate line from the residential line.
- Medical records must be secured in a locked file and/or room, out of sight of patients.
- The office must have parking available for patients

Professionals selected for participation must successfully complete a thorough screening, contracting, and credentialing process. All information obtained in the credentialing process is confidential, except as otherwise provided by law. CIGNA recredentials each contracted practitioner every three years.

Supplementing those processes, a review of medical records of high volume practitioners occurs annually. Semiannually, CIGNA reviews all reported complaints about practitioners and adverse events to detect any patterns or trends that might require investigation. Licensing board and Medicare/Medicaid actions are monitored monthly.

Practitioner Credentialing

Council for Affordable Quality Healthcare (CAQH)

CIGNA has partnered with the Council for Affordable Quality Healthcare (CAQH) for the credentialing and re-credentialing application process. CAQH aims to minimize administration and paperwork for practitioners with an online application that automatically checks for errors, saves your work as you go and only asks questions applicable to your specific degree and license type. The credentialing process entails completing an application online or requesting a paper copy, and faxing in supporting documents.

CAQH is a secure online service that utilizes one standardized application to simplify the administration of the credentialing process. This standardized application can be



released, with your permission, to the participating insurance companies with whom you contract so you can avoid filling out multiple applications for various companies.

Once you have completed your application with CAQH, every 120 days you are required to go to the CAQH website to re-attest to the information that you originally submitted or make any updates necessary. If you consistently re-attest with CAQH, when your re-credentialing comes due CAQH will not need to contact you. However, if your application is not up to date, you will be contacted by CAQH six months before you are due for re-credentialing and thereafter until your application is complete. If you are unresponsive to the CAQH efforts to reach you, a CIGNA Contract Specialist will make one final attempt to reach you one month before your application is due.

It is very important to keep your address and phone number up-to-date with CAQH and CIGNA to assure that we are able to contact you regarding re-credentialing issues.

If you have never used CAQH before, CIGNA highly recommends that you fill out the application online. Completing the application electronically saves you time by only asking you questions pertinent to your degree and license type. Another benefit of using the online method is that after you complete each page, you can press the 'audit' button, which saves your information, and checks for accuracy as you go. This allows you the flexibility to complete your application in sections. If completing your application online is not an option for you, please be aware that it may take up to two weeks for you to receive a mailed copy of the CAQH application. Information can be submitted to CAQH online or faxed; CAQH does not receive regular mail.

Contact information for CAQH

Help Desk: 888.599.1771

Fax: 866.293.0414

Website: www.CAQH.org/cred

Status of Credentialing/Recredentialing Application

At any time, CIGNA practitioners may request information on the status of their credentialing or recredentialing application by contacting the Network Operations department. Responses to telephone and email requests will be within two working days of receipt. Requests requiring a written response will be answered within five working days of receipt. The response will include the status of the primary source verification process and an estimated date for Credentialing Committee review and decision.

Access to Credentialing/Recredentialing File

At any time, CIGNA practitioners may request, in writing, information contained in the practitioner file that was submitted in support of the practitioner's credentialing/recredentialing application. The request for review is to be directed to the Network Operations department. CIGNA will make arrangements for this review as soon as possible. California practitioners should contact the Provider Relations department at 450 North Brand Boulevard, Suite 500, Glendale, CA 91203.

Credentialing/Recredentialing Discrepancies

If significant discrepancies are identified between the information on your application and information obtained in the external verification process, you will be contacted



within five days of the discovery, and given the opportunity to clarify or explain the discrepancies.

In this situation, CIGNA will request a written response, due within 30 days. Your response and the recommendations of the Provider Relations department will be forwarded for review to the Credentialing Committee. The Committee has authority to approve or disapprove your inclusion in the network. You will be notified in writing, within 30 days, of the Committee's final decision if you are being credentialed for the first time. You will not receive any notice if you are being recredentialed.

Practitioners Right to Correct Erroneous Information

You have the right to correct erroneous information submitted by another party or to submit a more detailed explanation of the information you had previously sent. However, the right to correct information does not apply to the Credentialing Questionnaire, because you attested to the correctness of the information upon submission.

Specialty Privileging

When you complete the Screening Application you will be asked to identify those specialties in which you consider yourself a specialist. Each month a Specialty Privileging audit is done on a random sampling of practitioners who were accepted into the network the previous month. Those practitioners selected for the audit will be asked to submit documentation that supports their specialty selections. Documentation may include evidence of formal education in a particular specialty, an accumulation of CEUs in that specialty area, or a resume that demonstrates extensive experience in that specialty.

Please be aware that any and all changes associated with your practice, such as change of address, hours, phone number, specialty, additional certification, insurance, etc., must be reported to CIGNA as soon as possible. The CIGNA Provider Update form can be found online at www.cignabehavioral.com

Practitioner Appeal of Suspension or Termination of Agreement Privileges

If a practitioner is notified that network participation has been suspended or terminated by CIGNA, the practitioner may contact the Manager of Network Operations identified in the notification or the Provider Relations department to discuss the suspension or termination.

There is the option of a formal appeal of the suspension or termination of Agreement privileges. The practitioner may request reconsideration by sending a letter to the Manager of Network Operations. This letter must describe the reason for requesting reconsideration and include any supporting documentation. The practitioner has thirty (30) days from the receipt of the suspension or termination letter to make a written request for reconsideration. CIGNA's Credentialing Committee Appeal Panel will review the appeal at its next monthly meeting and issue a written notification of the outcome to the practitioner. The Appeal Panel is composed of at least three clinicians, none of whom were involved in the decision being appealed. One of the clinicians will be from the same discipline as the appealing practitioner.

The practitioner and/or their representative may choose to attend the meeting either in person or by conference call. They must notify CIGNA of their desire to participate at least three (3) working days prior to the meeting so appropriate arrangements



can be made. The provider will be notified within five (5) working days of the committee's decision, including the reason for the decision.

A practitioner who is dissatisfied with the decision of the Credentialing Committee may pursue arbitration as outlined in the *Dispute Resolution Procedure* section of the Participating Provider Agreement. A sixty (60) day time limit exists for the pursuit of arbitration, following the decision rendered by the Credentialing Committee or Appeal Panel. Practitioners who contact the American Arbitration Association should request all documentation be forwarded to:

General Counsel
CIGNA, Inc.
11095 Viking Drive, Suite 350
Eden Prairie, MN 55344

The Participating Provider Agreement renews automatically every year on the anniversary date of the Agreement. Either CIGNA or the practitioner can choose not to renew the Agreement with a written sixty (60) day notice to the other party. For non-renewal of your Agreement privileges, there is no right of appeal.

In those states where there are laws regulating the appeal process, the state law supersedes this procedure.

Frequently Asked Questions

I am moving and need to change my address or I am changing my Tax Identification Number or legal name.

These changes should be submitted within 30 days. Please use the Provider Update Form ([Appendix D](#)) or visit us online to document these changes:

Mail or Fax: Network Operations
CIGNA
11095 Viking Drive, Suite 350
Eden Prairie, MN 55344

Fax # 860.687.7257
Online: www.cignabehavioral.com

If you are moving to another state, or leaving a group practice that contracts with CIGNA, your agreement/participation at your old location will be terminated. You must contact the Provider Relations department for your new location so that a new contract can be prepared.

Why is money being withheld from my reimbursement checks?

The reduction for backup withholding is a reflection of taxes withheld due to instruction from the Internal Revenue Service. You will need to contact our Accounts Payable department at 800.433.5768 to obtain the forms needed to correct any discrepancy. All other questions should be directed to our Customer Service department at 800.926.2273.

I want to obtain a copy of CIGNA's *Level of Care Guidelines*.

Visit us online at www.cignabehavioral.com/guidelines

I would like a copy of my CIGNA provider agreement.

You may either mail or fax a request for a copy directly to Network Operations (see address above).



I want to terminate my agreement with CIGNA.

Your agreement permits you to terminate annually on renewal, however, CIGNA, in its discretion, may permit you to terminate earlier, but in no event with less than 90 days' notice. Send your written request for termination by certified mail to the Provider Relations department at your Regional Care Center (see [Appendix A](#)).

I received a termination notification of my CIGNA provider agreement and would like to appeal this decision.

Address a letter of appeal to:

*All Practitioners except
California Practitioners*

Network Operations
CIGNA, Inc.
11095 Viking Drive, Suite 350
Eden Prairie, MN 55344

California Practitioners

Provider Relations Department
CIGNA of California, Inc.
450 North Brand Boulevard, Suite 500
Glendale, CA 91203

I have not been receiving any referrals from CIGNA.

Practitioner selection is based on participant preference and practitioner's specialty, geographic proximity, and availability. If you have any further questions, contact your Provider Relations department.

Most Important Reasons to Contact Your Provider Relations Department

- To limit or stop referrals for a period of time.
- To add/change a specialty or service.
- To ask specific question(s) in reference to your agreement.

Should you have further practitioner network questions, please refer to [Appendix A](#) to contact your Provider Relations department.