

CIGNA SETTLEMENT UPDATE

The appeals that challenged aspects of the Settlement were dismissed on April 21, 2004, making April 22, 2004 the Final Approval date. Under the terms of the Settlement Agreement, the Notice of Commencement of Claims Period was to be mailed to Class Members within fourteen days after Final Approval, and the period for submitting claims for payment from the settlement funds was to start 45 days after Final Approval.

However, the Court has approved a short delay in the mailing of the Notice while the parties finalize the claims submission process. Please check this website again to find out when the Notice will be mailed and when the Claims Period will begin. **You do not need to do anything now. Notice will be given before the Claims Period starts. The Notice will provide instructions for submitting claims.**

In addition, the Court has approved changes to several other deadlines that were triggered by Final Approval. Those changes are:

- CIGNA HealthCare shall implement the process for handling Clinical Information disputes in accordance with Section 7.12 of the Settlement Agreement by June 15, 2004.
- Billing Dispute External Review Process in accordance with Section 7.10 of the Settlement Agreement: This shall be in place by July 15, 2004. Such Retained Claims as are appropriate to submit to the Billing Dispute External Review Process may be submitted up to August 31, 2004 or within 30 days of final adjudication under CIGNA HealthCare's internal appeals process, whichever is later. (See further information below regarding Retained Claims.)
- CIGNA HealthCare shall implement procedures to carry out its obligations under Section 7.14.c of the Settlement Agreement (regarding disclosure of data used to determine "reasonable and customary" charges upon request by a non-participating doctor who appeals from CIGNA HealthCare's determination) by May 28, 2004.
- CIGNA HealthCare shall implement procedures to carry out its obligations under Section 7.28.a of the Settlement Agreement (regarding capitation reporting) by May 28, 2004.
- CIGNA HealthCare shall implement procedures to carry out its obligations under Section 7.7 (regarding procedures to reduce resubmissions of claims) by August 15, 2004.

RETAINED CLAIMS

Retained Claims are essentially claims that were in the pipeline as of April 22, 2004. Specifically, a Retained Claim is a claim for payment for the provision of Covered Services if, as of April 22, 2004: (1) a claim has been filed with CIGNA HealthCare, but not finally adjudicated by it; or (2) no claim has yet been filed with CIGNA HealthCare and the period for filing such a claim has not expired. A claim is considered finally adjudicated when CIGNA HealthCare's internal appeals process has been completed. Physicians with Retained Claims must still go through CIGNA HealthCare's internal appeals process.

All other claims for services rendered before April 22 are released by the settlement and are thus no longer subject to challenge by Class Members (except as specified in the next paragraph with respect to certain claims that were finally adjudicated between March 24 and April 21, 2004).

Retained Claims that involve the application of CIGNA HealthCare's coding and payment rules and methodologies will be handled by the Billing Dispute External Review Process established under the terms of Section 7.10 of the Settlement Agreement. For this type of claim only, Retained Claims also includes claims that were finally adjudicated between March 24 and April 21, 2004.

After any internal appeal has been exhausted, Class Members may submit such Retained Claims to the Billing Dispute External Review Process. This is the ONLY way to resolve Retained Claims that relate to the application of coding and payment rules and methodologies to patient specific factual situations, including, for example, the appropriate payment amount when two or more CPT® Codes are billed together, or whether the physician used modifiers appropriately.

Any such Retained Claim may be submitted to the Billing Dispute External Review Process if

- it was not finally adjudicated by CIGNA HealthCare by April 22, 2004;
- it was finally adjudicated within 30 days before April 22, 2004 (i.e., between March 24 and April 21, 2004); and
- it is submitted by no later than August 31, 2004, or within 30 days of final adjudication under CIGNA HealthCare's internal appeals process, whichever is later.

Additional information about how to submit claims to the billing dispute process will be available by July 20, 2004 on the following websites: www.CIGNA.com and www.hmosettlements.com. Please continue to check for details.

Retained Claims NOT involving the application of coding and payment rules and methodologies are not subject to resolution under any adjudication process created in connection with the Settlement. However, your right to sue or seek other legal redress is not waived under the Settlement as to these Retained Claims.

Further information describing these commitments is in the Settlement Agreement, which may be downloaded [here](#) and at www.CIGNAPhysicianSettlement.com.