

RE: Cigna-HealthSpring® CarePlan (Medicare-Medicaid Plan) Claim & Encounter File Rejection Implementation

Dear Provider:

In compliance with Centers for Medicare and Medicaid Services (CMS) and State regulations, Cigna-HealthSpring CarePlan is implementing front-end HIPAA validation edits for all claims and encounter data submissions.

In the past, provider claims and data submissions to Cigna-HealthSpring CarePlan have not rejected for many of the HIPAA edits. Instead, you received warnings on the error summary report and response files.

Effective August 15, 2016 Cigna-HealthSpring CarePlan will reject claims & encounter data records that do not comply with CMS implementation guidelines. Information on CMS requirements (HIPAA X12 format) and Electronic Data Interchange (EDI) can be found online at: www.cms.gov.

Many other large insurance payors have already implemented these edits. So your claims may already be completely HIPAA compliant, and you will not notice any difference after August 15th. But if your clearing house has not implemented the required HIPAA edits, you could see a change.

How does this affect you?

- Claims submitted electronically by you and/or your clearing house must have correct formatting including correct data types where required to submit successfully into Cigna-HealthSpring CarePlan for processing. Claims or encounters without the correct formatting will likely result in a rejection.
- The rejection could happen at your clearing house or billing service.
- A rejection means that your claims or encounters will not make it to us to process and that will delay payment to you.
- Your rejected claim or encounter would require correction and resubmission to us.

What should I do now?

- Contact your clearing house and ask them to make sure they are using “SNIP Level 7” edits. If they are not, encourage them to implement those right away so your claims go through.
- Make sure you’re in the habit of checking electronic response files after filing and noting any rejection or error codes. See page three of this letter for an example of the kinds of responses you might receive.
- If you receive rejection or error codes, immediately correct the data element(s) shown and refile the claim with us.

If you have questions regarding the implementation of this change, please contact your Provider Relations representative or the Cigna-HealthSpring CarePlan Provider Services at 1-877-653-0331, Monday through Friday, from 8 a.m. to 5 p.m., Central Time.

Thank you for your participation in our provider network and for the care you provide our members.

Examples of Messages That Providers May See from Clearinghouse

Submitters will receive the following:

1. **TA1 acknowledgement** confirming receipt of the submitted data file.
2. **999 acknowledgements** which include additional information about whether the transaction had errors. This includes whether the transaction is in compliance with HIPAA requirements. The 999 acknowledgement may recognize receipt of a transaction, such as a healthcare claim, but it does not necessarily mean that transaction will be adjudicated by Cigna-HealthSpring CarePlan.

The 999 Acknowledgement may produce three results:

- Accepted (A)
- Rejected (R)
- Accepted with errors (E)

The 999 acknowledgement will also report on exactly what syntax issues caused the error in the original transaction.

3. **Error Summary Report** – The Error Summary Report includes the number of records received, the number accepted, and the number rejected.
4. **Detail Error Report** - The Detail Error Report provides a breakdown of errors summarized in the Error Summary Report. The Detail Error Report will provide, record by record, the field level details communicating the error causing the rejection.
5. The original erroneous data records will be provided back to the submitter with field level details communicating the cause of the rejection. Providers should review the information on the Detail Error Report and resubmit a corrected claim or file.

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