



**THE RIGHT CARE.
THE RIGHT TIME.
THE RIGHT PLACE.**

Cigna Radiology Program

The Cigna radiology program strives to improve the overall health care experience for all customers under the Personal Health Solutions Plus (PHS+), and Health Matters Care Management – Preferred and Complete products.

We do this through focus on:

Quality: Helping improve clinical outcomes by eliminating utilization that doesn't meet evidence-based guidelines.

Lower cost: Providing access to a large, cost-effective network of independent radiology centers to help reduce costs and reduce unnecessary and duplicate scans.

Transparency: Providing tools and programs enabling customers to compare radiology centers and make cost-effective choices.

Working closely with experts in the industry, we develop innovative programs to help lower medical costs and help customers and their families improve their health, well-being and sense of security.

Cigna works with eviCore healthcare to help ensure quality, cost-effective services are provided to customers for outpatient, nonemergency, high-tech radiology (MRI, CT scans, PET scans) and diagnostic cardiology.



MANY EXPERTS AGREE THAT THE CURRENT WAY HEALTH CARE IS DELIVERED IN THE UNITED STATES. CONTAINS TOO MUCH WASTE - WITH SOME STATING THAT AS MUCH AS 30% OF CARE DELIVERED IS DUPLICATIVE OR UNNECESSARY AND MAY NOT IMPROVE PEOPLE'S HEALTH.¹

Together, all the way.®



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

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Quality

We utilize a precertification process to help ensure quality services are being delivered to our customers. Precertification is a review to determine if a medical service requested by a doctor or other health care professional is medically necessary according to established clinical criteria. Precertification helps ensure that care follows evidence-based guidelines to improve outcomes and lower medical costs. Many benefit plans require precertification for select outpatient nonemergency services, including high-tech radiology services such as MRI, CT, PET scans and diagnostic cardiology.

Lower cost

Our radiology program offers choices to ensure that customers can obtain their care in a cost effective setting. Cigna has a large network of participating health care professionals including outpatient centers and hospitals that provide radiology services. Costs for radiology services can vary greatly, depending on where the services are provided. On average, a high-tech radiology service at an independent radiology center is about \$1,000 less than the same scan at a hospital's outpatient radiology department.²

Transparency

Cigna's goal is to understand and meet individual customers' varied needs, and offer tools and services that help them make more informed decisions about their health and health spending. Our radiology program supports our goal by featuring a support and outreach program called Informed Choice. This program focuses at helping customers undergoing an MRI, CT or PET scan understand all of their options, including the most cost-effective facility.

How precertification works

1. Health care professionals should request precertification for nonemergency MRI, CT, PET scans or diagnostic cardiology services prior to ordering the service(s).
2. When submitting a request, health care professionals should submit all of the necessary clinical information to ensure a timely review.
3. Each precertification request is reviewed against established clinical criteria for that procedure.

Following this review, one of two things will happen.

Approval. If the information provided demonstrates that the requested service meets the clinical criteria, the doctor receives an approval, and an appointment can be scheduled.

HIGH-TECH RADIOLOGY SERVICE TYPE	EXPECTED TURNAROUND TIME ³
Routine	Two business days
Urgent	Same day
Inpatient	No separate precertification required
Emergency room	

Denial. If the information provided does not support that the requested service meets the required clinical criteria, it will be denied. Both the doctor (fax) and the customer (mail) will receive a written letter explaining the reason for the denial, how to appeal the decision, and a number to call with questions. The doctor is offered the opportunity to discuss the decision with a physician peer. Denials are normally issued within two business days.



Precertification helps ensure that the right care is delivered at the right time and in the right setting, helping to avoid unnecessary care and radiation exposure.

How Informed Choice works

1. A doctor's request for a high-tech imaging study must first be **approved as medically necessary**.
2. Once approved, before the procedure is performed, the request is reviewed to determine if a cost savings opportunity is available.
3. If the request qualifies, a specially trained representative will contact the customer by phone to provide information about conveniently located, credentialed participating facilities (hospitals or freestanding facilities) and offer appointment options.

Calls will not be made in all cases. For example, Informed Choice outreach would not occur for urgent or emergency clinical conditions, or when another facility is not available due to clinical circumstances or patient needs.

AVERAGE SAVINGS WITH
INFORMED CHOICE
CONVERSION TO
LOWER-COST CENTER



\$1,037⁴

Informed Choice program advantages

- › Informs patients of available credentialed, cost-effective facilities for MRI, CT and PET scans.
- › Provides cost comparison information to assist patients when choosing a facility.
- › Enhances the patient's experience by offering real-time scheduling with the patient and facility together on the phone.
- › Delivers a consistent, standardized experience, while offering cost transparency.

The Cigna radiology program value

- › Precertification helps ensure patients receive tests and treatments that facilitate diagnosis and follow established coverage guidelines.
- › Helps reduce duplicative tests and limits unnecessary radiation exposure.
- › Uses innovative "predictive intelligence" technology to provide nearly instant precertification approval in areas where a physician consistently practices within evidence-based guidelines.
- › Educates customers about options for cost-effective treatment at facilities through the Informed Choice program.
- › Includes the credentialing of in-network facilities to ensure each facility meets certain criteria.



For more information on the Cigna radiology program, contact your sales representative.

FREQUENTLY ASKED QUESTIONS



Q: How does a physician know what Cigna's evidence-based guidelines are?

A: Cigna provides online access to policies and guidelines to help ensure health care professionals understand our evidence-based guidelines. We offer the dedicated website to request approval for high-tech radiology and diagnostic cardiology studies, which also gives health care professionals real-time access to the guidelines and requirements.

Q: How does a physician request a precertification for high-tech radiology and diagnostic cardiology procedures?

A: Health care professionals may submit requests for precertification by phone or by using an online portal. The online portal provides the health care professionals with real-time status of all submitted requests. In addition, the portal has the added benefit of providing easy access to the relevant clinical guideline for the specific service that is being requested.

Q: How are the ordering health care professional and customers notified of the status of a precertification request?

A: Health care professionals typically receive notifications via fax or email; customers via letter.

Q: What happens if a request is denied and what are the next steps?

A: When a denial occurs, the requesting physician receives a fax or email stating the specific reason for the denial, including reference to the applicable evidence-based guideline. The requesting physician may then request a peer-to-peer discussion to review the case in more detail, or they may submit any additional clinical details that address the specific reason for the denial. These steps may be taken prior to filing of a formal appeal. It is suggested the patient engage their health care professional and have them submit any missing information or ask them to schedule a peer-to-peer review to speak with a physician reviewer.

Q: What is the most common reason for a precertification request to be denied?

A: Denials most commonly occur when the clinical information submitted by the requesting physician's office does not meet Cigna's evidence-based coverage guidelines.

- Medical condition does not support the use of the scan
- Medical records submitted are not complete or are missing clinical information

Q: Are all routine imaging requests really handled within two business days?

A: 95%⁵ are finalized within two business days (after receipt of all required clinical information).

Q: Do emergency high-tech radiology services require precertification review?

A: No, only nonemergency services require review.

Q: Why does Cigna use a radiology benefits manager?

A: Using a radiology benefits manager better enables Cigna to:

- Reduce your plan medical expenses by encouraging referrals to an appropriate, quality, cost-effective location for services
- Leverage board-certified physicians who are experts in the industry and on the latest medical literature and coverage guidelines

Q: Can Cigna provide client specific reporting that outlines the utilization and savings associated with the program?

A: Upon request, your account team can provide client-level reporting to show pre-certification activity and savings as well as results from the Informed Choice program.



1. Berwick DM, Hackbarth A. Eliminating waste in US health care (published online ahead of print March 14, 2012). JAMA. doi:10.1001/jama.2012.362.

2. Based on Cigna's average cost difference of independent radiology centers vs. outpatient radiology departments. Cigna Medical Economics Unit analysis of 2013 full-year data, May 2014.

3. Expected authorization turnaround time assumes all necessary clinical information has been submitted by the doctor. Services rendered without proper authorization will be denied for failure to secure authorization unless urgent, emergent or approved extenuating circumstances apply.

4. Based on 2014 claim data from Cigna Medical Economics. Actual results/savings will vary.

5. Imaging Request turnaround time per Cigna-eviCore Scorecard monthly reporting.

Product availability may vary by plan type and location and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and complete details of coverage, contact a Cigna representative.

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