A FOCUS ON IMPROVED QUALITY AND GREATER VALUE.

Cigna Physical and Occupational Therapy Program

The Cigna physical and occupational therapy program strives to improve the overall health care experience. We do this by focusing on:

Quality. We help eliminate excess use when services don't meet evidence-based guidelines to help improve clinical outcomes.

Safety and costs. We provide our customers access to a large network of cost-effective providers, as well as help reduce unnecessary and inappropriate treatments.

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 American Specialty Health to help us ensure quality, cost-effective services are provided to customers for physical and occupational therapy treatment.

IT'S IMPORTANT TO REPLACE UNNECESSARY CARE WITH NECESSARY CARE.*

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company or its affiliates.

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One out of three dollars in the U.S. Healthcare system is spent on unnecessary tests, over-priced drugs, and treatments that provide little or no benefit to patients.**

Quality

Medical necessity review (MNR) is the process of reviewing a medical service requested by a provider to determine if the service is medically necessary according to established evidence-based clinical criteria and covered under the benefit plan. An MNR helps ensure that care follows evidence-based guidelines to help improve outcomes and lower medical costs.

MNRs are designed to review progress throughout a treatment plan. If the services are determined to be medically necessary and covered under the benefit plan, an approval is issued for several visits over the next several weeks. If additional visits are required, an additional review can be submitted for more visits with the updated clinical progress at any time during the treatment regimen.

While we encourage preservice reviews to ensure services are covered under the benefit plan, our MNR process allows the flexibility of requesting the review at any time before, during or after treatment has taken place.

Safety and costs

We have a large network of providers that provide physical and occupational therapy at competitive rates.

We apply the same evidence-based clinical standards to both in- and out-of-network providers, to:

- Help ensure that customers receive the right treatment.
- Help ensure providers have access to current education and support to encourage procedures that are shown to be effective and efficient in the treatment of the condition.

These relationships help control costs for services and improve quality of care.

How MNR works

1. Providers should submit a treatment plan for MNR for services. Network providers use a designated online portal, streamlining the submission process.
2. When submitting a request, providers should send all of the necessary clinical information, progress documentation and a treatment plan. This ensures a timely review.
3. Following the review, the request will be approved or denied.

Approval. If the information provided demonstrates that the treatment plan and progress meet the clinical criteria, the requesting provider and customer will receive a letter with the number of approved visits and time frame.

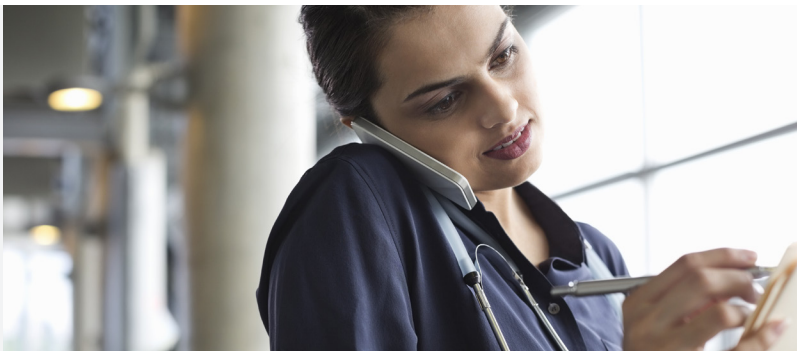
SERVICE TYPE	TURNAROUND TIME***
Routine	Five business days

Denial. If the information provided does not support that the treatment plan and progress meet the required clinical criteria, the service will be denied. A letter will be sent to the provider and the customer. The letter will explain the reason for the denial and how to appeal the decision. It will also provide a number to call with questions. The provider is offered the opportunity to discuss the decision with a clinician. Denials are normally issued within five business days.

The value of the Cigna physical and occupational therapy program

- An MNR helps customers receive safe, effective treatment that follows established coverage guidelines.
- It helps reduce client and customer costs by:
  - Preventing medically inappropriate services from being initiated (before the claim process).
  - Providing customer-focused solutions which could result in quicker healing and improved outcomes.
  - Providing access to a large network of participating providers, minimizing out-of-network use and creating savings opportunities for customers.
- Network providers have the ability to utilize a dedicated portal for MNR requests and claim submissions. The portal gives the provider real-time status for all submitted requests.

For more information on the Cigna physical and occupational therapy program, contact your sales representative.



FREQUENTLY ASKED QUESTIONS

Q: What is the difference between precertification and MNR?

A: Both processes help determine if services are appropriate and covered under the benefit plan. However, our MNR process is designed for greater flexibility by offering reviews to happen preservice, during services, and post-service, and reviewing throughout the treatment plan helps ensure progress is being made.

Q: How does a provider find Cigna's evidence-based guidelines?

A: Cigna provides online access to policies and guidelines to help ensure providers understand our evidence-based guidelines.

Q: How does a provider request an MNR for physical and occupational therapy services?

A: Providers may submit requests by phone or by fax. Network providers also have the ability to use a dedicated portal for requests. The portal gives the provider real-time status for all submitted requests.

Q: How are the ordering provider and customer updated on the status of an MNR request?

A: Providers receive notifications via fax, mail or portal (network). Customers get a letter in the mail.

Q: What are some common reasons for an MNR 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. For example:

- Medical condition does not support the procedure requested.
- Clinical information indicates that the patient has reached the maximum benefits of treatment and should transition to a self-care program.
- Medical records submitted are not complete or are missing clinical information. When a denial occurs, the requesting provider gets notification with the specific reason for the denial, including reference to the applicable evidence-based guideline. Partial denials are most common when excessive amounts of visits or services are requested which are not supported by the clinical documentation submitted.

Q: Who is in the best position to have a denial decision reviewed for reconsideration?

A: When a denial is issued, the requesting provider has options they can take before filing a clinical appeal. They may request a peer-to-peer review. And they may submit any missing clinical details for reconsideration. It is suggested the patient engage their provider and have them submit any missing information, or ask them to schedule a peer-to-peer review to speak with a clinical reviewer.

Q: How long does it take to process a routine physical and occupational therapy request?

A: MNR requests are standardly finalized within five business days.***

Q: Do all physical and occupational services require an MNR?

A: During the claim process, services are reviewed to determine medical necessity and benefit coverage. Customers may receive correspondence indicating that the claim is pending for records to be submitted for review.

Q: Are durable medical equipment (DME) services part of the physical and occupational therapy program?

A: No; DME services are covered under the home health benefit and would fall under our home health and DME program.

* Atul Gawande, http://www.advisory.com/daily-briefing/2015/05/07/gawande-what-to-do-about-the-avalanche-of-unnecessary-care.

** www.ineteconomics.org/perspectives/blog/its-not-just-profit-wrecking-american-healthcare.

*** Turnaround time assumes all necessary clinical information has been submitted by the provider. Actual times may vary and are subject to change.

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