



Network News

OCTOBER 2017

For providers



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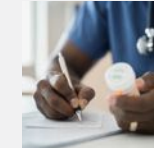
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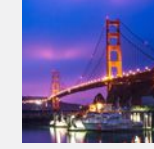
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FIGHTING THE OPIOID EPIDEMIC

Last year, we announced [our commitment to help combat the nation's opioid epidemic](#). Since then, with the help of health care providers, we've made significant progress toward reaching our goal to reduce opioid use among customers. Within the last 12 months, our customers' use of potentially hazardous opioids has declined nearly 12 percent – about halfway to achieving our goal of a 25 percent reduction by 2019. We have also made progress on improving the coordination of care of customers experiencing pain.

OPIOID QUALITY IMPROVEMENT PLEDGE

The key to our progress has been our work with doctors. To date, 286 medical groups – representing nearly 65,000 doctors – have signed our [pledge](#) to reduce opioid prescribing, and treat opioid use disorder as a chronic condition. We plan to continue to work closely with providers to support them and their patients. You can find the Opioid Quality Improvement Pledge on the Cigna for Health Care Professionals website [CignaforHCP.com](#) > Resources > Pharmacy Resources > Pharmacy Clinical Programs > Opioid Resources > [Opioid Quality Improvement Pledge](#).

About the pledge. The Opioid Quality Improvement Pledge raises awareness of the [Surgeon General's Turn the Tide prescriber pledge](#). It confirms a provider's commitment to quality improvement activities that will reduce potentially hazardous opioid prescribing, and improve the coordination and quality of care for patients who are taking these drugs.

Is your practice ready to sign the pledge? We have resources to help support your efforts.

- › **The Opioid Quality Improvement Playbook** is a compilation of quality-improvement activities that provider groups have implemented in their practices to address opioid use and educate their patients. It can help you develop your practice's plan to reduce opioid prescribing, support your patients through alternative pain-management treatments, and more. The playbook has recently been updated. Go to [CignaforHCP.com](#) > Resources > Pharmacy Resources > Pharmacy Clinical Programs > Opioid Resources > [Opioid Quality Improvement Playbook](#).
- › **Links to additional resources** – such as the Centers for Disease Control and Prevention (CDC) clinical guidelines, clinical tips, and screening tools – are available at [CignaforHCP.com](#) > Resources > Pharmacy Resources > Pharmacy Clinical Programs > [Opioid Resources](#).
- › [Treating Pain flyer](#) can be shared with your patients as needed. It includes information about risks, benefits, and alternatives to opioids as a pain-management strategy.

NEW DESIGNATED SUBSTANCE USE TREATMENT PROVIDER PROGRAM

When referring a patient for opioid use, it can be challenging to determine which treatment facilities provide quality, cost-effective care. That's why Cigna developed the Designated Substance Use Treatment Provider program, which helps customers and their providers to choose the right health care facility for treatment of their substance use disorder.

How treatment facilities achieve this designation

To achieve the designation, treatment facilities must meet certain criteria for patient outcomes and cost-efficiency, which are evaluated by Cigna Behavioral Health. Facilities that meet these criteria are identified as Designated Substance Use Treatment Providers. This designation helps providers to help their patients find quality and savings when choosing a facility for substance use treatment.

When evaluating treatment facilities for this designation, we use criteria that includes:

- › Availability of substance use disorder treatment programs: Detoxification, inpatient rehabilitation, residential, partial hospitalization, and intensive outpatient services
- › Annual admission and readmission data
- › Cost per episode

Currently, 112 treatment facilities have been awarded the Designated Substance Use Treatment Provider program in 21 states. As we continue to expand the program, additional facilities and states will be added.

How to find Cigna Designated Substance Use Treatment Providers

For more information about the program, and to see a list of designated facilities, refer to the [fact sheet](#) available on [Cigna.com](#) > Find a Doctor > Behavioral: [Designated Substance Use Treatment Program](#).

We're committed to a collaborative approach as we work together to fight the opioid epidemic in 2018.

WATCH THE OPIOID VIDEO

The Provider Perspective Opioid Epidemic Video highlights the scope of the opioid epidemic, and reflects on how Cigna is collaborating with providers to combat a national problem on a local level. Its goal is to encourage providers to sign the [Opioid Quality Improvement Pledge](#), and take action through quality improvement initiatives.



PLANNED MEDICAL POLICY UPDATES

To support access to quality, cost-effective care for your patients with a medical plan administered by Cigna, we routinely review clinical, reimbursement, and administrative policies for potential updates. As a reminder, reimbursement and modifier policies apply to all claims, including those for your patients with GWH-Cigna or “G” ID cards.

No new policy updates were made since the July 2017 issue of *Network News*.

To view our existing policies, including an outline of monthly coverage policy changes and a full listing of medical coverage policies, log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Coverage Policies. If you are not registered for this website, go to CignaforHCP.com and click [Register Now](#). If you do not have Internet access, and would like additional information, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



PREVENTIVE CARE SERVICES POLICY UPDATES

On September 1, 2017, the following updates became effective for Cigna’s Preventive Care Services Administrative Policy A004.

Summary: Preventive care code updates effective September 1, 2017

SERVICE	UPDATE
Human papillomavirus (HPV) vaccine	Gender limit removed.
Tuberculosis screening	Added Current Procedural Terminology (CPT®) codes 86480 and 86481 (allowed with wellness diagnosis).
Breastfeeding counseling and support services	Reminder: These are considered preventive care services and may be provided as a component of an office visit. If provided at a separate encounter, services may be reported with the use of preventive medicine individual or group counseling (CPT codes 99401, 99402, 99403, 99404, 99411, or 99412), or with lactation classes (Healthcare Common Procedure Coding System [HCPCS]) code S9443.

For additional guidance on preventive care services, refer to the Preventive Care Services Administrative Policy (A004) on the Cigna for Health Care Professionals website (CignaforHCP.com) > Review Coverage Policies > Medical and Administrative A-Z Index > [Preventive Care Services - \(A004\)](#).





PRECERTIFICATION UPDATES

To help ensure we are administering benefits appropriately, we routinely review our precertification policies for potential updates. As a result of a recent review, we want to make you aware that we updated our precertification list in August 2017 and October 2017, and plan to make additional updates in January 2018.

Codes added to the precertification list on August 1, 2017

On August 1, 2017, we added 12 codes to the precertification list. They represent new Proprietary Laboratory Analyses (PLA) codes released by the American Medical Association (AMA), and are new additions to the Current Procedural Terminology (CPT®) code set approved by the AMA CPT Editorial Panel.

CPT CODE	DESCRIPTION
0006U	Prescription drug monitoring, 120 or more drugs and substances, definitive tandem mass spectrometry with chromatography, urine, qualitative report of presence (including quantitative levels, when detected) or absence of each drug or substance with description and severity of potential interactions, with identified substances, per date of service
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in comparison to buccal DNA, per date of service
0008U	Helicobacter pylori detection and antibiotic resistance, DNA, 16S and 23S rRNA, gyrA, pbp1, rdxA and rpoB, next generation sequencing, formalin-fixed paraffin embedded or fresh tissue, predictive, reported as positive or negative for resistance to clarithromycin, fluoroquinolones, metronidazole, amoxicillin, tetracycline, and rifabutin

PRECERTIFICATION REQUIRED FOR SURGERIES PERFORMED IN A DOCTOR'S OFFICE

Currently, surgeries performed in a doctor's office may be excluded from precertification requirements based on a customer's specific benefit plan design. Beginning January 1, 2018, those benefit plans will be changed to require precertification for surgeries performed in a doctor's office, regardless of the customer's benefit plan. We anticipate this will provide a more consistent administrative experience for providers.

CPT CODE	DESCRIPTION
0009U	Oncology (breast cancer), ERBB2 (HER2) copy number by FISH, tumor cells from formalin fixed paraffin embedded tissue isolated using image-based dielectrophoresis (DEP) sorting, reported as ERBB2 gene amplified or non-amplified
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate
0011U	Prescription drug monitoring, evaluation of drugs present by LC-MS/MS, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service including all drug compounds and metabolites
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)
0015U	Drug metabolism (adverse drug reactions), DNA, 22 drug metabolism and transporter genes, real-time PCR, blood or buccal swab, genotype and metabolizer status for therapeutic decision support
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected

continued



Precertification updates

continued

Codes added to the precertification list on October 1, 2017

On October 1, 2017, we added six new CPT codes, and four new Healthcare Common Procedure Coding System (HCPCS) codes to our precertification list.

CPT CODE	DESCRIPTION
0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents
0020U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, with specimen verification including DNA authentication in comparison with buccal DNA, per date of service
0021U	Oncology (prostate), detection of eight autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3 mutation and indication for or against the use of midostaurin

HCPCS CODE	DESCRIPTION
C9491	Injection, avelumab, 10 mg
C9492	Injection, durvalumab, 10 mg
C9493	Injection, edaravone, 1 mg
C9494	Injection, ocrelizumab, 1 mg

Codes that will be added to the precertification list on January 1, 2018

Medical oncology and oral chemotherapy medications. Effective January 1, 2018, we will add 53 HCPCS codes to the list of medical oncology and oral chemotherapy medications that will require precertification under our Integrated Oncology Management Program, which is managed through eviCore healthcare. For an updated list of affected medications, log in to CignaforHCP.com > Resources > Reimbursement and Payment Policies > Precertification Policies > Oncology Drugs Requiring Precertification through eviCore Healthcare.

For additional information about the Integrated Oncology Management Program, visit the dedicated program website at evicore.com/Cigna/Pages/MedicalOncology.aspx.

Individual & Family Plans. We are also adding the two codes shown below to the precertification list that will be effective January 1, 2018. Note that these codes are already on our precertification list for all plans except Individual & Family Plans (IFPs).

CODE	DESCRIPTION	NOTE
CPT 11980	Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)	Adding precertification for on- and off-Marketplace IFPs
HCPCS S0189	Testosterone pellet, 75 mg	Adding precertification for on- and off-Marketplace IFPs

Codes to be removed from the precertification list on January 1, 2018

Effective January 1, 2018, we will remove the 96 AMA codes listed below from our precertification list.

27194	81280	0182T	0288T	C9139	C9473	E0628	Q4120
28293	81281	0233T	0289T	C9349	C9474	G6021	Q4129
47136	81282	0240T	0291T	C9442	C9475	G6027	Q9975
62310	91200	0241T	0292T	C9445	C9476	G6028	Q9976
62311	95973	0243T	0336T	C9449	C9477	J0886	Q9977
62318	0019T	0244T	0392T	C9450	C9478	J1446	Q9978
62319	0099T	0262T	C9025	C9451	C9480	J7188	Q9979
77776	0103T	0281T	C9026	C9453	C9481	J9010	Q9980
77777	0123T	0282T	C9027	C9454	C9487	L6025	S3721
77785	0169T	0283T	C9135	C9455	C9724	L7260	S3855
77786	0171T	0285T	C9137	C9471	C9737	L7261	S3890
77787	0172T	0286T	C9138	C9472	C9800	Q4119	S8262

To view an online list of monthly precertification updates, as well as the complete list of services that require precertification of coverage, log in to CignaforHCP.com and click on Precertification Policies under Useful Links. If you are not registered for the website, go to CignaforHCP.com and click [Register Now](#).



REQUIREMENT TO PRECERTIFY ONCOLOGY MEDICATIONS THROUGH EVICORE

On February 20, 2017, we implemented an integrated oncology management program for our commercial business. The program is administered through eviCore healthcare (eviCore), a national ancillary provider. You must precertify certain medical oncology medications through eviCore instead of Cigna, including primary chemotherapy, and supportive drugs, such as medical injectables and infusions.

On June 26, 2017, we expanded the program to include precertification of oral chemotherapy medications. This allows you to submit one integrated precertification request to eviCore for

both the medical and pharmacy medications needed for a planned course of treatment. The goal is to ease your administrative burden, so that you can concentrate on providing your patients who have Cigna-administered coverage with a coordinated, medically appropriate course of cancer treatment.

eviCore will review your patient's entire treatment plan for coverage, rather than reviewing each medication individually, based on the National Comprehensive Cancer Network® (NCCN) Clinical Practice Guidelines in Oncology (NCCN Guidelines®), and our medical oncology coverage policies.

Resources to support you

RESOURCE	DESCRIPTION	WEBSITE
Online precertifications: eviCore website	The preferred and most efficient way to submit precertification requests	eviCore.com > Login: Providers (user ID and password required)
Cigna medical oncology resources	List of medical oncology medications requiring precertification, program information, a Quick Reference Guide, and information about our coverage guidelines	eviCore.com/Cigna/Pages/MedicalOncology.aspx
NCCN Guidelines	NCCN guidelines for oncology	NCCN.org > NCCN Guidelines



NEW PROCESS FOR ZOLL LIFEVEST RENTAL PRIOR AUTHORIZATIONS

We strive to provide you and your patients with cost-effective programs and opportunities that help ensure quality, cost-effective care. As part of these efforts, we have entered into an agreement with ZOLL LifeVest Holdings, LLC (ZOLL) to supply wearable cardioverter defibrillators (ZOLL LifeVest) rentals to Cigna customers.

What this means to you

Precertification is still required for coverage of a ZOLL LifeVest rental. Starting **August 1, 2017**, we ask that you contact ZOLL to initiate precertification of coverage for both initial requests and renewal requests. ZOLL will complete the necessary form and submit the precertification request to Cigna. Please do not contact CareCentrix for ZOLL LifeVest rentals, as they no longer coordinate authorization for this service.

Current coverage criteria

A wearable cardioverter defibrillator ZOLL LifeVest is considered medically necessary for an individual who is at a high risk for sudden cardiac death. To be approved for coverage, the individual must meet the criteria for implantable cardioverter defibrillator (ICD) placement, but not currently be a suitable candidate for ICD placement due to **any** of the conditions listed below.

The individual:

- › Is waiting for a heart transplantation.
- › Is waiting for an ICD reimplantation following an infection-related event.
- › Is experiencing a systemic infectious process or has some other temporary medical condition that precludes implantation.
- › Requires a bridge to ICD risk stratification, and possible implantation, immediately following myocardial infarction (MI) for **either** of the conditions listed below.
 - History of ventricular tachycardia or ventricular fibrillation after the first 48 hours
 - Left-ventricular ejection fraction (LVEF) less than or equal to (\leq) 35 percent
- › Requires a bridge to ICD risk stratification, and for possible implantation of a newly diagnosed dilated cardiomyopathy (ischemic or nonischemic) with LVEF \leq 35 percent.



Please note the coverage criteria may be updated at least annually. For the most up-to-date coverage criteria, please visit the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Coverage Policies > [Medical and Administrative A-Z Index > Wearable Cardioverter Defibrillator and Automatic External Defibrillator - 0431](#).

Initial ZOLL LifeVest Request Form

An Initial ZOLL LifeVest Request Form is required when providers:

- › Want to request a new prior authorization for coverage of a ZOLL LifeVest rental.
- › Use of a previously approved ZOLL LifeVest rental will be necessary beyond the initial authorization period.

Please contact your Cigna representative to access the Initial ZOLL LifeVest Request Form.

Fax the completed form, including date and signature, to ZOLL at 1.866.567.7615.

Providers will be required to fill out the initial or renewal request form, and fax it to ZOLL. ZOLL will request precertification from Cigna for the LifeVest device, and submit all claims for its LifeVest rentals to Cigna.

Additional information

If you have any questions about this process, please call Cigna Customer Service at **1.800.88Cigna (882.4462)**.



SUBMIT COORDINATION OF BENEFITS CLAIMS ELECTRONICALLY

Save money and get paid faster

The [2016 Council for Affordable Quality Healthcare \(CAQH®\) Index®](#) estimates that a provider spends 93 percent less for each claim submitted electronically – only \$0.68 for an electronic claim versus \$2.64 for a paper claim. In addition, electronic claims are processed faster, and result in quicker payments.

If you're not already submitting your claims electronically, this can be an important step in improving your payment cycle.

Tips for submitting coordination of benefit (COB) claims electronically

As a reminder, there is no need to submit:

- › A paper copy of the primary carrier's explanation of benefits (EOB) form.
- › Medicare COB claims to Cigna; we already receive them electronically via the Centers for Medicare & Medicaid Services (CMS) Medicare crossover process. *This crossover process does not forward claims to Cigna that were either 100 percent paid or denied by Medicare.*

Talk to your electronic data interchange (EDI) vendor about how to submit COB information. (COB claims should be billed in loops 2320 and 2330 on the electronic claim form. Values in those loops must balance with loop 2300 CLM02 Monetary Amount reported).

Additional information

For more information about how to submit claims to Cigna electronically, including COB claims, visit [Cigna.com](#) > Health Care Professionals > Resources > Doing Business with Cigna > [How to Submit Claims to Cigna](#).

You can save up to \$1.96 with every COB claim you submit electronically instead of by paper.



PROVIDER DIGITAL SOLUTIONS WEBINAR SCHEDULE

You're invited to join interactive, web-based demonstrations of the Cigna for Health Care Professionals website (CignaforHCP.com). Learn how to navigate the site and perform timesaving transactions such as precertification, claim status inquiries, electronic funds transfer (EFT) enrollment, and more. The tools and information you'll learn about will benefit you and your patients with Cigna coverage.

TOPIC	DATE	TIME (PT / MT / CT / ET)	LENGTH	MEETING NUMBER
CignaforHCP.com Overview	Thursday, November 2, 2017	11:30 AM / 12:30 PM / 1:30 PM / 2:30 PM	90 min	719 593 584
Eligibility & Benefits / Cigna Cost of Care Estimator	Wednesday, November 8, 2017	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	713 533 419
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Thursday, November 16, 2017	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	716 091 393
Online Precertification	Wednesday, November 29, 2017	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	45 min	715 411 230
CignaforHCP.com Overview	Tuesday, December 5, 2017	10:00 AM / 11:00 AM / 12:00 PM / 1:00 PM	90 min	717 170 789
Eligibility & Benefits / Cigna Cost of Care Estimator	Thursday, December 14, 2017	11:00 AM / 12:00 PM / 1:00 PM / 2:00 PM	45 min	718 564 205
EFT Enrollment, Online Remittance, and Claim Status Inquiry	Wednesday, December 20, 2017	12:00 PM / 1:00 PM / 2:00 PM / 3:00 PM	45 min	715 214 448

Preregistration is required for each webinar

1. Go to <http://CignaVirtual.Webex.com>.
2. Enter the Meeting Number; then click Join.
3. Enter the session password **123456**.
(This is the password for each webinar.) Click OK.
4. Click Registration.
5. Enter the requested information and click Register.
6. You'll receive a confirmation email with meeting details.

To join the audio portion of the webinar:

Call **1.888.Cigna.60 (244.6260)** and enter passcode 684113# when prompted.

Questions?

Contact: Cigna_Provider_eService@Cigna.com



ENHANCEMENTS TO ONLINE PROVIDER DEMOGRAPHIC UPDATE FORM

The online form for provider demographic updates offers an easy way for Cigna-participating providers to make updates to their listings that appear in our directories. It contains prepopulated fields for a contracted practice or provider, with specific information and addresses for each location.

We recently made several enhancements to the online form.

› Improved ZIP code - city accuracy

When entering the ZIP code for an address, the City/State field automatically populates. Occasionally this field may not populate with the city and state that you need. If this occurs, you will have the option of selecting "Other" from a drop-down menu. This will allow you to enter the appropriate city and state.

› Better control of user access to the online form

Your practice's primary administrator(s) for the Cigna for Health Care Professionals website (CignaforHCP.com) can now delegate users who can access and make changes to your directory listing(s) using the online form. They can also remove those who no longer need access to it. This gives you better control over who in your organization can view and make changes to your listing(s).

› New message about when updates will appear in our directories

Once a delegated user makes updates to a directory listing using the online form, a message similar to the one shown below will appear.

Your updates have been submitted. We will send you a completion notice after we have made the changes. Please allow up to seven days following receipt of the completion notice for the changes to appear in the provider directory.

How to access the online form to make directory updates

Any person from your practice who has been delegated access to the online form can find and submit demographic changes by logging in to CignaforHCP.com > Working With Cigna > Update.

Please keep your directory listing current. Customers can make better-informed decisions about which health care providers to use when this information is up to date.





LOCALPLUS PLANS EXPAND TO SAN ANTONIO, TEXAS IN 2018

We routinely review our networks to help ensure that our customers have access to quality, cost-effective care in their geographic areas. As a result, on January 1, 2018, we will offer LocalPlus® plans in the San Antonio, Texas area for our customers in Bexar, Comal, and Guadalupe counties.



LocalPlus ID cards

You can identify your patients with LocalPlus coverage by the LocalPlus logo on their Cigna ID card. The card will contain information about customer service contacts, benefits, and where to submit claims.

Your patients who have access to our national Open Access Plus (OAP) network when they are

outside of the LocalPlus geographies will also have an Away from Home Care logo on the back of their ID card.

Please note that some LocalPlus ID cards may list a primary care provider (PCP), even though customers are encouraged – but not required – to select one.

Keep referrals local

You can help your patients maximize their available plan benefits, and minimize out-of-pocket expenses, by referring them to LocalPlus network-participating physicians, hospitals, and other providers. You can find them by searching the online health care professional directory. Go to the Cigna for Health Care Professionals website (CignaforHCP.com) > [Search the health care professional directory.](#)

About LocalPlus

LocalPlus plans offer coverage for the full scope of services provided by traditional Cigna-administered plans within a limited network of local-participating providers and facilities. The LocalPlus suite includes four plans: LocalPlus, LocalPlus In-Network (LocalPlusIN), Choice Fund LocalPlus, and Choice Fund LocalPlusIN.



The key differences between LocalPlus and LocalPlusIN plans are the benefit coverage levels, and whether or not customers can access only LocalPlus network-participating providers. You can easily identify customers with coverage under one of these plans by viewing their Cigna ID card, which will indicate one of the four plans by name.

Additional information

For more information, call Cigna Customer Service at **1.800.88Cigna (882.4462)**, or log in to CignaforHCP.com > Resources > Medical Resources > Medical Plans and Products.



CIGNA SUREFIT EXPANSION IN 2018

Beginning January 1, 2018, more providers and facilities will start to see patients who have coverage through a Cigna SureFit® plan. These plans were first introduced in January 2016 in Denver, Colorado. In 2018, Cigna SureFit will be available in additional markets in Colorado, Tennessee, and Virginia.

What is Cigna SureFit?

Cigna SureFit builds networks around local-participating physicians, hospitals, and specialists to provide customers with access to personal, patient-centered care. Enrolled customers have coverage only for the providers and facilities that participate in the network aligned to their SureFit plan, including primary care providers (PCPs) and specialists unless it's an emergency.

Referrals

PCPs that are in networks aligned to a Cigna SureFit plan are responsible for making referrals to other participating physicians, hospitals, specialists, and providers. Participating specialists are responsible for confirming referrals, either by relying on a PCP's written referral that a customer presents to the office, or by calling Cigna Customer Service. When calling about a referral, choose the prompt for "specialist referral."

Cigna SureFit plans at a glance

MARKET	NETWORK NAME	PCP SELECTION	REFERRAL FOR SPECIALTY CARE	AWAY FROM HOME CARE	OUT-OF-NETWORK BENEFITS
Colorado - Colorado Springs, Denver, and Boulder	Cigna SureFit Health Care Alliance of the Front Range	Required	Required	No	No
Tennessee - Chattanooga, Knoxville, and Memphis	Cigna SureFit Tennessee				
Virginia - Northern and Richmond	Cigna SureFit with the Performance One Network				

Provider notification of network-participation status

In October 2017, we mailed letters to providers in the new markets to notify them of their Cigna SureFit network-participation status. Letters to network-participating providers included additional details about the plan, as well as images of sample customer ID cards. For more information, call Cigna Customer Service at **1.866.494.2111**.



CIGNA CONNECT INDIVIDUAL & FAMILY PLAN EXPANSION IN 2018

On January 1, 2018, the Cigna Connect Individual & Family Plan will become effective in two new markets – Orlando and Tampa, Florida – and in several additional counties in the Chicago, Illinois and St. Louis, Missouri markets.

What is Cigna Connect?

This is an Individual & Family Plan that builds networks around local-participating physicians, hospitals, and specialists to provide customers with access to personal, patient-centered care. Enrolled customers have coverage only for the providers and facilities that participate in the Connect Network (the network aligned to the Cigna Connect plan), including primary care providers (PCPs), specialists, and hospitals – unless it’s an emergency.

Referrals

Connect Network-participating PCPs are responsible for making referrals to other participating physicians, hospitals, specialists, and other providers. Participating specialists are responsible for confirming referrals, either by relying on a PCP’s written referral that a customer presents to the office, or by calling Cigna Customer Service. When calling about a referral, choose the prompt for “specialist referral.”

Cigna Connect Individual & Family Plans at a glance: New and expanded markets

MARKET	NETWORK NAME	PCP SELECTION	REFERRAL FOR SPECIALTY CARE	AWAY FROM HOME CARE	OUT-OF-NETWORK BENEFITS
Florida – Orlando and Tampa <i>New</i>	Connect Network	Required	Required	No	No
Illinois – Chicago <i>Expansion into Kendall and Grundy counties</i>					
Missouri – St. Louis <i>Expansion into Boone county</i>		No; encouraged			

Provider notification of network-participation status

In October 2017, we mailed letters to providers in the new markets and expanded counties to notify them of their Cigna Connect network-participation status. Letters to network-participating providers included additional details about the plan, and images of sample customer ID cards. For more information, call Cigna Customer Service at **1.866.494.2111**.



INDIVIDUAL & FAMILY PLANS: CIGNA TO EXIT SELECTED MARKETS IN 2018

In selected markets, Cigna will no longer offer Individual & Family Plans for plan year 2018. We want to make you aware of these changes, as it may affect some of your patients who are currently enrolled in these plans.

Your patient's medical coverage

Beginning January 1, 2018, your patients who currently have medical coverage through a Cigna Individual & Family Plan in the affected markets may have coverage through a different plan or different insurance company.

Customer notification

We mailed notification letters in July and late September 2017 to customers who will be affected by these changes.

Affected markets

Refer to the chart on the right for a side-by-side comparison of 2017 versus 2018 Individual & Family Plan offerings by state, market area, and Marketplace presence (on or off). The items in red represent Individual & Family Plans that will be discontinued for 2018.

About Cigna Individual & Family Plans

Cigna Individual & Family Plans comply with the Patient Protection & Affordable Care Act, also known as the Affordable Care Act (ACA). They are sold directly to individuals through the Health Insurance Marketplace or an insurance agent (not through an employer).

Cigna Individual & Family Plans – 2017 versus 2018

STATE	MARKETPLACE PRESENCE	2017	AS OF JANUARY 1, 2018	
		INDIVIDUAL & FAMILY PLAN	INDIVIDUAL & FAMILY PLAN	NETWORK
AZ	PHOENIX: Off-Marketplace	Cigna Connect HMO	Same	Connect Network
	STATEWIDE: Off-Marketplace	Cigna OAP	Discontinued	
CA	NORTHERN AND SOUTHERN: Off-Marketplace	Cigna LocalPlus® EPO and PPO	Discontinued	
CO	DENVER-METRO AND BOULDER: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
	DENVER-METRO AND FRONT RANGE / MOUNTAINS: Off-Marketplace and on-Marketplace	Cigna LocalPlus EPO (Cigna Vantage®)	Discontinued	
CT	STATEWIDE: Off-Marketplace	Cigna OAP	Discontinued	
FL	ORLANDO AND TAMPA: Off-Marketplace	Cigna LocalPlusIN EPO	Same	LocalPlus Network
		Cigna LocalPlus PPO	Discontinued	
	SOUTH FLORIDA: Off-Marketplace and on-Marketplace	Cigna LocalPlus EPO and PPO	Discontinued	
GA	ATLANTA, MACON, AND ROME: Off-Marketplace	Cigna LocalPlus PPO	Discontinued	

continued



Cigna Individual & Family Plans – 2017 versus 2018 *continued*



STATE	MARKETPLACE PRESENCE	2017	AS OF JANUARY 1, 2018	
		INDIVIDUAL & FAMILY PLAN	INDIVIDUAL & FAMILY PLAN	NETWORK
IL	CHICAGO: Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
MD	STATEWIDE: Off-Marketplace	Cigna OAP PPO	Discontinued	
	STATEWIDE: Off-Marketplace and on-Marketplace	Cigna OAPIN EPO	Discontinued	
MO	KANSAS CITY AND ST. LOUIS: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
NC	RALEIGH: Off-Marketplace and on-Marketplace	Cigna Connect HMO	Same	Connect Network
	STATEWIDE: Off-Marketplace	Cigna OAP PPO	Discontinued	
NJ	STATEWIDE: Off-Marketplace	Cigna Individual HMO	Same	Cigna HMO
SC	STATEWIDE: Off-Marketplace	Cigna OAP PPO	Discontinued	
TN	MEMPHIS, NASHVILLE, AND TRI-CITIES: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network
	MEMPHIS: Off-Marketplace	Cigna LocalPlus PPO	Discontinued	
TX	AUSTIN: Off-Marketplace	Cigna LocalPlus EPO	Discontinued	
	DALLAS: Off-Marketplace	Cigna FocusIN EPO Cigna LocalPlus EPO	Discontinued	
	HOUSTON: Off-Marketplace	Cigna Connect HMO Cigna LocalPlus EPO	Discontinued	
VA	RICHMOND AND NORTHERN: Off-Marketplace and on-Marketplace	Cigna Connect EPO	Same	Connect Network



FORMULARY PERFORMANCE – THINKING DIFFERENTLY TO MANAGE PHARMACY COSTS

Rising pharmacy costs are currently the number one driver of consumer expenses in the United States. It is estimated that between now and the year 2020, drug costs will account for 31 percent of overall health care spending (under prescription drug and medical benefits).¹ Contributing to this drug cost growth is the fact that today, more than half of American adults have one chronic condition (such as diabetes, heart disease, or depression), and nearly one-third have two or more chronic conditions.²

How high-cost, low-value drugs get on formularies

Traditionally, pharmacy benefit managers have contracted with drug companies to place drugs on their formularies using rebates to reduce costs and determine preferred placement. This method can lead to formularies containing heavily rebated

drugs that have lower-cost alternatives. Once these higher-cost drugs become accessible, drug companies deploy couponing and advertising strategies to build consumer brand loyalty.

Cigna’s low net cost drug formulary strategy

Removal of high-price, low-value drugs. Over the past several years, Cigna Pharmacy Management® has used a low net cost drug formulary strategy to challenge drug makers to rethink their traditional pricing. This has resulted in the removal of high-price, low-value drugs from the formulary – regardless of incentives – and the promotion of lower-cost, clinically appropriate alternatives.

“We want to be sure our employees are getting the value they expect from their pharmacy benefit. Cigna partners with us by removing medications from our covered drug lists that are considered high-cost, low-value options – those with inflated prices compared to clinical alternatives. This strategy has been more effective in lowering our benefit plan’s overall pharmacy costs, even accounting for increased rebates on the more expensive medications. Using a net-cost drug strategy should send a strong message to drug manufacturers about their pricing practices, and enables us to deliver the best overall value to our employees.”

— Jennifer Young, Director, Employee Benefits, Waste Management, Inc.

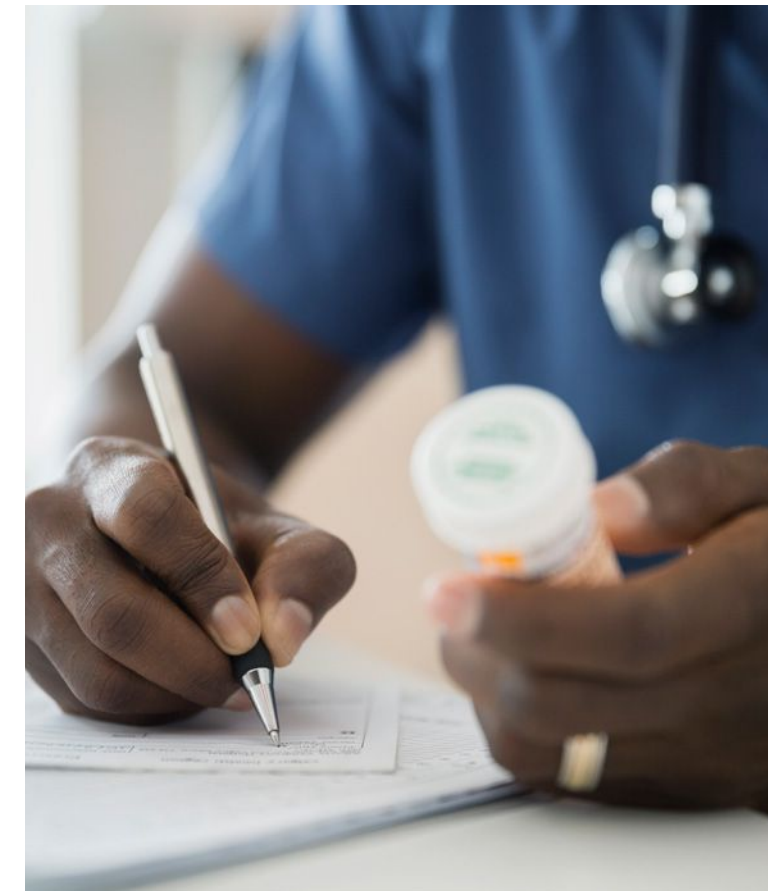
Promoting comparable drugs with lower net prices.

We encourage the use of generics and preferred branded drugs that have the lowest net prices for similar health improvements. This has eliminated millions of dollars of unnecessary drug spending each year,^{***} and helped employer groups and customers to achieve immediate and sustainable lower drug costs.

While less than two percent of customers were impacted by the drug list changes effective this past January, we decreased pharmacy costs for employer groups by an average of **three to four percent.**³

Price comparison: Brand name versus comparable alternative drug

To illustrate drug cost savings, the chart below highlights a price comparison of certain popular brand name drugs versus their lower-cost alternatives. As you can see, while rebates may reduce drug costs, they often don’t reduce them enough to compete with the savings of lower-cost alternatives.



DRUG ⁴	COST FOR 30-DAY PRESCRIPTION	12-MONTH INFLATION	COST OF ALTERNATIVE DRUG
JUBLIA® (toenail fungus)	\$734	37%	\$40
ZOVIRAX® (antiviral for herpes virus)	\$1,798	61%	\$86
PENNSAID® (anti-inflammatory for knee arthritis)	\$1,900	511%	\$100
DUEXIS® (arthritis pain)	\$1,850	17%	\$ 55
Novacort® (anti-inflammatory for skin)	\$3,548	1,970%	\$ 12

The bottom line

Removing drugs from a formulary is a bold move, as is foregoing rebates when appropriate. But it’s a necessary and proven strategy – to help our employer groups and customers lower pharmacy claims costs now and in the future.

¹ Cigna book of business national study 2016. Projection compares the following health care spend for medical service categories: Drugs and biologics, inpatient facility, outpatient facility, professional services, other medical services.

² Partnership to Fight Chronic Disease, 2016 National White Paper, FightChronicDisease.org.

³ Cigna’s national book of business study of 1/1/17 formulary changes. Individual employer group results will vary.

⁴ Cigna has removed these drugs from its major formularies.



CHANGES IN DRUG FORMULARY EFFECTIVE JANUARY 1, 2018

We will be updating our drug formulary effective January 1, 2018, focusing on the following categories:

› **High-cost, low-value drugs**

We will remove drugs that have experienced significant price increases, or are inappropriately priced compared to identical or near-identical products.*

› **Opioids**

We will remove OxyContin® from our formularies, and offer preferred-brand alternatives such as Xtampza® ER. The manufacturers of alternatives to brand-name, highly-utilized drugs have demonstrated a willingness to improve affordability, and support our goal to reduce opioid prescriptions by 25 percent by 2019.**

› **Diabetes - long-acting insulin (self-injected)**

We will remove Lantus® and Toujeo® from our formularies, and offer Basaglar®, Levemir®, and Tresiba® as less-costly, clinically-equivalent alternatives.*

› **Diabetes - short-acting insulin (self-injected)**

We will remove NovoLog® and Novolin from our standard formulary, and offer Humalog® and Humulin® as less-costly, clinically-equivalent alternatives.¹ NovoLog and Novolin were previously removed from our value formulary, but will remain on our legacy formulary.

› **Specialty pharmacy: Oncology drugs**

- **Chronic myeloid leukemia:** Tasigna® will be moved to preferred-brand status.
- **Non-small cell lung cancer:** Tarceva® will be the preferred option; this will be communicated when a prior-authorization request is submitted.
- **Medications to prevent nausea and vomiting prior to chemotherapy:** Select brand-name drugs will require prior authorization to ensure they are covered for their indicated uses. The following generic drugs will be available without prior authorization: Ondansetron, granisetron, and aprepitant.
- › **Drugs not approved by the FDA**
We will remove approximately 75 drugs from our formularies that are not approved by the U.S. Food & Drug Administration (FDA). Medical necessity review is not available for drugs that are not approved by the FDA.

As a result of these changes, your patients with a Cigna Pharmacy benefit plan may be using a drug now that will:

- › Move to preferred-brand status
- › Move from preferred to non-preferred brand status
- › Move to non-covered status (covered only by medical necessity review)
- › Be reviewed under our utilization management program (e.g., prior authorization, step therapy, quantity limits, age limits, etc.)
- › Be excluded - no medical necessity review allowed (e.g., drugs not approved by the FDA)

What this means to you and your patients with Cigna coverage

In late September 2017, we sent letters explaining the drug list changes to affected providers and customers. Your Cigna patients may contact you directly to discuss medication alternatives.

Beginning January 1, 2018, customers who continue filling prescriptions that are no longer covered may experience higher out-of-pocket costs. We encourage you to work with your patients who have Cigna Pharmacy coverage to find covered, clinically-appropriate alternative medications before this date.

Additional information

To obtain a list of the affected drugs, or to search for alternative medications for your patients, refer to the resources listed below. You can find them on the Cigna for Health Care Professionals website CignaforHCP.com.

RESOURCE	DESCRIPTION	WHERE TO FIND
Prescription drug list changes for January 2018	This list highlights the covered preferred brand name and generic medications within the affected drug classes. These changes only apply to Cigna's non-Medicare customers and to the Standard Prescription Drug List. It does not reflect the entire list of covered and non-covered drugs for this or any other Cigna drug list.	Go to CignaforHCP.com > Resources > Pharmacy Resources > Cigna's Prescription Drug Lists > 2018 Prescription Drug List Changes . <i>You do not need to be a registered user of the website to access this list.</i>
Customer-specific drug coverage search tool	This tool allows you to search specific drug lists for customers with Cigna-administered coverage, and view the customer's out-of-pocket costs based on their plan benefits.	Log in to CignaforHCP.com . Then, perform a patient search by name, ID number, or date of birth. <i>You must be a registered user of the website to use this tool.</i>

* Drugs removed from formularies can be considered for coverage through Cigna's medical necessity review process.



COVERMYMEDS: ELECTRONIC PRIOR AUTHORIZATION SOLUTION FOR PRESCRIPTION DRUGS

We've partnered with CoverMyMeds® to provide a free electronic solution for prior-authorization requests for prescriptions.

CoverMyMeds seamlessly integrates with electronic health record systems

That means hospitals and providers are able to submit prior-authorization requests electronically at the point of prescribing.

Advantages of using CoverMyMeds:

- › Eliminates manual paper form requests.
- › Allows you to receive faster coverage determinations - often within moments.
- › Can increase medication adherence.
- › Patients may start on a therapy sooner.

To learn more or sign up for your free account, visit Cigna's page on the CoverMyMeds website (CoverMyMeds.com/epa/Cigna). Once you create an account, you can begin a new prior-authorization request, or complete any that were started for you by one of the more than 47,000 pharmacies that use CoverMyMeds.

If you have questions or need help getting started, call the CoverMyMeds team of prior-authorization experts at **1.866.452.5017**, or access live chat at CoverMyMeds.com/epa/Cigna.



CIGNA CENTERS OF EXCELLENCE FOR HOSPITALS



The Cigna Centers of Excellence (COE) program is designed to meet the growing customer demand for information about patient outcomes (quality) and cost-efficiency at hospitals.

We use publicly available, hospital self-reported All-Payer and Medicare Provider Analysis & Review (MedPAR) data to evaluate facilities for this program. We also use Cigna claims data to supplement data for certain procedures in states where MedPAR data is the only publicly available source. We then designate participating hospitals that meet our specific patient outcomes and cost-efficiency criteria as COEs by procedure and condition.

Profiles are available to Cigna customers for most hospitals participating in our network.

About the hospital profile

- › Hospitals can receive a score of up to three stars (*) each, for both patient outcomes and cost-efficiency measures, for each surgical procedure and medical condition evaluated.
- › Hospitals that attain at least five stars (three stars for patient outcomes and two stars for cost-efficiency, or three stars for cost-efficiency and two stars for patient outcomes) receive the Cigna COE

designation for that procedure, condition, or condition category.

- › A hospital's score may not display in the online provider directory if:
 - There is insufficient All Payer or MedPAR data available to meet the patient volume requirement for that procedure or condition.
 - A surgical procedure is not performed, or a condition is not treated, at the hospital.
 - A contract limitation prohibits display of quality and cost data.

Because the COE program reflects only a partial assessment of quality and cost efficiency for select hospitals, it should not be the sole factor used when you or your patients make decisions about where they should receive care. We encourage individuals to consider all relevant factors, and to speak with their treating physician when selecting a hospital.

Timeline for COE designations and displays

DATE	ACTIVITY
October 2, 2017	Hospitals are notified about their designation status for 2018.
November 15, 2017	Hospital reconsideration requests are due.
January 1, 2018	COE information is available in the provider directories on Cigna.com and myCigna.com .

Timing of reconsideration requests

We must receive reconsideration requests by November 15, 2017 in order for potential changes to be made in time for the initial display of the Cigna COE designations on January 1, 2018. We will still process those we receive after this date, and any amended results will be reflected in the next directory update.

Additional information

Please contact your Cigna Contractor to obtain your hospital COE results. After you review your information, you can request that we reconsider your results or correct inaccuracies. You may submit additional information for review and reconsideration by email or fax:

- › **Email:** PhysicianEvaluationInformationRequest@Cigna.com
- › **Fax:** 1.866.448.5506

The facility name, Taxpayer Identification Number, and contact information must be included. A Network Clinical Manager or Specialist will contact you to discuss the request, initiate the Selection Review Committee review process, and provide a written response within 30 days of receipt of the reconsideration request.

To learn more about the methodology we use to determine COE designations, please review our white paper at the Cigna for Health Care Professionals website (CignaforHCP.com > Resources > Medical Resources > Commitment to Quality > [Cigna Centers of Excellence Whitepaper 2018](#)), or call Cigna Customer Service at **1.800.88Cigna (882.4462)** to obtain a copy.



CIGNA'S FALL WELLNESS CAMPAIGN: *TV DOCTORS OF AMERICA*

In 2015, we started the *America Says Ahh* campaign, which focused on the importance of individuals getting the preventive health screenings recommended by their doctors. In 2016, we continued this theme with the *TV Doctors of America* campaign. It featured prominent actors and actresses who play doctors on TV to help motivate and engage people to take actions to improve their health. After these campaigns, we saw a measurable increase in adult check-ups.*

This fall, we are continuing to promote the importance of preventive care with a new *TV Doctors of America* campaign. It features another all-star cast of TV doctor favorites, including Neil Patrick Harris (*Doogie Howser, MD*), Jane Seymour (*Dr. Quinn, Medicine Woman*), Patrick Dempsey (*Grey's Anatomy*), Kate Walsh (*Grey's Anatomy and Private Practice*), and Donald Faison (*Scrubs*). Jane Seymour's appearance will be in a spot that focuses on senior health care.

The message builds on past campaigns, while continuing to focus on the importance of individuals getting preventive care, knowing their four health numbers (blood pressure, cholesterol, blood sugar, and body mass index), and taking control of their health.

Through this campaign, we remain committed to helping the Centers for Disease Control and Prevention (CDC) save up to 100,000 lives a year.**

We hope that as a result of this campaign, your patients will be more likely to engage you in taking care of their health, and schedule their preventive screenings.

To learn more about preventive services available to your patients with Cigna coverage, view the [Preventive Care Services Administrative Policy](#) on the Cigna for Health Care Professionals website ([CignaforHCP.com](#)) > Review Coverage Policies > Medical and Administrative A-Z Index > [Preventive Care Services - \(A004\)](#).

* Internal claims showed a six percent increase from September 2015 to September 2016.

** According to the CDC, if all Americans received their recommended clinical preventive care, we could save more than 100,000 lives each year. [CDC.gov/prevention](#).





CALIFORNIA PROVIDER DIRECTORY DATA VALIDATION UPDATE

California Senate Bill (SB) 137 became effective for managed care and insured benefit plans on July 1, 2016. It requires health plan insurers to contact all contracted physicians to verify the accuracy of the information they have in their provider directories for them. This must be done:

- › Once every year for ancillary providers and physicians who are affiliated with a provider group, such as a hospital or a health system.
- › Once every six months for individual physicians who are not affiliated with a provider group.

Information that we verify for accuracy

During our outreaches to network-contracted providers in California, we attempt to validate all of the information we have on file for each provider, even if it is not specifically required by California SB 137. We hope this improves the accuracy of all the information in our directories, so that customers can make the most informed decisions about their health care providers.

Our 2017 annual and first semiannual outreaches completed

During the second quarter of 2017, we completed the annual outreach to ancillary providers and physicians affiliated with provider groups, as well as the first semiannual outreach to individual physicians.

The updated information began to appear in our directories in June 2017.

Second semiannual outreach to individual physicians has begun

This month, we began our second required outreach to individual physicians who are not affiliated with a provider group to verify their information.

New information in our directories for individual provider listings

In October 2017, the new information shown below started to display (when applicable) in the online and printed directories for network-participating providers in California:

- › Federally Qualified Health Clinics
- › Qualified Medical Interpreters, if any on staff

In addition, more information now displays in the following fields for individual listings in the directories (when applicable):

- › Office Email (from the online form for provider demographic updates)
- › Panel Status (more options have been added to help providers better describe the reason why their practice is not accepting new patients – e.g., “Available by referral only” or “Available only through a hospital or facility”)

- › Preferred Name (if given, this name will display in parentheses; the license name is mandatory and will always display first)

Your responsibilities under California SB 137

Under the terms of your Cigna Provider Agreement, and in compliance with California SB 137, you are required to validate the accuracy of the information displayed in our provider directories, and to keep this information current.

California SB 137 requires us to remove providers from our directories if, after multiple attempts to reach them, we do not receive a response to validate the information.

We appreciate your cooperation and compliance with this law.



GEORGIA PROVIDER DIRECTORY DATA VALIDATION UPDATE



Cigna customers use our provider directories as a key resource when making decisions about their health care providers. We want to be sure they have the right information to reach you.

Georgia Senate Bill 302

On July 1, 2016, Georgia Senate Bill (SB) 302 became effective for managed care and insured benefit plans. It requires health insurers and health maintenance organizations to keep their provider directories current by taking steps to help improve their accuracy. The requirements are outlined below.

Provider information inaccuracy reporting

Health insurers must:

- › Provide a dedicated telephone number, and either an email address or electronic link that customers can use to report provider information inaccuracies.
- › Develop a process to address complaints and correct inaccuracies.

To meet these requirements, we added a link to certain pages in the Georgia online provider directories that allows customers to report potential inaccuracies in the information displayed. When performing a provider search in the directories at Cigna.com and myCigna.com, customers will see the link on the Search Results page, as well as on the

Detail page for an individual provider. When viewing the directories on the myCigna mobile app, they'll see the link on the Detail page.

We will verify the information we receive, and ensure the necessary corrections are made.

Annual audits

To verify the accuracy of information displayed in their provider directories, health insurers must conduct the two audits listed below.

- › **Random sampling.** This is an audit – of a reasonable sample size of providers listed in our directories – to review and confirm the accuracy of all the information displayed for the providers. We completed this audit in the third quarter of 2017.
- › **Claims data.** This is an audit – of network-participating providers who have not submitted claims within 12 months – to determine their network-participation status. During the first quarter of 2018, we will begin contacting providers that did not submit a claim for medical services in 2017.

New information displayed

Our online and printed directories now display the information listed below.

- › Hospital accreditation status
- › Services performed by non-hospital facilities
- › New required language that provides:
 - A description of how we make the directories accessible to individuals with disabilities and limited English proficiency
 - The criteria we use to build our provider network
 - A notice that the customer may need to obtain prior authorization for a service or a referral before seeing a provider

How to review and update your listing

You can use the online form to submit changes quickly and easily. Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working with Cigna > Profile Information for Cigna Contracted Health Care Physicians, or Cigna Contracted Facilities and Other Health Care Providers. You can also find information on how to submit changes by email, fax, or mail in the [Helpful Reminders](#) section of this issue. Changes will be made within 30 business days from when we receive your request.



CIGNA SUPPORTS APPALACHIAN MILES FOR SMILES MOBILE DENTAL CARE

In July 2017, the Cigna Foundation awarded a \$150,000 World of Difference grant to Appalachian Miles for Smiles of Kingsport, Tennessee. This money will be used for the next three years to help provide quality, no-cost mobile dental care to between 4,000 and 4,500 underserved patients in East Tennessee and Southwest Virginia.

This includes funding for:

- › Supplies, tools, and medicine required to provide care to patients
- › The mobile dental unit's operating expense
- › Assistance with project management
- › Support personnel

Supporting mobile care to address a significant need

Greg Allen, President of Cigna's Mid-South market (which includes Tennessee) stated, "The Cigna Foundation is honored to support this project, which will address our region's number one unmet health care need: Adult dental care. Good oral health is an important factor in overall health and productivity. Mobile care is a way of providing no-cost dental care in remote and rural locations that generally don't have access to dental care, and to people who generally don't have the personal resources to be able to afford dental care."

The Appalachian Miles for Smiles mobile dental unit

The [Appalachian Miles for Smiles](#) mobile dental unit has five exam bays, and is fully equipped and self-contained. It was made possible through collaboration with the United Way of Greater Kingsport, Remote Area Medical, and local businesses, and assembled by local volunteers.

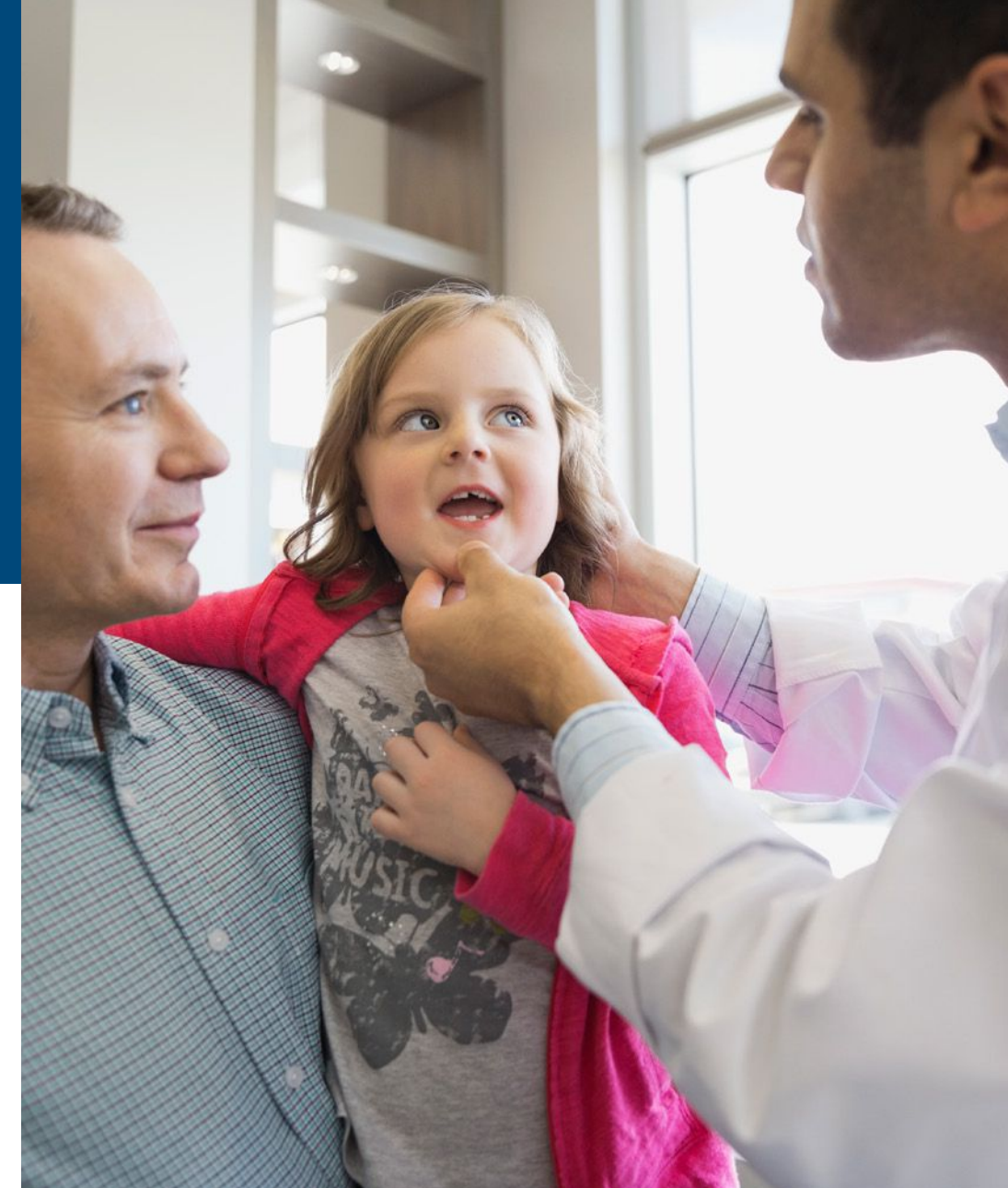
Operated and managed locally by Friends In Need Health Center, Inc. (FIN) of Kingsport, the unit is essential in the region's effort to improve the dental care and overall health of the residents of this region who have no other affordable alternative.

Bruce Sites, Executive Director of FIN said, "The entire operation of Appalachian Miles for Smiles is made possible by professional and community volunteers, and through the excellent support of the Cigna Foundation and other contributors."

18-wheel trailer donation

Cigna also donated an 18-wheel trailer to Appalachian Miles for Smiles to enable the organization to equip an additional mobile clinic, and get it on the road to further serve the area's dental care needs. Formerly known as the Cigna Mobile Learning Lab, the vehicle was used for several years on cross-country health awareness and education tours.

"We are extremely grateful for the grant of \$150,000 that will be the foundation on which Appalachian Miles for Smiles can extend its reach and service, and for the additional gift of the Cigna trailer that will facilitate delivering this care in greater capacity and efficiency," Sites said.



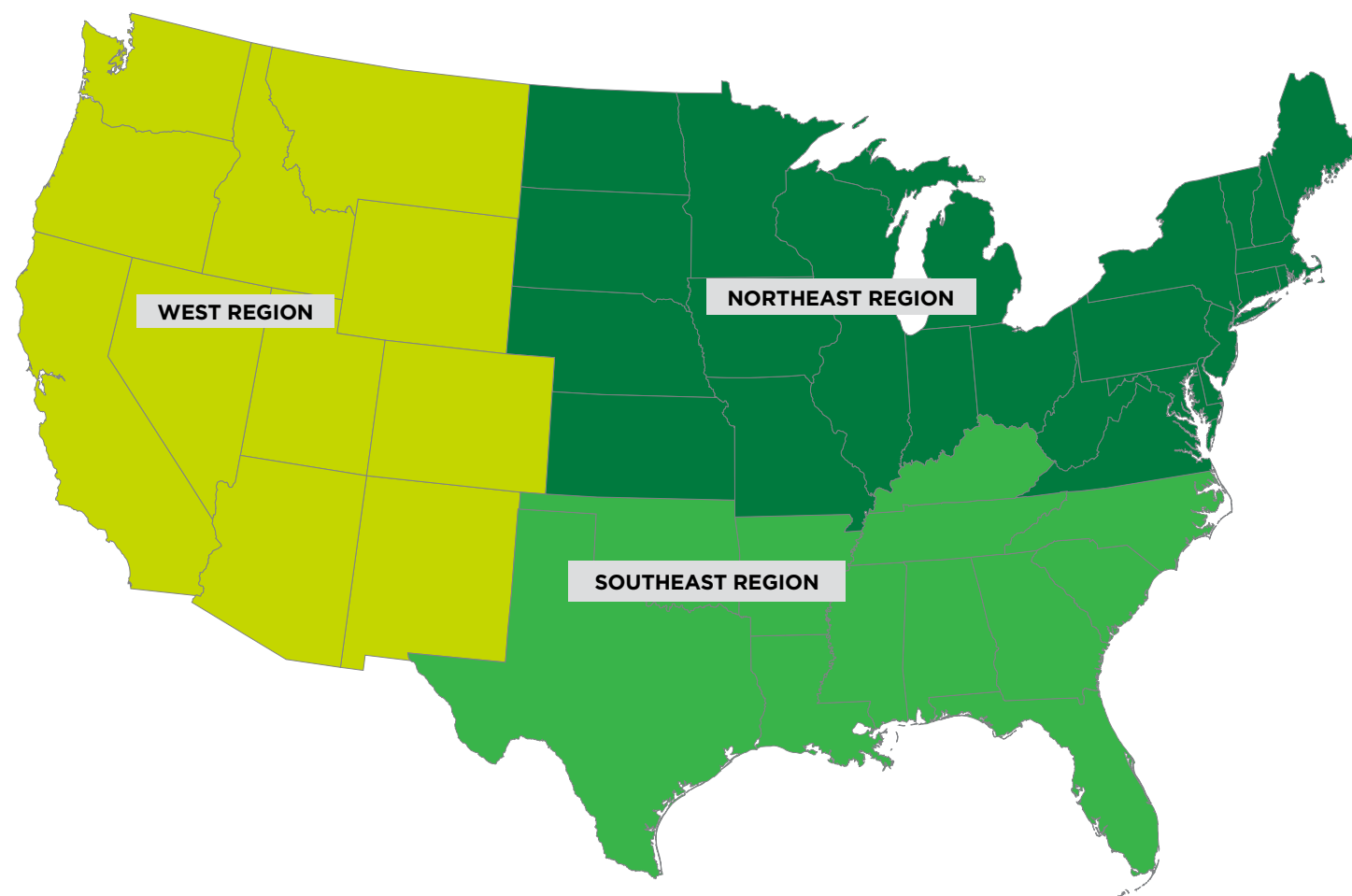
About the Cigna Foundation

The Cigna Foundation, founded in 1962, is a private foundation funded by contributions from Cigna Corporation (NYSE: CI) and its subsidiaries. The Cigna Foundation supports organizations sharing its commitment to enhancing the health of individuals and families, and the well-being of their communities, with a special focus on those communities where Cigna employees live and work. Cigna.com/Foundation



MARKET MEDICAL EXECUTIVES CONTACT INFORMATION

CLICK ON YOUR REGION TO VIEW YOUR MME CONTACT INFORMATION



Cigna Market Medical Executives (MMEs) are an important part of our relationship with providers. They provide personalized service within their local regions and help answer your health care related questions. MMEs cover specific geographic areas so they are able to understand the local community nuances in health care delivery. This allows them to provide you with a unique level of support and service.

NATIONAL

Peter McCauley, Sr., MD, CPE **1.312.648.5131**
Clinical Provider Engagement & Value Based Relationships

Jennifer Gutzmore, MD **1.818.500.6459**
Clinical Strategy & Solutions

Reasons to call your MME

- ▶ Ask questions and obtain general information about our clinical policies and programs.
- ▶ Ask questions about your specific practice and utilization patterns.
- ▶ Report or request assistance with a quality concern involving your patients with Cigna coverage.
- ▶ Request or discuss recommendations for improvements or development of our health advocacy, affordability, or cost-transparency programs.
- ▶ Recommend specific physicians or facilities for inclusion in our networks, or identify clinical needs within the networks.
- ▶ Identify opportunities to enroll your patients in Cigna health advocacy programs.



QUICK GUIDE TO CIGNA ID CARDS: INTERACTIVE DIGITAL TOOL

The Quick Guide to Cigna ID Cards contains samples of the most common customer ID cards, along with detailed line-item information. You can view it using our online interactive ID tool or as a PDF.

To access the guide:

- › Go to Cigna.com > Health Care Professionals > [Sample ID Cards](#), or go to the Cigna for Health Care Professionals website (CignaforHCP.com) > [View Sample ID Cards](#).
- › You'll see sample images of the most common ID cards.
- › To view only the cards for certain plan types, click Filter Cards by Category and select one or more plan types – such as Managed Care Plans, Individual & Family Plans, Strategic Alliance Plans, etc. – from the categories that appear.
- › Choose the image that matches your patient's ID card; the selected sample ID card will appear.
- › Hover over each number shown on the card for more details about that section, or read the key on the right-hand side of the screen.
- › Click View the Back to see the reverse side of the card.

- › Click About This Plan to read more about the plan associated with this ID card.
- › Click View Another Card Type to view a different sample ID card.
- › If you prefer to view a PDF of the guide, click View the print version of the guide.

Other information you can access

On every screen of the ID card tool, you can click a green tab for more information about:

- › The **myCigna App**
- › More ways to access patient information when you need it
- › Important contact information

Click [here](#) to use the digital ID card tool.

*The downloading and use of the myCigna Mobile App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.



USE THE NETWORK

Help your patients keep medical costs down by referring them to providers in the network associated with their plan. Not only is that helpful to them, but it's also good for your relationship with Cigna, as it's required in most instances in your contract. Of course, if there's an emergency, use your professional discretion.

For a complete list of Cigna participating physicians and facilities, go to Cigna.com > [Find a Doctor](#). Then, choose a directory.

2017 CIGNA REFERENCE GUIDES

The 2017 Cigna Reference Guides for participating physicians, hospitals, ancillaries, and other health care professionals have been updated. They contain many of our administrative guidelines and program requirements, and include information pertaining to participants with Cigna, GWH-Cigna, and "G" ID cards.

Access the guides

You can access the reference guides by logging in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Resources > Reference Guides > Medical Reference Guides > Health Care Professional Reference Guides. You must be a registered user to access this site. If you are not registered for the website, click on [Register Now](#). If you prefer to receive a paper copy or CD-ROM, call **1.877.581.8912** to request one.



GO GREEN – GO ELECTRONIC

Would you like to reduce paper to your office? Sign up now to receive certain announcements and important information from us right to your in-box.

When you register for the Cigna for Health Care Professionals website (CignaforHCP.com), you can:

- › Share, print, and save – electronic communications make it easy to circulate copies
- › Access information anytime, anywhere – view the latest updates and time-sensitive information online

When you register, you will receive some correspondence electronically, such as *Network News*, while certain other communications will still be sent by regular mail.

If you are a registered user, please check the My Profile page to make sure your information is current. If you are not a registered user but would like to begin using the website and receive electronic updates, go to CignaforHCP.com and click [Register Now](#)

CULTURAL COMPETENCY TRAINING AND RESOURCES

As the population in the United States continues to diversify, it's important to obtain a better understanding of culturally driven health care preferences. That's why Cigna created the [Cultural Competency Training and Resources](#) page on Cigna.com. It contains many resources for providers and their office staff.

Listed below are just a few of the many resources you may want to check out on the [Cultural Competency Training and Resources](#) page.

RESOURCE NAME	DESCRIPTION	LOCATION ON WEB PAGE	HOW TO ACCESS
Delivering Culturally Responsive Care: Hispanic Community – New!	Discusses community characteristics and health care patterns using a storytelling approach (three-part series)	Featured Resources: Cultural Training Series	Click on Cultural Training Instruction Guide to register for these two on-demand, free courses.
Developing Cultural Agility – New!	Explore your assumptions, and learn about cultural competency best practices		
CultureVision™	Offers insights into culturally relevant patient care for more than 60 cultural communities	Featured Resources: CultureVision™	Click on CultureVision™ Username: CignaHCP. Password: Doctors123*

† Please note that the Delivering Culturally Responsive Care and Developing Cultural Agility courses are limited for use solely by Cigna-participating providers and their staff. When you access this site, you agree to this requirement. Please view the [Cultural Training Instruction Guide](#) for registration details.

There are many other resource on this web page geared specifically to providers, including tool kits, videos, articles, and training.

There are two ways to navigate to the Cultural Competency Training and Resource page. Go to:

- › Cigna.com > Health Care Professionals > Resources > [Cultural Competency Training and Resources](#)

OR

- › CignaforHCP.com > Explore Medical Resources > Doing Business with Cigna > [Cultural Competency Training and Resources](#)

Bookmark this page for fast, easy access whenever you need it.

URGENT CARE FOR NON-EMERGENCIES

People often visit emergency rooms for non-life-threatening situations, even though they usually pay more and wait longer. Why? Because they often don't know where else to go.

You can give your patients other options. Consider providing them with same-day appointments when it's an urgent problem. And when your office is closed, consider directing them to a participating urgent care center rather than the emergency room, when appropriate.

For a list of Cigna's participating urgent care centers, view our Provider Directory at Cigna.com > [Find a Doctor](#). Then, choose a directory.



HAVE YOU MOVED RECENTLY? DID YOUR PHONE NUMBER CHANGE?

Check your listing in the Cigna directory

We want to be sure that Cigna customers have the right information they need to reach you when seeking medical care. We also want to accurately indicate whether you are accepting new patients. Please check your listing in our provider directory, including your office address, telephone number, and specialty. Log in to the Cigna for Health Care Professionals website (CignaforHCP.com) > Working With Cigna.

If your information is not accurate or has changed, it's important to notify us – it's easy. Submit changes electronically using the online form available on CignaforHCP.com. After you log in, select Working With Cigna on your dashboard, and then choose the appropriate update link under “Profile Information for Cigna contracted providers, facilities, and other health care providers.” You will be directed to the online form to complete and submit. You may also submit your changes by email, fax, or mail.

Email: Intake_PDM@Cigna.com

Fax: 1.877.358.4301

Mail: Two College Park Dr.
Hooksett, NH 03106

Update your email address to continue receiving *Network News* and alerts

Notify us if your email address changes so that you won't miss any important communications, such as *Network News*, alerts, and other emails. It only takes a moment. Just log in to CignaforHCP.com > Settings and Preferences to make the updates. You can also change your phone number and password at this site.



LETTERS TO THE EDITOR

Thank you for reading *Network News*. We hope you find the articles informative, useful, and timely, and that you've explored our digital features that make it quick and easy to share and save articles of interest.

Your comments or suggestions are always welcome. Please email NetworkNewsEditor@Cigna.com or write to Cigna, Attn: Provider Communications, 900 Cottage Grove Road, Routing B7NC, Hartford, CT 06152.

ACCESS THE ARCHIVES

To access articles from previous issues of *Network News*, visit Cigna.com > Health Care Professionals > [Newsletters](#). Article topics are listed for each issue.

Together, all the way.®



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