

QUESTIONS FOR CIGNA

1. What services has CIGNA contracted OrthoNet to provide? What is the goal?
 - a. CIGNA has contracted with OrthoNet to establish a network of free standing therapy providers to deliver therapy care to covered CIGNA members. OrthoNet will provide utilization management and claims management services. At the current time, only free standing clinics are affected.
2. What effect has this on hospital based therapy clinics? Will there be some post payment review? Do you see anything in the future affecting hospital providers?
 - a. Currently there are no changes. It is anticipated (timeline late summer according to CIGNA) for hospital to participate in the utilization management (pre auths).
3. What effect has this on independent providers? Is it possible to gain more time to review the contract with independent providers? How often can the fee schedule be changes? Is it possible to change any part of the contract?
 - a. Free standing clinics are scheduled to go live June 1st. If a contract with OrthoNet is not signed by June 1st or thereabouts, CIGNA will send termination letters (generally 90 day notice). If you do not accept the contract by May 14th, there is a danger of you not being in the system June 1st. OrthoNet will accept contracts after the May 14 deadline.
4. Is it possible for specialty practices to negotiate different rates?
 - a. It is possible for practices to make their case to have language change and fee schedule changes dependent on their specific demographics. On this same note, OrthoNet is considering having the same fee schedule for eval as for treatment since in most cases treatment is provided on the same day as the eval.
5. How are supplies (such as custom hand splints, dressing supplies for wound care or the medication for ionto) billed?
 - a. Custom hand splints such as those billed as an L-code are covered if it is in the member policy. For items such as ionto- the medicine may be covered under the member's pharmacy plan (they would pick up at the pharmacy) but the electrodes are part of the fee schedule. OrthoNet was made aware of the cost of electrodes and will consider this though no changes are being made at this time.

6. If independent contractors enter into the network agreement- does it have an effect on other Orthonet managed programs with other insurers such as US family health plan or Aetna?
 - a. The contract is with Orthonet and not to any specific carrier. If another carrier came on there would be an amendment to the contract and the body of the Orthonet contract may be amended as well.

7. Are all CIGNA plan participants affected or only specific plans. If only specific plans do you know what % of CIGNA patients will need to go through pre authorization.
 - a. This does not include all of the plans. CIGNA PPO and indemnity plans are not included.

8. Is there a specific contact in CIGNA where questions can be addressed.
 - a. There are 3 state provider customer reps for NH. It depends geographically where you are.

9. Is there a specific contact at Orthonet where questions can be addressed
 - a. Contracting questions can be directed to the OrthoNet contract management department at 888-257-4553. CIGNA Claims and Authorization questions can be directed to OrthoNet's Provider Service department at 866-874-0727.

10. Will patients be directed to certain clinics (such as waving copays to preferred provider clinics)
 - a. . The OrthoNet program does not steer patients to particular offices. The patient self directs to an office of their choice and the treating therapist does not need to contact OrthoNet until after the initial evaluation.

11. Does this take the place of PCP referral/authorization.
 - a. The same process should take place but OrthoNet does not require a copy.

12. How is the level of auth decided - it is Criteria based – Can we get a copy of the criteria prospectively?

- a. Each case is looked at individually. The first visit is always covered. The rest is determined by the documentation. Orthonet Physical Therapists review the documentation so think about what it is you would want to know to authorize visits. Co morbidities, age, previous function and goals are all part of the calculation. For some patients walking may be the end goal for others being able to run. Part of the calculation depends on members benefits. Many CIGNA plans have visit limitations either per calendar year or per condition. For reauthorization, you need to document progress. Case managers do not work off of averages, it is individualized. The exception is with some post op cases there is a certain number of visits automatically authorized during the first auth. Visits generally are valid for 45 days. This does not mean you need to spread your visits throughout the 45 days. Once you have used up your visits, if you need more, you should request. If progress is shown and baseline goals not met - you can expect to obtain further visits. If you will not be using all of your visits within the 45 days, you should request more time.

Knowing how many visits a patient has for benefits can help plan the course of treatment. If someone needs PROM but only have 15 visits per calendar year, how many of those will you use on PROM versus active treatment. There may be a discrepancy between medical necessity and plan coverage. That discussion and decision needs to be made between the therapist and patient.

For those who sign into network, there is ability to apply for the initial authorization on line and receive the initial block of visits automatically for certain post-operative conditions. This of course is tailored to diagnosis.

The first visit is always covered. For special circumstances such as a post op which needs a splint and training with the eval coming on visit 2- the 2nd visit would count as one of the authorized days received.

13. Can you post this document with answers on your web site as a FAQ along with other information?
 - a. Before June 1st on the CIGNA portion of the OrthoNet web site there will be a FAQ document, provider manual and a quick reference guide.

14. What is the timeframe for turnaround. Is there a process for an accelerated turnaround?
 - a. With the current NH plan, turnaround is generally 24 hours. Goal is 48 hours for complete requests. (business days)

15. What clerical info is needed? Everything such as provider number and patient number or just basic identifier number?

- a. The OrthoNet fax sheet is required even if all of the clerical information is on the clinical form. The OrthoNet fax sheet top portion can be customized to your clinic.

16. How do we handle a second diagnosis mid treatment - Do we need to submit another eval?

- a. Yes- keeping the conditions separate is helpful. Some policies cover visits per condition so it can be helpful in obtaining more visits if needed.

17. When do we start with auth process for patients starting prior to June 1.

For those CIGNA patients whose plans participate in the OrthoNet program

- a. All patient who start June 1st or after need authorization
- b. Patient who begin before June 1st and finish before July 14 do not need authorizations
- c. Patients who begin before June 1st and finish after July 14th will need authorizations for dates after July 14th.

18. Diagnosis - what level of dx do we need. Must this dx code match the bill?

- a. It needs to be in the same ballpark such a shoulder pain on the bill is OK if the authorization is for rotator cuff tear.

19. Can we use our eval, re-eval, progress, daily notes instead of Orthonet forms - would like to send examples and get confirmation in advance.

- a. Yes. OrthoNet's clinical forms are not required but remember you need to have enough documentation for the reviewing therapist to understand what is going on and to justify more visits. The only form that is required is the OrthoNet fax coversheet –but remember you need to have enough documentation for the reviewing therapist to understand what is going on and to justify more visits.

20. If there is a delay in receiving authorization- causing delay in scheduling and treatment, what do you want us to tell the patients?

- a. Members should contact CIGNA with any concerns, using the toll-free number on the back of their ID card. Therapists can contact OrthoNet at 866-874-0727

21. What is the appeal process if treatment is denied? Is it an Orthonet or CIGNA

- a. Administrative appeals should go to Orthonet, clinical appeals to CIGNA.

NHAPTA is not endorsing this plan. As with all contracts legal counsel is recommending before entering into an agreement.